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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 2013**

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 2013**

**STATE OF ARIZONA**  
DEPARTMENT OF ECONOMIC SECURITY  
DIVISION OF CHILDREN, YOUTH AND FAMILIES  
CHILD AND FAMILY SERVICES ANNUAL PROGRESS REPORT 2013

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# **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 six program divisions. These divisions are:

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

The Division of Children, Youth and Families (the Division) is the state administered child welfare services agency 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 with foster and adoptive families; adoption promotion and support services; and health care services for children in out-of-home care.

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

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

### ***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, and
- adoptive home recruitment and certification.

**Child and Family Services Annual Progress Report 2013**  
**Section I: Description of State Agency**

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:

- field support;
- the Promoting Safe and Stable Families program;
- Interstate Compact on Placement of Children;
- statewide parent and relative locate services;
- the Child Welfare Training Institute (CWTI) for initial in-service staff training, ongoing/advanced staff training, and out-service and education programs;
- adoption and resource home development and support programs;
- the Protective Services Review Team for review of proposed substantiated findings of abuse or neglect;
- policy and program development;
- continuous quality improvement;
- contracting and procurement;
- finance, budget, and payment operations;
- statistical analysis; and
- management information system/automation.

# **Section II**

## **Vision and Mission**

## Arizona Department of Economic Security

### Mission

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

### Vision

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

### Goals

- Goal 1: Strengthen individuals and families
- Goal 2: Increase self-sufficiency
- Goal 3: Collaborate with communities to increase capacity
- Goal 4: Improve accountability through active performance-monitoring and increased transparency
- Goal 5: Improve outcomes for Arizonans by creating a person-centered human services system

### Values

There are five core values that form the basis for the work that DES does in the fulfillment of its mission:

- Value our Team Members
- Person/Family-Centric
- Community Engagement
- Optimum Interconnectivity
- Accountability

These values are applied in the daily work across DES.

- They guide our work.
- They stretch our organizational thinking.
- They are living values that challenge the way we do business.

# **Section III**

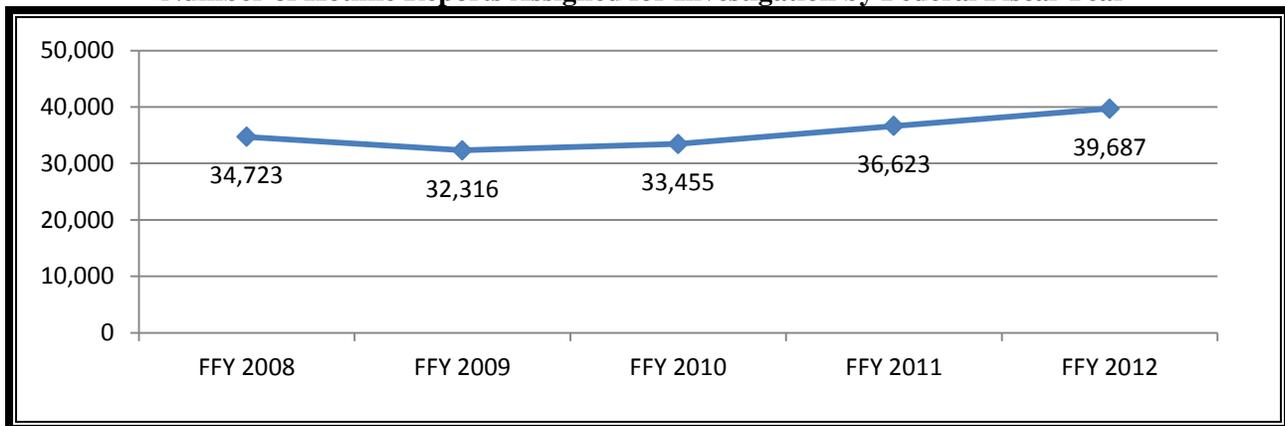
## **Case Volume and Workforce Resources**

## Case Volume and Workforce Resources

### 1. Case Volume

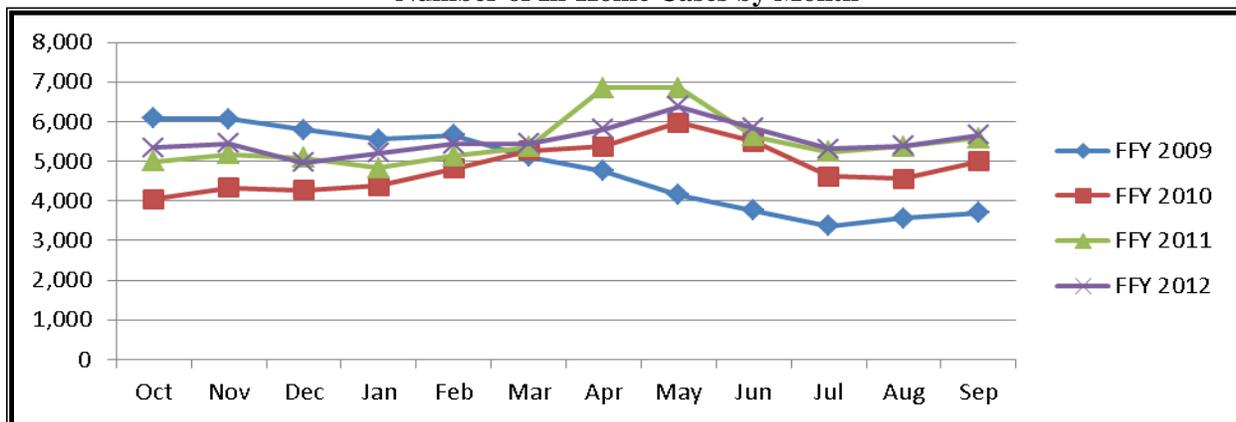
The number of reports assigned for investigation by a CPS Specialist increased by 8% in FFY 2012, to 39,687 reports. CPS Specialists were assigned 3,064 more reports in FFY 2012 than in FFY 2011 (*Child Welfare Reporting Requirements Semi-Annual Report*). This continues a three year trend of increasing report volume. In addition, 1,883 reports in FFY 2012 were given an alternative assessment status, and were therefore not assigned to be investigated by a CPS Specialist. All of the reports with an alternative assessment status were response time three or four reports, which indicates the report contained no allegation that the child was unsafe. For example, these reports may allege historical abuse without current injuries or risk factors with no current safety concern.

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



The Division encourages the use of in-home services as an alternative to out-of-home care when the children can remain safely in the home. Data from the Division's *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows monthly in-home caseloads were higher in all months during FFY 2011 and FFY 2012 than they were in the same months during FFY 2010. In FFY 2012, with the exception of April and May 2012, in-home caseloads were near or above FFY 2011 levels in each month. This in-home caseload count includes in-home cases in which no child was ever removed during the current case episode. Cases that remain open for in-home services after a removal and reunification are not counted.

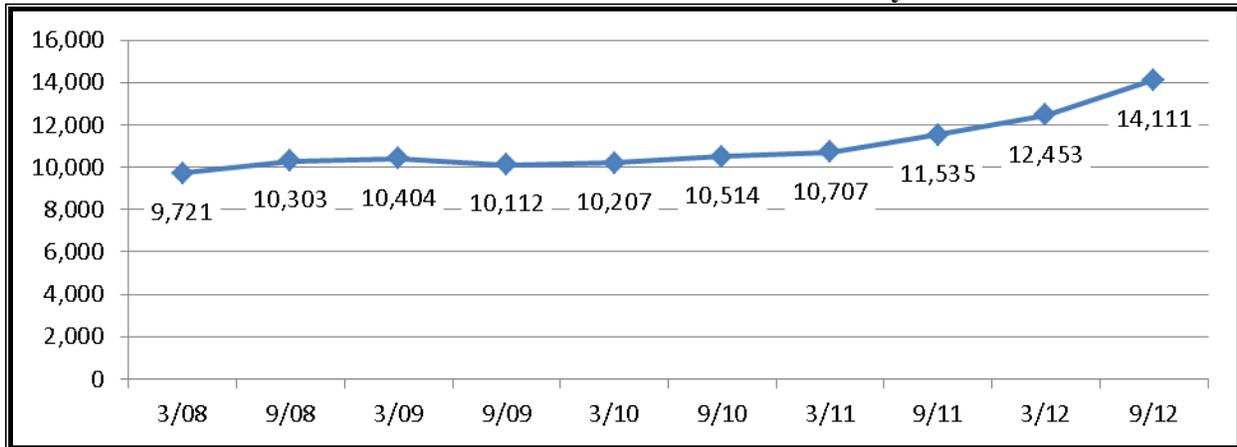
**Number of In-Home Cases by Month**



**Child and Family Services Annual Progress Report 2013**  
**Section III: Case Volume and Workforce Resources**

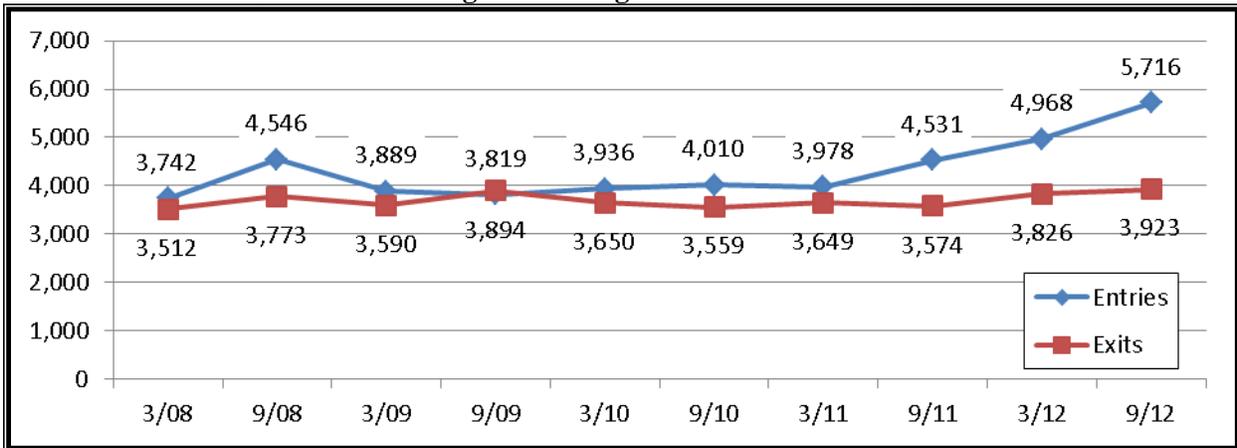
The trend of growth in the number of children in out-of-home care continued in FFY 2012. According to the *Child Welfare Reporting Requirements Semi-Annual Report*, there was a 22% increase from September 30, 2011 to September 30, 2012. On September 30, 2012, the number of children and young adults in out-of-home care in Arizona exceeded 14,000. 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 five FFYs. This data includes youth who voluntarily remained in out-of-home care after turning 18. The Department developed a model to project the number of children in out of home care in order to ensure that sufficient resources will be available to serve those children. Based on historical trends incorporated into this model, the Department projects that the number of children in out of home care will increase by 15% in FFY 2013 and 12% in FFY 2014.

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



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. Entries exceeded exits throughout FFYs 2010, 2011, and 2012. In the second half of FFY 2012, entries increased by 15%, but exits had only a small increase. When entries exceed exits, the out-of-home population and agency workload increase.

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



**Child and Family Services Annual Progress Report 2013**  
**Section III: Case Volume and Workforce Resources**

**2. Workforce Resources**

*CPS Specialist Caseload Size*

Growing CPS Specialist caseload continues to be a challenge. While the Division has been aggressively and successfully working to recruit and retain staff, growth in hotline reports, in-home cases, and the number of children in out-of-home care has outpaced the improvements in recruitment and retention, so caseloads continue to grow and by far exceed the Division's caseload standard.

Arizona's caseload standard for CPS Specialists is:

- for investigations, 10 reports per month per CPS Specialist;
- for in-home services, 19 cases per month per CPS Specialist; and
- for out-of-home (foster care) services, 16 children per month per CPS Specialist.

CPS Specialists were carrying caseloads that were, on average, 46% above the standards in FFY 2009, 61% above the standards in FFY 2010, 69% above the standards in FFY 2011, and 84% above the standards in FFY 2012 (Data provided by DES Financial Services Administration, 5-9-13).<sup>1</sup>

*Staff Retention and Vacancy Rates*

The following table shows the annualized retention rate for CPS Specialists in 2008 through 2012, and the percentage of authorized CPS Specialist positions filled on the last reporting day of each year. The retention rate is the difference between the turnover rate and 100%. The turnover rate is the total number of staff leaving the Division divided by the total filled positions (including training), annualized. Positions of newly hired staff attending the Child Welfare Training Institute are counted in the number of authorized positions and in the number filled.

	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>Retained of Filled Positions (Annualized)</b>	76%	65%	77%	73%	75%
<b>Filled of Authorized Positions (December)<sup>2</sup></b>	97%	82%	89%	95%	105%

Statewide, the annualized retention rate has remained at around 75%, excepting 2009 when the Division reduced its workforce in response to a budget crisis.

The percentage of authorized positions that are filled has increased, and now exceeds 100% of the 1,070 CPS Specialist positions (including those at the Hotline). However, this data includes CPS Specialists who are in training and not yet ready to carry cases.

See Sections VII and VIII for information on the Division's strategies and activities for reducing caseload size and improving staff recruitment and retention.

See Section X, *Child Abuse Prevention and Treatment Act Annual Progress Report 2013*, for more information on the Division's workforce.

<sup>1</sup> Filled CPS Specialist positions that are at the CPS Hotline or in core training are not included in the calculation for caseloads above standard because these positions are not available to carry investigation, in-home, or out-of-home cases.

<sup>2</sup> Given the current overall budget available for CPS and the rate of federal participation, 1,070 is the number of CPS specialists, including CPS Hotline positions, where funding is available to support the position. In order to measure progress over time, the number of authorized positions for each year's calculation is 1,070.

# **Section IV**

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

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

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

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

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

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

The Division and numerous community partners held several child abuse prevention kick-off events in Maricopa County in 2013. One such event was the Child Abuse Prevention EXPO/Family Day, arranged in Maricopa County by the Child Abuse Prevention Coalition, which includes several community agencies and the Department. The theme was "Be a Hero to a Child." This celebration included a proclamation by Governor Brewer, key stakeholder commentaries, a Color Guard Presentation by the Chandler Fire Department, inspirational songs by the Chandler Children's Choir, and enjoyable activities for children and families. A host of supporters attended, including Emcee Marie Saavedra from Channel 3's Morning Show. Speakers included: Tempe City Councilmember Robin Arredondo Savage; Tempe Police Chief Tom Ryff; and a Prevention Advocate, Jessica Nicely, who experienced child abuse in her past. The EXPO featured booths and information for kids and families including displays of a fire truck, an ambulance, a mobile command unit, a healing garden, chairs of hope, and K-9 dog demonstrations. For the children, there were bounce houses, crafts, the World's Most Entertaining and Inspirational Yo-Yo Show, mascots "Handy the Octopus," "Eagle," "McGruff the Dog," and "Maya & Miguel," and an art area hosted by Southwest Human Development. The Six Protective Factors were promoted via informational pamphlets and by arranging the booths according to the Protective Factors.

## **Child and Family Services Annual Report 2013**

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

The Six Protective Factors are: (1) knowledge of parenting and child development, (2) social emotional competence of children, (3) nurturance and attachment, (4) social connections, (5) parental resilience, and (6) concrete supports. The Division is promoting the Protective Factors by educating CPS staff and integrating the concept across a service array for families. For example, a logo with the Six Protective Factors will be printed on tote bags for CPS staff. Late last year the Protective Factor Survey was introduced into the In Home Services Program to facilitate family assessment and the development of service plans to strengthen the Six Protective Factors. In Home Service and CPS staff received Protective Factor training via two webinars and personal presentations delivered in each region. Additionally, hundreds of "Who Makes Families Strong? – Parents" booklets are being distributed to CPS staff, community members, and families. The booklets, designed by the National Alliance of Children's Trust & Prevention Funds (and many other experts and parent leaders), explain the Six Protective Factors in a family centered way that allows the concepts to be quickly understood and implemented. The Division is excited about promoting the Six Protective Factors and is looking forward to finding new ways to continue this integration process. Next steps include a new scope of work for the Regional Prevention Councils and the development of a Parent Café Train the Trainer Workshop. Both will place more emphasis on the Six Protective Factors to prevent child abuse and other adverse childhood experiences.

#### ***Adverse Childhood Experiences (ACE) Consortium***

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

To accomplish this, the Division has taken a leading role in the development of a multi-media campaign that includes a day long ACE Train the Trainer workshop; a one to four hour ACE community and family presentation/workshop; a PBS Television Special, called "Ask a Child Trauma Expert," during which experts in all areas of childhood trauma were in the studio taking viewer phone calls; and ACE brochures and posters. This campaign promotes the findings of the landmark ACE study (completed by the Centers for Disease Control and Prevention and Kaiser Permanente) and provides resources for the community and parents. Since this campaign began four years ago, thousands of Arizona residents have received this valuable information. The Division's Regional Child Abuse Prevention Councils have been instrumental in this campaign. Each year, they alone provide approximately thirty-two workshops on the devastating effects of adverse childhood experiences and the healing community solutions that focus on the development of the Six Protective Factors. The campaign continues to develop. Copies of the campaign materials and more information can be found at [www.azdes.gov/PreventionAndFamilySupport](http://www.azdes.gov/PreventionAndFamilySupport), in the Adverse Childhood Experiences subsection.

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

On April 2, 2012, the Department was pleased to launch the "Who Do You Trust With Your Child?" campaign, in cooperation with the Arizona Coordinated Prevention Campaign. This child abuse prevention and awareness campaign helps parents choose a safe caregiver and prevent child maltreatment. "Protecting Arizona's children requires a coordinated effort by all who care for them, including

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

community and faith-based organizations; state and local governments; law enforcement officials, and schools,” said Director Clarence H. Carter. “Public awareness about child abuse prevention is one of the most important components to protecting Arizona’s children and promoting child safety. As we focus our attention on Arizona Child Abuse Prevention Month, I invite you to join us in spreading the word about the Arizona Coordinated Prevention Campaign.” Although most caregivers give loving attention to children and keep them safe, unfortunately some children are abused and suffer tragic circumstances at the hands of an unsafe caregiver. Prevention is the key to keeping Arizona’s children secure. The “Who do you trust with your child?” posters and brochures were prepared by the Arizona Coordinated Prevention Campaign, a group of professionals dedicated to the prevention of child abuse and neglect. Members included: Arizona Broadcasters Association; Casey Family Programs; Child Crisis Center; ChildHelp; the Division of Children, Youth and Families; the Department of Health Services; Eight, Arizona PBS-Educational Outreach; Phoenix Children’s Hospital; Prevent Child Abuse Arizona and; Southwest Human Development. The campaign included a dedicated website containing posters and brochures that provide Arizonans with valuable and precise information about choosing a safe caregiver. For additional support, parents and other primary caregivers are provided with the ChildHelp Hotline, which is staffed 24 hours per day with highly qualified counselors. If the parents and other primary caregivers suspect child abuse or neglect, they are urged to report it now by calling the Arizona Child Abuse Hotline, which is also available at all hours. CPS sites throughout the state displayed hundreds of posters and provided parents with thousands of brochures. Community members and organizations also received thousands of brochures and posters, and were urged to place a link to the website on their homepages and display the posters and brochures in locations where parents and caregivers will see them. The campaign continues to this day. The brochures are kept in stock for CPS offices to refill their supplies. Copies of the campaign materials and more information can be found at [www.azdes.gov/PreventionAndFamilySupport](http://www.azdes.gov/PreventionAndFamilySupport), in the *Who do you trust with your child?* subsection.

#### *Healthy Families Arizona*

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

A trained Family Support Specialist (FSS) provides emotional support and assists the family to obtain 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.

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In state fiscal year 2013, funding for the HFAz statewide system included just over \$6,362,000 from the Department and \$5,880,000 from First Things First (FTF). In addition, an Interagency Agreement with the Department of Health Services was signed in September 2011 to provide another \$117,212 of funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant. The current funding level allows for a total of 40 sites to provide the Healthy Families Arizona program. The Department funds originate from designated lottery funds and the federal Community-Based Child Abuse Prevention Grant. The Department remains the central administration to the HFAz multi-site system, including sites funded through FTF and DHS. The Department, DHS, and FTF have maintained the Interagency Service Agreements to ensure a collaborative relationship and to share the costs and resources for the administration of the HFAz program. In March 2011, HFAz completed its third successful national re-accreditation from Prevent Child Abuse America. Healthy Families sites all passed their peer site visits with no additional action required, a feat never before accomplished by a state system in the history of accreditation. HFAz is optimistic that the next re-accreditation, scheduled for 2016, will be equally successful, based on achievements recorded during statewide site visits in 2012.

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.

According to the *Healthy Families Arizona Annual Evaluation Report FY2012*, 3,375 families were reached by Healthy Families programs in SFY 2012. This represents all families in the program, regardless of how long they have been in the program. The average length of time that families continued in the program was 352 days. The evaluation highlights both prenatal and postnatal services. Outcomes in 2012, for families after 12 months in the program, include the following:

- Child Abuse and Neglect: 99.7% of participating families had no substantiated CPS reports.
- Substance Abuse: 45.3% of families had an initial positive screening at 2 months, and that percentage decreased to 14.6% at 6 months, and 11.2% at 12 months.
- Child Health: There was a 71.3% immunization rate for babies by 12 months.
- Child Safety: 96.7% of parents lock up household poisons, 99.0% use car seats, and 90.5% use smoke alarms at 24 months.
- Maternal Life Course: 39% of mothers were employed at 24 months, 9.3% were enrolled in school full-time, and 5.3% were enrolled part-time.
- Maternal Stress: Significant improvement was observed in several areas, including 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 who are interested in implementing the Triple P model to Arizona. The consortium is comprised of professionals from Phoenix

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Children’s Hospital, Prevent Child Abuse Arizona, Parenting Arizona, the Child Crisis Center, Southwest Human Development, Eight – Arizona PBS, Arizona Partnership for Children, and many other organizations. The community partners are deeply committed to the process and many are financially invested.

The Division participates as a neutral member, interested in this community-based approach to elevating the quality of parenting programming for families served by CPS and other families who have risk factors for abuse or neglect. Arizona’s families can benefit from the use of a strong parenting program that is implemented consistently with a high degree of fidelity and monitored at the state level.

Over the last two years, the consortium conducted trials in several locations throughout the state and found that Triple P is a viable program that meets the needs of Arizona families. Several practitioners have been certified in various levels of Triple P. The consortium members are continuing to deliver Triple P services, coordinate efforts and cross refer families across Maricopa County, seek funding for a larger scale roll out, and experiment with a new online Triple P program. Triple P International reports that early evaluation data is showing the online curriculum is achieving results equivalent to in-person Triple P. Parental progress and results will be closely monitored and assessed.

The consortium is moving forward with its efforts to educate key stakeholders and attempt to secure multiple streams of private funding for a larger roll-out of this ambitious program. To these ends, in April 2013 the consortium held a summit entitled “Creating Safe Environments” to help mobilize partnerships and identify new potential resources to address adverse childhood experiences, of which Triple P is one strategy.

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

The Arizona Substance Abuse Partnership (ASAP) was established by Executive Order 2007-12 in June 2007. Staffed by the Governor’s Office for Children, Youth and Families, the ASAP is composed of representatives from state governmental bodies, federal entities, and community organizations. The ASAP serves as the single statewide council on substance abuse prevention, enforcement, treatment, and recovery efforts. The ASAP’s mission is 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.

In January 2008, *Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services (CPS)* was signed, prioritizing substance abuse treatment for families involved in the child welfare system. This Executive Order dictated that appropriate and immediate substance abuse treatment for parents involved in the Child Protective Services (CPS) system should be prioritized in order to provide a safe and stable environment for children. The Executive Order’s prioritization of substance abuse treatment services for families involved with CPS marked a systematic change in state planning and policy, and continues to impact the work of the ASAP as an overarching paradigm. Additionally, the ASAP continues to examine the needs of drug endangered children, children of incarcerated parents, and the child welfare population.

In November 2011, the Centers for Disease Control and Prevention issued a report indicating that deaths from prescription pain relievers have reached epidemic proportions in the United States. Arizona has seen a corresponding, and dramatic, increase in opioid-related cases in emergency departments and drug poisoning deaths involving prescription drugs<sup>3</sup>. To address the growing concern over prescription drug misuse and abuse in Arizona, the ASAP has endorsed a Prescription Drug Misuse and Abuse Initiative.

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<sup>3</sup> Arizona Department of Health Services, <http://azdhs.gov/plan/index.htm>

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

The Arizona Governor's Office for Children, Youth, and Families; the Arizona Criminal Justice Commission; and the High Intensity Drug Trafficking Area program hosted a Prescription Drug Expert Panel in February 2012 that called upon the expertise of local and state law enforcement, the prevention field, and the medical community, with data support from members of the Arizona Substance Abuse Epidemiology Work Group. Using the strategies proposed by the national Office of Drug Control Policy (ONDCP) (<http://www.whitehouse.gov/ondcp/prescription-drug-abuse>) as a starting point, the attendees formulated a set of five data and research-driven strategies to be used in a multi-systemic, multi-agency approach to reduce prescription drug misuse and abuse in Arizona and to improve the health of Arizona's children, youth, families, and other community members. The initiative was designed as a feasibility study, or pilot project, to be conducted in three of Arizona's fifteen counties. The three pilot sites were selected based upon the following criteria: (1) the severity of the prescription drug misuse and abuse problem in each geographic area as indicated by prevalence and consequence data; (2) the willingness of each county to use a data-driven decision making approach and for their efforts to be evaluated; and (3) the county's capacity for strategy implementation. Based upon these factors, Yavapai, Pinal, and Graham/Greenlee counties were selected as pilot sites.

Implementation of the initiative is occurring in stages, with preceding waves (i.e., counties) learning to overcome obstacles before sharing these lessons with succeeding waves. Designed around learning community principles, lessons learned by any of the pilot communities are shared with the other pilot sites on a regular basis and the materials developed are shared freely between the stakeholders. The evaluation of this project by the Arizona Criminal Justice Commission will be instrumental in making any necessary changes to the initiative before statewide implementation.

#### ***Substance Abuse Epidemiology Work Group***

The ASAP has one work group, known as the Arizona Substance Abuse Epidemiology Work Group (Epi Work Group). The Epi Work Group's mission is to provide communities; policymakers; and local, state, and tribal officials with data on the use, consequences, and context of alcohol and illicit, over-the-counter, and prescription drugs to inform their substance abuse prevention and intervention strategies. The Epi Work Group has four major goals, which are to:

1. Compile and synthesize information and data on substance abuse and its associated consequences and correlates, including mental illness and emerging trends, through a collaborative and cooperative data-sharing process.
2. Assess substance abuse treatment service capacity in Arizona and detail gaps in service availability.
3. Serve as a resource to the Arizona Substance Abuse Partnership and member agencies to support data-driven decision-making that makes the best use of the resources available to address substance abuse and related issues in Arizona.
4. Identify data gaps and address them in order to provide Arizona with a comprehensive picture of substance abuse in the state.

The ASAP utilizes the data and analysis provided by the Epi Work Group to devise strategies and solutions and to inform the public about the prevalence of substance use and associated consequences, such as mortality and morbidity.

In order to improve community access to data essential for grant and report writing, needs assessments, program evaluations, prevention and intervention planning, and other data-driven decision-making, the Epi Work Group and the Statistical Analysis Center of the Arizona Criminal Justice Commission developed a mechanism for making many substance-abuse related data indicators available online through a Drug Data Clearinghouse known as the Community Data Project (CDP) ([www.bach-harrison.com/arizonadataproject](http://www.bach-harrison.com/arizonadataproject)). The CDP is an interactive, user-friendly, data-sharing website that

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provides data online, which enables a customizable, cost-effective and user-driven alternative to hard-bound data reports. The CDP website currently houses over 300 indicators of substance use/prevalence and associated consequences, which are provided over time in graph, table, and map formats and are available at the county and community-level, and by race/ethnicity, gender, and age (where applicable and available).

#### ***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 114,673 families and their children. In FFY 2012, APSSF program resources were used to support the participation of 1,025 families (with 2,050 children) in the in-home services program. Please see the In-Home Children Services 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 and Risk Assessment tool 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.

CPS reports are assigned to a local office CPS Unit Supervisor. Hotline Specialists notify the Unit 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.

In addition to CPS Specialists and CPS Unit Supervisors, the Hotline employs a newly developed Hotline Quality Assurance Team, one Practice Improvement Specialist, one Regional Automation Liaison, three management staff, and four support staff. The support staff includes a CPS Central Registry Coordinator who processes all requests for CPS history from agencies performing a home study for pre-adoption certification or foster home licensing. Hotline staff also answer the Hotline triage queue. This queue is

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for Hotline customers who have short questions or requests, such as requests for community resource information.

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 child safety and risk, raise awareness of related services within the Department and community, and improve documentation to facilitate follow-up by direct service staff. Enhanced training in CY 2012 focused on the Hotline Safety Decision Tool to gain a better understanding of present and impending danger within the CPS Response System. This training also focused on specific family conditions, such as domestic violence and mental health issues, and how these conditions impact child safety. As a result of this training, staff are prepared to gather more specific information, so they are better able to identify present and impending danger and make clear determinations about child safety. The interview 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 and supervisors also attend conferences and other training offered by the Department and community, when available and funded.

Program improvement activities continue at the Hotline. In January 2012, the Child Abuse Hotline received consultation services from the Change and Innovation Agency to examine current Hotline procedures and practices, and identify changes to improve efficiency. The primary goals are to increase capacity to answer more calls, thus reducing customer queue wait time and the abandonment rate, and to provide better outcomes for the Hotline's external and internal customers. Thirteen ideas were recommended by a team of staff and approved by DCYF leadership. By December 2012, the Hotline had accomplished 70% of the team's recommendations and continued to add to the list of ideas for improvement. Examples of accomplished recommendations include development of different interview scripts for reporting source types, revision of the written format for CPS reports and Hotline communications, improved criminal conduct allegations assessment, Hotline specific training to CPS field staff, and enhancements to the CHILDS database system.

The following improvements were implemented at the Hotline in SFY 2013. These improvements have allowed Hotline staff to be more proficient, which increased their ability to answer calls directly and more quickly.

- The way in which Hotline CPS Specialists answer the phone was streamlined by creating an introduction script that ensures callers know they have reached the Child Abuse Hotline and who they are speaking with, and allows callers the opportunity to state the purpose of their call upon initial answer.
- Interview questions were revised to cater to the three types of callers: law enforcement, mandated reporters, and non-mandated reporters. This has allowed the Hotline to ask specific questions by type of caller in order to make the best use of the caller's time, while gathering the right information to maximize child safety.
- The written documentation of Hotline calls was revised to make it more useful for field staff and easier for Hotline staff to document.
- A new call queue for mandated reporters was implemented on October 1, 2012.
- A factsheet about the Hotline was created, primarily for mandated reporters, to better prepare them for their Hotline experience. The factsheet includes topics like: what does the Hotline do, what to provide the Hotline when calling, and when does the hotline generate a CPS report.

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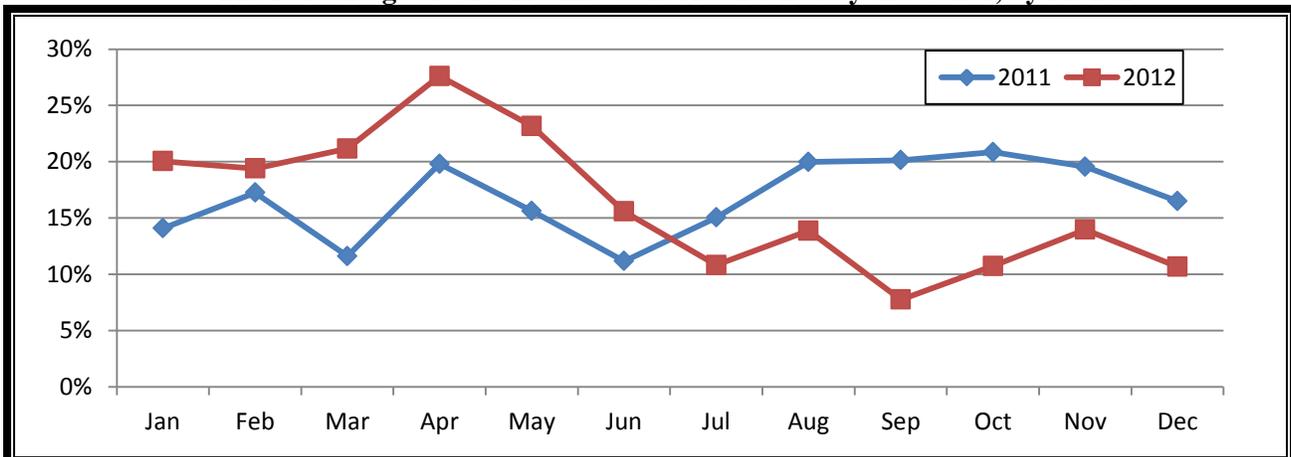
- Hotline staffing practices were addressed by analyzing peak times at the Hotline, adjusting staff schedules, and shifting lunches and breaks to ensure sufficient phone coverage. In addition, call volume data is now reanalyzed before the Hotline posts any vacant positions. This allows Hotline management to determine where coverage is needed and set shift schedules to ensure there is sufficient coverage when call volumes are expected to be the highest. All new Hotline positions are now accompanied with a set shift schedule.

The Hotline is working determinedly to implement the remaining recommendations. For example, options to utilize fax to email servers, secure drop boxes, and workforce management software are being researched. All of these tools will help the Hotline work more efficiently and expeditiously. Hotline management is also working closely with DES information technology staff to design and develop a web based portal for mandated reporters to submit non-emergency allegations of abuse or neglect. In SFY 2014 the Hotline will also provide additional training for Hotline Unit Supervisors on clinical supervision, and engagement with law enforcement entities to enhance the process by which reports are sent to law enforcement for review. Furthermore, with the development of the new Quality Assurance Team, the Hotline is now able to monitor and score the Hotline Specialists' calls to ensure consistency and identify trends and patterns to be addressed through clinical supervision or systemic improvement.

The Hotline continuously gathers statistics regarding call volume and Hotline performance. Calls offered is the total number of calls made to 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). Calls answered are the total of all calls that were handled by a Hotline Specialist, including calls from Spanish speaking reporters, law enforcement, mandated reporters, calls in the triage queue, and calls from the general public. Calls abandoned are calls where the caller hangs up while in queue, prior to speaking with a Hotline Specialist.

In CY 2012, calls offered increased by 12,941 calls or 9% from CY 2011, and by 22,392 or 17% from CY 2010. The number of calls offered and the number of calls answered by a Hotline Specialist was higher in every calendar month in 2012, compared to the same month in 2011. Despite the increased call volume, since July 2012 the monthly percentage of calls abandoned has been lower than the same month in 2011. The following chart provides the monthly percentage of calls abandoned in 2011 and 2012, and demonstrates that the improvements implemented at the CPS Hotline starting in July 2012 have been effective in reducing the percentage of calls abandoned.

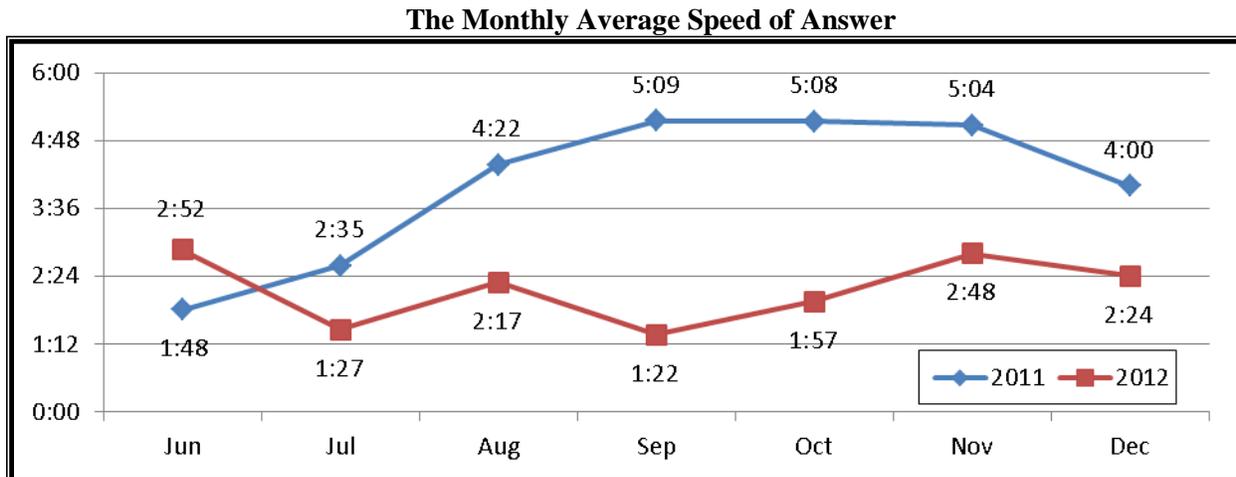
**The Percentage of CPS Hotline Calls Abandoned by the Caller, by Month**



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Analysis of data on calls abandoned revealed that a significant portion of these calls are abandoned by the caller in less than 60 seconds. For example, in January 2013 39% of abandoned calls were abandoned in less than 60 seconds, and 69% of calls abandoned by law enforcement were abandoned in less than 60 seconds. The Hotline's ability to answer calls quickly is clearly a factor in the calls abandoned rate, and important to mandated reporters. The CPS Hotline has improved the speed of answer since July 2012. The following chart compares the monthly average speed of answer in June through December of 2011 and 2012.



#### *Comprehensive Child Safety and Risk Assessment (CSRA)*

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 allegations or investigation indicate that the child is or may be the victim of a criminal conduct allegation, which if deemed true may constitute a felony offense. Such allegations include death of a child, physical abuse, sexual abuse, neglect, and certain domestic violence offenses. The joint investigations are currently conducted according to protocols established with municipal and/or county law enforcement agencies. Procedures for investigation of criminal conduct allegations by the Office of Child Welfare Investigation (OCWI) are continuing to be developed for implementation in SFY 2014. The OCWI is housed in the Department's Office of the Director and is not a part of the Division of Children, Youth and Families. Upon implementation of the procedures, all reports of criminal conduct allegations will be sent to the OCWI for investigation.

The Division's integrated CSRA and clinical supervision process provides CPS Specialists with a framework for assessing present and impending danger of serious or severe harm to children, and determining the need for protective action to ensure child safety. The process includes the concept of safety threshold analysis, which aids critical decision making for accurate safety assessment. Use of the CSRA 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 CSRA assists CPS Specialists to explore pertinent domains of family functioning, recognize indicators of present or impending danger, and assess the likelihood of

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future maltreatment. The initial CSRA is completed within 45 days of case opening. Reassessment occurs at least every six months and when considering unsupervised visitation, reunification, or case closure. The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides interview questions that engage and motivate family members while gathering information to assess strengths, protective capacities, and risks in each domain of family functioning. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in identification of their own unique strengths and needs. The resulting comprehensive family-centered assessment serves as a basis for case decisions and case planning.

Based on the results of the investigation and the safety and risk assessment, the 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 danger, impending danger, or future risk of harm to any child in the family unit; the ability of the family unit to manage identified child safety threats; the protective capacities of the family unit to mitigate identified risks; and/or the ability of services and supports to mitigate the identified risks. The CPS Specialist considers the family's 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 child safety assessment; 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

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program also assists families to access services such as substance abuse treatment, housing, and child care. 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.
- 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 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.

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 referred to in-home services for the intensive, reunification, and placement stabilization or moderate levels have signed the initial interim plan and agreed to services.
- 90% of families referred who have agreed to intensive, moderate, family support, or reunification/stabilization levels of service have shown overall improvement in areas identified in the Department prescribed pre and posttest.
- 82% of children referred for family reunification services who are in out-of-home placement shall return to their home within thirty (30) days of the Order for Change of Physical Custody or if in voluntary foster care, from the time of referral.
- 85% of children referred for placement stabilization services shall be safe and stabilized in the identified placement at the end of one-hundred twenty (120) calendar days from time of the referral.

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- 90% of families successfully completing intensive, moderate, or family support services shall not have any new substantiated abuse or neglect reports, excluding reports made by the Contractor, during service delivery.
- 90% of families' successfully completing intensive, moderate, or family support services shall not have any new substantiated abuse or neglect reports within six (6) months of case closure.
- 90% of families successfully completing intensive, moderate, or family support services shall not have a child in the Department's custody during service delivery.
- 90% of families successfully completing intensive, moderate, or family support services shall not have a child in the Department's custody within six (6) months of case closure.
- 95% of family satisfaction surveys returned shall express satisfaction with the contractor's service delivery based on a survey issued at closure.
- 95% of CPS Specialists involved with cases provided by the contractor during the time period shall express satisfaction with the contractor's service delivery based on an annual survey.

In-home service outcomes are reported by the contracted providers on a quarterly basis. The Division has worked in SFY 2013 to upgrade a database in order to produce statewide data on outcomes that are measured through CHILDS data. This data will be shared with all the contracted providers as well as Division leadership.

Family client and CPS Specialist satisfaction surveys give the providers feedback about service quality. Every family that receives in-home services is given a satisfaction survey at the time of program closure. The survey measures the family's level of agreement with questions such as "My ideas were included when deciding what my family needed," "This program helped my situation improve," and "Overall, my family is satisfied with the services we received from the In-Home Service Program." The survey also provides an opportunity for families to comment on what they liked or disliked about the program, and what the family felt was most helpful. Each provider reports family client survey results quarterly to the 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.

#### ***Parent Aide Services***

Parent aides provide a range of support services, instruction, and assistance to parents or caregivers of children involved with CPS by addressing safety threats, risks, and behavioral changes identified by the CPS Specialist through the safety and risk assessment process. Services are provided in a culturally appropriate manner and can include parenting skills training in the residence of the client; education and training in activities related to home management tasks; transportation; education on accessing emergency assistance, supports, and community resources; and arrangement and supervision of visitation between children and their parents, guardians, significant others and/or siblings to promote a continued relationship and practice parenting skills. Parent aides use modeling and individual or group training to educate parents in areas such as child development, child nurturing, child management and discipline, problem solving, decreasing social isolation, positive coping, home maintenance and care, meal planning and preparation, budgeting, clothing care, personal care and hygiene, securing housing, obtaining basic provisions (food and clothing), child health and safety, use of community resources, obtaining documents

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(such as identification cards), job training, and seeking employment. Parents and caregivers are referred to this service by the CPS Specialist. Parent aide services are available statewide.

#### **3. 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/caregivers whose substance abuse is a significant barrier to maintaining or reunifying the family.

AFF provides an array of structured interventions statewide to reduce or eliminate abuse of, and dependence on, alcohol and other drugs, and to address other adverse conditions related to substance abuse. Interventions are provided through contracted community providers, using modalities that include 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 53,000 individuals have been referred to the AFF program since its inception in March 2001. Data from the most recent program evaluation indicates that 6,154 individuals were referred in SFY 2012 for substance abuse screenings or assessments and an estimated 5,011 clients received treatment and supportive services. Despite continuing funding limitations, the number of referrals in SFY 2012 was 22% higher than referrals in SFY 2011. AFF contractors made initial contact with families within an average of less than a day in SFY 2012, which was an improvement from a one day average in SFY 2011. Improvement was also seen in the average amount of time for clients to accept AFF services. This average decreased from 14.7 days in SFY 2011 to 11.28 days in SFY 2012.

The new contract awards for AFF services were announced in January 2013 and became effective on February 1, 2013. Contracts were awarded by region, rather than by county. Northern Region was awarded to AZPAC; South West, Central, and Pima Regions were awarded to TERROS; and Southeast Region was awarded to SEABHS. All areas of the state are now covered for AFF services.

During 2012, changes were made to improve the quality of data used for the annual AFF evaluation. The changes more accurately account for all elements of the AFF program, from referral through completion of services. Most significantly, adjustments were made to count unique individuals versus total referrals, which better tracks the number of actual clients served; time from referral to engagement and service provision is now counted by business days versus calendar days; and level of care determination data was expanded to include all clients receiving services by adding those funded by ADHS (in addition to those funded by the Department).

AFF providers continue to improve and enhance substance abuse services. For example:

- TERROS, Inc. has been awarded the AFF contracts for Southwest, Central and Pima Regions. They now serve Yuma, Pinal, and Pima Counties in addition to Maricopa County.
- "Childless adult" reductions to AHCCCS coverage effective July 8, 2011, adversely affected many AFF clients. As a result of changes with AHCCCS, many individuals involved with CPS lost their AHCCCS coverage when their children were removed from their homes. This led to an increased demand for AFF funded substance abuse treatment services. Community Partnership of Southern Arizona (CPSA) utilized its Substance Abuse Prevention and Treatment grant

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funding to offset the cost of services for this population, ensuring those referred could obtain the recommended substance abuse treatment. In addition, CPSA financial eligibility specialists worked with AFF members to identify additional resources that might meet their needs. Individuals referred through the AFF program who were or became eligible for the Seriously Mentally Ill (SMI) program were assisted with applying for AHCCCS through the SSI Medical Assistance Only (MAO) program. This program allowed for individuals to receive AHCCCS benefits, which they lost upon removal of their child as a result of becoming a “childless adult.” The ability to receive SSI MAO allowed for an increase in the array of services for which the member is eligible.

- The Substance Exposed Newborn Safe Environment (SENSE) Program continues to be available in Maricopa and Yuma Counties. This is a specialized, highly-coordinated, and intensive response system for families of substance-exposed newborns. The program closely coordinates Family Preservation, AFF, professional nursing, and Healthy Families services.
- AZPAC has been awarded the AFF contract for the Northern Region, adding Mohave, Navajo, and Apache Counties to Coconino and Yavapai Counties, to now serve the entire region.
- In northern Arizona, the AFF providers continue to attend TDMs, Child and Family Team (CFT) meetings, and Adult Recovery Team meetings. In addition, Northern Region providers continue to coordinate services with CPS, the local RBHA-contracted providers, and other community agencies. Weekly meetings with CPS and local RBHA providers throughout the region enhance communication among all, to ensure families are receiving quality services.
- In northern Arizona, the merger between AFF/AZPAC and the Empower U program continues to provide clients with financial education and the tools to move forward economically and socially. AFF in Yavapai county also continues to support clients while they participate in Family Drug Court. This collaborative partnership creates a comprehensive treatment opportunity for clients.
- Discovery House was opened in 2012, providing an additional transitional living facility for women served by WestCare in Bullhead City. Discovery House assists women in recovery to transition through the recovery process and lead productive lives. WestCare is also active in Bullhead City and Kingman to assist drug court clients in continued recovery from active addiction, is providing a Nurturing Fathers program/group in Bullhead City for men in recovery to assist them in improving their self-esteem and parenting skills, and has started the Moral Recognition Therapy program, which assists clients to learn new life skills and retrain their moral values and lifestyle patterns.
- 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 and Family Support Partners, 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 ten employment specialists 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. Additionally, as the new

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provider for all of the Southeast region, SEABHS has added Gila and Santa Cruz Counties to its service area.

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

The Housing Assistance Program provides financial assistance to families for whom the lack of safe and adequate housing is a significant barrier to family preservation, family reunification, or permanency. This program operates in the form of vendor payments payable for rent, rent arrearages, utility deposits or payments, and utility arrearages on behalf of eligible families. The Housing assistance program can only be used if other community resources have been explored and are found to be unavailable. Housing Assistance Program eligibility requirements include that at least one child in the family 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 United States.

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

The maximum amount of money available to individual families through this program is \$1,800. In SFY 2011:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 941 children within 346 families throughout Arizona. This is very similar to the SFY 2011 data of 905 children and 346 families.
- The total amount expended statewide was \$478,116.53 – about \$4,000 more than in SFY 2011.
- An estimated \$4,739,149 would have been expended by the Division for foster care maintenance if the 941 children who benefitted from Housing Assistance during SYF 2012 had entered or remained in foster care for the length of time housing assistance was provided to each family. Based on the SYF 2012 Housing Assistance Program expenditures of \$478,116.53, there was a cost avoidance of \$4,261,032.

#### **4. 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 child safety and risk assessment process, and written in behavioral language so the family clearly understands the changes and activities necessary to achieve reunification or another permanency goal.

Timely achievement of the best permanency option for each child in out-of-home care is supported by the Division's clear policies on the selection of permanency goals, including timeframes for consideration of goals other than reunification. Each child is assigned a permanency goal based on the circumstances

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necessitating child protection services, the child's needs for permanency and stability, and Adoption and Safe Families Act (ASFA) requirements. The initial permanency goal for children in out-of-home care is family reunification, unless the court finds that reasonable efforts to reunify are not required due to aggravating circumstances, as defined by the Adoption and Safe Families Act.

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

The *Family-Centered Interview and Documentation Guide* provides questions for CPS Specialists to ask families when gathering information to assess strengths and functioning. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in the identification of their own unique strengths and needs. Information gathered during the interviews is used to develop a family-centered case plan to support achievement of the permanency goal and address the child's educational, physical health, and mental health needs. The *Interview Guide* results in a case plan that is tailored to the unique needs identified by the family or other sources. 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). 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. This plan may be developed in a Team Decision making meeting. Follow-up and support services are put in place to ensure a safe and successful reunification.

Concurrent permanency planning is required in cases where there is a poor prognosis of reunification within twelve months of the child's removal. Concurrent planning is the simultaneous pursuit of reunification and another permanency goal in cases where the prognosis of reunification within twelve 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.

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

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initiated when it has been determined that such action is not in the child's best interests and this decision has been approved by the region's Program Manager or designee.

All other permanency options must be fully considered before implementing a permanency goal of long-term foster care or independent living as another planning permanent living arrangement (APPLA). 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 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 sixteen or older. Youth with a goal of long-term foster care or independent living often live in a stable setting with relatives or foster parents.

#### ***Placement and Placement Support***

Out-of-home placement services are available statewide for children who are unable to remain in their homes due to immediate safety concerns or impending and unmanageable 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 thirty 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 CSRA 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

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proximity to the birth family. TDM meetings are also held when there is a risk of placement disruption or an unplanned placement change has occurred, to develop a plan to achieve placement stability.

Policy requires that the 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 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, medical, and behavioral health needs, and services to the child or caregiver to address those needs. CPS Specialists further support placement stability by:

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

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. 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.

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

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

When out-of-home placement is necessary, preference is given to placement with relatives and persons who have a significant relationship with the child. Division procedures explain that kinship relationships are not necessarily blood relationships, and requires staff to identify all of the child's important emotional connections. Kinship placements provide the best possible method for maintaining connections to neighborhood, community, faith, family, tribe, school, and friends. Kinship placements typically provide homes for entire sibling groups, thereby reducing the number of sibling groups needing non-related foster homes and increasing the Division's flexibility to manage its foster family resources so that homes are available for sibling groups when needed. The Division has focused on identifying and engaging kin as early as possible in the life of a case, increasing the percentage of children placed with kin, and increasing the supports provided to kinship caregivers, including licensure.

Division policy requires that the Division identify adult relatives and persons who have a significant relationship, and assess these adults for the placement of the child in out-of-home care. The assessment of a relative or significant person who requests to be a placement option must be initiated within ten working days of the request. The assessment begins with a discussion of the child's needs and the potential caregiver's interest and intentions towards the child now and in the future, a preliminary determination of the potential caregiver's ability to meet the child's 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 CPS Specialist identify relatives and persons who have a significant relationship with the child who have interest in providing care for the child. The Division's *Relative Search Best Practice Guide* is available through the on-line policy manual and provides theoretical information about the importance of finding and involving relatives in child welfare cases, as well as practice standards for conducting diligent and comprehensive relative searches.
- Arizona juvenile court rules require that at the preliminary protective hearing the court order the parent or guardian to provide the names, types of relationship, and all available information necessary to locate persons related to the child or who have a significant relationship with the child. The court must further order the parent or guardian to inform the Department immediately if the parent or guardian becomes aware of new information related to the existence or location of a relative or person with a significant relationship to the child.
- The case planning process guides staff to explore family connections as a resource for ensuring child safety and for placement options in the event that the child enters out-of-home care. A case note type of relative contact is available in CHILDS, so that staff can easily locate information about kin and assessments of kin as placement resources.
- Use of the data dashboard and other managerial oversight of contact with parents continue to assist the Division to identify parents whose whereabouts are unknown. Identification and contact with a missing parent is often a pre-requisite to identification of kin.
- If a relative cannot be located, the CPS Specialist can make a referral to the Division's Parent/Relative Locate Unit.

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- TDM meetings are a helpful resource for locating kin. The Division re-invigorated the use of TDMs in SFY 2013 by increasing the availability of TDM facilitators and supported a revision of the TDM procedures to return to previously suspended portions of the TDM best practice model.

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 2013 activity included the following:

- Relatives report that they are committed to caring for the children regardless of financial compensation, but placement of children can put significant financial strain on kinship families. In SFY 2013 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 and procedures require staff to review with the kinship caregiver information about all the benefits available to kinship caregivers, including TANF benefits, licensing, and non-financial services.
- 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). If the children are benefit-capped or the caregiver encounters problems associated with obtaining TANF benefits for the child, the Division's Kinship Specialist is available to resolve case specific barriers. The Division has an agreement with the Family Assistance Administration to expedite TANF applications for kinship foster caregivers and to trouble-shoot at the Central Office level kinship cases in any area of the state when a need is identified.
- Kinship caregivers are not required to become licensed foster parents for children in the care and custody of the Department; however, should they choose to apply for licensure, kin must meet the same licensing standards as non-kin foster parents with the exception of certain non-safety standards that may be waived as a result of the federal Fostering Connections legislation. On a case-by-case basis, the 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. From April 2012 through September 2012, 187 waivers of non-safety related standards were issued to enable licensing of kinship foster families. 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 2013, 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.

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- One HRSS agency has two units solely dedicated to licensing and supporting kinship caregivers in Maricopa and parts of Pinal Counties. These units are located in Central and West Phoenix and have a total of 21 staff, 8 of whom are Spanish-speaking. From May 2012 through February 2013, these units had 432 families inquire about completing the licensure intake and orientation process. Of those, 130 families became licensed and 143 families completed the training and are in the process of becoming licensed. In early 2013, these units were serving 148 licensed kinship homes where 220 children are placed. As part of the program, kinship families have access to many in-kind opportunities including but not limited to, donations from Dial, The Fireman Co, Phoenix Children's Museum, Phoenix Suns, Phoenix Mercury, Diamondbacks, and others. This year, as in years past, back packs, school supplies, and holiday gifts were given to all kin children. All families are invited to attend an annual holiday party and Spring appreciation picnic.
- The second agency with staff dedicated to kinship caregivers has five units of dedicated staff, serving all fifteen Arizona counties. The Maricopa County unit has five staff members, one of whom is Spanish-speaking. From May 2012 through February 2013, this unit had 80 families complete the licensure intake and orientation. Of those, 45 families completed the training to become licensed and 35 families will complete in June 2013. In early 2013, these units were serving 90 licensed kinship homes in which 143 children are placed. With the support of community donations, this agency sponsored a holiday party in 2012, attended by approximately 55 kinship caregivers who received presents for all the children in the home.
- The Division continues to distribute its *Kinship Foster Care for Relatives Caring for Children in CPS Custody* booklet. This booklet is available in English and Spanish, and provides more extensive information for kinship caregivers, including information about:
  - the benefits provided to children in care;
  - financial and non-financial benefits available to kinship caregivers;
  - the benefits of becoming licensed;
  - the licensing process and licensing requirements, including standards related to criminal history;
  - licensing waivers;
  - the 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
  - case plans and permanency plans.
- 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 ninety 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 May 2012 through February 2013, 425 CPS Specialists were trained in the

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kinship module at initial CPS Specialist core. The kinship module has also been adapted for supervisors.

- A computer-based training on kinship laws, policies, and forms is available for staff.
- The Division partnered with the Family Assistance Administration and the Division of Aging and Adult Services (DAAS) to join the Arizona's Children Association in supporting their grant application for a Fostering Connections grant. This three year grant was funded in October of 2012 and the primary focus of the grant will be to provide kinship navigator services to kin (both formal and informal) in Maricopa, Pinal, Pima, and Cochise Counties. The primary goal of this grant will be to increase the number of kinship foster caregivers who receive TANF to support placement stability. Additionally, the grant will team up with the DAAS Caregiver Hotline to provide telephone assistance and referral to kinship caregivers, and establish and maintain a web site to direct kinship caregivers to resources and supports. The grant will also continue to fund the 90 minute training modules in kinship for new CPS Specialists.
- 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. A Division staff person chairs the Coalition and serves on the Coalition's training and education team. 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 training and education team assisted to update and deliver the core training kinship module and developed and delivered training on the CPS system for kinship caregivers. The Coalition consistently prioritizes getting input and direction from kinship caregivers to help guide Coalition activities. The Coalition has identified four priority areas for activity in CY 2012: (1) training and education, (2) resources and advocacy, (3) strengthen and expand the Coalition, and (4) media and marketing. In 2012, the Coalition made strides in connection with other entities with common interests, such as the Children's Action Alliance and Grandparent Ambassadors.
- Kinship resource and family support centers that offer services to strengthen kinship families currently exist in the urban areas. These centers are dedicated to the creation and preservation of adoptive, foster, kinship, and guardianship families. The centers provide a place for families to gain access to information, and community professionals who can help them build happy healthy families. Information is provided on topics such as discipline, attachment and bonding, brain development, legal issues around kinship care, and what to look for in a behavioral consultant and behavioral diagnosis. Arizona's Children Association continues to provide two strong and multi-dimensional programs for kinship caregivers in Phoenix and Tucson. The AzCA kinship programs offer information, education, and resource referrals for kinship foster caregivers and adoptive families. On-site services include assistance completing guardianship packets for probate court, a legal clinic with access to an attorney, support groups for caregivers (emotional support), case management, advocacy for caregivers dealing with system issues, senior support services for caregivers over fifty-five, adoption or guardianship training, youth activities, social activities for caregivers, skill building classes, and parenting class referrals. Many of these services are offered in both English and Spanish and free or low cost child care is often available. Duet and Family Resource Center are two other programs in the Phoenix metro area that offer kinship services. In 2013 the University of Arizona Extension services has started a support group for kinship caregivers at Grandfamilies Place, a housing situation expressly designed for

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grandparents caring for their grandchildren. This is located in South Phoenix, where the addition of a support group to the area has been both welcomed and needed.

- 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.

On June 30, 2012, there were 4,826 children placed in 2,951 kinship foster homes. Of the 4,826 children, 503 were placed in licensed kinship homes and 4,323 were placed in unlicensed kinship homes. Of the 2,951 kinship homes, 287 were licensed and 2,664 were not licensed.

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

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

The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home studies. A home study is considered timely if within sixty days of receiving a request to conduct a study "of a home environment for purposes of assessing the safety and suitability of placing a child in the home," the state completes the study and sends the other state a report, addressing "the extent to which placement in the home would meet the child's needs." Arizona received 1,204 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2012; 200 less than the 1,427 requests in FFY 2011. In FFY 2012, Arizona made 1,162 requests to other states for home studies, which was 70 less than in FFY 2011.

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

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

Adoption promotion and support services are provided with the goal of placing children in safe nurturing relationships that last a lifetime. These services include: 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. Adoption promotion and support funds are used to support adoptive families through pre-placement adoptive family-child visits and facilitation of post-placement visitation with siblings. Services are provided by contracted providers who are experts in adoption. There are no geographic limitations on adoptive home identification, placement, and support services, although some support services, such as specialized counseling, may be more readily available in some areas.

The Department places a child in an adoptive home that best meets the safety, social, emotional, physical, and mental health needs of the child. Meeting the child's needs is the primary consideration in the selection of a family. Contracts for foster care and adoption home study, recruitment, and supervision emphasize targeted and child specific recruitment. The contracts encourage placements for

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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 Division has also requested that the agencies recruit homes in specific geographical areas.

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

The federal adoption incentive awarded to Arizona in FFY 2011 and paid in FFY 2012 was \$5,098,068. This money was used to support adoptive home recruitment resources and efforts. The funding has also been used to support current adoptive parents who are having challenges navigating the behavioral health system and are caring for children who are at risk of re-entering the foster care system. There are no planned changes for the use of incentive funding next year.

#### ***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 16,314 on September 30, 2011 to 17,716 on September 30, 2012. In FFY 2012, 1,402 new special needs adoptions were subsidized and the Department reimbursed \$1,960,680 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:

- 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.
- The Adoption Subsidy program's Mental Health Specialist position has been filled. The Mental Health Specialist provides adoptive parents with support to obtain behavioral health services for the children with special needs they adopted. The new Mental health Specialist is working with

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the RBHAs to develop protocols and procedures for working with adoptive children, and is providing further education related to behavioral health to the Division's Adoption Subsidy staff.

- 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 V, 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 2012 and was identified in CHILDS as having been previously adopted. This review identified one child who entered out-of-home care in FFY 2012 and was the subject of an inter-country adoption ending in dissolution. This child and his brother were adopted from an orphanage in the Ukraine in 2006. Due to behavioral issues the adoptive parents relinquished their parental rights to this child in April 2012. The current case plan for this fifteen year old is adoption. The brother continues to reside with the adoptive parents. In addition, there was a child adopted from Pakistan and another child adopted from the Marshall Islands who entered out-of-home care and turned age eighteen in foster care. There was also a girl adopted from Ethiopia who entered out-of-home care and was subsequently returned to her adoptive mother.

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

### ***Subsidized Guardianship***

Guardianship subsidy provides a monthly partial reimbursement to caretakers appointed as permanent guardians of children in the care, custody, and control of the Department. These are children for whom 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 number of children served in the guardianship subsidy program at the end of September 2012 was 2,410. Due to the nature of guardianship, the number of children entering and exiting guardianship subsidy each month remains steady, with no significant increase or decrease.

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

Provision of effective services to support young adults improves placement stability, reduces foster care re-entry, increases the percentage of youth placed with siblings and relatives, reduces the number of youth in out-of-home care, and increases the number and percentage of youth who exit to permanency rather than at age of majority. Youth and 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 sixteen or older in out-of-home care, regardless of his or her permanency goal. Life skills assessments and services are provided to ensure each youth acquires the skills and resources necessary to live independently of the state foster care system at age eighteen or older.

Youth who do not have a goal of reunification, adoption, or guardianship are assisted to establish another planned permanent living arrangement by participating in services, opportunities, and activities through the Arizona Young Adult Program, which is Arizona's state Chafee Program. The Arizona Young Adult Program provides training and financial assistance to children in out-of-home care who are expected to make the transition from adolescence to adulthood while in foster care. Youth served under the Arizona Young Adult Program are currently in out-of-home care, in the custody of the Department. Of children in out-of-home care on September 30, 2012, 9% had a permanency goal of independent living. The number of youth served by Arizona's Young Adult Program increased, from 1,512 in CY 2011 to 1,867 in CY 2012.

State policy allows youth to continue to receive Division services and supports to age twenty-one 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 eighteen through twenty, who were in out-of-home care and in the custody of the Department while age sixteen, seventeen, or eighteen. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During CY 2012, 221 former foster youth received assistance from this program – an increase from the 160 former foster youth served in CY 2011.

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

The Division and the Department of Health Services/Division of Behavioral Health Services (DBHS) continue to respond to the need for timely and accessible services to address the unique needs of families with teenagers by providing and developing services specifically geared toward teenagers. Examples include the following:

- Transition to Adulthood service planning assists 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, upon request, to attend the youth's CFT beginning when the youth is seventeen years and six months, to provide information on available services and facilitate transition into the adult system.
- The Arizona Children's Executive Committee's Clinical Subcommittee has completed the first two development phases of a training for system partners, youth, and parents about DBHS' Transition to Adulthood Practice Protocol. The training's purpose is to ensure everyone involved

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understands DBHS' practice recommendations for behavioral health providers addressing the needs of youth nearing the age of majority. This training is a collaborative effort between local RBHAs, the Division, the Division of Developmental Disabilities, the Administrative Office of the Courts, the Department of Education, and behavioral health providers. In the first phase, the subcommittee developed the training content and identified the presentation medium. In the second phase, the subcommittee developed and completed the initial pilot presentation of the webinar. In SFY 2013 the training presentation was finalized and provided to the RBHAs and behavioral health providers for utilization.

- Some child services continue to age twenty-one, when appropriate. This is supported by a special capitation rate for youth ages eighteen to twenty-one years old, which helps the RBHAs cover the cost of these services. Although budget reductions and a multiple five percent rate decrease have constrained the providers' ability to offer services, these services remain available to successfully transition a youth from the children's system of behavioral health to the adult behavioral health system.
- Support and Rehabilitation Services are available for children, adolescents, and young adults, including a variety of home-based and community services with a goal of keeping children in their homes and community.
- The Child and Adolescent Service Intensity Instrument (CASII), is used for all children ages six through seventeen to identify the need level and recommended service intensity. The results inform the CFT process, through which services and supports to best meet the youth's needs are identified. The CFT process mandates a crisis plan and a Strengths, Needs, and Cultural Discovery (SNCD) for youth with a CASII score of four, five, or six (indicating high needs). These youth are also assigned an intensive/dedicated case manager to provide support in the delivery of services.
- The Division, in conjunction with Comprehensive Medical and Dental Plan (CMDP), DBHS, and Arizona Health Care Cost Containment System (AHCCCS) have begun evaluating Arizona's use of psychotropic medication on its foster children. Arizona is now able to collect data using the same parameters as the General Accounting Office's report on United States use of psychotropic medication with foster youth. Arizona is moving towards creating a youth assent process for psychotropic medication prescribing. Focus groups have been held with foster youth across Arizona and their suggestions and comments are being used to create the assent process.

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 IX, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2013*.

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

Young adults who reached the age of eighteen while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn eighteen years of age. This program provides continuous health coverage until the age of twenty-one, regardless of income. Over 600 additional youth who reached the age of eighteen while in foster care during the last year will benefit from this program.

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#### ***Education and Training Vouchers***

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

- was in out of home care in the custody of the Department when age sixteen, seventeen, or eighteen;
- is age eighteen to twenty-one 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 sixteen or older; or
- was participating in the state ETV program at age twenty-one.

Additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs is located in Section IX, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2013*.

#### **7. 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 to be developed with the family for every child who is the subject of an in-home or out-of-home case. The case plan is based on a comprehensive assessment of the parents', children's, and out-of-home care providers' needs. CPS Specialists use the *Family-Centered Interview and Documentation Guide* to formulate interview questions that engage and motivate family members while gathering information on safety threats, risks, protective capacities, and strengths.

Family members are encouraged to participate in the development of a case plan that identifies their strengths that will help them achieve the goals, 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 reason why CPS is involved with the family, the desired behavior changes, and the services and supports that will be provided to enable behavioral changes. When applicable, the document describes child specific medical, educational, and independent living plans; a concurrent permanency goal and plan; and a visitation plan. The case plan includes documentation of family and service team involvement in case plan development. The case plan must be reassessed and revised by the family and team no less frequently than every six months. Progress and services can be reviewed and modified between formal case plan staffings to avoid ineffective and wasteful service provision, and improve outcomes for families. CPS Specialists are to ensure that the parents are engaged in services, and that the services and supports identified in the case plan are bringing the desired behavioral changes.

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

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- A document that describes family-centered approaches that can be used throughout the life of a case is available in the Division's policy manual. Many of these family-centered practice tips focus on areas evaluated during the CFSR, such as tips for preserving connections to family and culture.
- Arizona's case planning policies and procedures 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; and to be verbally informed of the child's removal and the reason for the removal. State procedures require that 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 assessment of relatives who request to be considered for placement of the child or to otherwise be involved in the child's life.
- Parents, children age twelve or older, and people who are a support to the family are encouraged to attend case plan staffings, CFT meetings, TDM meetings, court hearings, and Foster Care Review Board hearings to provide ongoing input into the case plan.
- Content on family engagement is included in CPS Specialist core training, as well as parent aide/case aide core training. CPS Specialist core training has an emphasis on engaging fathers. The Division's new Field Training Activities Guide also includes opportunities for new staff to practice family engagement and family-centered practice techniques. These activities are required for all newly hired CPS Specialists.
- 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.

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- The resource family HRSS contract defines requirements for shared birth and resource family parenting of children in out-of-home care. These requirements are trained through the PS-MAPP training for resource parents.

#### ***Team Decision Making***

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

TDM meetings continue to be held in all regions and counties. During SFY 2013, the Division re-invigorated the use and types of TDM meetings. In October 2012 the Division supported a revision of the TDM procedures to return to previously suspended portions of the TDM best practice model. TDM meetings are held when emergency removal of a child has occurred; the removal of a child is being considered; there is potential for disruption or an unplanned placement change occurs for a child in out-of-home care; the permanency goal may need to change or a child may begin the reunification transition to their family; or when a youth is in need of a discharge plan upon their exit from care (including youth reaching the age of majority). Trained TDM Facilitators guide the teams to identify opportunities and resources to prevent removal or re-entry or preserve a placement, discuss permanency options, and plan for adulthood. In some cases the family and team are able to identify a sufficient in-home safety plan. TDM policy clarifies there should be every attempt to reach general agreement to support decisions and recommendations with all team members, but if agreement cannot be reached, the final decision regarding the child's safety planning will be the responsibility of the CPS Specialist and CPS Unit Supervisor. TDM procedures 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.

During SFY 2013, the Division provided new or refresher training for all TDM Facilitators, CPS Supervisors, and APMs. Casey Family Programs delivered five and three day training sessions for all TDM Facilitators in October and November 2012, to reinforce and strengthen the practice and philosophy of the TDM Model. In March 2013 Casey Family Programs began ongoing TDM training sessions for all CPS Supervisors and CPS Management. Regions are addressing issues of TDM facilitator availability and scheduling across large geographical areas with the intent to increase the number of TDMs held for considered removals and prior to filing a dependency petition when a removal has occurred. The Division suspended the collection of TDM data due to a vacancy in SFY 2013, but plans to fill the vacancy and reinstitute the TDM database.

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

CPS Specialist contacts with children and parents are important opportunities to conduct ongoing assessment; inform, support, and engage children and parents; and give parents, out-of-home care providers, and children (including children younger than twelve) 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

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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 procedures and an extensive practice guide provide guidance on the content of contacts with children and out-of-home caregivers.

If the child's 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. 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 continuous safety and risk assessment. 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.

For information about the Division's use of monthly caseworker visit funding and action steps to ensure that the total number of monthly caseworker visits meets the federal goal, see Section VII, 2. SFY 2013 Accomplishments.

#### ***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. In support of this objective, Parent Locate Services was designated a centralized statewide program on July 1, 2010. During SFY 2013, there were eight Parent Locate Specialists located throughout the state.

The Division's Parent Locate unit conducts extensive searches in an effort to locate missing parents, guardians, relatives, and children. The unit utilizes the Arizona Technical Eligibility Computer System (AZTECS), Arizona's General Unemployment Insurance Development Effort System (GUIDE/BG01), Motor Vehicle Division records, Hospital Based Paternity data (HPP), Juvenile Court Records (ICIS) and internet search sites including correctional facilities, the Social Security death index, and social media. Additionally, the Division's Parent Locate unit collaborates with Interpol, Mexican Consulate, and the U.S. Immigration and Customs Enforcement in an effort to strengthen search efforts and results. For the location of parents, the unit also uses the services of the Arizona Parent Locator Service (APLS) through the Division of Child Support Services. If the unit's and APLS searches are unsuccessful, 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, social networking sites, and other appropriate resources.

To increase positive locate results, a thirty day pilot was conducted to evaluate the use of *Accurint*, a comprehensive locate tool, and determine if it would be beneficial to enter into a contract for this service. It was determined that this additional resource will alleviate the Division's dependence on private

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contractors, reduce costs by approximately 85%, streamline the locate process, and enhance outcomes. Full use of this tool is anticipated by September 2013.

#### **8. 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 safety assessment, risk assessment, and case planning process and tools guide the CPS Specialist to gather information about the children's strengths and needs during all initial assessments. For children in out-of-home care and applicable in-home children, the written case plan identifies the child's educational, physical health, and mental health needs; and services to address those needs.

##### ***Educational Services***

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 every child in out-of-home care specifies the child's educational status and needs, and services provided to the child or out-of-home caregiver to address the child's educational needs. Education related tasks may be included in the case plan for children served in-home. Children receive educational services through the Arizona public school system, which includes tuition-free specialized charter schools. CPS Specialists coordinate with parents, school officials, teachers, out-of-home care providers, and others to monitor each child's educational needs and plan, and modify services as necessary. CPS Specialists frequently advocate for services through sister agencies such as the Department of Education and DBHS.

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 IX, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2013*. The Department partners with the Arizona Department of Education, school districts, and individual school personnel to identify

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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.

Arizona's strong performance in meeting the educational needs of children has been achieved through continued communication about the necessity of positive educational outcomes for youth in the child welfare system, and resolution of systemic issues to improve timely and continual access to educational services. Activities to support educational outcomes for foster youth continued across Arizona in SFY 2013, for example:

- Arizona's Child Welfare, Education, and Courts state team initially convened in November 2011 and continually met through August of 2012. The team realized its goals around gathering and disseminating school information in a timely manner, clarifying processes around educational surrogacy, and full implementation of the McKinney-Vento Act. The Division strengthened and maintains its relationship with the state Homeless Education program office. The Division and its partners continue to develop a standardized process for securing reimbursement under the Fostering Connections Act, to support transportation to the home school.
- The state team disbanded in the Fall of 2012 to eliminate duplicative efforts that were gaining strength through other initiatives, including an initiative within the Courts system and the privately funded FosterEd initiative. The court initiative includes increased oversight of educational progress for youth in care. The FosterEd Initiative is a pilot program in Pima County, with active involvement by the Pima Region Deputy Program Manager. The FosterEd initiative will address issues of educational stability through the assignment of "Education Champions" to school age youth as they enter care.
- Changes in federal legislation (FERPA) removed barriers to child welfare staff obtaining school records for children in their care, improving their ability to assess and address children's educational needs.
- In August 2012, the Division's Education Specialists facilitated an interactive education workshop for youth across Arizona participating in the Annual State Youth Conference held in Flagstaff, Arizona.
- In November 2012, the Division's Northern Arizona Education Specialist attended the Annual Arizona ACT State Organization Conference "Building Student Success: A College and Career Toolkit" at the Memorial Union of Arizona State University. The conference joined colleagues and various educators from across the state to focus on how to succeed in today's educational climate. Arizona educators and state officials examined and discussed tools and strategies to overcome obstacles to effectively supporting students pursuing higher education.
- The two day "College Goal Sunday" was held by the Arizona Commission for Postsecondary Education. Over three hundred financial aid professionals and volunteers assisted high school seniors, families, and returning adults to complete the Free Application for Federal Student Aid (FAFSA) for the 2013-2014 academic school year. FAFSA is the first critical step in applying for federal and state grants, loans, and scholarships; but foster youth often struggle filling out the FAFSA due to unknown information regarding their parents. Arizona hosted thirty sites across the state to answer students' and families' questions about FAFSA or the financial aid process. The Division's Education Case Management Unit also provided assistance at this event.

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- In April 2013, OCJ Kids (Off Campus Jams) held the Fostering Transitions Career Fair at DeVry University for foster youth living in group homes in Maricopa County. One of the Division's 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.
- Starting in January 2012, the Division's Northern Arizona Education Specialist began assisting and collaborating with staff at Northern Arizona University (NAU) who initiated the "Fostering Success" program. The Program is designed to provide current foster care students and students who are aging out of foster care a transitional pathway from high school to NAU. The program is also designed to offer foster care students with personalized assistance while attending NAU to increase the number of graduates who have aged out of foster care.
- 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.
- In September 2012 one of the Division's Education Specialist's became a member of the Arizona State University Nina Advisory Council. The Nina Mason Pulliam Scholars Program is a scholarship program dedicated to providing educational opportunities for individuals who would not normally receive traditional academic scholarships and whose personal commitments and financial circumstances would preclude their attendance without substantial long-term scholarship support.
- The Division's Education Specialists spoke to various Community Citizen Review Panels throughout the State of Arizona in August, October, and November 2012. The Education Specialists provided information to the panel members about the ways in which the Division meets the educational needs of children in care.
- The Division's Education Specialists continue to communicate and consult with various school representatives, administrators, counselors, and teachers to form alliances to better meet and address the educational needs of youth in the child welfare system.
- The Education Specialists continued to update and distribute a State Reference Guide to Arizona scholarships, grants, and financial aid information that was specifically created for current and former foster care youth, foster care providers, and community partners.

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.

See Section IX, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2013* for additional information about the Division's performance and activities to support educational outcomes for young adults, including the Education and Training Voucher Program.

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#### ***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 utilizes over 13,700 physicians and other appropriate medical and dental professionals to assess the health and well-being of children in foster care and provide appropriate medical treatment.

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

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

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 thereby included in the medical summary report that summarizes significant medical, educational, and developmental history and status information. The CPS Specialist is able to provide the medical history information to the courts and out-of-home caregivers through the medical summary report. Furthermore, since the latter part of 2012, the data interface now maps appropriate diagnoses to the corresponding AFCARS element in an effort to improve accuracy of reporting and eliminate manual data entry for out-of-home cases.

No changes are anticipated in the geographic areas served by CMDP. CMDP has observed membership growth due to increases in the out-of-home care population. In CY 2012, CMDP enrollment increased to over 22,500, a 16% increase from CY 2011.

CMDP maintained its system of outreach and reminder notifications throughout SFY 2013. 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 primary care physician (PCP). CMDP outcome data suggest that these intensive outreach efforts are very effective. The Division will continue to build on CMDP's service excellence by continuing the healthcare focused outreach activities

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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.

The Division's updated CMDP Health Care Services Plan is located in Section XI.

#### ***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 also 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 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 Hearing, where the initial case plan and services are determined. The CPS Specialist is required, and the caregiver is encouraged, to participate in the assessment process and provide information pertinent to an effective assessment.

For younger children, the Urgent Response assessment is followed by a more in-depth Birth-to-Five Assessment that is first completed within forty-five days and can continue as an ongoing assessment process. If the 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 to be referred by CPS to AzEIP for a developmental screening.

Statewide, all RBHA service providers have been trained to use the Diagnostic Classification of Mental Health and Developmental Disorders in Infancy and Early Childhood: Revised Edition (DC: 0-3R), which draws from empirical research and clinical practice. The DC: 0-3R is designed to help mental health and other professional recognize mental health and developmental challenges in young children,

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understand how relationships and environmental factors contribute to mental health and developmental disorders, use diagnostic criteria effectively for classification and intervention, and work more effectively with parents and other professionals to develop effective service plans. The updated version provides clear and specific criteria for all diagnostic categories; explains criteria for identifying autism spectrum disorders in children as young as two; introduces new criteria for disorders of sleep, eating, relating, and communicating; clarifies the Parent-Infant Relationship Global Assessment Scale (PIRGAS); and includes checklists for identifying relationship problems, psychosocial problems, and environmental stressors.

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

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

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- 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 CFT explores all opportunities to maintain the child in the most appropriate setting, including a variety of wraparound services. 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.

ADHS/DBHS has built the initial foundation for trauma informed care in Arizona. In conjunction with peer and family-run organizations and the RBHAs, DBHS sponsored Trauma Informed Care Dialogues throughout the state. These dialogues included system partners, including the Division, the Arizona Department of Juvenile Corrections, Juvenile Probation, the Department of Education, provider organizations, and community organizations. The purpose was to solicit ideas and suggestions for the design of trauma informed care in Arizona, and identify community needs in regards to trauma. ADHS/DBHS completed its needs assessment statewide through these Trauma Informed Care dialogues, and has added the goal of "Integrate the Trauma Informed Care philosophy throughout all levels of the public behavioral health system" to the Adult and Children's System of Care Plans for next year. ADHS/DBHS is currently identifying the top priorities for inclusion in a work plan, based on the needs assessment. The action plan will include the following strategies and others: conducting a cost/benefit analysis through a pilot project, empower peers and family members through education on trauma informed care, work to insure that organizational policies and procedures reflect attention to

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trauma informed care, and review assault/crisis trainings including seclusion and restraint practices provided by the RBHAs and/or behavioral health providers to determine whether training includes the tenants of trauma informed care.

# **Section V**

## **Systemic Factors**

## **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, the child welfare appeals process, 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 twenty-one 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 Regional Automation Liaisons (RALs) 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 2013 the CHILDS Project continued to hold monthly RAL meetings. These meetings allow the RALs 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.

In SFY 2012 and SFY 2013 a priority of the CHILDS project continued to be the development and continuous improvement of the automated Child Safety and Risk Assessment (CSRA) process, which guides decision making and improves documentation of holistic safety and risk assessments. The automated CSRA provides several features to assist CPS staff, including built-in instructional text and hyperlinks to related web sites. In SFY 2013 the CHILDS project continued to revise the automated CSRA in response to needs identified by staff and Division management. These changes are viewed as a

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priority, so they happen quickly. Recent changes, such as implementing a streamlined case plan, further automated the process to reduce data entry and improve information shared with families and the courts.

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

- Information on background checks with the Arizona Department of Public Safety are hidden from providers and administrative staff in CHILDS to comply with Arizona and federal laws.
- As part of the ongoing implementation of the automated CSRA, NCANDS and AFCARS data entry fields were moved from the former CSA-SRA to new locations. Before this change, staff were required to enter initial assessment information in both the CSRA and the CSA-SRA in order to collect required data elements when a child was removed. This change saves an average of two hours of data entry for each applicable case.
- The process to document and close an investigation in CHILDS was significantly streamlined, reducing data entry time for each investigation by an estimated average of 45 minutes.
- An automated interface was enhanced between CHILDS and our Comprehensive Medical and Dental Plan title XIX system to provide additional medical information on children in CHILDS. The additional information includes medical conditions and medical examinations for children on title XIX.

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. All actions in the improvement plan have now been completed. In SFY 2013 the following changes from the improvement plan were implemented.

- The Adoptions AFCARS Access window was added to display a summary of all AFCARS adoption data elements and improve the accuracy of AFCARS adoption data. This window automatically appears when staff enter and save a removal end reason of adoption.
- Multiple removal reasons can now be selected. Previously CHILDS only allowed one removal reason to be specified at the time of removal.

## **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.

### ***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. Case plan staffing, TDM, CFT, and other

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

Staff are fully trained about the need to provide case plans to the court, Foster Care Review Board (FCRB), and the assigned CASA advocates. 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 IV, 7. Case Planning and Case Manager Visits with Children and Parents.

***Periodic Reviews and Permanency Hearings***

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

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

***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. For children who are initially placed in out-of-home care under a voluntary foster care agreement, the first sixty days of placement is not considered in calculating the cumulative time in out-of-home care for TPR purposes.

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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. The state's two appellate divisions continue to track data on timeliness of TPR rulings and are committed to prioritizing TPR and dependency appeals.

In FFY 2012 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 more than double the national 75<sup>th</sup> percentile. More information about the Division's performance related to these measures is located in Section VI, CFSR Item 9.

***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. FCRB staff have access to CHILDS so they are able to retrieve reports and contact information for caregivers and other team members requiring notification. In addition, state policy requires that the records provided to the caregiver within five days of placement include a copy of any minute entry setting 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. Where appointed, CASA advocates meet with all interested parties, including family and relatives, in order to provide the most accurate information and recommendations to the court. CASA reports are disseminated to the juvenile court and the assigned 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 and Quality Improvement Systems**

The Division assesses the quality of services and the effectiveness of processes and systems by measuring achievement of safety, permanency, and child and family well-being outcomes and implementation of related practices. Quality assurance reviews to monitor adherence to practice standards are embedded within service programs and occur within the case management process through clinical supervision, external case-specific reviews, and the use of administrative process data. The quality of services

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provided by the Division is also routinely reviewed through external audits conducted by the federal Department of Health and Human Services and Arizona's Office of the Auditor General. The Division's Performance Improvement and Accountability Section monitors the results of these audits and ensures corrective actions are implemented to improve services when a need is identified. Furthermore, the Division has a comprehensive quality improvement system to collect, analyze, and disseminate quantitative and qualitative outcome and process data, which allows stakeholders and decision-makers to make informed decisions, develop effective change initiatives, and monitor the results of system change.

The Division's primary outcomes, goals, and measures are listed in Section VI of this report. These are the same as those evaluated through the Child and Family Services Review, with a few goals added by the Division. Additional program-specific measures are included within the Division's programs and services descriptions in Section IV of this report. The Division's policies and procedures set practice standards to achieve the Division's goals. For example, the goal that children achieve adoption in twenty-four 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 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.

***Quality Assurance Reviews***

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

- quality assurance review of all hotline communications about child maltreatment that are not categorized as CPS reports;
- Protective Services Review Team (PSRT) review of proposed substantiated findings of abuse and/or neglect to ensure the incident fits the statutory definition of abuse or neglect; the alleged perpetrator is a parent, guardian, or custodian; and the related documentation is sufficient and accurate;
- in-depth PSRT review of appealable reports when the alleged perpetrator requests a hearing;
- 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

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- 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.

***The Performance Improvement and Accountability Team***

The Division established the Performance Improvement and Accountability (PIA) Team in January 2012, to enhance compliance and accountability for the Division's Title IV-E Foster Care and Adoption Assistance Program, contract management system, and contractor payment operations. As the PIA Team evaluates targeted areas, recommendations are developed to assist with:

- refinement of existing functions,
- identification of opportunities to improve staff and contractor performance, and
- establishment of measurable performance goals and objectives within the target areas.

During its first year, the PIA Team completed the following activities:

- The PIA Team developed an internal tracking tool to monitor federal and state audit outcomes and corrective actions.
- Tasks and duties related to Auditor General performance reviews were assigned to appropriate staff, to guarantee implementation of corrective measures within required timelines.
- The PIA team identified, recommended and coordinated access of person locate tools and processes to reduce Division costs, expedite actions, and improve outcomes. Examples include Facebook, Accurint, internal DES systems, and direct process server information.
- A IV-E pre-review work plan was developed, to assist in achieving consistent compliance with IV-E foster care requirements.
- The PIA Team conducted quarterly bus pass utilization reviews in Maricopa and Pinal counties, in response to an Auditor General recommendation.
- Arizona Random Moment Sample (ARMS) surveys were monitored daily, the notices that are issued to staff to encourage timely and thorough responses were refined, and the importance of the surveys was communicated to staff. The outcome of these efforts are reflected in the results for the 4<sup>th</sup> quarter 2012. The timely response rate increased over the prior quarter and federal IV-E funding increased by approximately \$49,000 over the prior quarter.
- A contractor compliance review on sixteen group homes and four shelters was conducted to ensure adherence with the federal and state fingerprint clearance card requirements.
- A contractor compliance review on six contractors was conducted to ensure adherence with the license renewal requirements for foster parents.
- The PIA Team conducted a workflow analysis of the Centralized Invoice Processing Unit (CIPU) in an effort to increase the effectiveness and efficiency of CIPU operations in Phoenix and Tucson.
- The PIA Team modified the mailing process of notices to alleged perpetrators of abuse or neglect, resulting in an estimated annual savings of \$40,000.

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- The number of cases open for 90 days or longer within the Protective Services Review Team (PSRT) decreased by 68%.
- The PIA Team implemented a procedural change within PSRT to correct information on substantiation requests, resulting in an estimated savings of 12,250 hours of CPS Specialist time.

***The Quality Improvement System***

The Division's Quality Improvement (QI) System involves staff and stakeholders in self-evaluation and improvement activities to increase positive outcomes for the children and families served by Arizona's child welfare system. The Division's QI System employs case record reviews, data analysis, and data driven quality improvement teams for ongoing self-evaluation and systemic program improvement. The Division's clinical supervision practices are a vital component of the QI system, providing a mechanism to translate the learnings from data analysis and case reviews into field level practice improvements. The Division's policy, practice improvement, training, and social work assessment team (SWAT) units, which comprise the Division's child welfare administration, use a coordinated approach to provide administration, management, and field staff with the information and support needed to meet performance goals and uphold the Division's mission to ensure child safety. The Division's quality improvement system meets each of the five CQI functional components described in ACYF-CB-IM-12-07.

- *Foundational Administrative Structure* - Administrative oversight of the Division's Quality Improvement System is provided by the Central Office (CO) Practice Improvement Unit, within the Division's Child Welfare Administration. The Practice Improvement Unit consists of the Practice Improvement Manager, the Evaluation and Case Review Manager, and the Statewide Practice Improvement Specialist. Written policies and procedures for the QI process are provided to all regions in the Division's *Quality Improvement System Procedures and Training Manual*. The CO Practice Improvement Unit monitors and supports regional activities to ensure statewide consistent application of the QI standards and requirements. Within each region, one or more Practice Improvement Specialists oversee the implementation of the Practice Improvement Case Review and distribution of practice and outcome trend data to staff and managers.

The *Division of Children, Youth and Families - Policy and Procedures Manual* describes statewide practice standards and is available to all staff through the agency's intranet site. The Division's implementation of key practices and achievement of related outcomes are measured statewide through data reports and the Division's Practice Improvement Case Review (PICR). The Division's clinical supervision practices also support consistent application of the Division's practice standards across regions and units.

The Division's Child Welfare Administration includes the Division's Policy Unit, Child Welfare Training Institute (CWTI), Social Work Assessment Team (SWAT), and Practice Improvement Unit. This administrative structure enables a coordinated approach to child welfare policy, practice improvement, and continuous staff education. Specialists and supervisors from each program area within the Child Welfare Administration form the Child Welfare Administration's Continuous Support and Improvement Team. This team meets monthly to discuss current trends and improvement opportunities, and to identify strategies for improving systems, practice, and outcomes. In particular, this team uses quality and trend information to identify adjustments to training, policy, on-site field support, or practice improvement procedures. Practice standards are discussed to ensure they are interpreted correctly and communicated consistently to field staff by all members of the Child Welfare Administration. In addition, the Continuous Support and

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Improvement Team coordinates goal directed support to field staff provided by Field Training Officers, Practice Improvement Specialists, SWAT Specialists, and Policy Specialists.

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

Randomly selected cases are reviewed from each region each month. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. Initial assessment cases are reviewed from each region each month. The annual initial assessment sample includes at least four cases from each initial assessment unit in the state, with adjustments for mixed or partial units. The Division makes every effort to review an annual combined in-home and out-of-home statewide sample that is large enough to reach the 95% confidence level with a 5% error rate. Based on a total annual caseload estimate of 24,000 to 27,000 (18,000 children served in out-of-home care and 6,000 to 9,000 in-home cases open more than 60 days), the sample would be at least 379 cases per year. The Division’s ability to review this number of cases is dependent upon staff resources. The Division has nine dedicated regional Practice Improvement Specialist positions and one Statewide Practice Improvement Specialist who assists to review cases when there is a vacancy at the regional level. The Division had several Practice Improvement Specialist vacancies in SFY 2013, but has made progress filling the positions.

Out-of-home cases involving youth ages 16 or older and children free for adoption are included in each annual sample by reviewing cases from all specialized units who serve these children. Additional cases representing these special populations appear in the full random sample of out-of-home cases in regions that do not have specialized units (Southeast Region has no specialized units, and Northern Region does not have a specialized Young Adult Program unit). In-home cases are included in each annual sample at a percentage that is similar to their percentage in the

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state's total in-home and out-of-home caseload. The sample includes in-home cases from all specialized in-home units. Additional in-home cases are selected for review on a pre-determined schedule set by agreement between the region and the Practice Improvement Manager.

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

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

The Central Office Practice Improvement Unit maintains a PICR Reviewer's Guide that provides comprehensive instructions for completing the PICR instruments. All reviewers must refer to and follow the instructions in this guide when conducting case reviews. The Practice Improvement Specialists and members of the CO Practice Improvement Unit conduct joint case reviews to monitor and improve inter-rater reliability. During joint case review activities, each member of the practice improvement team and any other approved PICR reviewers review the same case and meet to compare the results. Items or questions that do not have a high degree of consistency across reviewers are discussed to determine the source of the problem. The PI team consults with policy, training, other members of the Child Welfare Administration, and field staff to clarify unclear practice standards that contribute the lack of inter-rater consistency. The Practice Improvement Unit updates the PICR Reviewer's Guide as indicated once clarification is received.

Case review accuracy is a prerequisite for effective improvement planning. The Division's *Quality Improvement System Procedures and Training Manual* describe procedures to ensure the accuracy of case review findings. The PI Specialist reviews all the completed instruments to verify all applicable items and sub-questions have been completed, the case facts recorded on the instrument confirm and support the answers and ratings, and all items have been answered in accordance with the practice standards described in State policy and the PICR Reviewer's Guide. The Central Office Practice Improvement Unit conducts a quality assurance review of a sample of the cases reviewed by each region. The CO Practice Improvement Unit member reads the CHILDS documentation of the selected cases to confirm the results of the initial review, and will call the preliminary reviewer and/or the assigned CPS Specialist or Supervisor for additional information when needed. If the quality assurance review indicates that cases are not being accurately reviewed, the CO Practice Improvement Unit meets with the case reviewer to discuss methods for ensuring all the cases are accurately reviewed. Additional training on accurately conducting case reviews is provided if a need is identified.

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Targeted case reviews are conducted by the CO Practice Improvement Unit, Practice Improvement Specialists, or others within the Division at the request of Central Office executive staff. Members of the CO Practice Improvement Unit are available to assist in designing targeted reviews.

Field Training Officers, PI Specialists, Policy Specialists, SWAT Specialists, and others who have a role in staff training and development conduct ad hoc case reviews to provide case specific feedback to staff. Ad hoc case reviews are recommended for newly hired staff. The Practice Improvement Unit is developing Focus Area Practice Assessment and Discussion Guides for this purpose. The results of these reviews are not included in the Division's aggregate PICR results, but provide opportunity for staff development and supplement the PICR results to guide decision making for continuous improvement.

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

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

With funding from Casey Family Programs, Arizona continues to participate in Chapin Hall's Multistate Foster Care Data Archive (FCDA). Chapin Hall provides a State Data Center web tool with longitudinal data. In addition to the multistate data website, Chapin Hall provides a state

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specific website with elements defined by the state. This allows the state to view the data with definitions familiar to the state, and more similar to AFCARS definitions and categories. Division staff use the FCDA's web tool to produce statewide and county level longitudinal permanency and placement data on children served in out-of-home care.

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

The Central Office Practice Improvement Unit conducts data analysis related to the CFSR outcomes and issues identified by the Division's executive administrators. For example, in SFY 2013 the Practice Improvement Manager analyzed data on the number of days from termination of parental rights to adoption finalization, and data on removals with a duration of three days or less. Two members of the CO Practice Improvement Unit have been trained through the Chapin Hall Advanced Analytics course. Data analysis is also conducted by members of the Division's Financial and Business Administration for budgetary purposes. In addition, each region employs one or more Automation Liaisons who analyze practice and outcome data, and create reader-friendly reports for staff and stakeholders.

- *Feedback to stakeholders and decision-makers and adjustment of programs and process* - Distribution and discussion of quality improvement information, including case review results and quantitative data about practice trends and outcomes, routinely occurs within all regions. The CO Practice Improvement Unit publishes Quality Improvement reports that are distributed throughout the Division and contain aggregated PICR results and information gathered through ad hoc reviews. The contents of the report are discussed at meetings of the Child Welfare Administration's Continuous Support and Improvement Team, the Division's executive administrators, and the regional Program Managers.

At the region level, the PI Specialist meets with all CPS Specialists, the CPSUS(s), and the section APM from the units whose cases were reviewed to share observations and practice trends, and discuss methods for improvement. This meeting can be held at the unit, section, or regional all staff level. Meetings must occur at least quarterly. The PI Specialist may provide individualized case specific feedback to field staff when a need is indicated by the case review results or when requested by the CPS specialist or CPS Unit Supervisor. PI Specialists also routinely attend their region's management and/or supervisor meetings to discuss practice and outcome trends.

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

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The Division holds monthly statewide *Az-Force* meetings with all Assistant Program Managers, Deputy Program Managers, and Regional Program Managers for detailed review and discussion of statistical information from each APM section. The data includes workflow patterns, case openings and closures, non-active caseload size, out-of-home care numbers, case reviews, and progress to permanency for children in out-of-home care.

The Division's *Child Welfare Requirements* semi-annual report is available to the public on the Division's internet site. Upon the release of each report, the Division holds a meeting to present this information to an external group of stakeholders and discuss trends, challenges, and opportunities for system improvement. Stakeholders at these presentations can include media representation, community advocates, service providers, legislators, and other partners. Data is also distributed to stakeholders within committees, at topical meetings, and upon request. The data and statistical information that is provided through the Division's Semi-Annual Reports and the Department of Economic Security's Financial Services Administration are used by community advocates, legislators, and other policy makers and partners to advocate for system improvement.

Division leadership uses field staff input, data analysis, Practice Improvement Case Review results, and external evaluations to inform the selection of improvement goals and strategies. Division leadership may form a program or process improvement team to further analyze the area needing improvement, identify improvement strategies, and monitor the completion and effects of those strategies. These teams use a continuous quality improvement approach and usually include field staff and specialists in the program area. When appropriate to the area being addressed, external stakeholders are included in the team or consulted during the information gathering and analysis phases. Such stakeholders might include youth, parents, resource parents, tribal social service organizations, Juvenile Court Judges or administrators, contracted provider agencies, other State agencies, local community leaders, and others. The Division seeks to engage a broad array of partners in program and process 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. All CWTI Training Officers are Trainer Certified through the Training and Development Administration (TDA) for the Department of Economic Security. Most of CWTI Training Officers participated in a week long Instructional Systems Design (ISD) course through TDA and are working towards their certification for Instructional Systems Design. This will enable them to design, update, and write training under the ISD standards using the ADDIE Model (Analyze, Develop, Design, Implement, Evaluate) for curriculum design and development.

Initial and ongoing training for child welfare staff are provided through a variety of methods and opportunities, including:

- Pre-core for CPS Specialists
- New Employee Orientation for all newly hired child welfare staff
- CPS Specialist core training, including 140 hours of in-classroom training with the CWTI

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- On-the-job training for all newly hired CPS Specialists, following the *Field Training Activities Guide and Checklist* that provides structured tasks and activities with oversight and guidance by a mentor and/or supervisor
- CPS Supervisor core training, including 91 hours of classroom training with the CWTI
- CPS Case Aide and community Parent Aide core training, including 42 hours of classroom training with the CWTI
- One-on-one coaching and training for current and new child welfare staff on an array of topics (such as CHILDS assistance) at the request of the field
- Basic Forensic Interviewing training for all child welfare staff
- Advanced Forensic Interviewing training for select experienced child welfare staff
- Ongoing workshops and conferences on topics such as gangs, recognition of the most common forms of child abuse and neglect, child abuse injury patterns and related medical issues, substance exposed newborns, responding to drug endangered children, legal review and updates, and understanding and working with difficult families
- Supervisory Summits, which have included content on chronic neglect, clinical supervision, multi-disciplinary practice, workload management, behavioral health coordination, and advanced information on medical examinations and abuse
- Region offered policy refresher trainings
- 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 AZPS-MAPP Certified Leaders through contracted provider agencies using a nationally recognized and standardized curriculum, PS-MAPP (*Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting*) or PS-DT (*Partnering for Safety and Permanency – Deciding Together*). PS-MAPP was modified in 2009 to better reflect Arizona's needs. Provider agency staff or sponsored foster/adoptive parents must complete certification workshops to deliver AZPS-MAPP or AZPS-DT. The AZPS-MAPP workshop is eight days and the AZPS-DT workshop is two days long. Completion of AZPS-MAPP or PS-DT training is required prior to licensure and prior to placement of a child (aside from court ordered placement with unlicensed kin or significant others). During SFY 2013, a workshop on building effective partnerships with foster

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and adoptive families was piloted with new CPS Specialists. The Division is considering whether to include a modified version of this workshop in advanced training for CPS Specialists.

The AZPS-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
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

One key objective of this curriculum is to provide each potential resource parent with the information needed to make a mutual determination by the licensing agency and the family that the family understands and can commit to the expectations and requirements of caring for children in the Department's custody and care.

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 developmental disabilities, or a medically fragile child, complete an additional twelve to eighteen 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 provision of in-service training is primarily provided or arranged by the contracted provider agencies. The number of licensed foster and kinship parents trained is between 6,100 and 6,500 with approximately 65% of the foster homes headed by married couples. In-service training may also be received through alternative means such as the internet, conferences, video

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presentations, or community workshops. Alternative training is approved by the provider agencies, who must determine it is relevant to the needs of the foster parent or the children that are or will be placed in the home.

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 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 to directly support the Division's safety, permanency, well-being, and systemic improvement strategies. Continuous improvement also occurs within the training system, to improve its accessibility and quality. The remainder of this section describes the Division's training related progress and activities in SFY 2013.

- 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 thoroughly document case activity
- Action Step 1:** Continue to provide staff and supervisors with updated user guides and hands-on CHILDS training
- Action Step 2:** Provide staff with advanced training in documentation, utilizing CHILDS, and following best practices for social work documentation in child welfare
- Action Step 3:** Provide new CPS Specialists with a *Field Training Activities Guide*, including a CHILDS Lab assignment that is completed in CHILDS training region to avoid errors in actual data
- Action Step 4:** Provide all child welfare staff opportunities to use the computer training labs for structured refresher training, practice in the training region, and opportunity to ask questions

Throughout SFY 2013, the CWTI and the CHILDS project has provided staff, including supervisors, with updated CHILDS user guides and hands-on CHILDS training in the field, as needed. Each significant migration in the CHILDS system has been accompanied by a clearly written user guide, so that staff can understand and use the new functions in CHILDS.

Through a process facilitated by Change and Innovation Agency during SFY 2012, the Division streamlined the child safety and risk assessment documentation process. Changes to CHILDS rolled out

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statewide during SFY 2013. A similar process of streamlining the ongoing safety and risk assessment and case planning processes began to roll out statewide in June, 2013, including changes in CHILDS. User guides have been provided to the field and CWTI training incorporated the changes into CPS Specialist core training.

The Division has also improved documentation by providing Dragon Naturally Speaking software to field staff. The Division currently has 1,200 units of Dragon Naturally Speaking. About half of the staff actually use Dragon day-to-day at this time. The Division plans to offer training to increase utilization. The Division will consider purchasing additional licenses or a statewide license based on use rates and staff interest following training.

CPS Specialists are given the *Field Training Activities Guide and Checklist*, which provides structured tasks and activities to be completed by new CPS Specialists as on-the-job training. These tasks and activities supplement and support classroom learning, and allow practice using CHILDS through a lab exercise.

Starting in May 2013 and again every month or two, CWTI is offering structured CHILDS classroom-based refresher trainings with opportunities to ask questions and practice using CHILDS in the training region. This experience will be evaluated in a few months to identify common areas of need and ways to improve the CHILDS support and training provided to the field.

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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

The Division continues to work with the Training and Development Administration (TDA) to convert many of the computer-based trainings (CBT) housed in the ASU portal to the TDAs Knowledge Presenter. In order to do this, CWTI has spent a large portion of SFY 2013 attaining Instructional Systems Design training through TDA and is working towards certification to enable staff to write the CBTs in accordance with the ADDIE curriculum model adopted by the Department to develop and design training. Knowledge Presenter is attached to a formal learning management system for state employee training and will improve the Division's ability to track and evaluate all training. In SFY 2014, this learning management system will house all information about Division training schedules, available classes, and attendance.

During SFY 2013, the CPS Specialist core training program was redesigned to shift much of the learning from classroom to on-the-job training. CWTI and region Program Managers continue to matrix-manage the Field Training Program for new CPS Specialists. One or two Field Training Officers (FTO) are assigned to each region. The FTOs primary function is to support newly hired CPS Specialists during their approximately 22 weeks in training status, including the pre-core, shadow weeks, *Field Training Activities Guide and Checklist*, and post-core periods. CPS Specialists are given the *Field Training Activities Guide and the Checklist*, which provides structured tasks and activities to be completed by new

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CPS Specialists as on-the-job training. Tasks and activities are completed under the supervision of an assigned mentor, whose role is to provide the new CPS Specialist shadow opportunities, answer questions, and model professionalism in the context of child welfare. The *Field Training Activities Guide and Checklist* includes duties and tasks such as observing a Team Decision Making meeting; observing a home visit and/or placement visit; practice using CHILDS in a lab exercise; accompanying on an investigation; reviewing and assisting in the completion of a child safety assessment; observing court and related activities; observing a case plan staffing; shadowing cases involving substance abuse, domestic violence, mental health/mental illness, and sexual abuse; researching community resources; and discussing time and stress management with a supervisor or experienced worker. Federal title IV-E funding is allowable as one of the funding sources for this activity and would be distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study activity (50% Estimated FFP as an Administrative Activity as allowable under section 45 CFR 235.64(d)).

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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 2013, the Division interviewed 42 MSW and Advanced Standing Students and 23 BSW students. The Division expects to hire twenty-two MSW graduates and 10 BSW graduates by September 2013. Three MSW and 10 BSW students are currently still enrolled in the two year program.

The Division and ASU School of Social Work staff have continued to collaborate on the implementation of a part-time MSW program for Division employees, using eligible IV-E funds. Through this partnership with ASU, the Division is continuing to strengthen the agency’s child welfare workforce and practice. This program uses IV-E funds to support a part-time course of study in an MSW program for permanent status agency employees. Staff can complete the program in either three or four years. Fifteen Division staff members will begin MSW studies in the fall of 2013. The intent is to add staff members to the program annually.

All CWTI training is currently accompanied by a level 1 evaluation. Evaluations are completed using free on-line software following CPS Specialist core training. CWTI also implemented on-line level 1 testing for Case Aide core and CPS Supervisor core training in May 2013. Level 1 testing results are gathered and kept by TDA.

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The Division and CWTI are currently developing level 2 evaluations for CPS Specialist core training. The goal for SFY 2014 is to implement level 2 evaluation in CPS Specialist core training and develop level 2 evaluation for Case Aide and Supervisor core training.

The Division has continued to work closely with partners at Arizona State University on the development of new employee, new supervisor, and in-service training for CPS staff. Federal title IV-E funding is allowable as one of the funding sources for these activities and would be distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study activity (50% Estimated FFP as an Administrative Activity as allowable under section 45 CFR 235.64(d)). The following activities were completed in SFY 2013 or are planned for SFY 2014:

- ASU conducted a thorough assessment to identify the best possible organizational and content components for Arizona's CPS workforce training. Action steps for improving the content and timing of case manager and supervisor core training were identified and a report of the findings was provided to the Division in early SFY 2013. While this assessment was being completed, the Division's CPS Program Administrator and Deputy CPS Program Administrator worked with CWTI to assess ways to streamline the case manager core curriculum that is delivered in the classroom, while enhancing training and development of staff in the field. A streamlined pilot that included a combination of CBTs, classroom training, follow-up evaluation, and post-core workshops was tested with a cohort of recent MSW and BSW graduates. Based on the results of the assessment and the pilot, new worker core training was modified and a new schedule for classroom delivery was implemented in September 2012. Additional emphasis was placed on supporting this learning through field training activities and on-the-job learning. Regional managers were asked to identify training navigators and assign training mentors for all new CPS Specialists. A *Field Training Activities Guide and Checklist* was piloted and finalized in December 2012.
- ASU is working with the Division to implement supervisor core training. Activities have included delivery of training, revision of curricula content, and changes to training structure. ASU also conducted a needs assessment regarding CPS Supervisor core training during SFY 2013. Findings suggest the Supervisor Core training is strong in several ways. Course evaluations are quite high and comments from the interviews and focus groups suggest attendees find the covered topics valuable. When considering areas of improvement, most suggestions focused on the administration and timing of the program, and less about the training content. Some comments also moved beyond training and discussed additional ways to support supervisors, such as through a statewide mentoring program. The findings offer several recommendations that CWTI will work to incorporate in SFY 2014:
  - Create a statewide mentoring program for supervisors.
  - Consider consolidating some content in Supervisor Core.
  - Create a new advanced course for ongoing supervisors.
  - Move to an on-line evaluation system.
  - Create a new system for tracking attendance at core classes and increase accountability around attendance.
  - Consider allowing workers who aspire to become supervisors to start taking the basic classes earlier.
  - Shorten the span of time it takes to complete core.
  - Create online resources regarding policy and procedures for supervisors.
  - Assess whether competencies are developed for all courses and connect competencies to supervisor's job description and annual evaluations.
  - Support APMs and master supervisors who are willing to support supervisors by teaching in core.

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- Increase formal and informal opportunities for supervisors to interact and support one another.
- ASU provided assistance to the newly created Office of Child Welfare Investigations to create a specialized two week training course for OCWI employees, which was delivered in April 2013. The training topics were identified through consultation with Arizona Peace Officers Standards and Training and Prevent Child Abuse Arizona. Additionally, staff from the OCWI will complete Basic and Advanced Forensic Training classes if they have not already done so.
- CPS Supervisors attended Supervisor Summits in May and September 2012. ASU partnered with the Division to deliver training at these Supervisor's Learning Summits. The May Summit included workshops on chronic neglect, clinical supervision, multi-disciplinary protocols, and workload management. The September Summit included workshops on behavioral health coordination, advanced information on medical examinations and abuse, clinical supervision, and workload management. ASU developed content for Trauma Informed Child Welfare Practice and delivered it to those in attendance at the learning summit held in September 2012. This content was also delivered by ASU three times in the fall of 2012 and will continue to be offered in all new-employee core training classes. Furthermore, in December 2013 a Learning Workshop on Substance Exposed Newborns was provided by medical doctors who are experts in matters related to newborns exposed to substances.
- Forensic interview training continues to be provided to all staff. ASU has sub-contracted with Prevent Child Abuse Arizona and the CWTI to provide the required eight hour basic forensic interview training to all CPS staff, including staff at the Hotline. Delivery of these trainings began in February 2012 and continued throughout SFY 2013. The forty hour advanced forensic interview training is being provided to staff and supervisors who work in multi-disciplinary settings, and others who request the advanced training. The first sessions were held in April and May and delivery continued in SFY 2013. Sixteen classes were held in SFY 2013.
- For the second year, the Division provided a Leadership Academy and Certified Public Manager program for selected Assistant Program Managers and Central Office Managers. The Leadership Academy component identified and addressed the leadership challenges and opportunities participants face in their professional environment. Participants had an opportunity to examine both the contrast and connection between leadership and management and were introduced to the exemplary leadership practices and behaviors that form the foundation of the leadership development and coaching component of this training program. The Certified Public Manager<sup>®</sup> (CPM) Program is a systematic and comprehensive approach to management development in government. It is designed to help public organizations develop middle and top-level management teams capable of successfully managing changing roles and resource challenges. Individual managers learn both current management theory and job-related techniques in order to improve their performance and broaden understanding of political administrative environments. Seventeen Assistant Program Managers and Central Office Managers completed the program in May 2013.
- Collaboration with ASU will continue in 2014. Plans are underway to expand training and support for new employees, existing employees, and those in the community who support the work of the department, including parent aides, foster and kinship providers, community child welfare partners, and others. This work will include development of course content and curricula to be delivered in a variety of formats, including classroom delivered, field delivered, self-taught, community-delivered, specialized, advanced, and mentoring. It will further include development

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of an evaluation process and mechanism to track individual training records; and provision of technical assistance and support to the University Partnership in the areas of social work education, child welfare training, systems assessment, evaluation and research activities, and enhancing funding for child welfare training. The budget for this project is anticipated to be approximately \$1,000,000 for next year.

Additionally, the Division is receiving consultation from Casey Family Programs and Dr. Hoge, of Yale University, on workforce development for our front line Supervisors. In April 2013, Dr. Hoge met with focus groups of front line staff (CPS Specialists, Supervisors, Assistant Program Managers, and Program Managers). In SFY 2014 Dr. Hoge will provide recommendations for developing the role and standards for a CPS Supervisor and assisting the Division to improve workforce planning. CWTI will also use this information and consultation to refine and improve CPS Supervisor core training.

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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. The Arizona PS-MAPP curriculum, as revised in 2009, is used by all provider agencies, as is the Spanish Arizona PS-MAPP curriculum materials for potential resource parents who are Spanish speaking.

In SFY 2014, the *Go-To Guide*, which is now part of the Arizona PS-MAPP curriculum, will be updated, revised, and delivered to the provider agencies and AZPS-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 2012, a workshop on anger and behavior management was presented by two Arizona PS-MAPP trainers to 147 foster parents at the Maricopa County KIDS training blitz. In March 2013, a revised version of this workshop on anger and behavior management was presented by two Arizona PS-MAPP trainers to over 150 foster parents at the Maricopa County KIDS training blitz.

In 2012, two Medically Complex Foster Care Train the Trainer workshops were delivered to provider agencies. This is an eighteen hour curriculum to prepare foster parents to care for a child determined to meet the Division's medically fragile criteria. This curriculum is provided in addition to the thirty hours of Arizona PS-MAPP.

In September and October 2012, the Division held three one-day conferences for resource parents in three geographic areas of the state. At each conference, AZPS-MAPP trainers offered three hour workshops to resource parents, including a workshop on the grief and loss experience of resource parents and another

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on preventing and handling allegations of maltreatment in foster homes and the process for foster home licensing violations. Linked to the three conferences, AZPS-MAPP Trainers provided “Question and Answer” time to current AZPS-MAPP and PS-DT Leaders and obtained feedback on training needs.

During 2012, a workshop on effective partnership building with foster and adoptive families was piloted with new CPS Specialists. The Division is considering including a modified version of this workshop in advanced training for CPS Specialists.

During SFY 2013, under its University partnership, the Division requested a review of the current literature regarding effective foster and adoptive home recruitment and retention activities and effective models of contracting for HRSS services. ASU completed the literature and best practice review and worked with the Division to develop a survey for foster and adoptive parents to identify additional training needs. ASU has identified and hired a Program Coordinator to focus on this area, and will continue to support the Division’s system assessment in SFY 2014. A range of research and evaluation activities are planned, including reviewing research and implementation literature, and collecting and analyzing administrative data regarding social work practice and the needs of families involved with the child welfare system. Results of this system assessment will inform the development of curriculum to enhance the practice skills of CPS Specialists, CPS Supervisors, and contracted HRSS providers; and ultimately improve the quality of training provided to support foster, resource and adoptive parents. Federal title IV-E funding is allowable as one of the funding sources for this activity and would be distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study activity (75% Estimated FFP as an Administrative Activity as allowable under section 474(3)(A) and (B) of the Social Security Act and 45 CFR 1356.60(b)).

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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

The Division fully supports the purpose of the 2008 Fostering Connections Act, “to promote a system of care approach where all participants are trained to 1) perform for effectively, while 2) understanding the role and limitation placed on their system partners;” as well as the premise that “child welfare will not recognize optimum success without the support of well-trained partners.” To that end, the Division has implemented the provision of the Act that allows access to IV-E funding for eligible short-term training by entering into Interagency Service Agreements with the CASA program at the Administrative Office of the Courts and Arizona State University: College of Public Programs, School of Social Work and Center for Applied Behavioral Health Policy.

In addition, the Division recognizes the potential of the following organizations and agencies to be considered as “approved agencies for the purposes of IV-E training,” and where appropriate will enter into similar Interagency Service Agreements in the future to provide IV-E reimbursement for short-term training as described in the Act. Reimbursement is limited to eligible activities and topics as outlined in 45 CFR 235.60 – Federal Financial Participation for State and local training.

- Licensed and approved child welfare agencies

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- Abuse/Neglect Courts
- Mental health organizations and associations
- Public health organizations and associations
- Educational Institutions including but not limited to primary, secondary, and post-secondary
- Licensed private family service agencies

In SFY 2013, the Division requested a review of the current literature related to the provision of training to expanded audiences in accordance with the 2008 Fostering Connections Act. ASU hired a staff person with experience in University partnerships for social work education; child welfare training; and systems assessment, evaluation, and research activities. This staff also has experience in utilizing University partnerships to engage other state systems and community partners in the provision of child welfare training. In SFY 2012 both institutions began laying the groundwork to enter into a formal Child Welfare and Social Work Collaborative that establishes an integrated system of comprehensive child welfare training, social work education, and research for the continuous improvement of services to children and families involved in Arizona's public child welfare system. In previous years, each of these areas was administered through individual contracts. This new agreement pulls all of the work together under one structure and process. In SFY 2014, ASU will provide suggested revisions to the structure and administration of the University Partnership, including creation of a formalized process whereby the Division and ASU collaboratively agree to future areas of focus and activities. This process would also involve identifying activities that are eligible for Title IV-E funding and estimating expected FFP. This will involve working in close collaboration with the Division's Financial staff as modification to the Division's title IV-B plan may also be required. Federal title IV-E funding is allowable as one of the funding sources for these activities and would be distributed based upon the Cost Allocation Plan and the results of the Random Moment Time Study activity (75% Estimated FFP as an Administrative Activity as allowable under 45 CFR 235.64(a)(1) and (2) (which applies to title IV-E training costs by cross reference at 45 CFR 1356.60(b)(3)) and Departmental Appeals Board Decision #1666).

In SFY 2014, ASU will continue to assess and make recommendation to the Division on how to expand the training performed under the 2008 Fostering Connections Act and do so in a way that would promote cross-system collaboration among state agencies and providers of child welfare training. This process would also involve identifying activities that are eligible for title IV-E funding and estimating expected FFP. This will involve working in close collaboration with the Division's Financial staff as modification to the Division's Title IV-B plan may also be required.

## **5. Service Array and Resource Development**

### ***The Child and Family Services Continuum***

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. Services are available to prevent placement in out-of-home care, support reunification, or when necessary, achieve permanency through adoption, guardianship, or another planned permanent living arrangement. Available services, including the following, have been described in Section IV of this report:

- Healthy Families Arizona Program
- Triple P Parenting
- Child safety assessment, risk assessment, case management, and permanency planning

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

Services are provided directly by 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, proposed service methodology, and rate of conformance to the submittal requirements.

In addition to services provided by Division staff or through Division contracts, the Division engages in active and 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. Examples of the Division's success expanding and strengthening the range of existing services in SFY 2013 include the following:

- Beginning in April 2009, the voter-approved tobacco tax funded First Things First (FTF) initiative has provided funding to Healthy Families Arizona programs around the state. In state fiscal year 2013, funding for the HFAz statewide system included just over \$6,362,000 from the Department and \$5,880,000 from First Things First (FTF). In addition, an Interagency Agreement with the Department of Health Services was signed in September 2011 to provide another \$117,212 of funding through the Maternal, Infant, and Early Childhood Home Visiting grant. The current funding level allows for a total of 40 sites to provide the Healthy Families Arizona program. The Department funds originate from designated lottery funds and the federal Community-Based Child Abuse Prevention Grant.
- The Division has been participating in a broad-based consortium of community stakeholders interested in bringing 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, Arizona Partnership for Children, and many other organizations. Over the last two years, the consortium conducted trials in several locations throughout the state and found that Triple P is a viable program that meets the needs of Arizona families. The consortium members

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are continuing to deliver Triple P services, coordinate efforts and cross refer families across Maricopa County, seek funding for a larger scale roll out, and experiment with a new online Triple P program.

- Data from the Department's *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows monthly in-home caseloads were higher in all months during FFY 2011 and FFY 2012 than they were in the same months during FFY 2010. In FFY 2012, with the exception of April 2012, in-home caseloads were near or above FFY 2011 levels in each month. This in-home caseload count includes in-home cases in which no child was ever removed during the current case episode. Cases that remain open for in-home services after a removal and reunification are not counted.
- 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.
- Child care services for children involved in open CPS cases, whether in-home cases or out-of-home placements, continue to be provided by the Department's Child Care Administration. During SFY 2012, the monthly average number of children involved in in-home or out-of-home cases in which child care services were provided was 7,609. In the first nine months of SFY 2013, the average number increased to 8,302 children per month.
- More than 53,000 individuals have been referred to the AFF program since its inception in March 2001. Data from the most recent program evaluation indicates that 6,154 individuals were referred in SFY 2012 for substance abuse screenings or assessments and an estimated 5,011 clients received treatment and supportive services. Despite continuing funding limitations, the number of referrals in SFY 2012 was 22% higher than referrals in SFY 2011.
- The Substance Exposed Newborn Safe Environment (SENSE) Program continues to be available in Maricopa and Yuma Counties. This is a specialized, highly-coordinated, and intensive response system for families of substance-exposed newborns. The program closely coordinates Family Preservation, AFF, professional nursing, and Healthy Families services.
- In SFY 2012, the Housing Assistance Program provided financial support for the reunification or permanent placement of 941 children within 346 families throughout Arizona.
- The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the adoption subsidy program grew from 16,314 on September 30, 2011 to 17,716 on September 30, 2012. In FFY 2012, 1,402 new special needs adoptions were subsidized and the Department reimbursed \$1,960,680 of nonrecurring adoption expenses.
- Guardianship subsidy provides a monthly partial reimbursement to caretakers appointed as permanent guardians of children in the care, custody and control of the Department. Administrative services include payment processing, administrative review, and authorization of services. This

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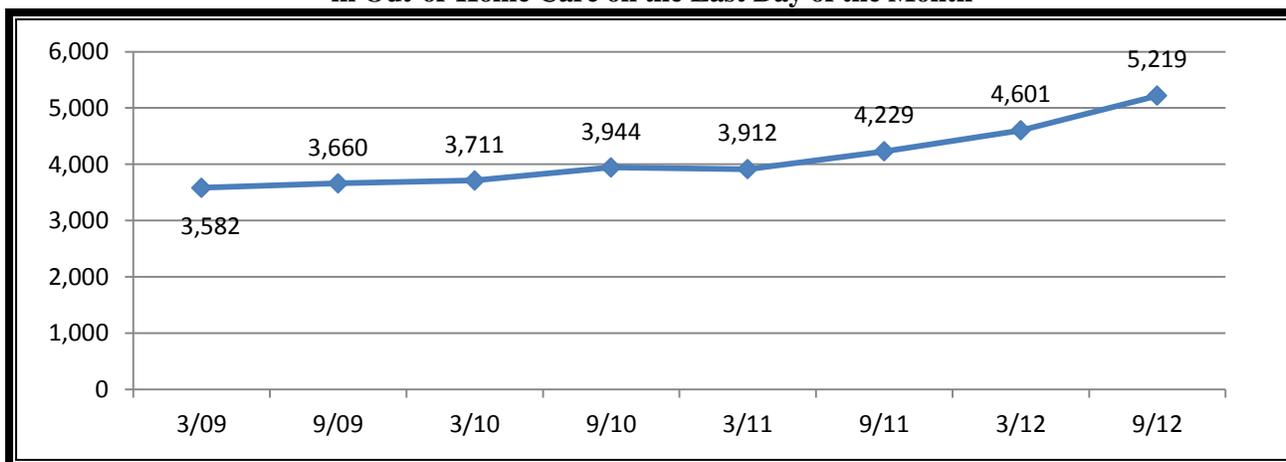
program is available statewide to children exiting out-of-home care to permanent guardianship. At the end of September 2012, 2,410 children were being served in the guardianship subsidy program.

- Area churches continue to support children in foster care by hosting toy drives around the holidays and supplying CPS offices with emergency care kits for children throughout the year.

***Services for Children Under the Age of Five***

The number of children who were under the age of five and in out-of-home care has been increasing. On September 30, 2012, this number had grown to 5,219 children. The Department developed a model to project the number of children in out of home care, including children under the age of five, in order to ensure that sufficient resources will be available to serve those children. Based on historical trends incorporated into this model, the Department projects that the number of children under age five in out of home care will increase by 15% to 6,000 children at the end of FFY 2013 and another 12% to 6,700 children at the end of FFY 2014.

**The Number of Children under the Age of Five,  
in Out-of-Home Care on the Last Day of the Month**



Court Teams for Infants and Toddlers are active in fourteen of Arizona’s fifteen counties. Court Teams are designed to closely monitor well-being and permanency for children age three and under in out-of-home care. County juvenile court judges work together with a team of infant and toddler specialists, child welfare specialists, mental health representatives, attorneys, and CASAs to improve the timeliness, quality, and integration of services. See Section VII for more information on Court Teams for Infants and Toddlers, also known as Best for Babies.

The Division also has internal reports that provide a method of tracking these children and their demographics and characteristics. The Division’s out-of-home report is electronically distributed each week. This report provides summary statistics and detailed information on every child in out-of-home care on the previous Saturday. All AFCARS elements are included for each child, including age, gender, ethnicity, permanency goal, removal date, and placement.

The Division’s adoption movement report is also electronically distributed each month. 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

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of adoption who require case transfer to the adoption unit. This report provides the age, ethnicity, and gender of each child.

According to Arizona's AFCARS data, of children who were under age 5 and in out-of-home care on September 30, 2012, 52% were male and 48% were female. Their age was: 22% under age one, 23% age one, 19% age two, 18% age three, and 18% age four. Their race was: 77% white, 13% black, 8% American Indian, 7% undetermined, less than 1% Asian, and less than 1% Pacific Islander (a child can have more than one race or ethnicity recorded in AFCARS); and 39% were indicated to be Hispanic.

Of children who were under the age of one and entered care for the first time in CY 2011, 29% exited to reunification within twelve months of entry. Of children who were age one through five and entered care for the first time in CY 2011, 38% exited to reunification within twelve months of entry (Chapin Hall State Data Center, State Specific Profile). Other children in these age groups reunify shortly after this twelve month timeframe. When the prognosis of reunification within twelve months is good, services are provided to maintain the parent-child relationships and achieve reunification. These services include visitation to maintain secure attachments for the child. Arizona's Best for Babies initiative has resulted in greater attention to the need for young children to have frequent visitation with their parents, and development of resources to better meet the demand.

Of children who were under the age of one year at the time of first entry into out-of-home care in CY 2009, 47% had exited to adoption by December 31, 2012. Of children who were age one through five at the time of first entry in CY 2009, 27% had exited to adoption by December 31, 2012. Most of these children are adopted by their kinship caregivers or foster parents. Adoptive home recruitment activities identify permanent placements for young children with no identified adoptive home. See Section V, 8. Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention for a description of these general and targeted recruitment activities. The Division addresses the developmental needs of these children by providing services to maintain placement stability and placing the child with a permanent family as soon as possible.

The Division has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. The child's age is a factor affecting prioritization of CPS reports. Reports of substance exposed newborns require a two hour response, or a response within 24 hours if the child will remain in the hospital until the CPS response occurs. Children under the age of five are by definition highly vulnerable, which is considered by hotline staff when determining the response time for a report. Likewise, child vulnerability, including the child's age, is one of the five safety threshold criteria considered by CPS Specialists when determining if a safety threat is present. In addition, services have been designed to meet the developmental needs of young children. For example:

- 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. For younger children, the Urgent Response assessment is followed by a more in-depth Birth-to-Five Assessment that is first completed within forty-five days and can continue as an ongoing assessment process. If the 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

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removed from home are to be referred by CPS to AzEIP for a developmental screening.

- Statewide, all RBHA service providers have been trained to use the Diagnostic Classification of Mental Health and Developmental Disorders in Infancy and Early Childhood: Revised Edition (DC: 0-3R), which draws from empirical research and clinical practice. The DC: 0-3R is designed to help mental health and other professionals recognize mental health and developmental challenges in young children, understand how relationships and environmental factors contribute to mental health and developmental disorders, use diagnostic criteria effectively for classification and intervention, and work more effectively with parents and other professionals to develop effective service plans. The updated version provides clear and specific criteria for all diagnostic categories, explains criteria for identifying autism spectrum disorders in children as young as two, introduces new criteria for disorders of sleep, eating, relating, and communicating, clarifies the Parent-Infant Relationship Global Assessment Scale (PIRGAS), and includes checklists for identifying relationship problems, psychosocial, and environmental stressors.
- DBHS continues to maintain protocols regarding infant and toddler mental health, with input from the Division. The practice protocol "Working with the Birth to Five Population" and the "DBHS Practice Guideline Psychiatric Best Practice For Children Birth to Five Years of Age" were updated in the past year. The psychiatric best practice guidelines now include a mandatory assessment for medication taper to be conducted every six months until the child reaches the age of five; mandatory use of psychotherapeutic interventions before the prescribing of any psychotropic medication for children under the age of five; and required consultation and re-consultation of prescriptions by a non-child psychiatrist with a board certified child and adolescent psychiatrist if medications are prescribed for a child under the age of five.
- A Best for Babies workgroup has developed a Checklist of Services for infants and young children. CPS Specialists in most counties complete or update the checklist and submit it to the court prior to each hearing. The Checklist is used by the court and other team members to ensure timely comprehensive services are provided, including EPSDT exams, dental exams, visitation with parents and siblings, behavioral health assessment, and any necessary treatment services.
- Some counties also have "Baby CASAs." Baby CASAs are trained specifically in meeting the needs of a baby and are assigned to monitor that all assessments and evaluations are completed timely and services are in place expeditiously.
- In October 2012 the Maricopa Cradle to Crayons (C2C) Child Welfare Center opened, funded by the County Board of Supervisors. The C2C houses visit coaching, parent and child trauma therapy, a dependency treatment court, and staff and administration for the program.
- Mohave County has created an Infant Toddler Mental Health Specialist position with the local mental health provider. This position coordinates the Mohave County Child Advocacy Team. There is also a supervised visitation room available to videotape visits for educational purposes.
- Children in Apache and Navajo Counties are referred to a program called Healthy Steps, which is funded by First Things First and works with families to help them learn more about child development, and specifically their own child's development. All families of children born at Summit Healthcare Regional Medical Center in Show Low are automatically referred to this program.

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- Staff training includes instruction on the needs of young children. CPS Specialist core training teaches new employees about child development, the vulnerability of young children as a factor increasing the likelihood of safety threats, and the process for obtaining evaluations through AzEIP and the RBHAs. Training is also available in the regions. For example, in the past year Navajo County has offered several trainings related to children age zero to five, including brain development and attachment/bonding for young children.
- The CMDP Medical Director, Dr. Sue Stephens, has provided numerous trainings on identifying child abuse and neglect and the identification of substance-exposed newborns. Because most of the very serious injuries happen to children under age five, generally under age two, the majority of the training focuses on the injuries seen in these age groups. These trainings have been attended by foster care providers, licensing agencies, judges, attorneys, CASAs, GALs, and CPS staff. To date, trainings have occurred in Phoenix, Tucson, Flagstaff, Salt River Pima-Maricopa Indian Community, Prescott, and at the September 2012 Division Leadership Summit.

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

- keep children and youth physically, mentally, emotionally, socially, and spiritually/morally healthy in a foster home;
- promote, rebuild, and support positive attachments of children and youth in foster care;
- apply in the case example ways to meet basic human needs and build attachments;
- explain how a child's attachment affects his sense of well-being;
- explain how behaviors are indicators of underlying needs;
- describe personal emotional reactions that may create challenges for selecting effective parental interventions;
- choose specific behavioral strategies and techniques that assure a child's safety;
- openly discuss their feelings about the simulated placement of a 2 and ½ year boy from day of placement to six months in their home

***Services to Populations at the Greatest Risk of Maltreatment***

Children ages birth through five are at the greatest risk of maltreatment. Young children are more likely to be the subject of a report to the CPS Hotline and enter out-of-home care at higher rates than children over age five. Of children who died due to abuse or neglect by a parent or caregiver in FFY 2012, 93% were age five or younger. In addition to the services targeted to this population that are described in the preceding section, the Division has developed the following services to assist the families of young children and prevent maltreatment, removal, or reentry:

- The Healthy Families Arizona (HFAz) program is a nationally credentialed, community-based, family-centered, voluntary home visitation program serving at risk prenatal families and families with children age newborn through five. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of new parents. Program services are designed to strengthen families during the first five years of a child's life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness. See Section IV, 1. Child Abuse and neglect Prevention Services for more information about Healthy Families Arizona.

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- 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 In-Home Service Program, and Arizona Families F.I.R.S.T. programs.

**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 regional levels through advisory groups, case specific reviews, oversight committees, provider meetings, and collaborative groups. The following are some of the many committees and activities through which stakeholder input was received to inform Division planning and activities in SFY 2013:

- *The Child Safety Task Force* – In November 2011, the Department of Economic Security’s Director, Clarence H. Carter, was appointed Vice Chairman of Governor Janice Brewer’s Child Safety Task Force. According to a press release issued by the Governor’s Office, the task force was “charged with reviewing child-safety policies in Arizona and recommending comprehensive reforms to improve the way in which the state oversees children under its care and investigates potential cases of abuse and neglect.” The task force included the Maricopa County Attorney (who served as the committee chair), an Arizona Supreme Court justice, a Maricopa County Superior Court judge, a crime victim’s advocate, a pediatrician, the Vice President of ChildHelp, the Director of the ASU School of Social Work, the Assistant Director of the Division of Children, Youth and Families, two Arizona State Senators, two Arizona State Representatives, the Director of Arizona’s Administrative Office of the Courts, a community leader, a Court Appointed Special Advocate Program volunteer, a lieutenant from the Glendale Family Advocacy Center, and a foster parent. The task force held public hearings to receive testimony from experts on CPS investigations and case management, law enforcement investigations, the administrative office of the courts, social services, foster care, crisis shelters and group homes, and child welfare advocacy. On December 30, 2011, the Child Safety Task Force submitted recommendations to Governor Brewer. These recommendations continue to drive much of the work described in this report and can be viewed at: [www.azgovernor.gov/cps](http://www.azgovernor.gov/cps) and [http://www.azgovernor.gov/CPS/documents/CPSTFRecommendations\\_123111.pdf](http://www.azgovernor.gov/CPS/documents/CPSTFRecommendations_123111.pdf).
- *The Director’s Forums* – Director Clarence H. Carter continues to travel to communities across the state to meet with a variety of Department stakeholders, many of whom are stakeholders of Arizona’s child welfare system. The Director has hosted individual meetings, townhall meetings, and attended a variety of community and faith-based organization meetings. Townhall meetings were held in Flagstaff and Yuma during SFY 2013. During meetings with stakeholders, the Director discusses the Department’s mission and vision, and gathers input from the attendees to help increase transparency and to inform the Department’s decision making. In addition, the Director created a blog in February 2012 as another avenue for direct engagement with the Director and the Department.

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- *Change and Innovation Agency Process Improvement Teams* – In SFYs 2011, 2012 and 2013, the Change and Innovation Agency (CIA) facilitated assessment of several processes within the Division. Recommendations from these teams continued to be implemented in SFY 2013.
  - In SFY 2011, CIA facilitated an assessment of the investigation process with a core team of internal staff. This core team was comprised of field office supervisors and key staff in the areas of policy, training, and technology; and focused on mapping the investigation process from the time a report is assigned until it is closed or opened for ongoing services. The core team’s recommendations were informed by a series of eight focus groups with over forty CPS Specialists, CPS Supervisors, judges, FCRB members, attorneys, providers, and other stakeholders from across Arizona. The focus group participants were asked questions related to child safety assessment, risk assessment, case plans, dependency petitions, and court reports.
  - In SFY 2011, CIA facilitated an assessment of the PSRT process. The PSRT core team was tasked with reviewing the current system used in both processes and making recommendations to increase capacity while maintaining a high degree of integrity for the central registry. The report issued in August 2011 included seven improvement ideas.
  - In SFY 2012, a core team was convened to evaluate the ongoing case management process. Focus groups were held in December 2011 with foster and kinship parents, foster youth, urban and rural service providers, foster care licensing agencies (HRSS providers), case aides and parent aides, judges, FCRB members, CASA volunteers, attorneys, and the Central and Southwest Region Service Referral and Placement Resource Specialists. These groups provided input about case planning, placement processes, CPS Specialist visits with children and caregivers, parent-child visitation, service referral processes, and court reports. The ongoing team met between February and April, and produced a final action plan in May 2012.
  - In SFY 2012, CIA facilitated an assessment of the CPS Hotline process. The assessment included focus groups with internal and external stakeholders, including CPS Specialists and CPS Unit Supervisors from the Hotline and field units, mandatory reporters, citizen advocates, and child crimes sergeants and detectives. The report issued in March 2012 included thirteen improvement ideas.
  - In SFY 2013, CIA facilitated an assessment of the adoption process. A team of Division experts from each area of the adoption process reviewed internal policies and procedures to develop improvement ideas. The report issued in February 2013 included eight recommendations.
- *The Citizen Review Panels* – Regional Citizen Review Panels (CRP) evaluate the extent to which the Division is effectively discharging its child protection responsibilities. In 2012, Citizen Review Panels met in the Central (Phoenix), Northern (Flagstaff), and Pima (Tucson) Regions to review CPS policies and procedures, current practice, pertinent data, and case record information. In 2012, the CRPs reviewed cases that demonstrated one of four specific practice themes: multi-system involved families, children returning to care following a reunification, successful outcomes, and active military families. In performing their functions, the CRPs evaluate the Division’s child safety assessment and safety planning practices, and submit an annual report to make recommendations to CPS for system changes and improvements. The panels are comprised of local residents, social service providers, law enforcement, educators, child advocates, adoptive and foster care parents, mental health professionals, legal advocates,

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medical providers, former abuse and neglect victims, 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. More information about the Citizen Review Panels, their recommendations, and the Division's response to the most recent recommendations is located in Section X, *Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report 2013*.

- *The Child Fatality Review Team* – 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 Governor of Arizona, 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, when applicable. 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. These reviews provide another opportunity to identify child fatality trends and prevention strategies.
- *The Children's Action Alliance Child Welfare Committee* – This committee's membership includes representatives from Arizona's behavioral health system, the courts, community-based agencies, the ASU School of Social Work, foster and adoptive parents, citizen advocates, attorneys, and the Division. Thus, the Child Welfare Committee reflects a wide spectrum of perspectives that build a foundation of inter-disciplinary knowledge. The Committee's work informs policy makers and the public about the Arizona child welfare system's laws, policies, resources, and practices. Members of this committee assisted the Division by identifying agency data that, as of the Spring 2013, has started to be available on a dashboard accessible to the public.
- *The Arizona Council of Human Service Providers Child Welfare Committee* – The Arizona Council of Human Service Providers, in existence in Arizona since 1964, is a 501c-3 organization that represents agencies throughout Arizona providing behavioral health, substance abuse, child welfare, and justice services. Many of the services provided by the Council's member agencies are carried out in conjunction with the Division, including adoption services, crisis/shelter care, group home care, foster care, counselling, and other child welfare and behavioral health services. There are seven primary committees that provide representation to the Council's members, including the child welfare committee. The Division provides information to the child welfare committee upon request. Division staff attend quarterly membership meetings to update Council

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members on ongoing issues and initiatives. In addition, the Council CEO participates in monthly meetings with the Division's Assistant Director and other key partners.

- *Interagency Meetings with County Attorneys and Children's Justice Coordinators* – The Division's Advocacy Center Liaison communicates quarterly with each County Attorney. The Advocacy Center Liaison also periodically attends MDT meetings and meetings with the Children's Justice Coordinator in each jurisdiction. These meetings are an avenue to identify, discuss, and resolve issues and systemic barriers within child maltreatment investigations.
- *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 V, 7. Collaboration with Native American Tribes and Indian Child Welfare Act Compliance.
- *Court Teams for Infants and Toddlers* – Court Teams for Infants and Toddlers is a partnership between the AOC, the Division, and Prevent Child Abuse Arizona. County juvenile court judges work together with a team of infant and toddler specialists, child welfare specialists, mental health representatives, attorneys, and CASAs to improve the timeliness, quality, and integration of services to infants and toddlers in the child welfare system. The Court Teams for Infants and Toddlers are built on a highly successful model created by the Zero to Three National Center for Infants, Toddlers, and Families. Fourteen of Arizona's fifteen counties now have a Court Team for Infants and Toddlers, including: Apache, Coconino, Cochise, Gila, Graham, Greenlee, Maricopa, Mohave, Navajo, Pima, Pinal, Santa Cruz, Yavapai, and Yuma.
- *Resource Family Recruitment Liaisons and Councils* – 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 V, 8. Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention.
- *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.
- *Collaboration with University Partners* – The Division has worked closely with Arizona State University (ASU), School of Social Work since 1978. The longevity and growth of this relationship may be attributed to high-level leadership commitment of both institutions, shared commitment to child welfare training and social work best practices, and the sustained funding through federal title IV-E participation for those endeavors that are recognized as eligible by federal statute. In SFY 2012 both institutions began laying the groundwork to enter into a formal Child Welfare and Social Work Collaborative that establishes an integrated system of comprehensive child welfare training, social work education, and research for the continuous improvement of services to children and families involved in Arizona's public child welfare

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system. In previous years, each of these areas was administered through individual contracts. This new agreement pulls all of the work together under one structure and process. ASU supports an integrative model of knowledge creation, transfer, and utilization that incorporates the unique local context in which child welfare practices are implemented and situates the university-agency partnership as the key mechanism through which evaluation and knowledge transfer can occur. This model is founded on the idea that evaluation topics that are relevant to the agency, and findings that are specific to the local context, can be readily applied to the range of practice and policy decisions within the real-world environment of child welfare agencies. As such, ASU's long history of commitment to child welfare in the areas outside of the Collaborative such as child welfare prevention, intervention programming, child welfare advocacy, education, and policy influence establish ASU as a trusted ally. For complete information on the Division's collaboration with Arizona State University, see Section V, 4. Staff and Provider Training.

- *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 Crossover Youth Practice Model* – Maricopa County and the Administrative Office of the Courts is launching the Georgetown University Crossover Youth Practice Model. This model improves coordination between the child welfare and juvenile justice systems to better meet the needs of youth involved in both systems. The Division is an active partner in this project, which began the planning stage in May 2013.
- *FosterEd* - The FosterEd Initiative is a pilot program in Pima County, with leadership from the Pima County Juvenile Court and active involvement by the Pima Region Deputy Program Manager. The FosterEd initiative will address issues of educational stability through the assignment of "Education Champions" to school age youth as they enter care.
- *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, the ASAP is composed of representatives from state governmental bodies, federal entities, and community organizations. The ASAP serves as the single statewide council on substance abuse prevention, enforcement, treatment, and recovery efforts. The 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.
- *PASSAGE Transition Coalition of Maricopa County* – The Department has continuously participated in the PASSAGE community collaborative, sponsored by Casey Family Programs, 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. PASSAGE has created an atmosphere where youth, alumni, and community

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partners can work together on difficult issues, such as housing, mental health, independent living subsidy, and education.

- *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:
  - A survey of Citizen Review Panel members was conducted through the Division’s University Partnership in January 2013 to measure member satisfaction and obtain suggestions for CRP program improvement and strategic planning. All panel members were encouraged to complete the survey, including members who do not regularly attend the meetings.
  - In July and August 2012, ASU facilitated six focus groups with CPS Specialists from across the state who had completed new worker training in the previous year, to obtain information about new worker training from the perspective of trainees.
  - In July 2012, the Division launched a Foster Parent Support and Retention Survey. The purpose of the survey was to explore ways the Division could be more responsive to the needs and concerns of current foster parents. The survey was emailed to more than 2,600 families, and 515 families responded. This survey led to joint projects between the Division, the Family Services Administration, and the Geographic Information Systems Program that studied various aspects of families currently involved in the foster care system. The goal of these projects was to improve retention of current foster families and aid in the recruitment of additional foster homes.
  - In September 2012, a second foster parent exit survey was sent to 505 families who had closed their licenses. The Division received 160 responses. The study analyzed the reasons why foster homes leave the foster care system. This information will help the Division understand if the majority of foster home closures are for positive reasons (such as adoption), reasons the Division cannot control (such as divorce), or reasons the Division may be able to improve (such as dissatisfaction with service). The Division has analyzed and summarized the closure reasons by agency for both the OLCR and Division exit study reports; identified agencies that have higher than expected results (such as an agency that has more families adopt than other agencies); and used GIS technology to map the foster families by closure reasons and identify geographic patterns. The Division has significantly expanded this study and is in the process of releasing the third wave of the foster parent exit survey through ASU.
  - Two focus groups with current and former foster youth were held to get their input on the psychotropic medication assent process. At the beginning of these focus groups, a survey was conducted to learn about the participants’ experiences with the prescription and monitoring of psychotropic medications while in out-of-home care (for example, has the youth ever been prescribed psychotropic medication, was the youth informed about potential side effects, etc.). As a result of the survey and focus groups, the Division and AHCCCS have proposed to DBHS that an assent form be generated to require that prescribers include the youth more in the evaluation and prescribing process.
  - A customer satisfaction survey of parents involved with CPS is completed annually. Parents rate the following statements on a scale from strongly agree to strongly disagree:
    - Overall, my experience with CPS staff was satisfactory.

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- In general, I am satisfied with the services my family received from CPS.
  - I received services in a timely manner.
- External stakeholders are invited to a community forum following the release of each *Child Welfare Reporting Requirements Semi-Annual Report*. Division leaders provide information about child welfare trends and progress. In the August 2012 community forum, stakeholders were provided information and the opportunity to ask questions about the number and type of CPS reports received at the Hotline, changes in the safety assessment process, SWAT, the increasing number of children in out-of-home care, the number of licensed foster homes compared to the number needed, CPS Specialist staffing levels and recruitment activities, and a new public data dashboard. Most recently, community forums were held in August 2012 and January 2013.

***Collaboration with the Courts***

The Division is fortunate to have a history of substantial, ongoing, and meaningful collaboration with Arizona's juvenile courts. 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 the CI Strategic Plan provide much of the structure for collaborative improvement activities. The Division's Deputy Child Welfare Program Administrator, the Division's Practice Improvement Manager, and a CPS 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 CI Program Manager and others from the Administrative Office of the Courts' Dependent Children's Services Division are involved in many joint projects with the Division. 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 provided input into the Court Improvement Program's strategic plan and 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 FFY 2013 Strategic Plan includes the following outcomes and activities:

Outcome #1: Enhance collaboration to facilitate working processes between the court & stakeholders in the dependency process.

- Through a multi-system integration effort, CI will work with a cross agency team to facilitate collaborative planning and delivery of a one day symposium, conduct financial mapping, and complete gap analysis regarding needs and services for Arizona's crossover youth.
- Ensure that, through the use of a checklist of essential services, the court is provided available and appropriate information regarding behavioral health services for children and parents involved in juvenile dependency matters. The focus of this effort will be on the youngest children in care.
- Work with stakeholders to improve communication/ collaboration between courts & outside agencies when parents are detained by ICE.
- Collaborate with educational stakeholders to improve court processes for asking education-related questions, timeliness of school records availability, educational surrogacy policy & procedures, school transportation & educational advocacy.

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- Work with courts and stakeholders, including Arizona Tribes, to improve awareness of the cultural diversity of the children and families in foster care.

Outcome #2: Evaluate & improve dependency court processes to create efficient court hearings, effective representation of all parties, and a service-oriented court environment. The changes made will support timely & appropriate permanency for children.

- Work with county dependency courts to evaluate calendaring systems & provide technical assistance to county courts as appropriate.
- Implement dependency attorney practice improvement initiative.
- Evaluate dependency court environments to determine best practices regarding “family-friendliness” of the juvenile court environments.
- Implement Court Process Consistency Training for judicial officers (CPCT-J).
- Implement Court Process Consistency Training for child welfare attorneys (CPCT-A).
- Evaluate existing “Baby Court” programs to determine best practices.

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 2013 has been on the age zero to three population, visitation of children in care with their parents and siblings, youth involved in both the dependency and juvenile justice systems, and involvement of stakeholders from the educational system. Examples from SFY 2013 include the following:

- The Crossover Youth Symposium was held in September 2012. As a member of the Crossover Youth Committee, the Division’s Deputy Child Welfare Administrator was involved in the planning and implementation of this event. Thirty six agency staff participated in the highly interactive event.
- The Crossover Youth Committee developed a proposal and secured the services of the Center for Juvenile Justice Reform to complete work on a Crossover Youth Practice Model.
- Fourteen of fifteen Arizona counties have developed Court Teams for Infants and Toddlers, which bring together the Court, CPS, and service providers to better address the needs of very young children in foster care.
- Maricopa County’s court team, known as Cradle to Crayons, represents a specialized effort that includes accelerated court reviews (every 60 days), specialized courtrooms (six divisions devoted to these cases), and a new drug treatment court. CPS representatives continue to be an integral partner in the implementation of the Cradle to Crayons effort.
- The Division’s Assistant Director and Deputy Child Welfare Administrator participated on a Court Improvement committee that successfully developed a tool entitled *Practical Guidance for the Juvenile Dependency Process Related to Parents Detained by ICE*. This tool is the result of collaboration between the Courts, the Division, and representatives from U.S. Immigration and

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Customs Enforcement, and provides instruction on how to better engage immigrant parents in the juvenile dependency process.

- The Courts and the Division are partners in the FosterEd effort currently underway in Arizona. Pima County will be the pilot site for this effort that focuses on improving educational outcomes for foster children.
- The Division's Indian Child Welfare Specialist is a member of the ICWA Committee, which was created in 2012 by the State, Tribal, and Federal Court Forum.
- The Division's Indian Child Welfare Specialist and representatives from the Attorney General's Office assisted in developing the *Arizona ICWA Guide* and were also integral partners in the successful development and delivery of the *Connecting Legacies* conference held May 2013 at the Fort McDowell Conference Center.
- Court Improvement, the Division, and the CASA program continue to work together to address the issue of racial disparity in the juvenile dependency process. After offering *Knowing Who You Are* (KWYA) cultural sensitivity training in 2010 to a diverse group of dependency stakeholders, including Division representatives, CI secured a contractor to work with seven counties to develop a strategic plan that focused on disparity within the dependency process. To support county strategic plans, the Committee on Diversity and Inclusiveness (CODI) was formed. CODI includes members from various county CASA programs, Court Improvement, CPS, education, and other valuable community stakeholders. CODI completed work on a statewide "blueprint" to guide county teams in their efforts to address the disparate needs of children in foster care and allow the professionals and volunteers to advocate for these children in a culturally sensitive manner. Several individuals have been certified to provide the KWYA training and a training calendar is currently under construction.
- Division staff and representatives from the Attorney General's Office participated in the development of standards for child representatives in the legal system.
- The Division will, once again, be involved in the development of standards/best practices for parent's counsel.
- Division representatives assist with the training of judges new to juvenile dependency cases. The Medical Director for the Division's CMDP provides education to these Judges on accidental versus non-accidental trauma. The Deputy Child Welfare Administrator provides an overview of CPS services and addresses questions or concerns that the judges might have.
- Representatives from the Office of the Attorney General (AG) continue to be active partners in the development and implementation of dependency related education for attorneys statewide. AG representatives have been involved in the training for children's counsel (pursuant to new standards) and will be a valued partner in the development and implementation of training for standards/best practices soon to be developed for parent's counsel.
- In Maricopa County, the Court Teams for Infants and Toddlers initiatives, known in Maricopa County as Best for Babies and Cradles to Crayons, have been the primary focus for court collaboration. The Central and Southwest Region Program Managers sit on the Steering Committee for Cradles to Crayons. The Best for Babies checklist was distributed and implemented in the Central and Southwest Regions (Maricopa, Pinal, and Yuma Counties) in

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October 2012. This checklist is used at the time of any preliminary protective Hearing, six month report and review hearing, permanency hearing, or status/report and review hearing involving a child age birth to three in the jurisdiction of a Maricopa County Cradles to Crayons court. Staff have also been instructed to immediately schedule a psychological evaluation if there are allegations of parent mental health issues in the petition, and initiate an Arizona Early Intervention Program (AZEIP) referral if the child is in an in-home dependency or is identified as having a developmental delay or disability and an AZEIP referral has not already been made. See Section VII, 2. Accomplishments in SFY 2013 for more information on Court Teams for Infants and Toddlers.

- The Maricopa County Juvenile Court received a federal grant to support visitation, and partners in this project with the Division and the Maricopa County Head Start program. Youth in Cradles to Crayons who are served through the Glendale CPS Office are eligible for therapeutic visitation provided by the court.
- The Maricopa County Juvenile Court has also started a Drug Dependency Court for parents of children in Cradles to Crayons Court. The is overseen by the Presiding Judge at the Durango Court facility.
- A monthly teleconference is held between the Assistant Attorney General Unit Chiefs, the Maricopa County Presiding Juvenile Court Judge, the Juvenile Court Administrator, and the Central and Southwest Region Program Managers to discuss various Maricopa County Juvenile Court issues.
- Maricopa County CPS Court Liaisons are located at the Maricopa County Juvenile Court buildings..
- The Pima County Model Court Working Committee has evolved into the "One Court" workgroup. Pima Region management and staff remain actively involved, attending the quarterly meetings and participating in the workgroup's committees, subcommittees, and workgroups. The Pima Region Program Manager attends the monthly stakeholder meetings. These meetings are opportunities to share information about Division trends, changes, and areas for strategic improvement focus. The Back to Basics subcommittee continues to focus on gathering basic court and agency data on safety, permanency, and well-being for children in out-of-home care, including data on placement stability, disrupted adoptions, and reactivated dependency cases.
- The Pima County Juvenile Court is focusing on becoming a trauma-informed court and has provided related training for court staff and system partners.
- The Assistant Program Manager in Mohave County is highly involved with the Mohave County Child Advocacy Team (MCCAT), in conjunction with the Mohave County Superior Court. The MCCAT provides local trainings and symposiums dealing with issues affecting child well-being. The MCCAT sponsored a Conference on Trauma Informed Care of Infants and Toddlers in October, 2012. The trainings are well attended by many CPS staff members.
- The Mohave County APM is an active member of the MCCAT's steering committee, which meets monthly. The MCCAT steering committee includes the Presiding Juvenile Court Judge, the Court Infant/Toddler Mental Health Coordinator, an Office of Juvenile Representation attorney, the Children's Mental Health Director, the CASA Coordinator, a CASA volunteer, and court administration personnel. The steering committee works on the development and implementation of Mohave County's Baby Court.

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- Navajo County Superior Court holds quarterly Dependency/Court 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; court personnel; and several attorneys appointed as parents' counsel, children's counsel, or guardians ad litem 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.
- Navajo County brought Best for Babies into the courtroom nearly a year ago, including the Best for Babies checklist. Presentations have been provided by Prevent Child Abuse Arizona and Healthy Steps, which is a new program funded by First Things First. Healthy Steps provides education and support to families of newborns, regardless of risk factors, and reaches out to all families of newborns delivered at Summit Regional Medical Center in Show Low.
- Apache County has also implemented Best for Babies and is now paying special attention to cases involving children ages birth to three. The Best for Babies checklist is used in all dependency cases involving any child age birth to three.
- In Yavapai County, the CPS Supervisors and Assistant Program Managers have completed training for members of CASA regarding the dependency process, safety and risk, in-home services, and drug testing.
- The Yavapai Family Advocacy Center hosts weekly case reviews with CPS, law enforcement, and the County Attorney's Office to advocate for families and victims, assuring that they are offered services to support them during times of trauma.
- A CPS Supervisor from Yavapai County is a member of the CASA Foundation Board of Directors. This year has seen an expansion of the fund raising program, allowing for more resources to be given to children. The CPS Administrative Assistant in Yavapai County works with the CASA Foundation to distribute gift cards to children in need.
- CPS Supervisors in Yavapai County have presented to volunteers in the local Trauma Intervention Program (TIP) regarding the requirements of CPS. TIP volunteers coordinate with first responders to respond to trauma related incidents in the community.
- Two CPS staff members in Yavapai County participate as part of the Community Coordinated Response Team, whose focus is on domestic violence. The Team has recently initiated a local emergency response system for children whose whereabouts are not known (missing or abducted).
- CPS Supervisors in Yavapai County are also members of MatForce, which is the local drug task force.
- In Coconino County, the Assistant Program Manager conducted a Dependency presentation as part of the Court Improvement Project, and presented at a Judges Roundtable conference that included Judges from across the State.
- The Northern Arizona Region Program Manager, the Coconino County Assistant Program Manager, and a Coconino County CPS Supervisor have attended meetings as part of the Safety Net for Colorado City. Among other purposes, these meetings have been a forum to address stakeholder concerns stemming from issues raised by the media following the incarceration of the leader of a local splinter group of the Fundamental Church of Jesus Christ of Latter-Day Saints.

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***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 2013 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 2013, a major activity of the SYAB was to plan the June 2013 statewide youth conference for approximately seventy foster youth age sixteen and older. The conference agenda includes workshops on effective communication, reproductive health, careers, rights and responsibilities, and education.

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. Youth from the Maricopa County board have actively participated in the county-wide group home provider meeting, where they are able to state their concerns, establish contacts, and discuss ideas. This local board has been focusing on areas they would like to see change, including procedures for the distribution of hygiene supplies, allowances, discipline, and managing bed bugs, which has been an ongoing problem in some areas of the state.

For more information on the Youth Advisory Board and other consultation activities with youth, see Section IX, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2013*.

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

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

- *The Clinical/Adolescent Substance Abuse Subcommittee* – In SFY 2013, this subcommittee developed Transition Training for system partners, youth, and parents. This training was developed with participation from child welfare, behavioral health, the administrative office of the courts, and the RBHAs. The training content and medium through which it will be presented was developed first, in collaboration with the Division, local RBHAs, DDD, AOC, the Department of Education, and behavioral health providers. The subcommittee also completed a

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pilot webinar presentation. The subcommittee made necessary changes identified through the pilot and conducted the broader roll-out to system partners. The training's purpose is to build understanding among all partners of DBHS' practice recommendations for behavioral health providers addressing the needs of youth nearing the age of majority. The ACEC has not yet assigned new tasks for the upcoming year, but two tasks are being considered. The first is to review the System of Care Practice Review (SOPCR) data to identify any deficiencies in the current child and family team practice in Arizona and propose remedies for those deficiencies. The second is to review the current implementation of the Child and Adolescent Service Intensity Index (CASII) to insure fidelity.

- *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. In SFY 2011, the subcommittee developed the training manual (for participants). The manual has been reviewed by education representatives and committee members, and presented to the ACEC members for approval. In SFY 2012, an instructional guide (for trainers) was drafted and shared with the public. In SFY 2013 the subcommittee continued to work on a guide for using the instructional guide to train, and translation of all materials into Spanish. As each training module is developed and tested, the guide is being adapted to make the information easier to understand and teach.
- *The Family Involvement Subcommittee* – This committee has been working closely with the Salt River Indian Tribe to assist them in increasing family involvement with tribal behavioral health services. Committee members were invited to speak to the Tribal Council and now have council support for their efforts. The committee has also begun to research the effects of bullying on children. The committee has reached out to several school districts to discuss the effectiveness of current Arizona policy regarding bullying in the schools.

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

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

- 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.

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- 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; provide transportation to, during, and from support activities; and assist youth with the self-administration of medication when needed in order to participate in community activities.

The Division's Office of Prevention and Family Support Program Manager and Statewide Behavioral Health and Appeals Coordinator also meet regularly with DHS/DBHS in strategic planning meetings to discuss shared goals and priorities, data sharing, and data reports. DBHS has implemented its Outcomes Framework and Dashboard. This system reports on several elements, which are listed below. The following is SFY 2012 data:

1. Quality of life is defined by whether the child:
  - with a history of substance use is now abstaining from drugs (55.4%)
  - is now employed (9.3%)
  - attends school (84.4%)
  - is not homeless (99.7%)
  - has no recent involvement in the criminal justice system (96.6%)
  - participates in self-help groups (3.9%)
2. Access to recovery and resiliency oriented services is defined by whether the child:
  - is satisfied with access to services (83.10%),
  - receives timely services (88.4%),
  - lives within 15 miles of an outpatient clinic (98.5%).
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 (91.8%),
  - if they have current and complete service plans (70.7%),
  - if they receive services identified on their service plans (88.6%).
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 (86.7%),
  - returns to a psychiatric hospital (9.8%),
  - average length of stay in a psychiatric hospital (9.0 days)

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 2012, sixty cases of post-adoption removals from 2010 were reviewed to analyze the impact of behavioral health. Through this analysis, it was discovered that behavioral health of the child was a factor in 49% of the removals, and the parents requested the removal and refused reunification in 43% of the cases. Of the children removed, only 20% required a behavioral health placement to address

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their needs, and only two of those required the highest level of service (Residential Treatment Center). The case review resulted in several actions that were described in the 2012 Child and Family Services Annual Report. In SFY 2013, the Division's Adoption Subsidy program hired a mental health specialist who is available to adopted parents. The Specialist can assist parents in navigating the behavioral health system. The Specialist has begun to meet with RBHA staff across the state to discuss the unique needs of adopted children.

In SFY 2013, the Division provided its comments on several DBHS policies including, but not limited to, General and Informed Consent to Treatment, Securing Services and Prior Authorization, Psychotropic Medication-Prescribing and Monitoring, Appointment Standards, Cultural Competency, Customer Complaints, and Psychiatric Best Practice Guidelines for Birth to Five.

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

1. The Child and Family Team Practice
2. Comprehensive Assessment and Treatment for Substance Use Disorders in Children and Adolescents (with attachments)
3. Children's Out of Home Services (with 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 training is being updated to address recent changes in Arizona laws and policies, and to add a component on adoption.

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. 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.

***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 Committee of Juvenile Court Judges, Arizona Children's Action Alliance Child Welfare Committee, Arizona Council of Human Service Providers Child Welfare Committee, and meetings facilitated by ITCA and the Navajo Nation with tribal social service representatives. In addition, staff and external stakeholders frequently serve on the workgroups

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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. Forums for ongoing stakeholder consultation have been described previously within this report.

The Division's outcome and goal related data is shared with staff and stakeholders so they have information 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 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. Outcome and process data is available to staff on the Division's intranet site. The Division also presents outcome and goal related data to staff and external stakeholders during committee, workgroup, and other meetings. For example, in SFY 2013 the Division held two stakeholder meetings focused on current trends in child welfare; including information related to current CPS Hotline improvements; workforce recruitment efforts; and specific safety, permanency, and well-being measures contained in the *Child Welfare Reporting Requirements Semi-Annual Report*. In addition, monthly Az-Force meetings are held with all Assistant Program Managers, Deputy Program Managers, and Regional Program Managers statewide to review statistical information in detail and discuss workflow patterns, the number of open and closed cases, non-active cases, out-of-home care numbers, case reviews, and progress to permanency for children. Representatives from the Attorney General's Office are also included in Az-Force discussions.

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 Division's activities in SFY 2013 and strategies and action steps for SFY 2014 have been most heavily influenced by stakeholder consultation that occurred within the Division's Process Improvement Teams, ongoing partnerships with the Court, data analysis based on Az-Force reporting and discussion, input and feedback from Citizen Review Panels, and continuous work with Casey Family Programs and other child welfare community partners. Some of the major initiatives resulting from the input received through these forums include revisions and enhancements to initial case manager core training, supervisor training, and advanced learning opportunities for all staff; Child Abuse Hotline process improvements; enhancements to the Division's Policy Manual; revisions to the continuous child safety and risk assessment and case planning documentation process; improvements to the court report documentation; strengthening clinical supervision; implementation of the statewide Social Work Assessment Team (SWAT); and improvements to engagement with families and the critical analysis needed to assess a family's strengths, unique needs, and risks.

***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/Adolescent Substance Abuse, and Training Subcommittees
- The Council of Governments' (COGS) county-based Councils
- The Childhelp Children's Center of Arizona
- Arizona Families F.I.R.S.T.

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- The Single Purchase of Care (SPOC) Committee
- Partnerships with State Universities and Community Colleges
- The Court Improvement Program
- The Pima County One Court Workgroup

The Division coordinates title XIX medical eligibility with the Arizona Health Care Cost Containment Administration and title XIX behavioral health service provision with the Department of Health Services/ Division of Behavioral Health Services. The 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 Division of Child Support Services 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 IV.

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 Scottsdale Family Advocacy Center, and the Southwest Family Advocacy Center (Goodyear). In Pima County, CPS Specialists are co-located with Pima County Sheriff's Department and Las Familias counseling agency 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. The Division's new CPS IV positions are also frequently assigned to work closely with advocacy centers and law enforcement. In smaller communities, physical co-location is not necessary because the offices are near each other and close working relationships naturally exist.
- Some communities have co-located CPS and behavioral health staff, such as RBHA and AFF staff. In Maricopa County, AFF staff are currently assigned to eight CPS offices across the Southwest and Central Regions, RBHA services are co-located in eight offices, and a RBHA staff is assigned to a ninth office. Pima County has a liaison from each of the five Comprehensive Service Providers. These liaisons are mobile and available to support any of the CPS locations.
- Maricopa and Pima Counties have Division staff co-located at their county court buildings. A court liaison is placed at the Pima County court. CPS liaisons are placed in each of the Maricopa County Juvenile Courts, and are part of a team comprised of liaisons from juvenile probation, juvenile court administration, and the RBHA. Their goal is to reduce the number of dependencies and delinquencies filed in Maricopa County. In addition, a visitation center is now operating at one of the Maricopa County Juvenile Court buildings. One CPS Specialist and four CPS Case Aides are allocated to the visitation center. Families served in Cradles to Crayons by the Glendale or South Mountain CPS Offices are eligible to have their visits there. Case Aides provide the transportation and FCRB and/or CASA volunteers supervise the visits.

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- Staff from CPS and the Division of Developmental Disabilities are co-located in some areas. In Pima County, three 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 Maricopa County, DDD staff are co-located in eight CPS offices.

See Section V, 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 American Indian 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. During the reporting period, the Division's Indian Child Welfare Specialist retired and individual staff within the Policy Unit ensured the responsibilities of this position were met while it was vacant. The Division experienced challenges filling the position, but successfully hired a new Indian Child Welfare Specialist in April 2013. A critical component of the Indian Child Welfare Specialist's role is to meet 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. With active participation from Division staff, ITCA also sponsors the annual Indian Child and Family Conference and Child Protective Services training on ICWA. The CPS training and the annual conference have proven to be effective ways to keep tribal programs informed of new child welfare practice and policy. Both events have created opportunities for relationship building, and for Tribal and State staff to gain a shared understanding of perspectives, processes, and procedures in Indian child welfare.

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. The Division also routinely provides training to organizations and entities such as law enforcement and court systems about the intent and regulations of ICWA. Although only a few tribes are currently pursuing Intergovernmental Agreements, tribes are being served through diverse training and technical assistance opportunities offered by the Division of Children, Youth and Families.

The following events and activities took place with American Indian tribal nations and councils in SFY 2013 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 partnership with the Administrative Office of the Courts, the Arizona State, Tribal, and Federal Court forum was held in August 2012. During this forum, a survey was completed to determine key areas for focus. A work group was formed for each of the three key areas: cross-jurisdiction and interagency cooperation; law; and education. The work groups continued to meet during SFY 2013. The Division is participating on the cross-jurisdiction and interagency cooperation work groups, and Assistant Attorneys General participate on the law and education work groups. Discussions have been focused around placement priorities, sharing information (such as court reports), Qualified Expert Witness qualification agreements, expedited permanency issues, and coordinating another statewide forum.

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- Since August 2012, the Division and the Office of the Attorney General have been partnering with the Administrative Office of the Courts, the Inter-Tribal Council of Arizona, Inc., and the Navajo Nation to develop a statewide forum called The Arizona State, Tribal, and Federal Court Forum. The Arizona State, Tribal, and Federal Court Forum has met regularly since its inception. In SFY 2013 members of the Forum created the *Arizona ICWA Guide 2013*, using a similar document from Michigan as a model, with permission. The draft *Arizona ICWA Guide 2013* has been distributed to all members of the Forum and other tribal social service representatives. The Forum will move forward with publication following a comment period, which is scheduled to end in August 2013.
- In May 2013, the *Northern Lights – A Vision Towards the Future* ICWA Conference was held, organized by the Arizona State, Tribal, and Federal Court Forum and hosted by the Casey Family Programs Indian Child Welfare Office. The purpose of this gathering was to support and strengthen the collaborations within the state, and progress toward improved positive outcomes for American Indian and Alaska Native children and families. The conference was attended by Judges, commissioners, and attorneys in state child welfare matters, Judges and commissioners in tribal child welfare matters, state and tribal child welfare agency employees, and FCRB volunteers. Attendees to a workshop developed and committed to an action plan for inter-agency communication and relationship building. This workshop was the project kick off to future goal identification and collaboration. Participants completed a needs assessment of the Arizona Indian child welfare system and agreed to meet again to have continued discussions in the area of structure, training, partnerships, and data collection. The group made a personal and professional commitment to improving the American Indian child welfare system in Arizona.
- The *Northern Lights* conference was followed by a May 2013 summit, *Connecting Legacies: Continuing the Journey with ICWA*. Participants involved in both state and tribal child welfare matters had an important opportunity to explore and share about the issues that drive their work. The summit provided information and evoked discussion critical to improving outcomes for American Indian children and families involved in the child welfare system. Among the topics addressed were: ICWA – our history; working together to identify the best placements for our children; and the "how and why" of transferring a case between State and Tribal Court. Keynote educators were Judge William Thorne from the Utah Court of Appeals; Sandy White Hawk, a Sicangu Lakota adoptee from the Rosebud reservation and the founder and director of the First Nations Repatriation Institute; and Chrissi Nomo, a Cherokee Nation Citizen and Assistant Attorney General for the Cherokee Nation who represents the Nation in Tribal, state and federal court. Ms. Nomo is nationally known for representing the Cherokee Nation in the Adoptive couple v. Baby Girl ("Baby Veronica") case before the South Carolina Supreme Court and the United States Supreme Court.
- Following the conference, the Arizona State, Tribal, and Federal Court Forum conducted a conference evaluation and held a debriefing titled *Connecting Legacies: Continuing the Journey with ICWA Evaluation*. Out of 250 conference participants, 140 responded to the evaluation survey. The evaluation found that new and experienced child welfare professionals were equally represented at the conference. Many described a change they plan to make in their practice as a result of the conference, including being more aware of ICWA and the need for ICWA compliance. Eighty-seven percent of respondents reported that the ICWA training provided them with skills, knowledge, and understanding needed to perform their job duties more effectively. The most helpful aspect of the training was identified as the portion facilitated by Honorable William Thorne and Daryl Conquering Bear (Youth Out of Foster Care) titled *Making the Case:*

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*The Indian Child Welfare Act.* Sixty participants provided a list of topics they would like to see in future trainings on ICWA.

- The Forum is continuing to meet to discuss reports from the ICWA work groups, including the Education Workgroup that plans the ICWA conference, the Laws and Rules Workgroup that is working on the ICWA Guide, and the Cooperation Workgroup that is addressing jurisdictional and interagency issues. As part of the Laws and Rules Workgroup, the Forum is also having discussions with the Casey Family Programs' Director of Indian Child Programs to create Indian child welfare Judicial Roundtables for promoting cross-jurisdiction communication and operations, mutual dialogue, and an improved understanding of both the tribal and state court roles in assuring compliance with the ICWA of 1978.
- In September 2012, the Division participated in a multi-state and tribal leadership meeting in California to discuss opportunities to improve the exchange of information regarding ICWA notification.
- The Division continues to collaborate with the Inter-Tribal Council of Arizona, Inc., to provide information to the Tribal Social Services Directors work group regarding the Chafee Foster Care Independence and Education and Training Vouchers Programs. Native American youth between the ages of 16 and 20 who are under tribal court custody and are living in tribal licensed foster care placement are eligible to receive education, training, and transitional services to support their transition to adulthood and self-sufficiency. Other support services include financial assistance, housing support, counseling, and employment services to complement the youth's efforts in achieving self-sufficiency. Tribes work with local contracted independent living program providers to access these services for eligible Native American youth.
- The Division has a contract with the Inter-Tribal Council of Arizona, Inc., to deliver three ICWA seminars and an annual Indian Child and Family Conference. In partnership with Arizona State University's Office of American Indian Projects, the Division and the Inter-Tribal Council of Arizona, Inc., have developed community seminars focused on the Indian Child Welfare Act. Presentations occurred in March, April, and June 2013. The seminars provide an overview of the ICWA; an overview of the Department's policy and procedures relating to Native American children and their families; significant state and federal case law; and national, state, or local trends. Tribal social services and Division CPS staff may attend the annual seminars and conference.
- The Division helped develop and participate in the ITCA's Indian Child and Family Conference in March 2013. The Conference covered an array of topics, such as domestic violence, ICWA, youth services, tribal social and family services, and others. The key note speaker was Terry Cross, National Indian Child Welfare Association (NICWA) Executive Director. Division CPS staff were encouraged to attend this conference.
- The Division participated in the U.S. DHHS Region IX Tribal Consultation forum in March 2013. One-on-one consultation was provided by the federal partners on health and human service issues unique to each tribe in attendance. Tribal consultation sessions with Region IX staff were held to continue to improve federal outreach and coordination and to discuss programmatic issues and overall concerns with tribes at a regional and national level. A tribal resource session provided an overview of the programs, grants, and services that DHHS provides to tribes. In addition, an overview and training session focused specifically on how the law affects tribes.

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- The Division leads presentations and trainings for the ITCA's ICWA Academies on a regular basis and participates on the ITCA Tribal Social Services Workgroup. The presentations and trainings are held across the state, and are often done in partnership with the Attorney General's Office.
- The Division participates in monthly Department of Economic Security Tribal Liaison Workgroup meetings. This workgroup is led by the Department's Tribal Liaison and includes the other human service program Divisions that work with tribal entities to improve the Department's partnerships with tribes.
- During this reporting period, the Division attended a Tri-State/Navajo Nation meeting with the Navajo Nation and the two other state entities where the Navajo Nation crosses state borders.
- The Navajo Nation is not a member of the ITCA and requires separate consultation. The Division and the Office of the Attorney General meet frequently with the Navajo Nation through a Department of Economic Security-Navajo Nation IGA Quarterly Coordinating Committee to discuss and problem-solve any program, practice, or compliance concerns between the Division and the Navajo Nation.
- Consultation with Indian tribes also occurs in the Division's regions. For example, Northern Region staff meet with child welfare representatives from the Navajo Nation to work in partnership on specific case management practice issues and exchange information about available resources for special needs American Indian children. The Division has a seminar hosted by ITCA, ASU, and the Department specific in the Northern Region of the state, which borders the Navajo Nation, Hopi Nation, and San Juan Southern Paiute. The main topics are an overview of the federal Indian Child Welfare Act of 1978, Arizona history and CPS, and Public Law 95-608. State and tribal staff attending the seminar participate in applicable exercises using state and federal ICWA cases to review and identify ICWA compliance. Arizona Law and Division policies are also reviewed.
- In 2012, the Division's Children's Services Policy Manual chapter on Serving American Indian Children was updated. The policy changes were made with ongoing input from the tribes. The ITCA, the Division, and tribal representatives had a closing meeting to discuss the policy changes. Division staff presented the complete policy revisions and all changes that could affect American Indian children and their families. There was further discussion, copies of the policy were handed out to all participants, and an additional two week period was agreed upon for additional tribal input. At the agreed upon deadline, the policy revisions went into effect.

***Compliance with the Five Major ICWA Requirements***

Since American Indians are citizens of the states in which they reside, local government agencies and entities have the responsibility to serve the American Indian population that resides in their city, county, or state. The Division receives and responds to reports of maltreatment involving American Indian 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. American Indian families residing on tribal lands are served by the tribal social service agency.

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The Division is responsible for providing protection for Native American Indian children who are under the care and responsibility of the state.

Maricopa County has a specialized ICWA case management unit. To support ICWA compliance, the ICWA Specialists received extensive training from state and tribal attorneys prior to accepting cases. In other regions of the state, there are no special units or ICWA Specialists due to the small number of ICWA cases. When questions and concerns arise, CPS Specialists who do not specialize in ICWA consult their assigned attorney or contact the Indian Child Welfare Specialist when information and guidance is needed.

To promote timely communication and ensure that CPS staff have access to tribal ICWA experts, the Indian Child Welfare Specialist maintains a current list of State and Tribal ICWA contacts, including contacts for the following tribes: AK-Chin Indian Community, Cocopah Indian Tribe, Colorado River Indian Tribes, Fort McDowell Yavapai Nation, Fort Mojave Tribe, Gila River Indian Community, Havasupai Tribe, Hopi Tribe, Hualapai Tribe, Kaibab-Paiute Tribe, Pascua Yaqui Tribe, Pueblo of Zuni, Quechan Tribe, Salt River Pima-Maricopa Indian Community, San Carlos Apache Tribe, Tohono O'Odham Nation, Tonto Apache Tribe, White Mountain Apache Tribe, Yavapai Apache Nation, and the Yavapai-Prescott Indian Community. This sheet is not to replace the use of the federal register for all notifications, but provides an ongoing communication tool between tribal and state staff. In addition, a Division CPS ICWA contact sheet has been created to identify one or more ICWA contacts in each region, Central Office, and the Office of the Attorney General. These contact sheets, along with the *National Directory of Tribal Justice Systems including Designated ICWA Contacts* published by Casey Family programs, are available to CPS staff and Tribal Social Service workers upon request.

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 and revised in consultation with tribal representatives and 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 an 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 are 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

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ICWA. If the child is subject to the ICWA, the court and parties must meet all requirements of the Act.

Tribal representatives feel that 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 a 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. While the Division's goal is identification of tribal affiliation for 100% of American Indian children, identification is sometimes hindered by issues such as a parent's unwillingness to disclose information, lack of child enrollment with the tribe, or lack of documentation to support a claim of tribal affiliation.

Data shows that many children identified as Native American in CHILDS do not have a tribal affiliation identified. The Division will begin a project to review related forms and CHILDS data entry points, in an effort to improve data quality around tribal affiliation. Currently the Division's *Notice of Duty to Inform* and the *Temporary Custody Notice* forms include a place to indicate that the parents were asked about Native American/American Indian Heritage, but do not require that the CPS Specialist ask about the tribal affiliation. The ICWA Specialist and ICWA Liaison work group will review these forms and make recommendations for change so that tribal affiliation information is received from the start of each case. Furthermore, the Division's ICWA Specialist and other Division staff will review the current ICWA related fields in CHILDS and offer recommendations to make ICWA components more visible and to eliminate repetitive entries.

The Division recently worked to improve its Team Decision Making process by retraining all TDM Facilitators and managers who oversee the TDM process. When the Department takes temporary custody of a child, a TDM meeting is held within 48 hours of the child's removal to collaborate and make decisions regarding the child's safety and safety planning; potential kinship care placements that can ensure the child's safety; and contact and visitation between the child and parent and any siblings in out-of-home placement. The parent, guardian, or custodian is asked to identify and encouraged to bring to the TDM meeting support persons who may contribute to the child's safety. This may include family, friends, relatives, community members, special friends/connections, and if applicable, the child's and/or parent's or Indian caregiver's tribe. The Division encourages TDM Facilitators to discuss tribal affiliation with parents. If the parent identifies tribal affiliation and/or the Division has reasonable belief the child is a tribal member, the parent is encouraged to include a tribal member in the TDM meeting. Consistent with the TDM model and practice, the CPS Specialist honors the parent's wishes regarding who should be included in the TDM meeting. The parent may decline to include tribal representatives in the TDM meeting.

- *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 continue to express varying opinions about receiving legal notification from the Office of the Attorney General. Most tribes agree that notices are timely, but notices are

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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 take time. Indian tribes are aware that a 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 when the state court allows an Indian child to be adopted by a non-Indian family because the tribe's motion to request transfer of jurisdiction was filed at a late stage of case proceeding. Concerns related to timely identification of Indian children are being continuously addressed through cross-training between regional Division and tribal child welfare program staff.

- *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. More than one third of American Indian children are placed with extended family members and more than eight of every ten American Indian children are placed in a family setting. Of 1,041 Indian children in out-of-home placement on September 30, 2012, 82% were placed in a family setting – 36% were placed with a relative, and 46% were placed with a non-relative foster family. The remaining 18% of American Indian children in care on September 30, 2012, were in a group home, shelter, correctional facility, detention facility, independent living setting, residential treatment facility, or were on runaway status (semi-annual report data, based on AFCARS). 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.

The Division, in collaboration with Indian tribes, continues 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. State law, federal law, and Division policy require CPS staff to identify the child's relatives (including the child's parents) and any person who has a significant relationship with the child, and inform the relative or significant person of the option to be a placement resource for the child. This search may include the use the Arizona Parent Locator Service. CPS staff often seek tribal assistance in locating and assessing the appropriateness of placement of the child with extended family who are domiciled within tribal boundaries. The challenge occurs when the child's tribe identifies and presents a relative or other Native American family late in the legal and permanency planning process and the child has attached to the current caregivers. The court may be reluctant to move the child from the only family that he/she has ever known, even when an ICWA-preferred placement is available.

The Division and the Office of the Attorney General generally accept any assessment and recommendation for placement made by a tribe as having met the standards for child safety. However, the Division maintains placement responsibility for children placed in its legal custody and therefore must ensure that the child's needs can be met in the recommended placement and that the placement is in the child's best interests. The Division acknowledges the presumption

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that placement according to ICWA's placement preferences is in an Indian child's best interests and placements outside of those preferences should occur only when there is good cause to do so.

The Division continues 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 conferences, and permanency planning hearings to preserve the child's best interest. Other tribes seek to participate, but logistics such as travel, insufficient staff resources, and location 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 Division 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, 2012 (semi-annual report data, based on AFCARS) demonstrates that the majority have a goal of family reunification:

- Of 1,041 American Indian children in out-of-home placement on September 30, 2012, 58% had a permanency goal of family reunification or remain with family. Another 17% did not yet have a goal established. It is likely that reunification is being pursued for these children.
- Thirteen percent of American Indian children in out-of-home placement on September 30, 2012, had a permanency goal of adoption. Eight percent had a goal of independent living.
- Of the 1,041 American Indian children in out-of-home placement on September 30, 2012, 60% had been in out-of-home care for 12 months or less. Another 22% had been in out-of-home care for 13 to 24 months. Seventeen percent had been in care for more than 24 months.

Child welfare practices and policy implemented in SFYs 2009 through 2012 are significant to permanency outcomes for Indian children and families. For example, concurrent case planning and expedited permanency hearings affected all children in out-of-home care, including American Indian children. Expedited hearings are especially relevant to American Indian children because they require earlier identification of tribal affiliation and earlier intervention by tribes. Delayed intervention by 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*



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style, and training techniques. 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 2014 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.

As previously described, the CPS ICWA contact list has been developed to ensure a Division CPS Staff has been identified in each region to increase communication and collaboration. All members of the contact sheet will be asked to attend a minimum of one ICWA training per year. This includes training on the topics of: history of ICWA, ICWA law and policy, ICWA requirements and strategies, cross-cultural skills considerations, working with American Indian families, circumstance of child welfare practice in Indian country and cross-cultural skills.

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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

**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 by the Division's Indian Child Welfare Specialist with state and tribal ICWA liaisons and tribal social services. During this reporting period, tribal affiliates continued to be 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. Tribes continue to express great concern regarding Arizona statute for expedited permanency,

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including earlier time in care grounds for termination of parental rights for children who are under age three at the time of placement into out-of-home care.

Tribal leadership and Division staff continue to confer and consult on all areas pertaining to Indian child welfare, as previously described. The Division's Tribal ICWA Liaison workgroup will be reestablished now that the Division's ICWA Specialist position has been filled. All tribal child welfare managers/directors will be invited to attend. These meetings will be hosted on a quarterly basis so that tribes and Division representatives can discuss issues and best practices related to ICWA case coordination. The ICWA Specialist will present information about State of Arizona legislative initiatives, Division policy, Division initiatives, and other topics of interest to tribes. The Navajo Nation Social Service Director provided input that these meetings break down barriers between the Division and tribes, allow for open discussion of ideas, and allow for people to network and learn from each other.

An ICWA case review process continues to be delayed because of competing Division priorities, workload issues, and vacancy of the Indian Child Welfare Specialist position during much of SFY 2013. 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. The Navajo Nation, Hopi Indian Tribe, Gila River Indian Community, Pascua Yaqui Indian Tribe, Tohono O'Odham Nation, San Carlos Apache Tribe, and Fort McDowell Indian Community consistently provide qualified expert witnesses to testify in state courts when a child tribal member is involved in a state court dependency proceeding. Other Arizona Indian tribes are encouraged to provide their own qualified expert witness to testify as well; 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 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. In most dependency cases, special knowledge of Indian life is not necessary when a professional person has substantial education and experience and testifies on matters not implicating cultural bias. Nonetheless, 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.

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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

**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

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factors that hinder recruitment and licensure of American Indians resource families

American Indian 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.

The Division contracts with private community-based agencies for general, targeted, and child specific recruitment of resource families (including home study, supervision, and training of families) for all children who need out-of-home care. The current recruitment scope of work was modified to include language that prompts providers to carry out targeted recruitment campaigns and raises the awareness of the needs of minority children. Lessons learned from previous efforts to recruit American Indian resource families were taken into consideration when modifications were made. The Division is again in the process of revising its contract for foster home recruitment, support, and supervision. The Division will continue to emphasize with its providers the critical importance of recruiting and supporting resource families who can provide the unique cultural considerations necessary for Native American children.

The focus on recruitment of Native American Foster Homes has continued to include distribution of recruitment materials specific to the need for Native American homes. Brochures for both the Tohono O'odham and Pascua Yaqui Tribes have been placed at the Tucson Indian Center, displayed at FACT Orientations, KARE Center orientations, the Pascua Yaqui Health and Wellness Fair, and at the Children's Social Pow Wow event. All attendees with whom contact is made at these locations and events, and especially American Indian persons, receive further contact to encourage participation as foster parents for children.

The Phoenix Indian Center continues to collaborate with the Division to support American Indian foster care recruitment. The Phoenix Indian Center leads a committee to identify child welfare needs and issues for urban American Indian children. The Division's foster home recruitment and ICWA staff are scheduled to meet with the Phoenix Indian Center staff in July 2013 to establish collaborative efforts surrounding recruitment of Native American foster homes.

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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



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operating a title IV-E program as authorized by Public Law 110-351. The Inter-Tribal Council of Arizona invited Administration for Children and Families (ACF) staff to the March 2013 Children and Families Conference to discuss the difference between title IV-B and title IV-E. Following the meeting, per the request of the Navajo Nation's Social Services Director, the Division's title IV-E Program and Policy Specialist and other Division staff coordinated a two day technical and informational training on title IV-E. Topics discussed during this meeting included the history of title IV-E program development in Arizona, organizational structure, eligibility, the financial management system and reimbursement claims, licensing of foster care and child care facilities, CHILDS, and quality assurance.

The Division is also working with the Navajo Nation, Tohono O'Odham Nation, and the Hopi Tribe to develop transfer of placement and responsibility procedures in response to ACF's January 2012 Information Memorandum (IM). The Division does not see any problems to addressing the criteria identified in the IM. The Navajo Nation and Tohono O' Odham Nation are two tribes pre-paring for direct title IV-E.

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 tribes. The Division's Child and Family Service Plan and Annual Reports are posted on the internet for access by tribal representatives at any 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 sixteen and twenty 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 continue to work with local contracted independent living program providers to access these services for their eligible American Indian youth. See Section IX, *Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2013*, for complete information about collaboration between Chafee Foster Care Independence and Education and Training Voucher Programs and Arizona's American Indian tribes.

**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

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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 history background check and CPS record check, 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 Arizona 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 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.

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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. Maintaining a pool of qualified experienced foster and adoptive parents in the neighborhoods from which children are removed is critical 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. 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 map products provided by the Department's GIS program have been expanded to include a segmentation analysis of family foster homes. The analysis uses Tapestry, a product of ESRI, Inc., to develop a profile of foster homes based on common demographics and socioeconomic behaviors. This profile can help the Division target their foster home recruitment efforts in specific areas and customize their marketing strategies towards specific family profiles.

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.

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. 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 assistance. Home Recruitment Response Line staff also send information to kin providers caring for a child placed by the Department, to help them begin the foster home licensing process. In SFY 2013, 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. In response to a foster parent survey some changes were made to the newsletter, including expanding the number of pages. Each issue features "Shining Stars," who are children free for adoption without an identified placement. The number of children featured in each issue as "shining stars" has been increased. 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

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interest to foster, kinship, and adoptive caregivers. Other articles of interest to resource families have included information on Head Start and celebrations honoring foster and adoptive families.

- 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. This year, activities included participation in area Juneteenth celebrations; development of specialized recruitment pieces for the American Indian population, participation at pow-wow; and materials and training in Spanish..
- The Division actively participates in National Foster Care Month to raise awareness of the need for more foster homes, and to recognize and reward the families who have so generously opened their doors to children in need. Statewide, events are held to thank and honor foster families for their tireless care of Arizona children and youth in foster care. In 2013, these events included the DES Foster Care Month Celebration, held in the Atrium at the downtown Phoenix office. This event brought Department staff together to tie blue ribbons, representing each child in foster care, on the trees. The Tucson Blue Ribbon Event was held at Thoroughbred Nissan. Nearly 600 people gathered to honor Pima County foster families. The family-friendly event included bounce houses, food, music and a raffle; and ended with their traditional launch of balloons to represent each child in foster care in Pima County. Foster families in Payson enjoyed a picnic at Rumsey Park, and Prescott area foster families were treated to free admission at the Prescott Heritage Park Zoological Sanctuary. Numerous other events were held by licensing agencies across the state. The Division supports the Arizona Association for Foster and Adoptive Parents' annual Courage for Children Awards, honoring foster and adoptive parents, which was held in May 2012, at Aunt Chilada's restaurant in Phoenix. These events are supported by the Division through staff time and other resources, and many were hosted by the HRSS agencies that contract with the Division.
- Governor Janice K. Brewer issued a proclamation naming November 2012 as "Arizona Adoption Month" and Arizona celebrated throughout the state. Celebrations kicked off on November 3, when 82 children were adopted by 60 families at Udall Park in Tucson, where Pima County officials established "courtrooms without walls" in the park's ramadas. Participants at the family-picnic setting also enjoyed a free picnic lunch, jumping castles, face painting, and a cakewalk. Pinal County Superior Court also opened its doors on November 3, in Florence. This is the first time Pinal County has participated in National Adoption Month. In all, 22 families finalized adoptions of 31 children in Pinal County. On November 16, Yuma County celebrated at the county's Juvenile Justice Center, finalizing 15 adoptions. November 17 was Adoption Day in both Phoenix and Prescott. Twelve adoptions were finalized at the Yavapai Courthouse in Prescott. Once again, one of the largest adoption events in the nation was held at the Durango Juvenile Court in Phoenix, where more than 330 adoptions were finalized.
- Training and activities targeting teens have been held statewide. "Who I am and Why I Need You" trainings have been held in Pima and Maricopa County. This training targets existing foster families, presenting the need for homes for teens and sibling groups from various perspectives. Guest speakers include CPS Specialists, foster alumnae, behavioral health professionals, and child specific recruiters. All speak to the rewards and importance of fostering teens and sibling groups. Other advanced training has been aimed at communication with teens about their health, sexuality, and peers.

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

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Supervision (HRSS) contract dictates goals, objectives, payment points, and reporting requirements. The contract includes eleven outcomes and sixteen performance measures on which the agencies must gather and report data. These align with the Division's safety, permanency, and well-being goals. For example, the outcomes include placement of full sibling groups together and placement of children in their home neighborhoods. 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 2013 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 Children's Heart Gallery, AASK's *E-mail Blast*, and other cross-jurisdictional resources. 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 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. Recruitment of African American families is being enriched by developing relationships with African American faith-based communities in Maricopa County. The focus on recruitment of Native American Foster Homes has continued to include distribution of recruitment materials specific to the need for Native American homes. Brochures for both the Tohono O'odham and Pascua Yaqui Tribes have been placed at the Tucson Indian Center, displayed at FACT Orientations, KARE Center orientations, the Pascua Yaqui Health and Wellness Fair, and at the Children's Social Pow Wow event. All attendees with whom contact is made at these locations and events, and especially Native American persons, receive further contact to encourage participation as foster parents for 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

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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. Recipients are referred to a website with more information.

- Arizona 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 V, 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 a TDM meeting if there is no CFT in place for the child) prior to the child's removal, whenever possible.
- The HRSS contract agency's Foster Care Specialist is required to make one visit within seven days 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 six months or with their first placement, weekly visits must occur during the first month of a child's placement and monthly thereafter. 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.
- In SFY 2013, 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 Arizona PS-MAPP "train the trainer" also emphasizes the importance of an initial licensure and annual license renewal development plan and assists agencies on methods for developing plans with families.

The Division and the contracted HRSS agencies continue to engage the faith community and participate in faith-based outreach activities. ArizonaSERVES, the initiative instituted by Governor Brewer in March 2010, continues to solidify existing partnerships and develop new relationships between state agencies, faith-based, and community-based organizations. The task force, which was created to "strengthen communities in Arizona through the service and volunteerism of faith-based and non-profit organizations," initially identified five areas of focus, three of which impacted the Division: identifying strategies to encourage foster care participation, facilitating the provision of free or reduced cost child care services through existing licensed facilities, and providing supervised parent-child visits for families involved with CPS. In 2013, the ongoing focus continued to be children in foster care. In addition to providing downloadable resources for faith communities through [www.arizonaserves.gov](http://www.arizonaserves.gov), the Division works closely with the ArizonaSERVES task force. This work has resulted in strong community support for the Yuma, Somerton, and Parker CPS offices. Relationships are also developing between members of the faith community and CPS staff at the Apache Junction, Gilbert, Avondale, South Mountain, Coolidge, and Florence offices.

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Other recent faith-based activities include the following:

- Statewide, fifty CPS visitation rooms have been adopted by community and faith based organizations with the assistance of ArizonaSERVES. In addition, community organizations in Pima County are providing space in their facilities for family visits.
- The Department has been a partner with Open Table since its inception in 2005. Open Table is "a growing collaboration of people from faith communities, state and local government, business, education, and non-profits who are united in a shared purpose of restoring families in poverty to wholeness and full participation in our communities." The Table establishes goals and develops the overall plan. Open Table developed a focus on youth who have aged out of foster care, and the Division is collaborating with contracted providers and Open Table to refer young adults to this service.
- Through a partnership between Arizona Baptist Children's Services and Palm Vista Baptist Church in Surprise, Arizona, a faith-based foster and adoptive parent support group continues to grow and flourish, meeting every Sunday evening.
- Throughout 2012, the Division continued to provide technical support to pastors in Maricopa and Pima Counties who formed the *No Child Waiting Coalition*. Currently comprised of eleven of the largest congregations in Arizona, area ministries, and three HRSS agencies, this coalition of Evangelical churches and non-profit agencies envisions a day when there is no Arizona child waiting to be placed in an adoptive home.
- Area churches also continue to support children in foster care by hosting toy drives around the holidays and supplying CPS offices with emergency care kits for children throughout the year.
- Understanding that peer support and advocacy are 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 is working collaboratively with a new project, Arizona 1.27, to recruit foster and adoptive homes. Arizona 1.27 is a church-based movement, named for New Testament book of James, chapter 1, verse 27, aimed at engaging the local church in the Arizona child welfare system. Arizona 1.27 was initiated as a response to the urgent need for foster homes, but is built to provide long-term assistance to the foster care system.

***Number of Licensed Foster Homes***

As of September 30, 2012, there were 3,748 foster homes licensed for a total capacity of 7,716 spaces. The number of licensed foster homes increased from 3,496 on the last day of FFY 2011 to 3,748 on the last day of FFY 2012. The number of bed spaces available to CPS decreased from 8,141 on September 30, 2011 to 7,716 by the end of September 2012. (*Child Welfare Reporting Requirements Semi-Annual Report*)

During FFY 2012, 1,662 new homes were licensed to provide foster care and 1,426 homes left the system. Of the 1,426 foster parents who exited the system, more than 28% left because the child was

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adopted or in legal guardianship. Other reasons varied from marital and financial to other commitments and priorities.

***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 sixty days and must include but not be limited to the following activities:

- 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 2013 the Division added 50 new children on AdoptUsKids who were legally free for adoption with no identified adoptive placement and 28 of the children previously listed were adopted. Children legally free for adoption continue to be displayed on both the national and local adoption registries. The inquiries/referrals received from Adoption.com are forwarded to the appropriate CPS Specialist or contracted Adoption Specialist.

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***Consultation with Stakeholders to Improve Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention***

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 quarterly with the Arizona Foster Care and Adoption Coalition (AFCAC) 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 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 informed the SFY 2014 action steps for improving foster and adoptive home licensing, approval, recruitment, and retention. See Section VIII, Primary Strategy 7, for a list of these action steps.

In July 2012, the Division launched a Foster Parent Support and Retention Survey. The purpose of the survey was to explore ways the Division could be more responsive to the needs and concerns of current foster parents. The survey was emailed to more than 2,600 families, and 515 families responded. The Division is already acting upon the results, as reflected by some of the new features in the newsletter. For example, foster parents asked for more information on the children available for adoption, and the Division is now featuring three children as *Shining Stars*. Parents also asked for information on how youth who had been in foster care are faring as adults, so the Division added the *Looking Back, Looking Forward* section. In response to comments about the need for trainings to be held outside of Maricopa County, Foster Care Fusion trainings were held in Prescott and Tucson, in addition to Phoenix. In addition, in July 2012, the Foster Parent Warm Line was developed to meet needs identified by foster parents. The Warm Line, staffed by Division employees, is a toll-free number for resource parents who are experiencing crisis situations and cannot reach their CPS Specialist in a timeframe that meets the resource parent's needs. Staff's goal is to respond to those messages within the next business day so resource parents feel supported and their needs are met to serve the children in their care. The intent of the Warm Line is not to replace direct and regular communication between the CPS Specialist and the resource parent, but to provide resource parents with another source for information, assistance with authorizations for services, timely communication, and support. The Foster Parent Support and Retention Survey also led to several projects that will study the access of foster families to various types of support services and support groups.

In September 2012, a second foster parent exit survey was sent to 505 families who had closed their licenses. The Division received 160 responses. The study analyzed the reasons why foster homes leave the foster care system. This information will help the Division understand if the majority of foster home closures are due to positive reasons (such as adoption), reasons the Division cannot control (such as divorce), or reasons the Division may be able to improve (such as dissatisfaction with service). The

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Division will summarize the closure reasons by agency, identify if any agencies have higher than expected results (for example, an agency that has more families adopt than other agencies), and use GIS technology to map the foster families to identify any geographic patterns. The Division has significantly expanded this study and is in the process of releasing the third wave of the foster parent exit survey through ASU.

# **Section VI**

## **Outcomes, Goals, and Measures**

## Outcomes, Goals, and Measures

### 1. 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.
- *Child Welfare Reporting Requirements Semi-Annual Report* – This report is published twice yearly by the Division, as required by Arizona statute, for the periods of October through March and April through September. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *Business Intelligence Dashboard* – The 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; the number of open and closed initial assessments, in-person contacts with children, parents, and out-of-home care providers; child removals and returns; time to reunification; and time to adoption. This data is current as of the most recent weekly refresh from CHILDS. Since this data changes weekly to reflect new data entry and corrections, the date of retrieval from the dashboard is provided along with all such data in this report.
- *Chapin Hall Foster Care Data Archive* – Arizona is a member of the Foster Care Data Archive (FCDA). Arizona provides data on children in out-of-home care to the University of Chicago’s Chapin Hall for inclusion in a multistate data repository. Chapin Hall organizes these data into a longitudinal database and provides a web tool to access data and generate a variety of reports. In addition to the multistate database, Chapin Hall provides a state specific database with data elements defined by the state.
- *Practice Improvement Case Review* – 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 V, 3. Quality Assurance System.

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**2. Safety Outcomes 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 V, 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, 4-18-13)

FFY 2008:	68.6% (of 34,723 reports)
FFY 2009:	69.9% (of 32,316 reports)
FFY 2010:	66.5% (of 33,455 reports)
FFY 2011:	64.5% (of 36,623 reports)
FFY 2012:	59.7% (of 39,687 reports)

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. 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.

There was a small increase in the percentage of reports with a timely response from FFY 2008 to FFY 2009, but the on-time response rate declined from FFY 2009 through FFY 2012. The lower on-time response rate is primarily due to an increase in the number of reports received (the denominator) rather than a reduction in the total number of reports that CPS Specialists respond to on time (the numerator). Arizona's rural regions achieve on-time response at higher rates, probably because report volume is smaller compared to urban regions. In FFY 2012, the Northern Arizona Region responded to 94.5% of reports within required timeframes (Business Intelligence Dashboard 4-18-13). Timely response is also more common for the most serious reports, categorized as response time 1, which require an initial response within two hours. In FFY 2012, staff responded on-time to 78.8% of response time 1 reports.

The Division's performance is strong in the area of face-to-face contact with alleged child victims. PICR data from CYs 2008 through 2012 indicates that all 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 comprehensive.

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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 March 29, 2011; April 30, 2012; and March 28, 2013)

FFY 2008:	98.3%
FFY 2009:	98.5%
FFY 2010:	96.7%
FFY 2011:	95.4%
FFY 2012:	95.4%

Arizona achieved a rating of strength on repeat maltreatment during the 2007 CFSR, with 100% of cases 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 1.3 percentage points in FFY 2011, but remained above the national standard and stabilized in FFY 2012.

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 are 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 six month period was 95% in FFYs 2008, 2009, and 2010, and 94% in FFYs 2011 and 2012. More than nine of ten children reported to CPS for suspected abuse or neglect were *not* reported again for at least six months.

The state's 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*, Arizona's substantiation rate was 9% in FFY 2009, increasing to 13% to 15% in FFY 2010, FFY 2011, and the first half of FFY 2012. Data for the second half of FFY 2012 is not yet final.

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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 eighteen 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)
Statewide 9/30/10:	9,923 (4.1% increase)
Statewide 9/30/11:	10,922 (10.1% increase)
Statewide 9/30/12:	13,509 (23.7% increase)

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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%
FFY 2011:	11.2%
FFY 2012:	12.8%

The total number of child abuse and neglect reports has increased significantly statewide over the past two years. Likewise, the number of children in out-of-home care under the age of 18 has increased in the last three years. The increased out-of-home care population is primarily the result of larger entry cohorts. Although the total number of children exiting out-of-home care increased from FFY 2011 to FFY 2012, the increase was small in comparison to the increase in entries. From FFY 2011 to FFY 2012, the percentage of reports assigned for investigation increased, and the percentage of these reports that resulted in a removal increased a small amount, to 12.8%. As a result, the number of removals increased from 8,509 in FFY 2011 to 10,684 in FFY 2012.

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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 March 29, 2011, April 30, 2012, and March 28, 2013)

FFY 2008:	99.84%
FFY 2009:	99.85%
FFY 2010:	99.81%
FFY 2011:	99.91%
FFY 2012:	99.92%

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

FFY 2011:	33
FFY 2012:	40

Safety Goal 7: 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 6.A.)

CY 2009:	62%
CY 2010:	56%
CY 2011:	67%
CY 2012:	67%

Absence of maltreatment in foster care continued to be a strength for the state in FFY 2011. 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 that resulted from child abuse or neglect, as indicated by an after investigation substantiated finding of child death due to abuse or neglect on a report received in FFY 2012, or a parental arrest for the death in FFY 2012, was 40. This number varies from the number reported in the CFSR Child Safety Data profile based on NCANDS (27 for FFY 2012) because the Child

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Safety Profile includes the number of children with an after investigation substantiated finding of child death that was entered into CHILDS during FFY 2012 (regardless of the date of the report or the date of the child's death). For example, if the child's death and the Hotline report occurred in FFY 2012, but the substantiated finding was not entered into CHILDS until FFY 2013, the child would not be counted in the Child Safety Profile data. In addition, the number in this report includes deaths for which a parent was arrested, but did not have a substantiated finding of child death due to abuse or neglect in CHILDS. These few cases had a substantiated finding of abuse or neglect, but not a finding of child death due to abuse or neglect. The Division has developed improved processes at PSRT to ameliorate this issue in the future.

Arizona uses information from the Arizona Department of Health Services' Office of Vital Records, child fatality review teams, law enforcement agencies, and medical examiners' offices when reporting child maltreatment fatality data to NCANDS. The Child Fatality Review Committee, housed at the Department of Health Services, reviews all child deaths in the state, including all deaths that would be identified through the sources listed above. When a local Child Fatality Review Team identifies a death due to maltreatment that has not been previously reported to CPS, the Child Fatality Review Program notifies the CPS Child Abuse Hotline of the team's assessment. The Hotline determines if the information meets the statutory definition of a report for CPS investigation. Through this process, CPS receives information about all child deaths in Arizona that may have been caused by abuse or neglect.

The number of maltreatment fatalities identified by the Child Fatality Review Committee is substantially higher than the number reported to NCANDS or in this report because the Child Fatality Review Committee includes fatalities where maltreatment was believed by the team to have *contributed* to the child's death, and also considers child fatalities caused by an individual other than the child's parent, caregiver, or custodian. The data in NCANDS and this report includes only those child fatality reports with a substantiated finding of child death or arrest of a parent for the death, which requires evidence of a *causal* relationship to meet the standard of proof, and that the death was caused by the child's parent, caregiver, or custodian. For example, if a baby dies due to complications at birth and the mother is known to have used drugs prenatally, the Child Fatality Review Committee may find that maltreatment (substance exposure) contributed to the child's death, but the Division would not be able to substantiate a finding of child death due to maltreatment unless a medical doctor provided an opinion that the child's death was caused by the mother's drug use. Furthermore, the Child Fatality Review Committee data includes deaths that occur outside of the State's jurisdiction, such as on an Indian reservation.

Of the 40 fatalities in FFY 2012, 73% of the children were age two or younger (compared to 67% in FFY 2011), 20% of the children were age three to five, two children were seven and one child was 16 years old. Of the 40 children, thirteen died from physical abuse, eight died from neglect due to drowning in a pool or bathtub, three died while co-sleeping, three died from gunshot wounds, and three died from motor vehicle crashes in which the driver was intoxicated or negligent. Three deaths resulted from lack of medical care or withholding food, two were associated with drug use during pregnancy, and one was caused by the parent giving the child methadone. Two deaths were related to positional asphyxiation, and another cause of death remains unknown but may have involved positional asphyxiation in combination with prenatal drug exposure. The last death is presumed because the child has never been found and the parent has a history of perpetrating previous serious physical abuse.

### **3. Permanency Outcomes 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. 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

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state's AFCARS files. The FFY 2008 CFSR permanency composite data included in this report is from the CFSR Data Profile generated by the U.S. DHHS on March 29, 2011, the FFY 2009 data is from the CFSR Data Profile generated by the U.S. DHHS on April 30, 2012, and the data for FFYs 2010, 2011, and 2012 is from the CFSR Data Profile generated by the U.S. DHHS on March 28, 2013.

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 V, 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 twelve months prior to the year shown who *do not* re-enter out-of-home care in less than twelve 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%
FFY 2011:	81.3%
FFY 2012:	81.6%

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%.

Data from the Chapin Hall Foster Care Data Archive, state specific website shows that re-entry following reunification is most common for young children. Of children who exited to reunification in 2011 and were less than one year old, more than 25% re-entered within a year, compared to 19% of children who exited to reunification at age one through five, 16% of children who exited to reunification at age six through twelve, and 20% of children who exited to reunification age thirteen through seventeen.

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**CFSR Item 6: Placement Stability**

Permanency Goal 2: Of children served in out-of-home care for at least eight 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%
FFY 2011:	87.2%
FFY 2012:	87.2%

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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%
FFY 2011:	69.8%
FFY 2012:	71.1%

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%
FFY 2011:	39.9%
FFY 2012:	41.1%

According to the CFSR measures, placement stability is an area of strength for Arizona. Arizona has exceeded the CFSR national standard composite score on placement stability since FFY 2010. During FFY 2012, placement stability remained at 87.2% for children served who had been in care for at least eight days and less than twelve months, and improved for children in care for 12 to 24 months and those in care at least 24 months. The following data further indicate 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 2.2 and 2.5 in FFYs 2008 through 2012 (*Child Welfare Reporting Requirements Semi-Annual Report*).
- In FFYs 2008 through 2012, 73% to 75% of children who exited care had experienced two or fewer placements (*Child Welfare Reporting Requirements Semi-Annual Report*).
- 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 remained high, in the range of 84% to 86% in FFYs 2008 through 2012 (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, and 104.4 in FFY 2012. Arizona’s score in FFYs 2010 through 2012 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%

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PICR CY 2011:	86%
PICR CY 2012:	90%

In 90% of cases reviewed in CY 2012, the permanency goal being pursued for the child was appropriate, had been established timely in the case plan or with the court, and ASFA requirements for TPR or documentation of a compelling reason were met. 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.

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

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%
FFY 2011:	69.1%
FFY 2012:	67.9%

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
FFY 2011:	8.7 months
FFY 2012:	8.5 months

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%
FFY 2011:	29.0%
FFY 2012:	28.2%

Roughly 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. In FFY 2012, 79% 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 Requirements Semi-Annual Report*). CFSR measures C1-1, C1-2, and C1-3 exclude children who reunified in less than eight days. In FFY 2012, 15% of children exited in one week or less after removal. Most of these children exited to reunification (CFSR Data Profile).

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The average months in care for all children exiting to reunification has been in the range of 7 to 8 months in FFYs 2008 through 2012. The median months in care for these children increased from 2.1 months in the last half of FFY 2008, to 6.4 in the last half of FFY 2011, but maintained at 6.1 in the last half of FFY 2012 (*Child Welfare Reporting Requirements Semi-Annual Report*). This data shows that the children who exited to reunification during FFYs 2011 and 2012 spent more time in out-of-home care than children who exited to reunification during the prior three years. The percentage of children served who exited in one week or less decreased from 23% in FFY 2008 to 13% in FFY 2011, but rose to 15% in FFY 2012 (CFSR Data Profile).

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. Arizona's composite score improved to 100.5 in CY 2010; however, it dropped to 98.5 in FFY 2010 and maintained at 99.3 in FFY 2011 and 98.9 in FFY 2012.

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**CFSR Item 9: Adoption**

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%
FFY 2011:	47.0%
FFY 2012:	54.0%

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
FFY 2011:	24.6 months
FFY 2012:	23.0 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%
FFY 2011:	46.1%
FFY 2012:	43.0%

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)

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FFY 2008:	15.6%
FFY 2009:	18.2%
FFY 2010:	21.4%
FFY 2011:	22.2%
FFY 2012:	23.3%

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%
FFY 2011:	71.5%
FFY 2012:	73.4%

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 many years, from 110.8 in FFY 2004 to 176.9 in FFY 2012. For all five adoption measures, Arizona has performed better than the national median and the national target goal in FFYs 2008 through 2012. 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 54.0% in FFY 2012, and the median length of stay for children exiting to adoption decreased from 37.4 months (more than three years) in FFY 2000 to 23.0 months (less than two years) in FFY 2012

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

- Among children who exit out-of-home care, the percentage who exit to adoption increased from a range of 20% to 22% in FFYs 2007 through 2009, to a range of 29% to 31% in FFYs 2010 through 2012.
- Of children in care with a goal of adoption on September 30, 2012, 52% were age five or younger, 17% were age six to eight, 18% were age nine to twelve, and 12% were age thirteen or older.
- Of children in care with a goal of adoption on September 30, 2012, 76% were legally free for adoption; and 67% were identified in CHILDS as placed in an adoptive home.
- Of the 1,025 children who exited to adoption during the last half of FFY 2012, 71% experienced two or fewer placements, 20% were in three or four placements, and 9% had five or more placements.
- From at least FFY 2007 through FFY 2011, roughly 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 2012, 29% of adopted children had been in their adoptive placement for two or more years. 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**

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 eighteenth 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%
FFY 2011:	44.2%
FFY 2012:	43.4%

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 eighteenth birthday will be 98.0% or more (CFSR Data Profile, C3-2)

FFY 2008:	93.8%
FFY 2009:	93.7%
FFY 2010:	95.7%
FFY 2011:	96.9%
FFY 2012:	96.8%

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 eighteenth birthday while in out-of-home care, the percentage that was in out-of-home care for three 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%
FFY 2011:	30.7%
FFY 2012:	22.2%

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)
PICR CY 2011:	71% (of 21 cases)
PICR CY 2012:	91% (of 11 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 has continuously improved, from 118.7 in FFY 2005 to 136.0 by FFY 2008, and 156.2 in FFY 2012.

Arizona is also performing much better than the target on measure C3-3. Of youth who turned eighteen in care or exited before age eighteen to a reason of age of majority in FFY 2012, 77.8% had been in care

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for three years or less. That is, 77.8% of these youth were age fifteen or older when they entered out-of-home care. This is an improvement of 8.5 percentage points since FFY 2011.

Historically, Arizona has experienced an increase in the average time in care for children exiting to age of majority, but there was a decrease in FFYs 2011 and 2012. The average months in care decreased from 45.7 months in the last half of FFY 2010 to 41.6 months in the last half of FFY 2011 and 37.2 in the last half of FFY 2012. The median time in care increased from 28.2 months in the last half of FFY 2008 to 34.4 in the last half of FFY 2011, but returned to 27.8 months in the last half of FFY 2012 (*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 exit to age of majority have less placement stability than other youth who leave care, but placement stability improved for this population in FFY 2012. In the last half of FFYs 2009, 2010, and 2011, more than half of the youth who exited to age of majority experienced five or more placements in the current removal episode, but in FFY 2012 this percentage dropped to 44.6%. In the last half of FFY 2012, 30% had experienced just one or two placements, an increase from 22% in FFY 2011 and 20% in FFY 2010. Of all children exiting care in the last half of FFY 2012, to any exit reason, 9% experienced five or more placements and 75% 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 sixteen 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 CYs 2011 and 2012, the number of youth receiving these services decreased slightly, from 1,512 to 1,867. Youth served are primarily age sixteen or older, and may have a goal of independent living or another goal.
- From CY 2011 to CY 2012, the total number of youth who elected to remain in voluntary care after their eighteenth birthday decreased slightly, from 963 to 951. In CY 2011, 36% of youth who remained in care past age eighteen stayed to age twenty-one, but this percentage decreased to 29% in CY 2011.
- 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 twenty-one. In the past year, 42% of eligible youth participated in ILSP services, which was above the Division's goal of 40%.
- The number of students participating in post-secondary education and training programs with the assistance of an Education and Training Voucher (ETV) decreased between SFYs 2011 and 2012, from 400 to 309 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**

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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, 2012, for which the removal and current zip codes are available, 31% were placed within their removal zip code, 56% were placed within their removal city, and 88% were placed within their removal county. The remaining 12% 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 18: Of cases with at least two siblings in out-of-home care, the percentage in which all siblings are placed together will be 85% or more. (CHILDS ad hoc report)

9/30/08:	63%
9/30/09:	63%
9/30/10:	65%
9/30/11:	63%
9/30/12:	61%

Permanency Goal 19: 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>4</sup> (CHILDS ad hoc report)

9/30/08:	84%
9/30/09:	77%
9/30/10:	78%
9/30/11:	82%
9/30/12:	82%

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 in each of the last four FFYs, from 1,901 on the last day of FFY 2008 to 3,025 on the last day of FFY 2012. In FFYs 2011 and 2012, 82% 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 system cannot 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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<sup>4</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 13: Visiting with parents and siblings in foster care**

Permanency Goal 20: The percentage of cases where children in out-of-home care have visits of sufficient quality with their parents and siblings at a frequency consistent with the child's safety and best interest will be 95% or more (CFSR On-site; Out-of-Home PICR Item 5)

CFSR On-Site 2007:	69%
PICR CY 2009:	68%
PICR CY 2010:	54%
PICR CY 2011:	73%
PICR CY 2012:	51%

In CY 2012, 80% of cases reviewed through the PICR were rated strength in relation to visitation frequency between the child and mother, 50% were rated strength in relation to visitation frequency between the child and father, and 58% were rated strength in relation to visitation frequency between the child and siblings. Visitation with the mother was applicable in 44% of cases reviewed in CY 2012, and visitation with the father was applicable in 41% of these cases. This item is not applicable when the parent's rights have been terminated, the parent is deceased, visitation with the parent is clearly not in the child's best interest, or the parent's whereabouts is unknown despite concerted efforts to locate. Given the increased number of children in out-of-home care, particularly young children, the Division has been responsible for an increasing number of parent-child and siblings visits.

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**CFSR Item 14: Preserving Connections.**

Permanency Goal 21: 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%
FFY 2011:	91%
FFY 2012:	91%

Permanency Goal 22: 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%
FFY 2011:	32%
FFY 2012:	36%

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 eighteen, and improved 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.

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See Section VI, 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 23: 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%
PICR CY 2011:	73%
PICR CY 2012:	76%

The child was placed in a stable relative placement in 52% of the cases reviewed during the PICR in 2012. Of children in out-of-home care on September 30, 2012, 38% were placed with a relative (*Child Welfare Reporting Requirements Semi-Annual Report*). This data may underestimate 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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**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.

**3. Child and Family Well-Being Outcomes 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 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 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 V, 3. Quality Assurance System.

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**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%
PICR CY 2011:	58%
PICR CY 2012:	48%

CY 2012 data shows that the Division is continually assessing and providing services to address the needs of children and their foster or kinship caregivers. Just under 88% of cases reviewed were rated strength in relation to assessment and services for children and 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 report that they are very pleased with the support they receive and that their needs are promptly addressed by the CPS Specialist.

The mother's needs were thoroughly and continually assessed in 72% of cases reviewed in CY 2012, and sufficient services were provided to address the mother's identified needs in 83% of the cases reviewed. Assessment and services to address the needs of fathers is an area needing improvement. Father's needs were thoroughly and continuously assessed in 28% of cases, and sufficient services were provided to address the father's identified needs in 56% of cases. In order to meet the practice standards for this item, there must be concerted efforts by the agency to locate and maintain contact with the parents, including incarcerated parents and parents who have not been involved with their children.

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%
PICR CY 2011:	60%
PICR CY 2012:	56%

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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%
PICR CY 2011:	43%
PICR CY 2012:	22%

Well-Being Goal 4: 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%
PICR CY 2011:	70%
PICR CY 2012:	71%

During the 2012 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 were invited to participate in CFT and TDM meetings held during the period under review, and had periodic substantive conversation with the assigned CPS Specialist or the CPS Specialist made concerted efforts to have these conversations..

Fathers remain less likely than mothers to be involved in case planning. In some cases there are not sufficient efforts to locate and remain in contact with a non-custodial father. Often the fathers who were not involved in case planning had no recent contact with the child or were incarcerated. Some cases have evidence of contact with the mother or father, but 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.).Cases are not applicable on this case review item when the father has not been able to be identified by the mother or anyone in the family or concerted efforts to locate the parent were made but unsuccessful.

Youth involvement in case planning improved between CY 2009 and CY 2010, and maintained at about 70% in CYs 2011 and 2012. 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.

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 5: 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%
PICR CY 2011:	75%
PICR CY 2012:	71%

Well-Being Goal 6: 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%
PICR CY 2011:	63%
PICR CY 2012:	61%

The majority of children in out-of-home care and those served in-home receive monthly in-person contact from the assigned CPS Specialist. Due to extremely high caseloads, other CPS specialists, CPS Supervisors, Program Specialists, and Case Aides sometimes conduct in-person contacts to monitor child safety and well-being. CY 2012 data retrieved from the Division's Business Intelligence Dashboard (data current as of June 1, 2013) shows that the statewide average of monthly contact rates by the assigned CPS Specialist or another person (such as the supervisor or case aide) was 84% in CY 2009, 90% in CY 2010, 87% in CY 2011, and 84% in CY 2012. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian, or runaway.

The percentage of cases in which the quality of the contact was sufficient has improved since 2009 and 2010. Case reviewer's identified a need to increase the percentage of children who are seen alone for part of each monthly contact. The child contact case note template has improved documentation, and ratings on this PICR item.

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

Well-Being Goal 7: The percentage of cases in which the assigned CPS Specialist made 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 CY 2011:	30%
PICR CY 2012:	19%

PICR data reveals higher performance in relation to contact with mothers than contact with fathers. Mothers received sufficiently frequent contact in 48% of cases reviewed, while fathers received sufficiently frequent contact in 16% of cases. In some cases, greater and continual efforts to locate a

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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 (69%) than fathers (43%).

The Division's Business Intelligence 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. Data retrieved from the dashboard current as of June 1, 2013, shows a decrease in the percentage of cases with in-person parent contact, from 60% in CY 2010, to 57% in CY 2011, and 53% in CY 2012. Given recent increases in the number of children in out-of-home care and the total volume of children with a goal of reunification, CPS Specialists are conducting many more in-person parent contacts than in prior years, but report they are not always able to make and document all the required child and parent contacts in a given month.

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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 8: 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%
PICR CY 2011:	92%
PICR CY 2012:	88%

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 88% 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 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 IX, *Chafee Foster Care Independence Program and Education and Training Voucher Program Progress Report 2013*.

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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 9: 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)

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CFSR On-site 2007:	75%
PICR CY 2009:	61%
PICR CY 2010:	55%
PICR CY 2011:	59%
PICR CY 2012:	51%

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 thirty days of entering care and at least annually thereafter). Case reviewers found that 87% of children who had been in care for more than twelve months had a comprehensive physical health examination in the most recent twelve months, and 74% of the children who had been in care for less than twelve months had an examination within thirty days of removal. Case reviewers also found that preventive dental care was the service most likely to be missing or behind schedule, although Arizona still maintains a high rate of dental service provision. Of applicable cases reviewed in CY 2012, 61% of children who had been in care more than six months had received a dental examination within the most recent six months. Reviewers found that more than 90% of children who required physical or dental health treatment services did receive timely and appropriate services.

CMDP continues to do well in all Arizona Health Care Cost Containment (AHCCCS, Arizona’s Medicaid Program) performance health measures for children and adolescents. CMDP has the highest performance in Arizona among all the AHCCCS Health Plans. In eight of nine required performance measures, CMDP exceeds the statewide average of all Medicaid plans. For five of the nine required pediatric performance measures, CMDP has scores that exceed not only the Medicaid mean for Arizona, but also the national mean, and the mean for commercial payors. For the required immunization measures, CMDP was one of only two Medicaid Health Plans that met the minimum performance standards set by the state for combination of immunizations that need to have been administered by the age of 24 months. In addition, results released from AHCCCS for the statewide required asthma Performance Improvement Project (PIP) show that CMDP had the highest scores statewide for the baseline, first, and second re-measurement years, yet was still able to demonstrate a statistically significant increase in the final year for this measure. This PIP has been successfully completed, but because of the importance of this project, CMDP will continue this as a disease management project.

The following chart provides the percentage of children who received EPSDT and adolescent well-care visits, access to a primary care physician, dental visits, appropriate medications for asthma, and EPSDT participation.

<b>Performance Indicator</b>	<b>AHCCCS Statewide Average 2012</b>	<b>NCQA Medicaid Mean 2012</b>	<b>NCQA Commercial Mean 2012</b>	<b>CMDP Perform - ance CY 2012</b>	<b>CMDP CY 2011</b>	<b>CMDP CY 2010</b>
EPSDT Visits 3 – 6 Years	67.4%	72.0%	72.5%	66.1%	68.1%	67.3%
Adolescent Well-Care Visits	37.9%	49.7%	43.2%	64.9%	65.9%	65.7%
Children’s Access to PCPs	N/A	N/A	N/A	88.8%	88.8%	88.0%
12–24 months	86.5%	96.1%	97.9%	89.1%	90.1%	88.9%
25 months – 6 years	84.8%	88.2%	91.9%	86.1%	86.6%	85.0%
7 – 11 years	83.9%	89.5%	91.9%	86.6%	87.6%	86.6%
12–19 years	83.9%	87.9%	89.3%	93.7%	92.6%	93.3%

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Performance Indicator	AHCCCS Statewide Average 2012	NCQA Medicaid Mean 2012	NCQA Commercial Mean 2012	CMDP Perform - ance CY 2012	CMDP CY 2011	CMDP CY 2010
Dental Visit (2 – 21 years)	64.6%	N/A	N/A	80.0%	68.1%	69.8%
Appropriate Medications for Asthma	96.3%	88.4%	92.9%	97.2%	N/A	N/A
EPSDT Participation	64.0%	N/A	N/A	97.8%	N/A	N/A

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

Well-Being Goal 10: 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%
PICR CY 2011:	82%
PICR CY 2012:	81%

Arizona’s PICR data indicates that behavioral health care is an area of strength for more than eight of ten children served in-home or in out-of-home care.

# **Section VII**

## **Factors Affecting Performance and SFY 2013 Accomplishments**

## Factors Affecting Performance and SFY 2013 Accomplishments

### 1. Factors Affecting Performance

The Division's ability to achieve safety, permanency, and well-being outcomes is affected by many factors with complex relationships. Safety outcomes are directly affected by community responsiveness and capacity to serve at-risk children and families, report volume, report prioritization, sufficiency of staff resources in the Division, coordination with law enforcement, staff skill with the safety and risk assessment and safety planning processes, availability of family team meetings, access to in-home services and community resources, and the frequency and quality of clinical supervision and direct contact with supervisors. The Division's achievement of permanency outcomes is most directly affected by court practices; staff skill 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; clinical supervision; and foster, kinship, and adoptive parent recruitment and retention rates. Achievement of child and family well-being outcomes is affected by many of these same factors, such as the capacity and effectiveness of community-based services; staff skill with assessment and case planning practices; the frequency and quality of CPS Specialist contacts; the availability of family-centered meetings; the availability of parent locator services; and the frequency and quality of clinical supervision. The Division's ability to achieve positive outcomes for children and families is also deeply affected by staff resources and workload. High vacancy rates and caseloads diminish staff ability to make frequent and meaningful contacts with children, parents, and multi-disciplinary team members. These contacts are essential for accurately assessing safety and risk; determining the child's best interest, placement, and service needs; and involving family members in case planning. Performance on some goals is also affected by documentation quality, which diminishes when caseloads are very high.

During SFY 2012 and continuing in SFY 2013, the Division conducted a comprehensive evaluation of Arizona's child welfare system to more deeply explore the factors affecting performance and identify innovative strategies for radical improvement. Throughout the evaluation, the Division gave particular weight to input from field staff and stakeholders and their first hand knowledge of the system's current strengths and needs. The strategies and activities pursued in SFY 2013 and identified for SFY 2014 were defined through this comprehensive evaluation.

Because child safety is paramount, all data, trends, policies, and staffing information regarding child safety were reviewed first. This included evaluation of the investigative process, the Child Abuse Hotline, and the Protective Services Review Team process. Following the evaluation of factors primarily affecting safety outcomes, the Division evaluated the ongoing case management process, the child welfare policy manual, child welfare training, and the Practice Improvement Case Review process. Throughout this system-wide assessment, the Division analyzed child welfare outcome data, such as CFSR composite data and permanency data from the Chapin Hall Foster Care Data Archive. A description of the evaluation activities in SFY 2012 was provided in the June 2012 *Child and Family Services Annual Report*. In SFY 2013 the Division continued or expanded evaluation in the following areas:

- The Division closely monitored data on caseload volume throughout SFY 2013, including data on CPS Hotline report volume, CPS investigation volume, the number of children who enter and exit out-of-home care, the total number of children in out-of-home care, and the number of in-home

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cases. Casey Family Program's Data Advocacy Unit assisted the Division by analyzing Arizona's AFCARS and NCANDS data on CPS reporting source types, age of children reported to CPS, maltreatment type, type of entry (first entry or re-entry), length of stay, age of children entering care, and removal reason. The Division conducted additional analysis of the entries, length of stay, and exits from out-of-home care using the Chapin Hall Foster Care Data Archive.

- The Division monitored CPS Hotline data to evaluate the effects of new procedures on the monthly percentage of calls abandoned and the monthly average speed of answer. The CPS Hotline Manager uses a dashboard report to watch this data daily and compile monthly statistics.
- Division leadership, including all Assistant Program Managers statewide, are tracking data on report closures, non-active cases, out-of-home care numbers, and progress to permanency for children. This data is discussed in monthly Az-Force meetings of all APMS, Regional Deputy Program Managers, Regional Program Managers, the Division's Child Welfare Program Administrator, and the Deputy Child Welfare Program Administrator.
- The Division created a Tableau report on the number of CPS reports received, assigned for investigation, and their open or closed status. This data is available by received or closed date at the region, section, unit, and CPS Specialist levels. This report allows Division management to monitor the number of CPS reports that are open, and the average and median time from report receipt to report closure. Time to closure is expected to reduce because of streamlined documentation procedures implemented in SFY 2012 and the ongoing efforts to reduce the backlog of inactive cases.
- Regional Citizen Review Panels (CRP) evaluate the extent to which the Division is effectively discharging its child protection responsibilities. In 2012, the CRPs reviewed cases to evaluate practice in four specific areas: multi-system involved families, children returning to care following a reunification, successful outcomes, and active military families.
- In SFY 2013, the Change and Innovation Agency facilitated an assessment of the adoption process. A team of Division experts from each area of the adoption process reviewed internal policies and procedures to develop improvement ideas. The report issued in February 2013 included eight recommendations.
- Practice Improvement Case Reviews of initial assessment, in-home service, and out-of-home care cases occur in every region each month. The results of these reviews are described in Section VI of this report.
- The Social Work Assessment Team (SWAT) has been implemented statewide and embedded in each Region to assess CPS needs and address non-active cases, improve clinical supervision, and provide reinforcements to address workload growth in the investigative and ongoing phases of CPS case management.
- The Continuous Support and Improvement (CSI) Team – consisting of Specialists, Supervisors and Managers in Practice Improvement, Training, Policy, and SWAT – work side by side with CPS to bust barriers and build skills through one-on-one assistance or work with entire offices. The CSI Team helps with areas of need such as periodic case reviews, clinical supervision, closures and documentation, and workload management.

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- ASU evaluated the Division's training program in SFYs 2012 and 2013. In July and August 2012, six focus groups were held with CPS Specialists from across the state who had completed new worker training in the previous year, to obtain information about new worker training from the perspective of trainees. Evaluation continues throughout implementation of revisions and enhancements to case manager and supervisor core training, as well as additional advanced learning opportunities for all staff.
- The Division conducted two surveys of foster parents in SFY 2013, to explore ways the Division could more responsive to the needs and concerns of current foster parents, and to learn why former foster parents had closed their licenses.

The comprehensive system-wide evaluation that began in SFY 2011 has produced many important findings that informed the Division's selection of program improvement goals, objectives, and action steps beginning in SFY 2012 and continuing into the selection of goals and activities for SFYs 2013 and 2014. The following were some of the most significant evaluation findings in SFY 2013:

- The total number of children who are the subject of a CPS report has been increasing. The count of unique children who were alleged victims in a CPS report increased from just over 62,000 in 2009 to over 70,500 in 2011 (NCANDS data based on report received date).
- The number of reports assigned for investigation by a CPS Specialist increased by 8% in FFY 2012, to 39,687 reports. CPS Specialists were assigned 3,064 more reports in FFY 2012 than in FFY 2011 (*Child Welfare Reporting Requirements Semi-Annual Report*).
- There has been a spike in the number of cases for which the investigation process has not been completed. Many of these are inactive cases that have been open for longer than sixty days and have no case note documentation in CHILDS. Due to the implementation of SWAT and enhanced Practice Improvement activities, it was found that in most of these cases the investigation was started, but not fully completed or lacked elements of documentation that policy requires in order to close the case. The backlog occurred because assignment of new reports outpaced field staffs' ability to close or transfer old cases. This was in part the result of practice and documentation requirements implemented in 2007 that increased the number of hours needed to conduct and document an investigation. Staff turnover also contributed to the inactive cases, because staff leaving the agency often leave full investigative caseloads with incomplete documentation.
- In October 2012, Division leadership began tracking data on the number of open investigations and investigation closures by length of time from receipt of the report. This data is discussed in the Division's monthly Az-Force meetings. Although the Division has not yet met the goal of all investigations being closed within 60 days, there has been improvement. Of reports received in the first quarter of 2013, 31% were closed within 60 days, compared to 23% of reports received in the first quarter of 2012. In addition, the number of investigations closed in the month has surpassed the number of reports received in all but one month during the period of January through May 2013. As a result, the number of open investigations began to decline in 2013.
- In FFY 2012, with the exception of April 2012, in-home caseloads were near or above FFY 2011 levels in each month (*Child Protective Services Bi-Annual Financial and Program Accountability Report*).

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- The number of children in out-of-home care has increased and the number of entries exceeded the number of exits in FFYs 2010, 2011, and 2012. There was a 22% increase in the number of children in out-of-home care from September 30, 2011 to September 30, 2012. On September 30, 2012, the number of children and young adults in out-of-home care in Arizona exceeded 14,000.
- First time entries (as opposed to re-entries) account for most the FFY 2012 increase in entries to out-of-home care.
- The number of children entering care for the first time increased for all age categories beginning in 2009, but the greatest net increase from 2009 to 2012 was for children age birth to two, followed by children age three to five.
- The percentage of children who exit to reunification within one year is decreasing. Of children who entered care for the first time, 44% reunified within on year of entry in 2008 and 2009, but 37% reunified within one year of entry in 2011 (Chapin Hall Foster Care Data Archive).
- Children who enter as infants tend to stay in care longer, are less likely to reunify, and are more likely to re-enter care than other children.
- Despite increased call volume at the CPS Hotline, the monthly percentage of calls abandoned and the monthly average speed of call answer both improved beginning in July 2012, following the implementation of new Hotline procedures.
- CPS Specialists were carrying caseloads that were, on average, 46% above the Arizona caseload standards in FFY 2009, 61% above the standards in FFY 2010, 69% above the standards in FFY 2011, and 84% above the standards in FFY 2012 (filled CPS Specialist positions that are at the CPS Hotline or in core training are not included in the calculation for caseloads above standard because these positions are not available to carry investigation, in-home or out-of-home cases). Caseloads in FFY 2013 have been 95% above the standard. Key strategies to reduce caseload size include increasing the number of staff, enhancing process improvements, and improving recruitment and retention efforts.
- Staff recruitment and turnover continue to be primary issues affecting outcomes. By December 2011, more than 95% of authorized CPS Specialist positions were filled, and by December 2012 100% of authorized CPS positions were filled. However, due to annualized retention rates that remain below 80%, at any given time a significant number of these staff are in training and not yet available to carry cases.

## **2. SFY 2013 Accomplishments**

### ***Child Abuse Hotline Process Improvement***

In December 2011, the Change and Innovation Agency began to evaluate the Child Abuse Hotline process. CIA completed focus groups with child crimes detectives and local law enforcement, mandated reporters, citizen/advocacy groups, and CPS staff. CIA then facilitated a team of Division staff to engage in process mapping, review the focus group data, and generate ideas to improve the reporting process. The team's primary charter was to produce recommendations to develop a faster, easier, and more thorough Hotline process. The objective was to regain the capacity to receive all incoming calls with minimal wait times, and have adequate time to assess allegations of child maltreatment so they are correctly categorized to ensure child safety. An action plan for implementing recommendations was

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developed in April 2012 and implemented during SFY 2013. For information about the improvement activities at the Child Abuse Hotline see the sub-section on the Arizona Child Abuse Hotline in Section IV of this report.

***Protective Services Review Team (PSRT) Process Improvement***

Accuracy of findings is necessary for identifying perpetrators of child abuse and neglect in the central registry. The state's appeal process, including PSRT, is designed to ensure due process for alleged perpetrators and accuracy of findings. In FFY 2012, PSRT processed proposed substantiated findings and proposed substantiated findings pending dependency adjudication for 12,765 alleged perpetrators. Each alleged perpetrator is provided notice of the proposed finding via letter. Alleged perpetrators with a standard proposed substantiated finding (findings that are not pending dependency adjudication) may request an administrative hearing on the proposed finding within a specified timeframe. Alleged perpetrators with a proposed substantiated finding pending dependency adjudication are not eligible to request an administrative hearing because their due process rights are met through the juvenile court process.

During FFY 2012, PSRT received 459 requests for appeal of standard proposed substantiated findings and 285 (62%) were granted. The remainder were not granted because they were untimely or the person was a party in a civil, criminal, or administrative proceeding in which the allegations of abuse or neglect were at issue and was therefore legally exempted from the administrative hearing process. The Division's internal PSRT reviews all findings where a timely and eligible appeal request has been made. In each of the last several years, the PSRT has overturned between 40% and 50% of the proposed substantiated findings for which an administrative hearing was requested by the alleged perpetrator, including 44% in FFY 2012. Findings are overturned for reasons that include 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 PSRT has experienced substantial increases in workload during the last several years. The number of alleged perpetrators whose findings were processed increased 299% from CY 2009 to CY 2012. In response to this increased demand, the Change and Innovation Agency facilitated an assessment of the PSRT process in SFY 2012, with the goal of increasing capacity to process a growing workload while maintaining a high degree of integrity for the central registry. The team also sought to enhance communication between the field and PSRT. The PSRT process improvement core team made several recommendations, which resulted in the following improvement activities:

- A draft protocol was written to allow PSRT staff authority to make simple and non-substantive fixes to findings entered in CHILDS, including entering after investigation findings that clarify or correctly categorize the abuse or neglect. Implementation of the protocol occurred on June 19, 2012. This protocol will save valuable staff time and speeds the PSRT process by eliminating the need for weeks of communication back and forth between the PSRT and field staff.
- The Division has developed an annual training curriculum to improve accuracy of findings and build relationships between PSRT and field staff. This training includes discussion of policy changes, common errors and trends observed by PSRT, and a discussion of cases overturned by PSRT. Training began in June 2012.

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- The PSRT's informational pamphlet on proposed substantiated and Pending Dependency Adjudication (PDA) findings has been updated, was disseminated to the field in June 2012, and has been placed in the Digital Library.
- The PSRT drafted a protocol to offer a case conference to all non-PDA clients when the appellant is initially informed of the proposed findings. This conference would ensure the appellant understands the process and has an opportunity to ask related questions. This process should eliminate many hours of hearing preparation work by reducing the number of cases in which the appellant requests an appeal hearing but actually only needed some questions answered. This protocol was implemented on July 23, 2012.
- As of July 1, 2012, the PSRT discontinued the use of hard copy files for all non-appeal cases and instead scans and electronically stores necessary records. The Division should realize benefits in both hard costs (paper, folders, toner, etc.) and human resource savings (elimination of the hard case file closure/retention process for these case types).

The Division also continues to address this practice area through training and ongoing activities to improve safety assessment, risk assessment, and case documentation. The PSRT and the Child Welfare Training Institute continue to train new and existing staff on the substantiation guidelines and related documentation requirements.

#### ***Multi-Disciplinary Approach Capacity Building***

Arizona Revised Statute §8-817 mandates that the Department develop, establish, and implement initial screening and safety assessment protocols in consultation with the Attorney General and statewide with county attorneys, chiefs of police, sheriffs, medical experts, victims' rights advocates, domestic violence victim advocates, and mandated reporters. These inter-agency protocols are to guide joint investigations of allegations involving criminal conduct. The relationships established between CPS Specialists, CPS Supervisors, law enforcement detectives, and county attorneys are critical to ensuring child safety. It is through these relationships and this point of contact that many successful joint investigations and prosecutions of child abuse take place.

The quality of these joint investigations can affect response timeliness, safety assessment, and provision of services to prevent removal or reentry. 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. State and county partners continue to improve implementation of state required Joint Investigation Protocols. The Division continues to employ a statewide Advocacy Center Liaison to work with county attorneys, law enforcement, and CPS staff to ensure that the joint investigation protocols in each county are being effectively applied to achieve safety outcomes for children, and to ensure that the integrity of the investigation is not compromised and prosecution is successful. Joint investigation protocols allow victims to obtain forensic examinations and interviews in a supportive environment and prevent re-victimization through multiple interviews.

Multi-Disciplinary Child and Family Advocacy Centers have proven an effective means to coordinate safety assessment and services. Investigative CPS Specialists or OCWI staff (in Maricopa and Pima Counties), law enforcement, medical and mental health professionals, and other agencies serving the same families are co-located in advocacy centers throughout the state. Co-location makes it easier to coordinate a joint response, thereby improving timeliness of initial response; and allows for collaborative

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expertise to ensure that all aspects of child safety have been explored and assessed. The success of these advocacy centers is evident through the partnerships and relationships established over the years, and the opportunities created to jointly educate professionals from multiple disciplines. There are five 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 the other two centers. Some local police departments in Maricopa County also have CPS staff co-located at the various stations or precincts.

The Division's Advocacy Center Liaison continues the work to establish advocacy centers (whether virtual or brick and mortar) and multidisciplinary teams throughout the state. Smaller counties are working to establish multidisciplinary teams to ensure that the joint investigations are occurring and collaborative relationships are supported. At minimum, the teams include law enforcement, a deputy county attorney, a victim advocate, medical personnel, counselors, CPS, and other organizations as appropriate for the local community. In SFY 2013, Santa Cruz County began operation of a multidisciplinary team that meets on a regular basis, and the Kingman MDT has been revitalized. In SFY 2014, the Division will work with its partners to establish MDTs in Apache, Greenlee, Graham, La Paz, and Cochise Counties.

The Advocacy Center Liaison also continues to work with jurisdictions across the state to troubleshoot and resolve issues and systemic barriers. The Advocacy Center Liaison communicates with each county's County Attorney on a regular basis.

***The Office of Child Welfare Investigations***

The Department has established an Office of Child Welfare Investigations (OCWI) to ensure that Child Protective Services reports with criminal conduct allegations are investigated and assessed according to joint-investigation protocols. The OCWI is housed in the Department of Economic Security's Office of the Director and is not a part of the Division of Children, Youth and Families. The Department hired a senior advisor for investigations to manage the Office, and created Investigative Specialist positions. The OCWI's Investigative Specialists may have prior law enforcement experience or some expertise in conducting joint investigations, and act as liaisons with law enforcement agencies. Some duties may include: providing CPS with expertise on investigations involving criminal conduct allegations; consulting with and providing support to CPS Specialists, CPS Unit Supervisors, and the Hotline; developing and/or conducting training for CPS staff related to forensics, evidence collection, interviewing techniques, joint investigation protocols, and documentation for complex and sensitive child abuse and neglect cases. The CPS Hotline revised its procedures to ensure consistent accurate identification of reports that include criminal conduct allegations, so that appropriate reports will be sent to the OCWI. Procedures for investigation of criminal conduct allegations by the OCWI are continuing to be developed for implementation in SFY 2014. Upon implementation of the procedures, reports of criminal conduct allegations will be sent to the OCWI for investigation, assessment, or response.

***Child Safety and Risk Assessment Process Improvement***

Comprehensive safety and risk assessment 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 Division's assessment 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

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provider gives the family contact information and other assistance to link with ongoing supportive programs in the community prior to reunification or case closure.

Comprehensive assessment is also a primary factor affecting permanency and well-being outcomes. Behavioral case plans based on thorough and accurate assessments are more likely to result in timely permanency and continuity of family relationships and connections. The Division continues to use its safety and risk assessment process to engage parents and youth in initial and ongoing identification of their needs, strengths, goals, services, and progress. The *Family-Centered Interview Guide* provides staff with questions they can use to gather information in a family-centered, engaging, and motivating style; leading to a behavior-based written case plan that meets the unique risks, strengths, and circumstances in the family.

In February 2011 the Division convened a team of staff to review the child abuse investigation process, facilitated by the Change and Innovation Agency. 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. A primary recommendation was development of a new comprehensive Child Safety and Risk Assessment documentation template. The new CSRA template does not change the expectation for comprehensive child safety and risk assessment. It provides a streamlined way to document the information gathered, the analysis, and the conclusions regarding present danger, impending danger, risk, substantiation, and the need for CPS or community interventions.

In January 2012, the Division began to test the new comprehensive Child Safety and Risk Assessment (CSRA) in several units in the Central, Pima, and Southwest Regions. Feedback from the pilot sites was extremely positive. Following the successful pilot, the Division conducted statewide roll-out of the CSRA in June through August 2012. An on-site review and assistance team was available to support and learn from staff during the pilot and statewide roll-out. To support implementation of the CSRA, the documentation template was added to CHILDS and a CSRA practice guide was published with detailed instructions for thoroughly documenting the assessment. Practice guides related to safety assessment continue to be available on the Division's intranet site. These include tips on the safety assessment concepts of the "six fundamental questions," and the "safety threshold." A four-part computer-based refresher training on safety and risk assessment also remains available to staff, as does the opportunity to request one-on-one support and mentoring provided by the Division's Assessment and Case Planning Specialists.

Objectives of the CSRA are: (1) improvement in the quality of documentation, (2) more timely clinical supervision, (3) more timely case closures to decrease the number of non-active cases, and (4) free investigators from the time spent in documentation. Achieving these objectives will give staff more time for the value added steps of engaging families and ensuring child safety. Throughout and after the roll-out process, the Continuous Support and Improvement team has supported CPS field staff in their understanding and implementation of the CSRA. Focused work has included: revisions and enhancements to both policy and procedure, development of Practice Guides; direct support to field staff entering documentation; direct support to CPS Supervisors by assisting with clinical supervision; and provision of one-on-one or group learning opportunities related to safety and risk assessment practices.

***The Social Work Assessment Team (SWAT)***

The Social Work Assessment Team was initially created to provide relief to staff in addressing the backlog of inactive cases. By December 2012, the SWAT had worked through 100% of the 9,903

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inactive cases that were initially identified in August 2011. The Division created a permanent statewide SWAT because of the demonstrated success of the team's approach, and the knowledge that the Division will continue to experience temporary increases in report volume and staff turnover that will result in inactive cases and open investigations requiring closure.

As of May 2013, 28 positions were allocated for the permanent SWAT and 23 of these positions had been filled. The team consists of a Program Manager, Management Analyst, Assistant Program Managers, Supervisors, and CPS Specialists located in all regions of the state. The objectives of the permanent team are to provide relief for field units, achieve more manageable investigation caseloads, share trends and information with groups working on system improvement, assist with staff development across the state by sharing information on training needs and trends, and provide support and on-site assistance as the Division rolls out the various process improvements (such as the CSRA, Continuous-CSRA and Case Plan). As these outcomes are achieved, field workers can address new Hotline reports, engage families, and ensure child safety.

The SWAT is addressing the inactive case backlog through a triage process. Team members analyze the case information and determine whether the case can be closed or requires additional action. Team members look at each case individually, including the electronic and hard file. They review the CPS history, looking for patterns of maltreatment and severity of allegations. They review information about the age and vulnerability of the child; presence of domestic violence, substance abuse, or mental health issues in the home; law enforcement involvement; DPS criminal background checks of the parents and all adults residing in the home; and any custody or other court orders that may limit or restrict contact with the children. The case is then discussed with other SWAT members or the SWAT coordinator to determine if there is sufficient information to indicate the children are safe and no further intervention is needed. If it is determined that the case needs additional follow-up, the SWAT coordinates with the local office to ensure follow-up occurs. If the determination is that the children are safe and the case can be closed, the SWAT enters information from the handwritten notes into CHILDS and completes case closure.

In July 2012, SWAT conducted an additional review of 452 reports that were open investigations with three or more prior reports within the past twenty-four months. The SWAT identified the cases that required immediate attention or additional review by management. In June 2013, SWAT will begin conducting reviews of 580 reports that are open investigations with three or more prior reports within the past twenty-four months. SWAT is also helping to develop a template and training to field staff to ensure that open investigations with three or more priors are being reviewed timely and consistently throughout the state.

The SWAT Program Manager submits a bi-weekly report to the Division's executive team and region Program Managers with data on the number of inactive cases, reports with no disposition, and open investigations requiring closure. Since January 2013, this data showed a consistent decrease in the number of inactive cases and open investigations requiring closure, despite the increase in new reports received by the Hotline. These improvements have in large part resulted from increased efficiency in the safety and risk assessment process and the work of SWAT.

In August 2012, the roll out of the new CSRA was completed throughout the state. SWAT assisted in the development and training of this new process. The new C-CSRA and Case Plan is being rolled out throughout the state beginning in June 2013. SWAT will be involved in the roll out and ongoing training and support to the field staff to implement this new process.

In SFY 2013 the SWAT also supported system improvement by:

- providing data and information for review at monthly Az-Force Meetings;

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- participating in the Continuous Support and Improvement (CSI) meetings;
- providing a refresher training on safety and risk assessment to the Southwest, Central, and Pima Regions in January and March 2013;
- providing refresher trainings on clinical supervision throughout the state;
- holding on-site visits around the state to provide clinical supervision on cases; and
- working with local field units to provide “supervision circles” to achieve timely permanency for children in out-of-home care.

#### ***Az-Force Meetings***

Az-Force meetings were created as a mechanism for CPS Assistant Program Managers (APMs) and CPS leadership to discuss opportunities to collectively address barriers, build the skill of the CPS workforce, and address challenges and solutions as a team. Each APM submits monthly data that is analyzed for statewide, regional, and local office comparisons. During each Az-Force meeting, the APMs will report current statistics on key areas related to their current workload in both investigations and ongoing. A critical component of Az-Force is to allow APMs to be more confident and competent in the use of data to manage their sections' work. Monthly *Az-Force* meetings have been in place since October 2012, with Assistant Program Managers, Deputy Program Managers, and Regional Program Managers from all regions attending. Attendees participate in a detailed review of statistical information from each APM section. To date, data and discussion has included workflow patterns, the numbers of open and closed cases, the number of cases inactive for 60 days or more, the number of children in out-of-home care, the number of case reviews conducted (such as through permanency roundtables), and progress to permanency for children in out-of-home care. In SFY 2014, the Division will continue the use of Az-Force as an organizational tool to discuss and review data and trends, and create solutions.

To support the initial work of Az-Force, the Division created a dashboard report on the number of CPS reports received, assigned for investigation, and their open or closed status. This data is available by received or closed date at the region, section, unit, and CPS Specialist levels. This report allows Division management to monitor the number of CPS reports that are open, and the average and median time from report receipt to report closure. Time to closure is expected to reduce because of streamlined documentation procedures implemented in SFY 2012. This new data site became available to the Division's CPS Unit Supervisors and managers in April 2013. The new report shows an improvement in the number of reports closed within 60 days.

#### ***Ongoing Case Management Process Improvement***

The Division continued to implement the ongoing process improvement team's recommendations in SFY 2013. The new Continuous Child Safety and Risk Assessment and Case Plan was migrated into CHILDS on June 8, 2013. Mandatory orientations are being provided to all staff in June and July 2013, and the material will be integrated into case manager core training. The Continuous Support and Improvement Team will provide ongoing support during and following the roll-out through finalization of policy, development of procedure and practice guides, individual and group assistance, tracking of cases, and interacting with the field to determine if any additional changes need to be made. In addition, a team is working to revise the court report formats to eliminate redundancies and auto-populate case plan information. Also in SFY 2013, the Division implemented technology improvements, such as iPads and tablet computers for ongoing case managers, scanners so that documents can be sent by email, and supervisory capability to correct particular errors in CHILDS.

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***Best for Babies/ Court Teams for Infants and Toddlers***

The Best for Babies/Court Teams project is built on a highly successful model created by ZERO TO THREE, the National Center for Infants, Toddlers, and Families. While each Arizona county juvenile court establishes its own priorities, fourteen of the fifteen counties in the state are engaged in:

- training for all child welfare system stakeholders on the unique needs of abused and neglected infants and toddlers and best practices to meet those needs through the child welfare system;
- monthly meetings of a local “court team” made up of child welfare system stakeholders, court personnel, and early childhood specialists who are guiding systems improvements and coordinating services for bio-parents, foster parents, and young children;
- improving communication and collaboration between child welfare service providers, foster parents, and the courts;
- enhancing quality and improved timeliness of services provided to very young children and their families; and
- reducing the number of foster care placements, increasing frequency and quality of visitation, and reducing time to permanency for young children.

Arizona’s Court Teams model is known as Best for Babies. The first Best for Babies initiative was developed in Yavapai County in 2004. Best for Babies goals are to increase shared knowledge within the child welfare system of the unique needs of infants and toddlers and improve outcomes for maltreated infants and toddlers in the juvenile court. These goals are addressed by:

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

Arizona’s Best for Babies program provides training and technical assistance in fourteen of the state’s fifteen counties. In Maricopa, Mohave, and Yavapai Counties there is substantial funding from First Things First, the state’s early childhood system. Key focus areas for the Arizona effort include training on the unique needs of infants and toddlers who have experienced trauma and separation, coordination of services on a case-by-case basis, and cross-systems changes at every level to achieve what is in the best interest of the young child. Best for Babies seeks to achieve comprehensive assessment, timely services, parent engagement early in the case via judicial attention to timeframes and frequent hearings to monitor progress, prevention of placement changes, frequent visitation, concurrent planning, reduced time to permanency, and reduced re-entry rates for young children.

In May 2011, First Things First awarded a contract to Prevent Child Abuse Arizona to implement Best for Babies/Court Teams in Maricopa County, which is home to 65% of the state’s population. Best for Babies staff partnered with then Juvenile Court Judge Ed Ballinger to implement a broad number of systems changes to improve outcomes for young maltreated children:

- Beginning in July 2011 children age birth to three who were placed in out-of-home care from all zip codes in Maricopa County began being assigned to “Baby Courts” with specially trained and dedicated judicial officers.
- Rotation for Baby Court judges was eliminated, recognizing that dependency cases involving young children are complex and require specially trained and experienced judges.

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- In partnership with the Maricopa County Juvenile Court, a court team was established in June 2011 to guide systems change efforts both in the court and in the broader child welfare system. This court team has met continuously since that time and represents all the stakeholders in the Maricopa County child welfare system. Each month the court team addresses systems change issues, as well as a training topic relevant to improving outcomes for maltreated infants and toddlers.
- The multi-agency, multi-disciplinary court team developed a Checklist of Services. CPS Specialists complete or update the checklist and submit it to the court prior to each hearing.
- Since the inception of the project, over 3,000 child welfare stakeholders have attended Best for Babies training in Maricopa County.

Highlights of the successes and activities of Best for Babies in SFY 2013 include the following:

- During SFY 2013, over 2,000 young children were served by the Baby Courts.
- In October 2012, the Maricopa Cradle to Crayons (C2C) Child Welfare Center opened, funded by the County Board of Supervisors. The C2C houses visit coaching, parent and child trauma therapy, a dependency treatment court, and staff and administration for the program.
- Judge Colleen McNally was appointed Presiding Judge of the Maricopa Juvenile Court in January 2012. Judge McNally is also the judicial officer of the new Dependency Treatment Court at the C2C. This court began enrolling parents on a voluntary basis in November 2012. As of June 2013, over 50 parents were enrolled.
- In September 2012, a statewide conference for Best for Babies court personnel and child welfare stakeholders was held with thirteen counties attending. Sheryl Dicker, JD, Albert Einstein College of Medicine, provided the keynote presentation on the development of the first checklist of services for young children. This checklist grew out of a research study in New York which showed large numbers of young children in the juvenile court suffered from chronic illness, developmental delay, and emotional/behavioral issues that often were not known to the courts.
- In November 2013, a two day training for 60 people was held at the Durango Juvenile Court Center in Phoenix on Family Time Coaching, provided by Marty Byer. Family Time Coaching is now being provided at the new C2C Center of the Maricopa Juvenile Court.
- In February 2013, a seminar titled “Relational Interventions for Young Children in the Child Welfare System” was held at Arizona State University College of Law, presented by Dr. Sheree L. Toth, Director of Mt. Hope Family Center, University of Rochester. This annual seminar, known as the Sally Campbell Memorial Best for Babies Seminar, is attended by judicial officers and child welfare system stakeholders from all parts of Arizona.
- In March 2013, Best for Babies training was provided in Pinal County, at the request of Judge Kevin White and the Court Appointed Special Advocates (CASA) program.
- In May 2013, Best for Babies training was provided in Yuma County for the CASA program, as well as local child welfare stakeholders including the Office of the Attorney General, attorneys for children and parents, behavioral health, early intervention, foster parents, and CPS Specialists and Supervisors.

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***Permanency Roundtables***

Permanency Roundtables are professional case consultations that are structured, in-depth, non-blaming, and relentless. Roundtables are permanency focused brain-storming sessions that are designed to improve the legal and emotional permanency connections for youth, designed to be supportive of caseworkers and supervisors, and focused on the future, bringing in a new set of eyes without critiquing past work. Permanency Roundtables are intended to develop an innovative and realistic plan that improves the permanency status of a youth in short time frames; stimulate thinking and learning about pathways to permanency for these and other children; and identify and address barriers to permanency through professional development, policy change, resource development, and the engagement of system partners.

With support from Casey Family Programs, Permanency Roundtables were held in the Northern and Southwest Regions during SFY 2013. In the Northern Region, approximately twenty Yavapai County cases were discussed and two weeks of Roundtables were held in Apache County to examine the cases of youth who had been in care for several years, many of whom lived in congregate care. The Southwest Region has elected to use Permanency Roundtables to address the use of congregate care and youth in care for more than twelve months. Roundtables have been completed in Yuma and La Paz Counties. Roundtables in the remainder of the Southwest Region have been scheduled section by section, for four or five days per week, over five to six months. All sections will participate, including adoption and Young Adult Program units.

Casey Family Programs provides training for staff who participate in the Permanency Roundtables. Four days of *Achieving Permanency through Roundtables* training prepares staff to facilitate Roundtables, and Assistant Program Managers are trained to serve as Master Practitioners at the Roundtables. Community partners such as Court Appointed Special Advocates and Assistant Attorneys General have also been included in some trainings to foster their understanding and support of the process and the child-specific plans that are created through the process.

***Frequency and Quality of CPS Specialist Contacts with Children and Parents***

CPS Specialist contacts with children and parents are important opportunities to conduct ongoing assessment; inform, support, and engage children and parents; give parents, children, and out-of-home care providers opportunities for involvement in case planning (including children younger than 12); and gather information to ensure children's educational, physical health, and behavioral health needs are met. As a result, activities to improve the frequency and quality of CPS Specialist contacts are also activities to improve assessment, service provision, and involvement in case planning.

Materials on contacts with children and caregivers continue to be available to staff. A child contact case note documentation outline with detailed instructions was created and distributed in May 2010. 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; discussion about the child's educational, physical health, and behavioral health status; discussion about visitation and contact with parents and siblings; and other areas. Instructions and a detailed guide that can be used in the field to prompt discussion about key areas and take notes accompany the outline. Information about the areas that the CPS Specialist should discuss during monthly contacts is also provided to resource parents in the kinship caregiver handbook and through other means. This assists resource parents to be prepared with the information and documentation that CPS Specialists require. In April 2013, these materials were sent with a reminder about their use via email from the CPS Program Administrator to all DCYF staff. In addition, practice guides on CPS Specialist contacts with children and parents are available on the *DCYF Connects* intranet site that was launched in July 2011. A document entitled *Quality Supervision and Contacts with Children in Out-of-Home Care* was also updated and distributed to regional staff in June 2010 and

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continues to be distributed by the Practice Improvement Specialists. This document 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.

At the state and regional levels, the Division monitors the frequency and quality of contacts with children and 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. Unit level data is analyzed in monthly Az-Force meetings, to identify successes, challenges, barriers, and recommendations for improvement. Some regions require that underperforming units develop improvement plans. The PICR instrument includes items to evaluate the frequency and quality of CPS Specialist contacts with children and parents. The Practice Improvement Specialists give individualized feedback to CPS Specialists and CPS Unit Supervisors, based on the case review findings. The PICR provides ongoing opportunity to clarify practice expectations, such as the requirement to meet alone with the child for part of each visit.

The Division's regions are also pursuing strategies to improve the frequency and quality of CPS Specialist contact with children and parents. For example:

- CPS Specialists are using Dragon Speak and support staff to assist with timely entry of parent and child contact case notes, so that all contacts are recorded and captured in the Division's dashboard data.
- Some CPS Specialists arrange CFT meetings in the foster homes and group homes, when appropriate, so they can increase in-person, in-placement, child and parent contacts.
- In some regions, child contact data is distributed at supervisor meetings, including data for each unit and the names of the highest and lowest performing staff in each section. Supervisors who have improved their performance share their successful approaches with other supervisors. Management publically acknowledges units that consistently demonstrate high performance.
- Some units have designated days for documentation.

Through these activities and the Division's activities to strengthen case worker recruitment, retention, and training, the Division is working to ensure that the total number of monthly caseworker visits to children in foster care is not less than 90% of the total visits that would be made if each child were visited once per month. The Division is actively addressing the difficulties in recruiting new child welfare workers, implementing improved processes to select those who will best fit the job requirements, and improving the provision of resources and supports so that competent CPS Specialists stay with the agency. Despite the Division's efforts and successes, the increase in children in foster care has created overwhelming caseloads. The completion of monthly caseworker visits with children is directly related to the availability of staff with manageable caseloads. To that end, in FFY 2012, the Division applied the federal funds to visitation services, including transportation and supervision of parent-child visits, to balance the workload demands and free up caseworker time to focus on core job functions, including case manager contacts with children and parents. All of the Division's efforts to improve casework processes, recruit staff, and retain staff have continued with the goal of providing quality case management to all families and children.

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***Activities to Improve Father Involvement***

The Division has continued to design training and services to increase the probability that fathers are identified, located, contacted, and involved in their children's lives. The Division's most notable activities include the following:

- The Division's CPS Specialist core training educates staff about the importance of father involvement and methods to identify and engage fathers. All newly hired CPS Specialists receive this training, which includes discussion of two handouts that provide a father's perspective and practice standards for engaging fathers throughout the case.
- The Practice Improvement Case Review process continues to increase staff awareness about the benefits of contact with *all* parents – including fathers who are incarcerated or have not been involved in the child's life. In-home and out-of-home PICRs provide opportunities to clarify practice standards on case manager contact with fathers, assessment and service provision to fathers, child-father visitation and contact, father involvement in case planning, and search for paternal relatives. Initial assessment PICRs are opportunities to clarify standards 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.
- The Healthy Families Arizona program includes several activities to increase father involvement, including the following:
  - Fathers are involved in the program from the beginning of the assessment.
  - Issues pertaining to father involvement in the lives of their children are included in all trainings.
  - Fathers in the program are taught and encouraged to be involved with their partners during pregnancy.
  - Infant care and attachment are taught to fathers and encouraged.
  - Videos and written material are provided to motivate and teach men to be better fathers.
  - Statistics are provided on the consequences of fatherlessness and the benefits of father involvement.
  - There are ongoing efforts to include members to the statewide Healthy Families Steering Committee that specialize in male involvement and fathers' impact in the life of a child.
- The Division's TDM Summary Report includes the question "Is the father present and what efforts have been made to engage the father." This serves 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 also improves documentation of the efforts made. This document is used statewide.
- The Division's partner agency, the Division of Child Support Services (DCSS) continues to staff an Outreach Unit that works closely with parents and the community. One of the primary partnerships is with the Father Matters program. Father Matters promotes responsible fatherhood through fatherhood workshops and community forums for mothers, fathers, teens, and high-risk low-income families. Fatherhood forums include paternity workshops, overviews of Arizona's IV-D agency (DCSS), and workshops on modifications of child support orders. The modification workshops have been a great benefit to fathers whose child support orders were established years ago when they were earning a significantly higher wage, before wage losses in the current economy and job market. Fathers who are knowledgeable about the modification process can reduce or eliminate unnecessary arrearages attributed to verified changes in their financial

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situation. In addition, staff go into schools to speak on the importance of establishing paternity, how to establish paternity, and how to apply for DCSS services; work with Native American Health and public housing projects to explain services, offer services, and assist with modifications; and work with domestic violence groups (mothers and fathers) with a "reaching out hand" as opposed to a "hammer hand." This has been very successful. Modification of orders and other Father Matters services can benefit children in or at risk of out-of-home care whose fathers are uninvolved because paternity is not established or due to fear of consequences from child support arrearages.

- Activities to increase father involvement are also happening in the regions. For example:
  - In Mohave County, fathers are encouraged attend the local Fatherhood Now program. This free program offers twelve in-home parenting education sessions to fathers with children ages birth through five years.
  - Training on engaging fathers was provided to CPS staff in Mohave County through the Mohave County Child Advocacy Team, and in Apache and Navajo Counties through First Things First.
  - In Apache and Navajo Counties, the Healthy Steps program encourages father involvement and works diligently to engage fathers in the cases in which they are involved.
  - An active committee in Pima Region addresses needs related to father involvement. The committee has been developing a "Dad Coach" program in which fathers involved in ongoing dependencies would be mentored by fathers who successfully reunified with their child(ren). The coach's role is to provide personal advice and support (outside of court and other meetings), based on their own experiences. Training has been developed. The first coach has been trained and has begun coaching several fathers..

#### ***Activities to Strengthen the CPS Workforce***

Staff and stakeholders frequently cite workload as the most influential factor inhibiting timely report response, comprehensive assessment, timely permanency, monthly high quality contacts with children and parents, and child and parent involvement in case planning. Vacancies and staff turnover result in unassigned cases and case transfers that are known to delay safety assessments, permanency, and services to support child well-being. Therefore, achieving and sustaining staffing within approved levels is a central component of the Division's improvement effort.

There has been focused work at the management level to fill 100% of positions. Beginning in February 2011, significant work has taken place at the Division's management level to fill positions statewide, including frequent meetings between the Assistant Director, Child Welfare Program Administrator, Program Managers, and Human Resources Managers. Recruitment and retention data is tracked and reviewed bi-monthly. Program Managers were asked to focus on the vacancies in each of their regions, and were promised the support they need to accomplish the goal of 100% positions filled plus over-fill (staff in training at CWTI). To support this effort, the Division has implemented several statewide strategies:

- In April 2012, the Division hired a professional recruiter to develop community and organizational partnerships that will create a pipeline of qualified candidates. Initial assessment of the recruiting process by the new Recruitment Manager found that each region was

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independently running four different recruiting processes for the same position. This resulted in an inefficient recruiting cycle that was unable to track data in order to react to the ever changing employment market. Based on this assessment, it was decided to centralize the statewide recruitment of the CPS classification, under the direction of the Recruitment Manager, effective August 2012.

- Beginning in June 2012, the Division implemented a practice of contacting every candidate three times by phone, with email follow ups. The Division immediately realized an increase in responses to initial contacts from the recruiting team and an increase in the number of interviews scheduled for recruitment events.
- In July 2012, the Division began to post job listings/requisitions for specific regions on [azstatejobs.gov](http://azstatejobs.gov). The prior practice was to post one posting for the entire state, which discouraged applications from those searching for employment in a specific community.
- To properly facilitate the new centralized recruiting process, two staffing analysts and two coordinators were hired in August 2012 to manage the applications process. Through these process improvements, the Division has become extremely efficient in navigating applicants through the hiring process, leading to better results.
- The Division is exploring a career ladder track for case aides to promote into CPS Specialist I positions, which will bring staff already familiar with the child welfare system to areas of need.
- The CPSS IV classification was created in July 2012 to open promotional opportunities for senior staff. CPS IVs will assist Supervisors with mentoring and educating new hires in the CPS classification. The goal is to use the experienced and senior employees to play a hands' on role in improving the skills of our workforce. New CPSS IV promotions began in January 2013. The Division continues to fill these new promotion positions.
- The virtual job tryout is designed to be an engaging applicant experience that combines custom job simulations and assessments with a variety of realistic job preview features. The Division has completed the validation of the new Virtual Job Tryout Pilot and expects to launch the new realistic job preview in July 2013.
- To expedite the fingerprint card process, a full time person at the DES Office of Special Investigation currently handles all requests for fingerprint cards. The Division has seen a significant drop in the turnaround time from application to receipt of the card, currently averaging thirty days for a new card and sixteen days for validation of an existing card. This falls perfectly into line with the new CPS Specialist core timeframes. At the same time a new CPS Specialist completes core, their card is ready, so they can now begin to apply what they have learned with minimal down time.
- The Division is diligently pursuing process improvement in investigations, ongoing, and other areas, to relieve staff of caseloads and workloads that can overwhelm and cause unnecessary stress to CPS Specialists.
- The Division has purchased 300 laptops with 4G capability to be deployed to field staff. This will allow CPS Specialists to look up and enter information while in the field, without having to contact the field office and use a second person's time. In SFY 2014, the Division plans to

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continue deploying mobile devices to investigators, TDM facilitators, after hours staff, and other CPS Specialists, based on use patterns for the first 300 laptops and other mobile devices.

- Dragon Naturally Speaking is currently installed on 1,200 workstations. The Division is evaluating for possible expansion to all DCYF computers.

#### ***Relevant and Timely Training***

Significant enhancements were made to case manager and supervisor training in SFY 2013. The revised model provides a more comprehensive hands-on learning experience to supplement and support classroom learning, which in turn aims to improve retention by providing both new employees and existing case managers with additional support for professional development and learning. Close assessment is being conducted by the Division and ASU to guide continued improvement. For a complete description of these improvements, see Section V, 4. Staff and Provider Training.

#### ***Statewide Policy Manual Improvement***

In SFY 2012 the Division started the work to improve the structure and accessibility of the *Children's Services Manual* (the statewide policy manual). The Division completed this work in SFY 2013, including:

- revising the policy and procedures to delineate what is "policy" (what we do) versus what is "procedure" (how we do it);
- incorporating regional operating procedures, practice guidance, and other helpful tools to provide clearer direction in completing major case milestones and tasks;
- restructuring the policy manual to make it more intuitive for users, so they can find information quickly;
- utilizing a new software tool that makes the policy development and revision process easier and guides the user to the most helpful information;
- revising the policy development and revision process within the Division so that it provides more opportunity for those outside of the policy unit to be involved and informed about policy and procedure changes;
- improving the communication structure so that policy and procedure changes are not just a one time email alert, but rather an opportunity for additional clinical supervision, peer mentoring, and discussion groups about pertinent cases; and
- reviewing all aspects of policy to identify opportunities to streamline, in an effort to make sure the Division's workforce is focused on the core elements of assessing safety and risk.

# **Section VIII**

## **Strategies and Action Steps for SFY 2014**

## Strategies and Action Steps for SFY 2014

This section lists the state's primary strategies for improving safety, permanency, and well-being outcomes. These strategies were selected as a result of the comprehensive system-wide evaluation that the Division began in SFY 2012 and continued in SFY 2013.

**Primary Strategy 1:** Design and Implement a differential response system for assessing families who are the subject of a call to the CPS Hotline

**Goal:** Every report of abuse or neglect will receive a timely comprehensive child safety and risk assessment.

**Action Step 1.1:** Create a Planning Committee of internal and external stakeholders to design a differential response system that will include an assessment pathway and a traditional investigation pathway to best meet the needs of Arizona's children and families

**Action Step 1.2:** Develop an enhanced service array with a focus on comprehensive assessment and family engagement that will meet the needs of families in the differential response assessment pathway

**Action Step 1.3:** Develop procedures, tools, training, an evaluation plan, and an implementation plan for differential response

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**Primary Strategy 2:** Minimize the number of open CPS initial assessment cases that have been inactive for 60 days or longer

**Goals:** Every report of abuse or neglect will receive a timely comprehensive child safety assessment.  
Children living at home will be safe. These children, and their families, will have accessible relevant services and sufficient sustainable safety plans.

**Action Step 2.1:** Continue to hold monthly Az-Force meetings with all regional APMs and Program Managers, the Child Welfare Program Administrator, and the Deputy Child Welfare Program Administrator, to discuss case volume data and workload management

**Action Step 2.2:** Provide on-site field unit support by members of the Continuous Support and Improvement team (including SWAT, policy, CWTI and practice improvement) to assist with clinical supervision and closure of initial assessment cases

**Action Step 2.3:** Continue to track inactive cases and distribute a report to regional Program Managers that provides data at the region, section, and unit level to assist in strategy development for managing and addressing workload

**Action Step 2.4:** Continue to use the SWAT unit to track and triage abandoned caseloads and ensure timely reassignment, completion of assessments, and closure

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**Primary Strategy 3:** Create efficiency in the ongoing case management process so that CPS Specialists have more time to spend with children and parents

**Goals:** Parents and children will have timely written case plans that are easily understood by everyone involved.  
Children living at home will be safe. These children, and their families, will have accessible relevant services and sufficient sustainable safety plans.  
Children will have stable living arrangements where their physical, social, emotional, educational, and developmental needs are met.  
More children will safely and permanently reunify with a parent.  
Children will exit out-of-home care to permanent safe homes as quickly as possible.  
Children, mothers, and fathers will have a voice in the decisions affecting them.

**Action Step 3.1:** Complete the statewide roll-out of a shorter case plan format that highlights the most important information needed by the family and team members

**Action Step 3.2:** Complete the statewide roll-out of a streamlined documentation template for continuous assessment of safety and risk

**Action Step 3.3:** Revise the court report outlines to eliminate redundancies and auto-populate information wherever possible

**Action Step 3.4:** Streamline and automate the referral process in Maricopa County by eliminating unnecessary information and approval levels

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**Primary Strategy 4:** Increase the availability of programs and resources that prevent removal and re-entry, and support early permanency when a child must be removed

**Goals:** Children will have stable living arrangements where their physical, social, emotional, educational, and developmental needs are met.  
Fewer children will live in out-of-home care.  
More children will safely and permanently reunify with a parent.  
Children will exit out-of-home care to permanent safe homes as quickly as possible.

**Action Step 4.1:** Collaborate with the Maricopa County Juvenile Court, the Administrative Office of the Courts, and Georgetown University to implement the Crossover Youth Practice Model, to improve coordination between the child welfare and juvenile justice systems and better meet the needs of youth involved in both systems.

**Action Step 4.2:** Continue to collaborate with the courts, provider community, and other stakeholders to implement the Best for Babies/Court Teams initiative to increase access to community-based visitation locations and evidence-based services for infants and toddlers and their parents

**Action Step 4.3:** Hold Permanency Roundtables in Pima, Central, and Southwest to improve the legal and emotional permanency connections for youth

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**Action Step 4.4:** Create and hire for a position to work with the Division and partners to develop and improve the current service array for children and families involved with Child Protective Services

**Action Step 4.5:** Enhance family engagement principles and practices through development of a readiness for change approach for staff to work with families, and continued enhancement of case planning.

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**Primary Strategy 5:** Create efficiency in the adoption case management process to reduce length of stay for children who exit to adoption

**Goals:** Children will exit out-of-home care to permanent safe homes as quickly as possible.

**Action Step 5.1:** Develop a New Child Protective Services Specialist (CPSS) position to work with ongoing staff to conduct concurrent planning and assist to achieve adoption of children more quickly

**Action Step 5.2:** Consider increasing Adoption Subsidy Rates for Division of Developmental Disabilities (DDD) and Home Care Training to Home Care Client (HCTC) placements to reduce the financial disincentive to adoption

**Action Step 5.3:** Design a site for matching children who need an adoptive home to adoptive families

**Action Step 5.4:** Propose changes, which may require legislation, to waive the adoption certification process for foster parents who have a child placed in their home who they intend to adopt

**Action Step 5.5:** Require by contract that Home Recruitment, Support, and Supervision (HRSS) Agencies use a dual process to license a family to foster and certify to adopt at the same time

**Action Step 5.6:** Redefine the HRSS Liaison role to better assist families who are considering adoption

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**Primary Strategy 6:** Provide supports for CPS Specialists that increase their ability to hold high quality, monthly contacts with children and parents

**Goals:** Children will have stable living arrangements where their physical, social, emotional, educational, and developmental needs are met.  
Children living at home will be safe. These children, and their families, will have accessible relevant services and sufficient sustainable safety plans.  
Fewer children will live in out-of-home care.  
More children will safely and permanently reunify with a parent.  
Children will exit out-of-home care to permanent safe homes as quickly as possible.  
Children, mothers and fathers will have a voice in the decisions affecting them.

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- Action Step 6.1:** Increase parent-child visit transportation and supervision services to give CPS Specialists more time to make in-person contact with all children on their caseloads
- Action Step 6.2:** Continue to monitor the frequency of CPS Specialist contacts with children and parents using the Business Intelligence Dashboard, and the quality of contacts using the Practice Improvement Case Review
- Action Step 6.3:** Continue to track and discuss data on the frequency of monthly caseworker visits with children during monthly AZ force meetings; attended by all CPS Assistant Program Managers, Deputy Program Managers, Program Managers, the DCYF Child Welfare Administrator, and Deputy Child Welfare Administrator
- Action Step 6.4:** Continue to provide Dragon Speak software, iPads, and other technological tools to CPS Specialists to improve documentation of contacts and efficiency of the documentation process

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**Primary Strategy 7:** Recruit and retain a sufficient number of foster homes to meet demand

**Goals:** Children will have stable living arrangements where their physical, social, emotional, educational, and developmental needs are met.  
Children will exit out-of-home care to permanent safe homes as quickly as possible.

**Action Step 7.1:** Work with a Program Coordinator through ASU to identify and implement effective foster and adoptive home recruitment and retention activities, effective models of contracting for HRSS services, and improved training for and about foster and adoptive parents

**Action Step 7.2:** Continue to conduct targeted recruitment using strategies tailored to the populations and geographic areas of need identified by regional staff in collaboration with community recruitment councils where available, informed by Geographical Information System (GIS) maps; including, but not limited to, sibling groups, specific age ranges, neighborhoods, and ethnic/racial groups

**Action Step 7.3:** Continue to recruit and retain foster homes for teenagers by developing services and activities for foster parents who care for teens, conducting regional meetings to determine the needs of children in care who are age thirteen or older and the best methods for providing services for these teens and their foster parents, and by developing additional training for families working with teens, including video interviews that feature teens

**Action Step 7.4:** Continue to recruit and license kinship providers, and develop training and preparation methods unique to kinship homes

**Action Step 7.5:** Develop an online orientation training for prospective foster and adoptive parents, to give prospective parents access to more consistent information, available at any time, statewide

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- Action Step 7.6:** Finalize revisions to the Department’s website to include and highlight an easily accessible support section for resource parents
- Action Step 7.7:** Continue to solidify existing partnerships and develop new relationships between state agencies, faith-based organizations, and community-based organizations to conduct outreach activities for recruiting foster and adoptive homes
- Action Step 7.8:** Continue to use cross-jurisdictional resources to locate permanent homes for children across jurisdictional lines, and identify and address systemic barriers to cross-jurisdictional placements
- Action Step 7.9:** Continue to improve the Adoption Registry by evaluating use of the Adoption Registry and Child Listings, enhancing the electronic registry and sharing of information about prospective adoptive families, and improving the presentation of children in need of homes
- Action Step 7.10:** Continue implementation of a "warm line" for foster and adoptive parents, operated by Division staff who answer questions and help trouble shoot challenges

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**Primary Strategy 8:** Strengthen the CPS workforce

**Goals:** Every report of abuse or neglect will receive a timely comprehensive child safety assessment.  
Children living at home will be safe. These children, and their families, will have accessible relevant services and sufficient sustainable safety plans.  
Fewer children will live in out-of-home care.  
More children will safely and permanently reunify with a parent.  
Children will exit out-of-home care to permanent safe homes as quickly as possible.  
Children, mothers and fathers will have a voice in the decisions affecting them.  
Parents and children will have timely written case plans that are easily understood by everyone involved.  
Children will have stable living arrangements where their physical, social, emotional, educational, and developmental needs are met.  
Staff will be supported by their peers and management, and will have a voice in the continuous improvement of the child welfare system.  
Workload will be at a level that allows staff to meet the Division’s practice standards.  
Data will be routinely used throughout the child welfare system to improve systems, improve practice, and hold the entire system accountable for child and family outcomes.

**Action Step 8.1:** Continue to use the services of a professional recruiter to improve the recruitment and hiring process and develop partnerships that increase the number of qualified applicants

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- Action Step 8.2:** Create a certificate program that offers a career ladder for CPS case aides to promote to CPS Specialist I positions
- Action Step 8.3:** Maintain the CPS Specialist IV classification, so that senior-level case workers have an advancement opportunity other than CPS Supervisor and provide mentoring and education to improve the skill of the workforce
- Action Step 8.4:** Continue to improve the efficiency of the hiring processes, so new staff are on-board sooner
- Action Step 8.5:** Develop virtual job tryouts for prospective CPS Specialist and supervisor/manager candidates
- Action Step 8.6:** Continue to provide up to date technological resources to staff, such as Dragon Speak software and iPads
- Action Step 8.7:** Continue to work with the University Partnership and other stakeholders to improve new hire training and continuous learning opportunities for the CPS workforce, including CPS Supervisors
- Action Step 8.8:** Provide assistance and expertise to CPS Specialists and CPS Supervisors through the Continuous Support and Improvement Team working side by side with the field to help build practice skills and improve workload management

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**Primary Strategy 9:** **Adjust the Division's quality improvement system so that the most useful information is gathered, disseminated broadly, and used to inform strategic improvement**

**Goals:** Every report of abuse or neglect will receive a timely comprehensive child safety assessment.  
Children living at home will be safe. These children, and their families, will have accessible relevant services and sufficient sustainable safety plans.  
Fewer children will live in out-of-home care.  
More children will safely and permanently reunify with a parent.  
Children will exit out-of-home care to permanent safe homes as quickly as possible.  
Children, mothers and fathers will have a voice in the decisions affecting them.  
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Children will have stable living arrangements where their physical, social, emotional, educational, and developmental needs are met.  
Staff will be supported by their peers and management, and will have a voice in the continuous improvement of the child welfare system.  
Workload will be at a level that allows staff to meet the Division's practice standards.  
Data will be routinely used throughout the child welfare system to improve systems, improve practice, and hold the entire system accountable for child and family outcomes.

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- Action Step 9.1:** Develop and communicate the Division's mission, vision, values, and practice model
- Action Step 9.2:** Revise the Practice Improvement Case Review Instruments to ensure they are aligned with the Division's mission, vision, values, and practice model; and collect the most useful information in the most efficient way
- Action Step 9.3:** Develop Focus Area Practice Assessment and Discussion Guides to facilitate discussion of identified practice focus areas with field staff
- Action Step 9.4:** Hold monthly Continuous Support and Improvement team meetings of staff from SWAT, CWTI, policy, and practice improvement to discuss and resolve practice and policy questions identified by field staff
- Action Step 9.5:** Provide support to CPS Supervisors and management to understand the tools available to capture data, including data principles, data-driven decision making, and what data the CPS field needs in order to manage and improve the work
- Action Step 9.6:** Continue to develop policy, procedure, and practice improvement around the critical area of clinical supervision, and provide CPS Supervisors with supports through the Continuous Support and Improvement team

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***Training and Technical Assistance***

Arizona does not anticipate that any training or technical assistance (T/TA) will be received or requested in FFY 2014 in support of the CFSP/APSR goals.

# **Section IX**

## **Chafee Foster Care Independence Program and Education and Training Voucher Program**

**Annual Progress Report 2013**

## **Chafee Foster Care Independence Program and Education and Training Voucher Program Annual Progress Report 2013**

The following information is submitted to serve as the annual progress report for Fiscal Year 2013. This report provides information on services provided, as outlined in Program Instruction ACYF-CB-PI-13-04 dated April 10, 2013.

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 eighteen while in out-of-home care, or are transitioning out of foster care between the ages of eighteen through twenty. Arizona monitors the effectiveness of these programs through goals and related program statistics, reflected within relevant sections below. Arizona refers to its CFCIP as the Arizona Young Adult Program (AYAP).

### **A. Program Descriptions and State Fiscal Year 2012 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 sixteen 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 ninety day Transition Plan for youth who will reach the age of majority in out-of-home care.

In Pima County an innovative document called the "Passport to Adulthood" is used by a number of judges to track efforts to prepare youth for the transition from foster care to adulthood. Areas critical to this transition include education, employment, housing, physical health, mental health, life skills, and relationships with supportive individuals. The Passport is projected to be fully integrated into the electronic court records system by July 1, 2013.

Youth identified as "likely to age out of foster care" are typically sixteen 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 eighteen while in care, youth in care age sixteen or older with a plan of adoption or permanent guardianship, and young adults ages eighteen to twenty-one who were previously in any state or federally recognized tribal foster care program at age sixteen 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

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“discharge” packets to program youth. These packets contain an array of information on program services, opportunities, and community supports available to youth in care and alumni.

Youth ages eighteen through twenty who reach age eighteen while in out-of-home care are served in one of three ways:

1. Youth who sign a case plan agreement (prior to their eighteenth birthday) to remain in foster care and participate in services may do so until their twenty-first 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 eighteen 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 twenty-one who left care at age eighteen 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.

The Division also monitors data on the participation of former foster care recipients ages 18 through 20 in services and supports provided by the Division. Of young adults discharged in FFY 2012, 47% participated in continued voluntary foster care at least two months past the 18th birthday prior to discharge:

- 29% remained in care to age 21<sup>st</sup> year
- 13% exited care during their 20th year
- 17% exited care during their 19th year
- 41% exited care during their 18th year.

From FFY 2011 to FFY 2012, the number of youth participating in continued voluntary foster care on the last day of the reporting period decreased slightly from 613 to 602.

In CY 2012, the AYAP also continued to see former foster youth who left care at age eighteen or older opt to re-enter the state foster care program. Local program offices report that approximately 20 youth re-entered care during CY 2012 as compared to 27 youth re-entering care in CY 2011. 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 2011 to CY 2012, the total number of participants increased from 1,512 to 1,867.

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 seventeen through twenty with a monthly stipend to help pay for living expenses. Program youth continued to benefit from the ILSP with the total number of participants increasing from 496 in SFY 2011 to 512 in SFY 2012. The number of youth participants for the first nine months of SFY 2013 is 421, 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

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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.

#### ***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 résumé writing, interviewing skills, and job maintenance. In CY 2012, 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) actively recruits youth from the Phoenix AYAP units for participation in a "Real World Job Development" program. This program partners business owners with Jewish Family to provide onsite job training and apprenticeships. This program also assists youth who are phasing out of the foster care system in dealing with emotional and/or mental health challenges. Youth additionally are referred for Vocational Rehabilitation (VR) Services, with a VR counselor available on-site at the Phoenix AYAP case management office.

Pima County YAP continued to work with a local volunteer who coordinated a summer employment program for local youth. Pima County foster care youth were given priority placement when referred to this summer job program. Youth were matched with volunteer positions that complemented their individual career goals and received an incentive of \$50 per month for completion of sixteen volunteer hours. Youth in the aftercare program continue to experience difficulty in obtaining and maintaining employment. To provide additional support to these youth, the area contract service provider started a support group focused specifically on barriers to employment and career development as well as working closely with the Tucson Urban League who offers job placement services to low-income youth. The Tucson Urban League provides a full spectrum of employment related services, which the contract providers direct youth to as well.

In Northern Arizona the contract service provider continues to refer and assist youth to enroll in the Northern Arizona Council of Governments for job placement and support services, and the Youth Conservation Core. In Mohave County youth are referred to the COYOTE Program, which now provides youth with year-round employment opportunities and training services for youth.

#### ***Education and Training Vouchers***

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

- was in out of home care in the custody of the Department when age sixteen, seventeen, or eighteen;
- is age eighteen to twenty-one 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 sixteen or older; or
- was participating in the state ETV program at age twenty-one.

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Effective March 2011, Arizona's ETV Program is administered through the Division as a contracted service through the Orphan Foundation of America (aka Foster Care to Success). This agency provides a much broader scope of outreach services and mentoring to eligible youth and currently serves approximately 400 foster youth annually. The number of students participating in post-secondary education and training programs with the assistance of an Education and Training Voucher (ETV) has decreased between SFY 2011 and SFY 2012, from 400 to 309 students. This decrease is attributed to some of the contractual requirements with Foster Care to Success. The state team is looking at ways to increase the number of youth receiving assistance, one of which will be to add incentives for youth who complete vocational training programs and post-secondary degrees, certificates, and licensure.

#### 2013 APSR Annual Reporting of State Education and Training Vouchers Awarded

	Total ETVs Awarded	Number of New ETVs
Final Number: <b>2011-2012 School Year</b> (July 1, 2011 to June 30, 2012)	309	105
2012-2013 School Year <sup>5</sup> (July 1, 2012 to June 30, 2013)	333	170

#### *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 programs and activities. Youth participate in College Goal Sunday with counselors on hand to help youth complete financial aid applications. During the CY 2013 event over 300 financial aid professionals and volunteers assisted high school seniors complete the Free Application for Federal Student Aid (FASFA). 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.

In April 2013, OCJ Kids (Opportunity, Community & Justice for Kids) held a Fostering Transitions Career Fair at DeVry University for Foster Youth living in group homes in Maricopa County. One of the Division's Education Specialists participated as a vendor at the fair, providing participants with information on financial aid and available post-secondary school information.

In Pima County the contract provider continues to focus on the importance of exposing youth to post-secondary education. A portion of the life skills training is dedicated to taking youth 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. The contractor developed connections with local high schools and charter schools to work collaboratively to increase readiness for post-secondary

<sup>5</sup> ETV Awards for School Year 2012-2013 include applications processed through March 30, 2013. Total ETVs awarded by year end are projected to be 300-350, based on three prior year's awards.

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success. The contractor also offers a weekly support group that provides a forum for youth to discuss issues related to education and is collaborating with Pima Community College to offer one free college credit to assist with college study skills.

Two Education Specialists 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 schools and programs. In CY 2012, direct assistance was provided to over 200 youth statewide. The education case managers were in constant communication with staff and provided general technical assistance on a daily basis. Education Specialists assist CPS Specialists in meeting the educational needs of youth in a variety of ways, including, but not limited to:

- 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, school records, and transcripts, 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);
- assisting students in identifying postsecondary schools and program options available for students interested in general or career specific interests; and
- networking with community agencies and programs to identify services available to assist students in addressing their individual educational needs.

#### ***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 increased from 697 in CY 2011 to 776 in CY 2012. The number of youth reported to be involved in extra-curricular or community based activities decreased 22%, from 344 in CFY 2011 to 269 in CFY 2012.

Local field offices referred 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 continued to partner with AASK to recruit and train community advisors for youth participating in the IL Subsidy program. Youth in this area also have access to other

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programs including WINGS, a sub program of Florence Crittenton Inc., created specifically for female youth.

Pima County continues their support of the alumni-created In My Shoes peer mentoring program. This program provides individual and group mentoring to youth in foster care. With the support of its umbrella agency (Arizona's Children Association), it has now expanded recruitment efforts throughout the state of Arizona and has emphasized the recruitment of Foster Alumni in Northern Arizona and Yuma. The screening, training, and matching has been an intentionally slow and careful process. Currently, in addition to one-on-one mentors in Tucson, there have been matches in Sierra Vista, Prescott, Flagstaff, and Phoenix.

Arizona's Children Association has also been working in collaboration with Valley Leadership in Maricopa County to further develop a community based mentor program that matches youth age 16 to 18. The group of professionals involved with Valley Leadership is part of the highly esteemed Leadership Institute. Each year, 50 individuals are selected through a competitive process to participate in the nine-month institute and many Maricopa corporations and organizations view Leadership Institute as an incredibly effective leadership development program for their best and brightest employees. This group of committed leaders is dedicated to collaborating their efforts, expertise, and vast network of business professionals to begin a sustainable mentor program for the transitioning youth population.

Yavapai County has developed "Time 4 Teens"(T4T), which is a group of CASAs under the Yavapai CASA organization that are dedicated to supporting youth in foster care and assisting youth in a successful transition to adulthood. Individual CASAs within the group have chosen to mentor youth that have aged out of foster care. T4T also consists of CPS Specialists, providers, and community members. In the last two years they have provided training to CASAs, foster parents, lawyers, CPS Specialists, providers, and community members regarding topics that impact youth in foster care. Training topics have included the following: suicide prevention, the DES IL Program, the IL Skills training program, and education on the LBGTQ community and the difference between gender and sexuality. They are currently considering providing training on domestic minor sex trafficking in Arizona and why children and youth in foster care are at a higher risk to be trafficked. T4T is also creating a resource guide for CASAs with information and resources specific to youth in foster care. They developed the Transitioning Youth Index (TYI Index), which is a comprehensive eight page checklist that assists in ensuring that youth transitioning out of foster care have everything they need in place for a successful transition. The TYI can be completed by the youth or any of the youth's team members and covers everything from making sure the youth has all of his or her vital records when aging out of foster care, to making sure they have a power of attorney/health care proxy in place as an adult. T4T has also partnered with the local YAB to gain insight into how T4T can better assist transitioning youth and YAB youth have participated in youth panels during the T4T trainings.

#### ***Support and Services to Former Foster Care Recipients Ages Eighteen through Twenty***

Through the TILP and Education and Training Vouchers, Arizona continues to make aftercare services available to any legal resident of Arizona who is age eighteen through twenty and who at age sixteen or older, was in any state or federally recognized tribal foster care program. This includes youth who exited care at age sixteen or older to permanent guardianship and 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.

The contract service is a vital support to transitioning youth, with services focused on youth age sixteen through twenty years of age. As noted earlier, the piece of this service targeted to youth eighteen through twenty years of age who were formerly in state or tribal care is referred to as the Transitional Independent

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Living Program (TILP). There has been a 38% increase in the number of youth served through the TILP, from 160 youth served in CY 2011 to 221 served in CY 2012. This increase is due to the effort by staff and the contracted provider to inform youth of the services TILP is able to provide. Efforts have also been made to incorporate TILP information into Team Decision Making meetings. These TDMs have included staff from the contracted provider who can share with the youth individual options they have with TILP if their CPS case is closing.

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 eighteen through twenty, through the Arizona Health Care Cost Containment System (AHCCCS), the state Medicaid program. This category of coverage, referred to as Young Adult Transitional Insurance (YATI), allows youth turning eighteen while in the state foster care system to become enrolled through an expedited process designed to ensure seamless health care coverage. There is currently no income restriction for this category of eligibility, so youth may secure livable wage employment without fear of losing health care coverage. Short term health care plans are obtained through the use of Chafee funds (as needed) for Arizona foster youth pursuing post-secondary education and training out of state. In CY 2012, 613 youth were referred for enrollment in AHCCCS through the YATI program, a 17% increase over 523 youth in CY 2011.

#### ***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.

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 2012 activities included:

- the 4<sup>th</sup> Annual Youth Convening, which focused on “Voting” how it works and why it is important, as well as the planning of the 5<sup>th</sup> Annual Youth Convening for July of 2013 (100% community funded);
- helping to plan and participate in a variety of activities for local youth, such as Winter Formal, and a Graduation Dance (100% community funded);
- creating a distribution closet of donations that young adults could "shop" at to get items for their first apartments.

Staff and youth continue participation in PASSAGE, a coalition of Maricopa County social service agencies and community partners who work on issues facing youth aging out of foster care to improve their outcomes. In CY 2012 and CY 2013 the Passage Coalition has developed and designed a website. This website describes what they do, who they are, as well as providing resources on housing, employment, education, and permanent supportive relationships. PASSAGE also provided workshops on “Youth Transitioning out of Foster Care”, and “Health Care” for youth aging out of foster care. The Passage Transition Coalition remains committed to focusing on youth aging out of foster care to a successful future.

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In 2012 the Division and AYAP have collaborated with Open Table, a non-profit that assists young adults through volunteers who bring their vocational and life experiences along with their personal networks to mentor young adults in developing a plan for what life can look like in their future when mentoring and support are involved. Open Table staff and the contract providers have also met to establish a referral process to assist the Transitional Youth who have chosen to participate.

Pima County continues to participate in a number of community collaborations, providing information and resources 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. The AYAP in Pima County also supports and participates in "Pima Youth Foundation Amazing Children Awards." These awards are for youth in dependency and delinquency cases. The youth receive awards for overcoming great challenges in their lives and having positive outcomes.

The State Youth Advisory Board (SYAB) continues to inform the state CFCIP and Department and Division administrators about the issues facing youth in care. Efforts continue to involve youth in statewide foster home and adoptive home recruitment efforts and training. The SYAB also plans and facilitates a statewide youth conference, serving approximately 75 foster youth age sixteen and older in August of 2012. The 2012 conference, titled "It's a Jungle Out there," provided a chance for staff, contracted providers, and youth to collaborate in developing workshops on Department supports and services, community resources, healthy living, and mentoring. Chafee funds were used to support this event and the participation of youth and alumni in planning and facilitating this event. The 2013 conference, "Wipeout!" is scheduled to occur in late June, 2013. Youth facilitated workshops will focus on: effective communication, reproductive health, careers, rights and responsibilities, and education. Additionally, a staff tract will provide workshops focused on building skills for effective communication with teens, trends in "teen culture," and talking with teens about reproductive health and permanency.

#### ***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 CY 2012-2013, 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 2012 Youth Conference and planning for the 2013 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 twice a month, which explores attitudes and beliefs toward legal permanency options 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, continue to provide training to CASA volunteers, FCRB volunteers, 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

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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***

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 sixteen to eighteen 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 Foster Care to Success website, [www.statevoucher.org](http://www.statevoucher.org). Tribal social service staff assists the Division's providers by verifying former foster care status of young adults age eighteen through twenty who request aftercare services, and by educating tribal youth about the availability of these services.

The State IL and ETV Coordinators and contract providers continue to be available to tribes to assist in the development of tribal specific informational and training programs for youth and caregivers. State contracts for Independent Living and Transitional Independent Living require outreach and collaboration with local tribes to ensure training is accessible and culturally appropriate. Community providers are required to increase outreach, collaboration, and engagement of tribal youth in services. Provider agencies have reported some success with 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 5% of youth served while in the custody of the Department are identified as Native American.

In CY 2012, 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 Maricopa County, the local contractor, Florence Crittenton, Inc., continued to meet with representatives of the Navajo Nation to gain insight into meeting the needs of Navajo teens residing in Maricopa County. Intermountain Centers for Human Development (ICHHD), the contract provider for Pima County, continues to work directly with the Tohono O'odham children's behavioral health services to identify clients who are in the foster care system and are in need of support services. ICHHD has a behavioral health clinic on the Tohono O'odham reservation that assists with this collaboration. Although some youth successfully engage in local workforce and education programs, tribal staff continue to report great difficulty in engaging their youth in adult services and in tracking the location of youth once they turn eighteen.

Northern Arizona's contractor, Arizona's Children Association, continues outreach through the Northern Arizona Regional Behavioral Health Authority (NARBHA) to engage tribal social service agencies through scheduled presentations. This has been successful in producing an increase in referrals, specifically for youth from the Yavapai Apache Nation. Staff are also available to participate in Child and Family Team (CFT) meetings and individual case staffing meetings.

The contracted provider in the Southwestern Region, Arizona's Children Association, initiated contact with the Cocopah tribe by reaching out to the Director of Social Services and scheduling a meeting. Cocopah Tribal Social Service then invited the contracted provider to speak to all employees where information was provided on TILP and Life Skills training. This increased the amount of referrals received from the Cocopah Tribe. They have now sought outreach with the CRIT (Colorado River Indian Tribe) tribe in La Paz and they are hopeful this outreach will be successful as well.

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#### ***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, 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 encouraged to participate in statewide work groups (as appropriate) and engaged to provide comment on policy and program changes, legislative proposals, etc. The youth's perspective was requested this year by staff from Arizona Department of Health Services, the state's Medical Director for CMDP (Comprehensive Medical and Dental Program for Children in Foster Care), and Arizona AHCCCS. These state staff along with four youth from the SYAB developed an "Assent" form so youth who are on Psychotropic Medication can understand what medication they are taking and the choices they have in their treatment.

YAB members, staff, and contracted service providers participated in the 6<sup>th</sup> annual My LIFE Fest "Creating a Future Free of Bullying and Suicide. MY LIFE (Magellan Youth Leaders Inspiring Future Empowerment) was founded in Arizona in 2008 with the support of the Arizona Department of Health Services/Division of Behavioral Health Services, and several central Arizona behavioral health provider partners. The group gives youth an opportunity use their experience, talents and voice to make positive changes in their lives, while helping others to do the same. MY LIFE consists of more than 100 youth, ages 13 to 23, who have experience with mental health, substance abuse, juvenile justice and/or foster care-related issues. MY LIFE Fest 2012 drew a crowd of nearly 7,000 people and featured 80 youth and family serving community and social service organizations.

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, which has been focusing on group home issues such as distribution of hygiene supplies, allowances, discipline, and bed bugs.

Pima County's Youth Advisory Board provides a forum for youth to express their feelings about being in foster care. They have put together a survey for youth who are in out of home placements. The youth have expressed a desire to understand the needs of youth in out of home care and would like to work to give youth a voice in making these changes possible.

Youth from the Pinal county YAB are participating in monthly volunteering at the non-profit organization "Feed My Starving Children." The youth participate in an hour and a half of food preparation that feeds hungry children across the world. Youth report positive feelings of helping other children in need and always have good feedback about the experience. Through this experience the youth are learning how to give back to the community while also learning skills of working as a team and following directions.

As noted earlier, youth in care and alumni are involved in collaborations, workgroups, training, and recruitment activities to improve services and resources. Examples of youth involvement in CY 2012 include:

- planning and facilitation of the statewide youth conference for foster youth age sixteen and older in August 2012 and June 2013.
- Maricopa County's Community Advisory Group;
- the PASSAGE coalition;

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- 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.

**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.

In FY 2012 42% of eligible youth in the Independent Living Program participated in the Independent Living Subsidy (ILS) Program.

ILP/ETVP Goal 2: The percentage of participants age eighteen 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 2011: 65% (ILP - 73%; TILP-33%)  
CY 2012: 62% (ILP - 68%; TILP-45%)

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 2011: ILP - 87%; TILP- 45%  
CY 2012: ILP - 82%; TILP- 38%

ILP/ETVP Goal 4: The percentage of participants in the Independent Living Program and Transitional Independent Living Program age seventeen and older who are employed will be 45% or higher

CY 2011: ILP - 34%; TILP-17%  
CY 2012 ILP - 30%; TILP-25%

This data indicates that program youth continue to have difficulty completing high school by age eighteen, which can be attributed to the many barriers youth encounter in their process of completing a secondary education, such as frequent moves while in care. Participation in the Independent Living Subsidy Program has slightly decreased from FY 2011 which has inspired changes to encourage youth to stay in the Subsidy program and further assist youth in completing high school or obtaining a GED. Youth continue to experience difficulty in the area of employment. Many jobs traditionally filled by teens, such as fast food and retail store positions, are now filled by retirees. Arizona is currently participating as a partner agency to the Jim Casey Youth Opportunities Initiative and looks forward to improving youth employment rates through this initiative.

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Other data on the education, training, and employment of young adults includes the following for CY 2012:

- 89% 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;
- 75% 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;
- 50% of the young adults currently in the Young Adult Program have completed or are currently participating in independent living skills training, and an additional 7% participated in some training, but quit prior to completion of training;
- 70% of youth that discharged participated in Independent Living Skills Training;
- 37% of the youth currently in the Young Adult Program (age seventeen and older) are employed or participating in employment related training;
- 32% of the youth that discharged were employed or participating in employment related training at the time of discharge;
- 14% of youth who were not employed at the time of discharge had been employed in the past;
- 73% 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.

During the last year, 221 former foster youth were provided aftercare services through the Transitional Independent Living Program, a 158 increase over CY 2011. This includes youth who aged out of tribal or other state foster care systems. Young adults benefited from this service as follows:

- 94% of young adults were enrolled in a health plan by the end of the reporting period, versus 91% who were enrolled at the beginning of the reporting period (an increase of 3%);
- 81% of young adults maintained or moved into stable living situations at the end of the reporting period, which was consistent with those in stable housing at the beginning of the reporting period;
- 42% of young adults were living on their own (in independent housing) by the end of the reporting period, showing no change from the beginning of the reporting period.

The Housing Arizona Youth Project (HAYP) that was launched in July 2009 is focused on the housing needs of homeless youth ages 16 or 17 who are legally emancipated, and homeless youth ages 18 through 25. This project is funded by the Arizona Department of Housing and implemented by the DES Homeless Coordination Office. Its goal was to ensure at least 50% of participants entering the program would fall under at least one of the “Most Needs” groupings. The five categories of Most Needs include: current issues with substance abuse; mental/behavioral health issues; history of legal/juvenile justice involvement; identifies as gay, lesbian, bisexual or transgender; survivor of domestic violence or sexual abuse; and history of foster care/CPS involvement (and no longer receiving state aftercare services).

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Many of these youth are attempting to complete high school, trade school, or college without the support of a family system and are at risk of violence and sexual exploitation if they remain in adult shelters or on the streets. The HAYP initiative has provided housing for 349 youth during SFY 2012. Those housed were 47 percent male, 53 percent female and averaged 20 years old. During their time in the program, 94% met or exceeded goals they set for themselves when they entered the program.

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- A. **Description of substantive changes, if any, to State law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, 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)(C)(i) 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.

- B. **Describe any significant changes from the State's previously approved CAPTA Plan in how the State proposes to use funds to support the 14 program areas [section 106(b)(1)(C)(ii) of CAPTA].**

There have been no changes to the State's approved CAPTA Plan. Arizona plans to use CAPTA State Basic Grant funds to support the following initiatives.

### *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 State plan.

### *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 State plan.

### *Assessment and Case Planning Specialist*

CAPTA Basic State Grant will fund two full-time Assessment and Case Planning Specialist 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 and risk assessment and case plan 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 State 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 future, and to use CAPTA Basic State Grant funds to support CPS staff attendance at this Conference. This assistance provides opportunities

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for CPS staff to learn from and network with Arizona and national child welfare experts. The focus of the Conference is prevention, protection, permanency, and well-being. This activity does not differ from the State 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 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 clinical supervision 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 State 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 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. The Division expects to enter a contract for the development of 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.
- Recommendations for policy development.

This activity does not differ from the State 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. Arizona is currently in the process of research and developing a model for differential response to include the creation of pathways to better respond to allegations of child abuse and neglect.

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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.

This activity does not differ from the State plan.

#### **C. Description of how CAPTA state grant funds were used, alone or in combination with other Federal funds, to meet the purposes of the program since submission of CAPTA State Plan [section 108(e) 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, which includes sexual abuse and any other conduct that, if true, would constitute a felony offense.

###### **Update**

The Division of Children, Youth and Families (the Division) 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.

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The Group Care Investigation Unit met its goal of conducting investigations of all reports received concerning licensed agencies. During this reporting period (May 24, 2012 to May 29, 2013), the unit received 236 reports concerning licensed facilities. Of the 236 reports, 65% pertained to facilities licensed by the Department of Economic Security and 16% were facilities licensed through the DHS. The remaining 18% were supervised by DDD. Of the 238 reports, two investigations resulted in a substantiated finding of abuse and/or neglect. There were also an additional 192 Action Requests completed on licensed facilities. An Action Request, while not alleging child maltreatment, requires an action on the part of CPS. Of the 192 Action requests, 79% pertained to facilities licensed by DES; 13% to DHS facilities; and 7% for DDD facilities.

#### ***Arizona Citizen Review Panels (ACRP)***

##### **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, and other information important to evaluate the extent to which the state is effectively fulfilling its child protection responsibilities in accordance with the state plan.

Panel member duties include:

- Review of Child Protective Services state policies, current practices, pertinent data, and case record information
- Providing feedback regarding policy, procedural, and practice improvement to the state and child welfare community
- Submission of an annual report including recommendations for improving the child protection system.

##### **Update**

In 2012, three Citizen Review Panels met throughout the state in the Central (Phoenix), Northern (Flagstaff) and Southern (Tucson) Regions and were comprised of eleven to twenty-seven volunteers of diverse backgrounds and experience representing local residents, social service providers, law enforcement, educators, child advocates, adoptive and foster care parents, mental health professionals, legal advocates, medical providers, and faith-based representatives as well as representatives from the Division of Children, Youth and Families. The panel members volunteered more than 550 hours of their time at meetings held over the year.

As in previous years, guest speakers were invited to present to panel members on topics identified as important to their understanding of the child protection system.

The three panels met quarterly in 2012 as required by CAPTA. Each meeting was scheduled for three hours. As in previous years, panel members identified thematic areas of focus for case reviews with an eye on emerging trends and areas of concern warranting special examination. The four themes chosen for 2012 were Multi-System Involved Families, Children Returning to Care Following a Reunification, Successful Outcomes, and Active Military Families.

Panel members were sent agendas with case record summaries and other meeting materials prior to each regional meeting. Case record reviews were conducted in a group environment where the case was

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discussed, risk factors identified, practice reviewed, and recommendations made. Consensus was obtained by the panel members prior to making case specific recommendations. At the end of the year, the case related findings were summarized, providing the foundation for the annual report.

**Panel Activities**

Building on work from 2011, panel members once again identified thematic areas of focus for case reviews with an eye on emerging trends and areas of concern warranting special examination. The four themes chosen for 2012 were Multi-System Involved Families, Children Returning to Care Following a Reunification, Successful Outcomes, and Active Military Families.

The case reviews resulted in the Citizen Review Panels making recommendations to the department. Four of the reviewed cases brought about specific recommendations or concerns at the time of the panel meeting. In each of those instances, the DCYF policy specialist attending the meeting immediately brought the panel's concerns to the CPS specialist and supervisor involved with the case. In one of those cases, the child received needed services that would likely not have been provided without the recommendation.

Following a Central Panel case review, a panel member met with the DCYF Assistant Director and DES Director to share a system issue identified from a case review. As a result, further discussions with a larger audience, facilitated by the Director, are being planned to address the identified issue.

Following each meeting, the panels provided the specific recommendations to the department through meeting minutes. A summary of these are provided below:

- Multi-system involved families: Panel recommendations included: Assignment of a lead case manager to families involved with multiple systems. The actual process for assigning such an individual was not determined, although members suggested that the first agency involved with the family, or the agency that will spend the longest time with the family receive that lead case manager designation. It was hoped that this sort of approach to case management would build rapport with the family, readily identify barriers to service provision, and ensure that the family's service needs are met in a timely manner. The Citizen Review Panels also recommended that children with dual diagnoses, who require long-term services, have a dedicated case manager to provide ongoing advocacy for their needs. This case manager would be responsible for communicating with multiple parties as well as seeking out services that are specific to chronic conditions. Case plans for dually diagnosed youth should focus on life skills related to self-regulation of behaviors, thoughts, and actions. As well, youth case plans should be reviewed on a regular basis by an expert panel of multidisciplinary professionals. To further enhance service continuity, it was recommended that Child Protective Services create a specialized unit to work with families with dual diagnoses.
- Children returning to care following reunification: The Citizen Review Panels recommended that Child Protective Services Specialists need better training relevant to engaging clients with mental health issues, substance abuse, as well as past traumas without compromising rapport or empathy. Part of this recommendation included the explicit provision that training be revised to include hands-on activities targeted at these defined skill sets including: documentation, assessment, aftercare, and trauma-informed care. The Citizen Review Panels also recommended that Child Protective Services Specialists and Supervisors be trained on how to help families facilitate healthy support systems apart from service providers. Finally, the Citizen Review Panels recommended that communication procedures between mental health care providers, Child Protective Services Specialists, and substance abuse treatment clinicians be clarified and strengthened and include community and non-profit partners. It was recommended that Child

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Protective Services should be one of the main partners involved in facilitating and maintaining this open communication.

- **Successful Outcomes:** The Citizen Review Panel members suggested that the timelines for case completion and closure are too strict and as such, members recommended that cases be kept open longer so families can continue to receive formal agency support and monitoring. The Panels also recommended that after case closure, families have access to a designated Child Protective Services contact, in order to receive guidance. To address noted concerns with coordination of services, it was suggested that the Child Protective Services Specialists complete a spreadsheet that tracks the status of each case including, referral dates, and the outcomes of the referrals. It is thought that some of the coordination concerns stem from disorganization and that by creating a system to track services, Child Protective Services Specialists may be able to manage the cases better. Likewise, Supervisors could use the spreadsheet system to provide structure and direction regarding service completion as well as gaps in services. The addition of other supportive personnel may also help, and the panel members recommended, that CASAs be made available to all children under the age of six.
- **Active Military Families:** Due to the unique set of circumstances associated with families involved with the military, the Citizen Review Panels made specific recommendations to DCYF following the individual case reviews. The highest priority of these was the crucial need to establish working relationships with military personnel. Child Protective Services Specialists should consider the need to assess larger contextual factors that may be adding stress to military families and impacting the ability to parent effectively. Part of this includes the assessment of trauma and the utilization of trauma-informed practice with all families. Child Protective Services Specialists and service providers should work with the parents to increase social support both as part of, and distinct from, military involvement. Social support and community inclusion may be especially challenging as military families may relocate frequently and be unaware of local services. As a result, the agencies involved have a duty to the families to help locate regional services that can provide assistance and guidance.

Each meeting incorporated speakers and Division policy presentations related to the specific theme for the quarter.

- **Quarter 1** The DCYF Deputy Child Welfare Administrator, shared information with panel members on the Governor's Task Force meetings and DCYF plans for implementing the recommendations.
- **Quarter 2** – DCYF Practice Improvement Specialists provided information to the panels on the Child and Family Services Review.
- **Quarter 3** - Assistant Attorney Generals, discussed termination of parental rights and the DCYF Permanency Specialist, presented information on kinship care.
- **Quarter 4** - DCYF Educational Specialists, introduced information on educational supports for children in care

Panel members also participated in two subcommittees. The first subcommittee dedicated their work to identifying and developing projects to improve community child welfare efforts. Projects under consideration by the panels include:

- Citizen Review Panel Sponsorship of a legislative forum to provide legislators with information and educational materials about the work of the Citizen Review Panel program
- Providing daily planners to parents with tips for parenting

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- Hosting a child abuse prevention event
- Decorating family visitation rooms used by Child Protective Services
- Utilizing a consultant to assist in developing assessment questions for Child Protective Services Specialists to use during interviewing and investigations

The second subcommittee is dedicated to reviewing cases where a child death occurred. Rather than review a small number of cases and make recommendations, this project will look at a larger sample of cases. The data collected will be analyzed in order to gain a better understanding of the systemic issues involved, and identify policy and or practice implications, as well as to identify prevention efforts.

Three panel members joined the CABHP coordinator and ASU School of Social Work to attend the National Citizen Review Conference held May 21-24, 2013 in Jackson Hole, Wyoming. Arizona participated in the conference presentations, providing a break out session on Managing Multiple Generations in the Workforce.

Coordination meetings occurred regularly between Division and CABHP staff. Division representatives provided quarterly meeting program reports to ensure that the panels received information on the status of ACRP recommendations; process improvement initiatives; new policies and procedures; budget updates; and other relevant information. A focus on continuous formal feedback mechanisms served to improve communication, facilitate collaboration, increase panel member satisfaction, and identify opportunities for innovation.

CABHP routinely sent panel members informative news items from the National Citizen Review Panel, and links to teleconferences and publications.

#### **Case Record Review Findings**

During this reporting period, twelve cases of child maltreatment were reviewed. Because panels chose to address specific themes for case reviews, CPS Practice Improvement Specialists assisted the project coordinator in identifying a sample of cases from each of the three regions. Cases were also selected from the Child Fatality/Near Fatality database compiled by CPS. Each of the three ACRPs completed one case record review each quarter.

#### ***Family Risk Factors***

Risk factors are those elements that the panel identified in each case as it was reviewed. The number of risk factors identified for each case ranged from 3 to 10, with an average of 7 per case. Substance abuse was a factor in 11 of the 12 cases reviewed. Lack of parenting skills and parental mental health was also a factor in 10 of the 12 cases. Also in 10 of the 12 cases a child in the home was identified as having a specialized need. In 9 of 12 cases, one or more of the parents had experienced trauma as a victim. These findings reflect the complexity of problems involved with the families reported to Child Protective Services. It also underscores the need for services and supports to be highly coordinated if they are to be effective

Three key findings were exemplified from the individual case reviews:

1. Funding reductions have negatively impacted the entire child welfare systems ability to provide supports and services to children and families

Panels identified budget reductions over the past few fiscal cycles, at the state, local and community level as having impacted the availability and adequacy of services and supports for children and families at risk

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or with identified need. In three of the cases reviewed, Child Protective Services became involved only because a child in the home had complex needs the family could not meet resulting in the caretaker not being able to provide care for the child. In the words of one panel member, “This case was less about abuse and neglect, and more about limitations of the caregivers and lack of resources in the system to meet needs.” The panels recognize that the public child welfare agency is but one component of the entire child welfare system. The question that arises is whether Child Protective Services should ever be involved in the lives of children and their families solely because both private and public systems fail to provide needed services.

Impacts from the budget cuts appear to have also limited Child Protective Services ability to adequately respond to families. When services were provided, they were observed to be brief and limited with cases being closed without observation of sustained behavior changes and few aftercare services in place.

Panels noted complacency by child welfare partners who have oversight responsibility for the child welfare system, including service providers, Guardian ad Litem, parent attorneys, Juvenile Court Judges, Court Appointed Special Advocates, Foster Care Review Board members and family advocacy organizations. These partners should not be willing to accept the current state of the child welfare system and should be advocating for accountability from all of the systems involved in protecting children and responding to the challenges of the child welfare system. Review of the case records revealed numerous instances where the children’s Guardian ad Litem and parent attorneys should have played a greater role in advocating for their clients.

**2. Inadequate behavioral health assessments and limited access to quality behavioral health services.**

Undiagnosed and untreated mental health problems in the parents and children of the families referred to Child Protective Services was identified in all 12 of the cases reviewed. The lack of access to comprehensive and timely mental health assessments and services exacerbated the problems of the children and families and resulted in repeated reports and investigations involving the same families

**3. Failure to recognize the impact of trauma**

Parental history of experiencing traumatic events as a victim was discovered in 75% of the cases reviewed in 2012. In these cases, parental traumatic events included the parent’s history of maltreatment as a child, the death of a parent as a child, the death of their own child, sexual assault, domestic violence, and traumatic experiences during military deployment. Despite this history, only one case identified trauma as a risk factor and interventions focused on resolving the trauma were not suggested.

*Panel Recommendations*

Recommendations for improvement of the child welfare system are made by the panel members based on the panels’ work over the year and are driven by case review findings. The case record reviews encompass all aspects of the child welfare system. The recommendations are prioritized and divided into three categories based on input from the panel members and DCYF.

The first category (Recommendations for Agency Response) consists of recommendations that require a formal written response from DCYF as required by the Child Abuse Prevention and Treatment Act.

The second category (Recommendations for Alignment with Current Practice and Training) includes recommendations that are currently being addressed by DCYF through practice improvement and other activities.

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Recognizing that the child welfare system is not the sole responsibility of DCYF, the final category (Recommendations for Child Welfare System Partners) includes recommendations directed toward the community. Panel members and DCYF staff are encouraged to advocate and promote collaborative efforts with system partners to incorporate these recommendations.

#### *Recommendations for Agency Response*

1. DCYF should improve the process for Child Protective Services Specialists and their Supervisors to consult with an expert when they have a child or parent with unique, complex or specialized needs requiring assessment or intervention beyond what is currently available. The panels suggest that these professionals provide expert guidance to the Child Protective Services Specialists about what information, services or referrals are needed and help monitor progress.
2. DCYF should move toward increasing the number of contracted service providers who utilize evidence based, trauma in- formed practice methods in all assessments and treatment of children and adults involved with the Child Protective Services system, and advocate for the same with other systems involved with providing intervention to Child Protective Services involved families.
3. DCYF should convene or utilize an existing cross-system collaborative workgroup to include high level decision makers from the Division of Developmental Disabilities, the Department of Health Services, AHCCCS, Juvenile and Adult Probation, the Juvenile Court, and any other system partners identified by the DCYF, to define the authority and responsibilities of each system when multiple agencies are involved with the same family. This group should identify the circumstances for designating a lead agency and define responsibilities for coordinating interventions and supports provided when children and their families are involved in more than one of these public systems. Additionally, this group should also develop plans to address the practice of referring families to Child Protective Services only because needed services are not available, identified, or provided by one of the system partners.
4. DCYF should increase efforts to designate liaison relationships with military bases located in their communities and with the Veterans Administration to improve the delivery of services and supports to parents and their families living on or off base, including active and inactive military service men and women.

#### *Recommendations for Alignment w/Current Practice & Training*

1. It is recommended that the importance of thoroughly documenting the relevant factors in a case be communicated to staff and that training and supervision focus on supporting this documentation. History of services and chronicity of problems becomes lost when documentation is minimal and new staff and providers become involved at a later time.
2. DCYF needs to highlight in training or convey through other action what information is important, and why the information is important for a thorough assessment of safety and risk of all participants in a case.
3. DCYF and community providers should engage in cross-training and cross-system collaboration when possible, to clarify roles of the different agencies and promote stronger, more effective communication about the responsibilities of each system. Focus should be on the needs and culture of the family and the best means available to meet those needs.

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4. DCYF should review training or provide additional training to Child Protective Services Specialists related to developing culturally sensitive, specific aftercare plans for families when a Child Protective Services case is closed, especially when children have been returned home. The plan should include clearly defined responsibilities for those who will continue to provide services as well as identify specifically what is available in the community, where to get further help, and who to contact for further assistance.

#### Recommendations for Child Welfare System Partners

1. The Arizona Legislature should restore Medicaid funding for behavioral health services for childless adults who are childless because their child or children are in the custody of Child Protective Services or have been returned to the home for less than 6 months.
2. The Arizona Legislature should restore behavioral health funding to DCYF or require the Division of Behavioral Health to include additional services and supports to children and their caretakers when the complex problems experienced in these families requires services beyond what is being provided in Medicaid funded behavioral health services.
3. The Arizona Legislature must increase funding for DCYF and other child welfare partners. This increase is critical in order to ensure that DCYF is meeting its federally required mandate to make reasonable efforts to prevent the removal of children from their homes and reunify children placed in foster care with their families. This is particularly vital considering the complexity of the risk observed in the families involved with Child Protective Services and the impact of above standard caseloads on the ability of the system to respond, and the high turnover and level of experienced staff available to respond. The lack of additional funding compromises the ability of DCYF to respond to the increasing number of reports, to effectively identify and respond to safety concerns; to meet the needs for safety, well-being, and permanency of the increased number of children in care; and to ensure that assessments are accurate and, interventions are appropriate and timely.
4. It is recommended that system partners and the Arizona State Legislature make meaningful long-term investments in primary prevention and begin to responsibly address the systemic problems underlying the issues that contribute to families becoming involved in the system. This will help stem the tide of intergenerational abuse and neglect.
5. Guardian ad Litem, parents' attorneys, Juvenile Court judges, Court Appointed Special Advocates, Foster Care Review Board members, and family advocacy organizations must fulfill their responsibilities in advocating for children and families and demanding accountability throughout the child welfare system to ensure that children and caretakers have services and supports and do not unduly experience trauma caused by lost connections to their family.
6. For all child welfare system members and advocates, the panels encourage those providing services and supports to families to ask their clients to identify their needs rather than imposing a case plan on the client. This includes asking that those involved help families find services and supports to meet the identified needs when these are not explicitly provided by the organization. The panel suggests including the following questions as service plans are developed: "What are the most important changes you would like to see concerning your family?" "What are the barriers to making that happen?" "Who/What could support you in making those changes?"

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7. The Juvenile Court should consider assigning a Court Appointed Special Advocate for all children found to be dependent, or at a minimum, giving priority to children under the age of six and those whose case plans are Independent Living.
8. When a Child Protective Services case closes and community providers remain involved, the responsibilities for monitoring or providing further supports and services to the family must be clarified prior to case closure.
9. The Juvenile Court should require attorneys representing children to provide documentation of their contacts and observations for each child for representing and should hold Guardian ad Litem to the laws and standards developed for Guardian ad Litem representing children in dependency proceedings.
10. It is imperative that Child Protective Services agencies have access to information about child welfare involvement in other states and recommend creation of a national database, which can easily be accessed and searched.

The Arizona Citizen's Review Panel Annual Report 2012 has been provided to ACF by email. The Department's response to the Panel's 2012 recommendations are included as an attachment to the Child and Family Services Annual Progress Report 2013.

#### ***Efficiency Review: Change & Innovation Agency (CIA)***

##### **Goal**

To improve processes related to Arizona's Child Protective Services system in order to respond to increased caseloads and 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 redesign 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**

In January 2011, the Department of Economic Security and the Division of Children, Youth and Families began engaging in targeted process improvement work with Division staff through facilitation with the Change & Innovation Agency (CIA). The primary focus of the initial team was to improve the child abuse investigation process and assess how the investigation process could be streamlined in order to accomplish specific performance measures, including timeliness of completing an investigation and increasing the capacity of the investigator and supervisor to ensure child safety and to ensure that caseworker time is spent on value-added steps.

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The investigation core team held a series of work sessions focused on mapping the investigation process from the time a report comes to the local office and is assigned to the investigator through "hand off" (case closed, open for in-home, or transferred to on-going) to identify areas where backlogs occur or efficiency could be improved. In addition to the work that the team conducted, the teams' recommendations were informed by a series of focus groups with other CPS staff and stakeholders from across the state such as courts, providers, parents, youth, and citizen groups.

The Division's process improvement work has expanded beyond a focus on investigations to also include process improvement in: ongoing case management, Adoptions, the Child Abuse Hotline, Practice Improvement, Protective Services Review Team, and Policy. The teams are comprised of members of the DCYF workforce who are closely connect to the work, including supervisors and CPS Specialists, Assistant Program Managers, and key staff in the areas of policy, training, technology, and other areas that provide critical supports to the field.

These teams and their ideas are a foundation upon which the Department will continue to evaluate ways to better address child safety and to communicate these efforts on an ongoing basis. Implementation of changes to the safety and risk assessment documentation and enhanced clinical supervision was completed in August 2012. Implementation of ideas for process improvement in the Child Abuse Hotline, Ongoing Case Management, Practice Improvement, and the Protective Services Review Team have been implemented or are in progress for completion in 2013. Similar to any process or practice improvement, close monitoring is necessary to ensure continuous improvement occurs.

#### **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 Specialists*

###### **Goal**

To continue the development and support of child safety assessment and safety planning experts at the CPS "front-line" level.

###### **Objectives**

- In collaboration with CPS staff, Practice Improvement Specialists, the Social Work Assessment Team, the CPS Policy Unit and the Child Welfare Training Institute, develop a plan to target CPS units and CPS Specialists, statewide, for intensive, onsite "hands-on" technical assistance.
- Provide onsite "hands-on" technical assistances to at least three sites in each region during SFY 2013.
- Provide "hands-on" technical assistance to new CPS Specialists who have completed CPS Specialist core training requirements to ensure that there is a transfer of learning once placed in the field and assigned cases.

###### **Update**

Two full-time professional positions were created for the sole purpose of providing intensive, on-site staff support to increase staff skills, knowledge, and expertise in child safety assessment and planning; the 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.

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- Ensure staff fully understands all aspects of the assessment and case planning tool in order to use it correctly and consistently throughout the State.
- Assess individual CPS Supervisors’ and CPS Specialists’ strengths and areas in need of improvement.
- Build agency capacity by developing experts at the “front-line” level.

The statewide Assessment and Case Planning Specialists:

- Serve as experts in assessing safety and risks and developing behaviorally-based case plans;
- Provide technical assistance to CPS Supervisors and CPS Specialists on the application of the process;
- Develop experts at the “front-line” level through targeted case specific consultation, mentoring, and individual and group supervision;
- Provide intensive on-site staff support;
- Travel to local CPS offices throughout the State providing 1:1 and group technical assistance on the assessment and case plan process; and
- Consult with Practice Improvement Specialists, Child Welfare Training Institute (CWTI) trainers, Social Work Assessment Team and Central Office Policy Unit staff about practice standards and staff or system needs.

The Specialists, in consultation with local CPS management, develop plans to target specific CPS units for intensive on-site “hands-on” technical assistance. The technical assistance focuses on specific staff needs and areas needing improvement. These included:

- Linkage between safety, risk, and case planning;
- Effective use of clinical supervision in the decision making process;
- Understanding the concepts of safety, present danger, impending danger and risk;
- Understanding the application of the safety threshold criteria when assessing child safety;
- Understanding safety planning and the use of safety monitors;
- Engagement of the child and family in the case planning process;
- Behavioral based case planning; and
- Utilization of the DCYF Policy (Children’s Services) Manual to clarify and adhere to CPS policy.

Requests for technical assistance are generated through Specialists’ attendance at CPS unit meetings; Team Decision Making (TDM) facilitators; Social Work Assessment Team staff; Practice Improvement Specialists; and requests by local Program Managers, Assistant Program Managers, CPS Supervisors and “front-line” staff.

The range of staff skills in applying the model varies across the State. Two full-time professional positions worked at on-site locations across the State during this reporting period. A total of 198 days (215 onsite visits) were spent onsite between June 1, 2012 and December 31, 2012:

• Central Region	54 onsite visits
• Pima Region	69 onsite visits
• Northern Region	32 onsite visits
• Southeastern Region	56 onsite visits
• <u>Southwestern Region</u>	<u>4 onsite visits</u>
Total:	215 onsite visits

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Feedback from CPS Supervisors and “front-line” staff has been positive and favorable. Once staff participate in the 1:1 technical assistance, they are highly likely to request additional sessions. In order to gather additional feedback, a confidential survey has been developed through Survey Monkey.

In order to determine the effectiveness of the technical assistance, the Specialists complete follow-up onsite visits. Improvements were noted in the following areas:

- Increased comfort level with accessing and navigating the automated system;
- Increased knowledge level of front line staff;
- More comprehensive information gathered in the various risk domains;
- Movement toward more comprehensive (and less incident based) assessment;
- Continuous practice shift to a comprehensive approach to child safety and case planning; and
- Understanding of the process and linkage between assessment outcomes and the case plan.

#### **Trends**

- Changes and improvements in practice were noted after onsite technical assistance was provided.
- Improved application of critical thinking skills related to the comprehensive Child Safety and Risk assessment and behavioral case plans after onsite technical assistance was provided.
- Once CPS Supervisors and CPS Specialists participated in 1:1 technical assistance, they were more receptive to additional assistance.
- Most CPS Supervisors and Specialists continue to struggle with navigating the automated system to complete documentation for the assessment process. This often results in staff frustration and incomplete tasks.
- CPS Specialists have difficulty differentiating between information necessary to assess safety versus risk of harm, and how the information informs their assessment.
- Mentors are needed to assist new CPS Specialists during their first months of field assignment.
- Workload volume is impacting family centered practice.

#### **Plans for 2013/2014**

- Continue to provide individual supports to new CPS Specialists assigned to a field unit.
- Continue to reach out to all regions and areas in Arizona to offer technical assistance and support.
- Increased communication and partnership with Child Welfare Training Institute to build on application of skill and transfer of learning.
- Support roll-out of the Continuous Child Safety and Risk Assessment (C-CSRA) and case plan via 1:1 technical assistance in the areas of child safety, family risks, information collection and analysis, and documentation.
- Work collaboratively with members of the Policy Unit, Social Work Assessment Team, Practice Improvement, and Child Welfare Training Institute to ensure cross-sharing of information, consistency in practice, and continuous improvement.
- Utilize monthly Continuous Support and Improvement logs to track work activity and any trends found in the field in order to assess needs.

#### ***Supervision Circles: Strengths-based Clinical Supervision***

##### **Goal**

To provide all newly hired CPS Supervisors, Assistant Program Managers, and Program Managers with knowledge of and expertise in a model of strengths-based clinical supervision that models family-centered practice, facilitates critical thinking and decision-making, and supports staff as they incorporate new child welfare processes.

### **Objectives**

Provide training, awareness, practice skills, and improvement of knowledge in:

- Three functions of supervision.
- Key components of Family-Centered Practice.
- Parallel process in supervision.
- Use of individual and group supervision.
- Conducting case presentations in clinical supervision.
- Critical thinking and decision-making.
- Use of process vs. content.
- Use of both crisis and scheduled supervision sessions.

### **Update**

In SFY 2012, Dr. Cynthia Lietz, in collaboration with the Child Welfare Training Institute (CWTI), converted the Supervision Circle Training Series into a two-day Clinical Supervision class to be provided to all newly hired CPS Supervisors, Program Specialists, Assistant Program Managers, and Region Program Managers as part of the CWTI CPS Supervisor core. In SFY 2013, the class was delivered in ten supervisor core training sessions in both Tucson and Phoenix. One hundred-thirty eight supervisory staff attended the sessions. This class will continue to be offered at least twice yearly for all newly hired supervisory staff.

- D. 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 [section 106(c)(6) of CAPTA].**

The Arizona Citizen's Review Panel Annual Report 2012 has been provided to ACF by email. The Department's response to the Panel's 2012 recommendations are included as an attachment to the Child and Family Services Annual Progress Report 2013.

- E. Data on Child Protective Services Workforce: personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports [section 106(d)(10) of CAPTA].**

- 1. Education, qualifications, and training requirements for child protective services professionals, including for entry and advancement in the profession, including advancement to supervisory position.**

### **Staff recruitment and Selection Processes**

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

The Division uses a full spectrum of staff recruitment activities, including sponsoring or attending job fairs statewide; establishing relationships with educational institutions offering social work and related degree programs; and posting employment opportunities on Arizona's employment website, azstatejob.gov. Candidates apply online through the State's Talent Acquisition website. A staffing

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analyst reviews the resume and qualifies the candidate as a CPS Specialist I, II, or III based on the established minimum qualifications. The staffing analyst then contact all qualified candidates to follow up on the candidates interest, request necessary documentation. Field offices conduct the interview process using the Hire for Fit process introduced in 2010. Background checks including references, criminal history, CPS Central Registry, public records search, and other actions are conducted by Human Resources before a candidate is offered a position.

#### **Education and Qualifications**

##### ***Child Protective Services Specialist I\****

Master's Degree in Sociology, Psychology or related field from an accredited college or university; OR Bachelor's Degree in Sociology, Psychology or related field from an accredited college or university; OR Bachelor's Degree from an accredited college or university and two years of social work or social services experience.

\*This is an under-fill classification. When an employee meets the work standards and knowledge, skills and ability (KSA) of the CPS Specialist II level, management has the discretion to promote the employee to a CPS Specialist II.

##### ***Child Protective Services Specialist II\*\****

Master's Degree in Social Work (MSW) from an accredited college or university; OR Bachelor's Degree in Social Work from an accredited college or university OR Master's or Bachelor's Degree in Sociology, Psychology or related field from an accredited college or university and one year of child protective service experience; OR Master's Degree in a related field from an accredited college or university and two years of social work or social services experience; OR Bachelor's Degree from an accredited college or university and three years of social work or social service experience; OR one year as a Child Protective Service Specialist I in Arizona State Service.

\*\*This is an under-fill classification. When an employee meets the work standards and KSAs of the CPS Specialist III level, management has the discretion to promote the employee to a CPS Specialist III.

##### ***Child Protective Services Specialist III***

Master's Degree in Social Work (MSW) or related field from an accredited college or university and two years of child protective service experience; OR Bachelor's Degree in Social Work or related field from an accredited college or university and three years of child protective service experience; OR one year as a Child Protective Service Specialist II in Arizona State Service.

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

##### ***Child Protective Services Unit Supervisor***

Two years of work experience as a Child Protective Services Specialist III (in Arizona State Service); OR a Master's degree in social work or related field from an accredited college or university and four years of Child Protective Service experience; OR a Bachelor's degree in social work or related field from an accredited college or university and five years of Child Protective Service experience.

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

Related degrees include anthropology, behavioral science, child development, community services, counseling, criminal justice, education, family studies, human services, integrative studies,

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interdisciplinary studies, justice studies, liberal arts, nursing, psychology, rehabilitation, religion, social services, sociology, and women's studies.

**Training**

***Training for Hotline CPS Specialists*** who are responsible for intake and screening of child abuse and neglect reports at the Child Abuse Hotline are required to complete 80 hours of classroom training provided by the Child Abuse Hotline training staff. The classroom portion of training includes instruction and practice on such topics as:

- Arizona's child abuse and neglect statutes;
- Child safety and Risk assessment;
- CPS Response System;
- Interview questions;
- Caller engagement; and
- Automated case management system (CHILDS) and other Department data systems used to research any CPS history.

In addition, Hotline CPS Specialists participate in on the job training for 2-3 weeks with an assigned mentor to help process the large amount of mail (i.e., police reports, court documents, jail mail) that comes into the Hotline to practice skills writing report narratives and using the state's SACWIS system (CHILDS) prior to taking calls.

***Training for CPS Specialists*** who assess and investigate child abuse and neglect reports was revised in October 2012. Prior to October 2012, CPS Specialists completed 207 hours of Case Manager core training in the classroom through the Child Welfare Training Institute (CWTI). Arizona State University entered into an agreement with the Division of Children, Youth and Families (DCYF) to provide consultation and technical assistance for improvement and enhancement of the CPS Specialist core training program and make recommendations for format, structure, and content. Recommendations were based on a comprehensive review and collection of data and information from multiple sources, including:

- Interviews with DCYF administrators, training supervisors, and staff in a variety of positions within the agency;
- Comprehensive review of DCYF new employee core curricula;
- Comprehensive review of training models from across the country;
- DES evaluation documents;
- Employee performance measures;
- Citizen Review Panel and Child Fatality Review Program reports;
- Local and national training information;
- Interviews with community child welfare stakeholders;
- Analysis of statewide MSW curriculum specific to child welfare content; and,
- Review of existing published literature.

Beginning in October 2012 to the present, CPS Specialists who assess and investigate child abuse and neglect reports and work with families through ongoing case management, are required to complete 140 hours of Case Manager Core Training in the classroom through the Child Welfare Training Institute (CWTI). CPS Specialists are also given a comprehensive Field Training Activities Guide and Checklist created to provide structured tasks and activities to be completed by new CPS Specialists as on the job training over the course of approximately 4-5 weeks. Tasks and activities are under the supervision of an assigned Mentor, whose role is to provide the new CPS Specialist shadow opportunities, be available for

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the CPS Specialist to ask questions and model specified agency specific characteristics. These tasks and activities supplement and support classroom learning.

Classroom training includes topics such as child development, identifying child abuse and neglect, joint investigations protocols, child safety assessment, safety planning, documentation, forensic interviewing, case planning, visitation, substance abuse, domestic violence, permanency, and trauma informed care. The on-the-job Field Training Activities Guide and Checklist include duties and tasks such as observing a Team Decision Making meeting, observing a home visit and/or placement visit, practice utilizing Arizona's SACWIS system (CHILDS) using a lab exercise, accompanying a CPS Specialist or Mentor on an investigation, review and assist completing a Child Safety and Risk Assessment, observing court and related activities, observing a case plan staffing, shadowing cases involving substance abuse, domestic violence, mental health/mental illness, and sexual abuse, researching community resources, stress management techniques, and spending time discussing the above with a supervisor or experienced worker.

***Training for CPS Unit Supervisors:*** During their first year, CPS Unit Supervisors are encouraged to complete Supervisor Core Training consisting of 91 hours through CWTI. The Division is working to ensure that Supervisors are registered to attend Supervisor Core in a more timely manner upon hiring. Supervisor Core consists of eight trainings required for new supervisors conducted by CWTI, and consists of topics such as orienting the employee to supervision, making the transition from case management to supervision, clinical supervision, administrative supervision, educational supervision, supportive supervision, policy and legal training as well as training on Arizona's SACWIS system (CHILDS) for Supervisors.

***Training for CPS Case Aides*** who perform a variety of services to CPS families assisting the CPS Specialists participate in 42 hours of Case Aide core. The Case Aide core is broken into three Modules and topics consisting of historical and legal basis for child welfare, family centered practice, permanency, transportation, visitation, documentation, engaging families, child development and mental health, substance abuse, domestic violence, cultural awareness, grief and loss, ethics and multiple relationships.

***Additional Learning Opportunities:*** CWTI offers additional learning opportunities to the CPS workforce. Topics consist of education on gangs, recognition of common forms of child abuse and neglect, child abuse injury patterns and related medical issues, responding to drug endangered children, legal review and updates, working with chemically dependent families, safety for the CPS worker, understanding and working with difficult families, and refreshers on CHILDS. Course times range from 2-8 hours. As part of the ongoing work and assessment of CPS training with Arizona State University, one goal for 2013/2014 is to provide regular ongoing workshop trainings and advanced training to DCYF staff across the state at various times of the year.

**2. Data on Education, qualifications and training of such personnel**

The following table provides the educational degrees for CPS Specialists and Supervisors who were employed on September 30, 2012 (Human Resources Information System [HRIS]).

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Degree	CPS Specialists	CPS Supervisors	Total Degrees	Percentage of Total
MSW	133	24	157	12.61%
Masters/Related	79	15	94	7.47%
Masters/Non-Related	20	4	24	1.62%
BSW	138	26	164	13.41%
BA/Related	507	63	570	46.80%
BA/Non-Related	91	17	108	8.73%
Unspecified	111	6	117	9.36%
<b>TOTAL</b>	<b>1,079</b>	<b>155</b>	<b>1,234</b>	<b>100%</b>

***Training as of FFY 2012***

- 316 CPS Specialists completed CPS Specialist Core Training (additionally, 73 CPS Specialists attended this training but haven't completed training)
- 369 CPS Specialists completed the Basic Forensic Interview Training
- 48 (CPS Specialists and Supervisors) completed the Advanced Forensic Interview Training.
- All current CPS Supervisors (with the exception of 89) completed Supervisor Core Training; the remaining 89 are in the process of completing the CPS Supervisor CORE training.
- Approximately 353 CPS Supervisors attended two Supervisor Summits held in May and Sept. 2012. May's Summit included workshops on chronic neglect, clinical supervision, multi-disciplinary protocols and workload management. Septembers Summit included workshops on behavioral health coordination, advanced information on medical examinations and abuse, as well as clinical supervision and workload management.
- 56 Case Aides completed Case Aide CORE
- 30 CPS Specialists completed Child Abuse Hotline Training
- 378 CPS staff participated in additional workshops organized by CWTI
- In Dec, 2013, 43 CPS staff participated in a Learning Workshop on Substance Exposed Newborns provided by MD's, experts in matters related to newborns exposed to substances

**3. Demographic information of such personnel.**

***Demographic Information on CPS staff***

The following table provides the ethnicity, gender, age and tenure of CPS Specialists and Supervisors who were employed on September 30, 2012 (HRIS).

	CPS Specialists	CPS Supervisors	Number of Employees	Percentage of Total
<b>ETHNICITY</b>				
American Indian	19	5	24	1.9%
Asian	30	5	35	2.8%
African American	143	13	156	12.6%
Hispanic	194	32	226	18.4%
Caucasian	571	92	663	53.8%
Unspecified	122	8	130	10.5%
<b>TOTAL</b>	<b>1,079</b>	<b>155</b>	<b>1,234</b>	<b>100%</b>

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	CPS Specialists	CPS Supervisors	Number of Employees	Percentage of Total
<b>GENDER</b>				
Female	890	132	1022	82.8%
Male	189	23	212	17.2%
<b>TOTAL</b>	<b>1,079</b>	<b>155</b>	<b>1,234</b>	<b>100%</b>

AGE	CPS I	CPS II	CPS III	CPSUS	TOTALS
Under 30 yrs.	124	129	129	5	387
30-39 yrs.	52	68	185	55	360
40-49 yrs.	28	38	128	60	254
50-59 yrs.	15	25	95	27	162
≥60 yrs.	2	9	52	8	71
<b>TOTAL</b>	<b>221</b>	<b>269</b>	<b>589</b>	<b>155</b>	<b>1,234</b>

TENURE	CPS I	CPS II	CPS III	CPSUS	TOTALS
<5 yrs.	208	250	311	29	798
5-10 yrs.	3	6	206	75	290
11-20 yrs.	3	0	69	43	115
21-30 yrs.	0	0	15	7	22
>30 yrs.	0	0	8	1	9
<b>TOTAL</b>	<b>214</b>	<b>256</b>	<b>609</b>	<b>155</b>	<b>1,234</b>

**4. Caseload or workload requirements for such personnel including requirements for average number and maximum number of cases per child protective service worker and supervisor.**

***CPS Specialist Caseload Size***

Growing CPS Specialist workload continues to be a challenge. In addition to the increased number of Child Abuse Hotline reports, in-home services cases, and children in out-of-home care, the Division has significant challenges hiring and retaining staff. As a result, caseloads far exceed the Division’s standard.

Arizona’s caseload standard for CPS Specialists is:

- For investigations, 10 reports per month per CPS Specialist;
- For in-home services, 19 cases per month per CPS Specialist; and
- For out-of-home (foster care) services, 16 children per month per CPS Specialist.

In December 2012, the Division’s monthly average workload per filled full-time employee position was:

- For investigations, 19 reports per CPS Specialist;
- For in-home services, 36 cases per CPS Specialist; or
- For out-of-home (foster care) services, 30 children per CPS Specialist.

Arizona does not have a maximum workload standard. According to the Division’s *Child Protective Services Bi-Annual Financial and Program Accountability Reports*, CPS Specialists were carrying caseloads that were, on average, 61% above the standards in FFY 2010, 69% above the standards in FFY 2011, 84% above the standards in FFY 2012, and 95% above the caseload standards in FFY 2013 for October through February. As of December 2012, if all 1,070 authorized CPS Specialist positions were filled, an additional 348.8 positions would be required to meet the Arizona caseload standards.

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***CPS Supervisor to Worker Ratios***

As of December 2012, the ratio of authorized CPS Unit Supervisor to authorized CPS Specialist positions was 1 to 6, and the ratio of filled CPS Unit Supervisor positions to filled CPS Specialist positions was 1 to 6.

There are no Arizona caseload standards established for CPS Unit Supervisors.

**F. Juvenile Justice Transfers: number of children under the care of the State child protection system who were transferred into the custody of the State juvenile justice system in Federal FY 2012 [section 106(d)(14) of CAPTA].**

In some cases, it is determined that the youth's needs are best met through a juvenile probation agency or the Department of Corrections and that services through the Division are no longer necessary. During FFY 2012, four children were transferred to the custody of the Arizona Department of Juvenile Corrections, Arizona Department of Corrections or another state's correctional department at the time of exit from the foster care system.

These children were identified by creating from the State's FFY 2012 AFCARS data a list of all children who were age eight or older at the time of their most recent entry into out-of-home care and had a removal end reason of "transfer to another agency." A review of narrative case information identified the agency to which each child transferred. All six of these children were in the care and custody of the Department for at least one day during FFY 2012 before transferring to the sole custody of the juvenile justice or correctional agency. This population includes youth who, at the time of exit from the foster care system, were in a juvenile detention facility or juvenile correctional facility.

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# **Section XI**

## **Comprehensive Medical and Dental Program Health Care Services Plan 2013**

## Comprehensive Medical and Dental Program Health Care Services Plan 2013

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 annual 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 2012, 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)
- CMDP Medical Services Manager
- CMDP Program Administrator
- CMDP Provider Services Supervisor
- CMDP Member Services Supervisor
- CMDP Chief Operating Officer
- CMDP Chief Financial Officer
- CMDP Compliance Officer
- CMDP EPSDT Coordinator
- CMDP Concurrent Review Nurse
- CMDP QM Coordinator
- CMDP 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
  - Updates from the Behavioral Health Strategic Planning meetings between the Division and ADBHS
- Performance on maternal and child health measures
  - Results of blood lead screening, developmental screening, and behavioral health screening during 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 six 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 rate
  - Provider and member grievances (complaints)
  - Appeals and claims disputes from providers
- Clinical performance measures

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- Well-child visits at fifteen months-of-age – Percentage of children received six or more EPSDTs by the fifteenth month of life
  - EPSDT visits for children three through six 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 – Percentage of children who visited a PCP for any reason in a year
  - Dental visits for children ages three to twenty-one – 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 five to nine and ten to seventeen who received preventative medications (vs. rescue meds only) for their asthma
    - Racial or ethnic disparities among adolescents who receive well visits (EPSDT)
    - Hospital Readmissions within 30 days after discharge to identify quality of care issues and/or unmet care coordination or discharge planning disruptions.
  - Quality of care issues

No substantial changes were made to the 2013 QM/PI program plan based on outcomes from the 2012 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 2013 EPSDT and Oral Health Plan has no substantial 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 2012, 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**

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Arizona was one of fourteen 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 the Division, 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 has enhanced the medical information exchange with CHILDS. Specific federal recommendations included a revision to the Medical Condition Detail windows in CHILDS. The CHILDS IT team, QNXT team and CMDP Medical Services Unit completed this project prior to the December 2012 goal.

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 from each EPSDT visit. 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 from 2011 further enhanced capabilities in these areas.

The EPSDT and Oral Health Plan and the Quality Management/Performance Improvement (QM/PI) 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 2013 EPSDT and Oral Health Plan and 2013 Quality Management/Performance Improvement

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Plan 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), MedImpact. 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, quarterly Pharmacy and Therapeutic (P&T) Committee meetings, and a formal annual review. 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 and 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
- education and focused interventions with providers, pharmacies and members about drug utilization and profile results in order to improve safety, prescribing practices, and therapeutic outcomes.

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As addressed in the annual 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.

On November 23, 2011, the Department of Health and Human Services (HHS) issued a letter to State Directors reviewing their concerns around the use of psychotropic medications in foster care. In 2012, the Government Accountability Office (GAO) finalized a report about the use of psychotropic medication with children in foster care. The report was in two parts. The first part of the report compared data on the rate of psychotropic medication prescription for children on Medicaid and in foster care with children on Medicaid but not in foster care. Data was pulled from prescription claims for Florida, Maryland, Massachusetts, Michigan, Oregon and Texas. The second part of the report looked at how state monitoring programs compare to best principles guidelines published by the American Academy of Child and Adolescent Psychiatry (AACAP).

As Arizona was not included in the study that generated the GAO report, ADHS/DBHS, in conjunction with the Division, reviewed and published psychotropic prescription medication data for Arizona's children in out-of-home care. In addition to evaluating the psychotropic prescription encounter data, ADHS/DBHS and DES/DCYF compared and published current Arizona policy, practice, and procedures to AACAP's best principles guidelines. This document published in August 2012 and titled: Psychotropic Medication Use in the Foster Care Population in Arizona can be accessed online at <http://www.azdhs.gov/bhs/children/CPS.htm>

The 2013 EPSDT and Oral Health Plan will continue the above activities and will enhance the behavioral health medication initiatives based on information from the above data. 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.

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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:

- 2013 Quality Management/Performance Improvement (QM/PI) program
- 2013 EPSDT and Oral Health Plan
- 2013 Medical Management Plan
- 2013 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 updated annually and is also available online in English or Spanish at: <https://www.azdes.gov/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/InternetFiles/Pamphlets/pdf/HPM-069-PD.pdf>

CMDP supports the Division's policy for CPS Specialists, 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

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- 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 policy manual. These procedures include the following:

- The case manager shall arrange to meet a youth during the ninety day period prior to his/her eighteenth 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 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))

**(viii.) Protocols to monitor the appropriate use of psychotropic medications for children and youth in the foster care system.**

*Use of psychotropic medications for children and youth in Arizona's foster care system*

The GAO released a report in December 2011 comparing rates of psychotropic prescribing for foster children to non-foster children in Medicaid. As the results of the GAO analysis cannot be generalized to Arizona, ADHS/DBHS and CMDP jointly drafted a white paper that evaluates Arizona's psychotropic prescribing data during the same period as the GAO report's data. In addition, ADHS/DBHS compared current Arizona policy, practice, and procedures to the national American Academy of Child and Adolescent Psychiatry AACAP best practice Principles. Per the ADHS/DBHS Enrollment Penetration Report, the penetration rate into the behavioral health system for children covered by CMDP was 64%, compared to 5.6% for non-CMDP children age birth to eighteen, as of June 30, 2008. Children in CMDP also utilized services at a higher rate than non-CMDP children, as evidenced by higher expenditures per child. CMDP children also used the majority of other covered behavioral health services at higher rates than non-CMDP children. Thus, when evaluating psychotropic utilization in the CMDP vs. non-CMDP population, the larger context of utilization of behavioral health services should be taken into consideration.

The population studied included 14,840 CMDP (foster) children ages birth to eighteen and 719,663 Medicaid eligible children, ages birth to eighteen. Arizona's 2008 pharmacology data was run using the same methodology as the GAO report. Notable exceptions include:

- All claims data for psychotropic prescriptions written in Arizona's Medicaid system during 2008 were included.
- Psychotropic prescriptions written through both acute health plan (PCP prescribing data) and the behavioral health system were included.
- Data was representative of psychotropic prescribing of greater than 90% (all Medicaid) of Arizona's foster care population during 2008

This study resulted in the following findings:

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- Children in foster care were more likely to be on psychotropic medication than children not in foster care.
- Children in foster care were more likely to receive psychotropic medications than non-foster children regardless of their length of time in Medicaid.
- Rates of psychotropic drugs prescribed concomitantly to foster children was higher than that for non-foster children.
- Children in foster care are more likely to be prescribed psychotropic drugs outside FDA-approved doses or standards published in medical literature than children not in foster care.
- Psychotropic prescribing to foster children age 0-1 was an uncommon practice, and the prescribing rate was higher among the non-foster population

The above findings were shared with child welfare stakeholders at the 2012 Arizona Annual Judicial Conference, the Arizona Annual Public Defender's Conference, and the Arizona Annual Conference of the American Academy of Pediatrics - Arizona Chapter. The document published in August 2012 and titled: Psychotropic Medication Use in the Foster Care Population in Arizona can be accessed at <http://www.azdhs.gov/bhs/children/CPS.htm>

The Arizona Team made up from members of AHCCCS, DCYF and DBHS attended "Because Minds Matter: Collaboration to Strengthen Management of Psychotropic Medications for Children in Foster Care" in August 2012. As a result, Arizona drafted a Inter-Agency Team Charter and Work Plan which made the commitment to strengthen the following AACAP Best Practice Principles:

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

Arizona has made great process in the first two of these goals and anticipates implementation of both prior to December 2013.

***Arizona's protocols for the appropriate use of psychotropic medications for children and youth in the foster care system***

Arizona's protocols for the use of psychotropic medications are maintained by ADHS/DBHS. These can be accessed at <http://www.azdhs.gov/bhs/children/CPS.htm> and include protocols on comprehensive and coordinated screening, assessment and treatment planning mechanisms; informed and shared decision-making, effective medication monitoring at both the client and agency level, availability of mental health expertise and consultation; and mechanisms for sharing accurate and up-to-date information related to psychotropic medications. Arizona's consent, oversight, consultation, and information-sharing laws, policies, and procedures were recently compared with AACAP Best Principle Guidelines. This review found that Arizona has fully implemented nine of the nineteen AACAP Best Practice Principles and another seven have been partially implemented. Specifically:

- Arizona has fully implemented three of the four consent principles (consent, training, educational materials),
- Arizona has fully implemented one and partially implemented three of the six oversight principles (psychotropic medication prescribing and monitoring);
- Arizona has partially implemented two of the three consultation principles (consultation program by child and adolescent psychiatrists); and

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- Arizona has fully implemented five of the six information-sharing principles (educational website materials for child welfare stakeholders).

In 2009, CPS staff were given access via the on-line *Children's Services Manual* to updated ADHS policies and procedures regarding informed consent and best practices for the use of psychotropic medication among children in out-of-home care. A comprehensive exhibit that explains informed consent and ADHS policies on the use of psychotropic medications was added to the policy manual. In addition, the Division worked with ADHS/DBHS to develop materials that provide questions to ask and other guidance for participation in CFT meetings when a child is prescribed a psychotropic medication. A brochure was produced for all types of caregivers, and a more comprehensive guide was developed for use by field staff and licensed caregivers (foster parents and group home staff).

# **Attachments**

**Agency Response to Citizen Review  
Panel's 2012 Recommendations**

**Letter of required notification  
regarding substantive changes in  
Arizona's State Laws**



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

Janice K. Brewer  
Governor

Clarence H. Carter  
Director

## 2012 ARIZONA CITIZEN REVIEW PANEL REPORT

### Recommendations for Agency Response

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1. DCYF should improve the process for Child Protective Services Specialists and their Supervisors to consult with an expert when they have a child or parent with unique, complex or specialized needs requiring assessment or intervention beyond what is currently available. The panels suggest that these professionals provide expert guidance to the Child Protective Service Specialists about what information, services or referrals are needed and help monitor progress.

**AGREE**       **DISAGREE**

**Response:**

The Comprehensive Medical and Dental Program (CMDP) is the health plan responsible for ensuring, in partnership with foster care providers, the provision of appropriate and quality health care services for the well-being of Arizona's children in foster care. A Clinical Team at CMDP is available to assist Child Protective Services (CPS) Specialists and their Supervisors when they need assistance or consultation about medical care coordination or medical case management issues. This team can be contacted via phone or email. In addition, the Medical Director of CMDP is the expert which has been identified to assist the CPS Specialists with Medical Case Reviews (forensic medicine and medical care coordination) and available to:

- Participate in Critical Incident case reviews to provide assessment and guidance about coordination, quality of care (QOC) and death related issues;
- Assist the CPS Specialist in investigating fatality/near fatality cases;
- Consult with the CPS Specialist, Assistant Attorneys General, and Juvenile Court Judges in case reviews to determine that the appropriate case plan is implemented;
- Participate as an advisor to CPS regarding complex medical issues for in-home or out-of-home care of medically involved children;
- Provide medical care coordination to assist and determine:
  - if a family can be engaged in medically necessary services and avoid a temporary custody notice (TCN);
  - if the agency can work with other Health Plan Medical Directors to request necessary second opinions and/or communicate with a consultant who provided the second opinion to coordinate visits and get medical records forwarded; and
  - address what medical needs must be addressed in advance of serving a TCN for a child;
- Participate in Child and Family Team meetings (CFT), Multi-Disciplinary Team meetings (MDT), and other meetings they are requested to attend with CPS staff;
- Assist CPS and Division of Development Disabilities (DDD) staff by working with the Arizona Long Term Care System (ALTCS) Medical Directors to coordinate necessary services for a child who is not covered by (CMDP) and where barriers have been identified; and
- Available for consultation on complex cases after business hours.



DEPARTMENT OF ECONOMIC SECURITY

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Governor

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In addition, CMDP is in the process of creating a behavioral health unit which will consist of a licensed therapist, a psychiatric registered nurse, and a child and adolescent psychiatrist. The program expectations and processes for CPS Specialists to access this unit are currently in development. This unit will be able to assist CPS in meeting the complex needs of foster youth by assisting CPS in accessing the proper Title XIX services for the children. In addition, the collaborative protocols between the Regional Behavioral Health Authority (RBHA) and state stakeholders has been under review and updated in the last year. Advanced training is being developed to address the coordination of care in behavioral health, and enhance understanding of the Arizona behavioral health system and the coordination of benefits for children.

All behavioral health providers are required to attend training on the unique needs of children involved in the Child Protective Services system. This training is offered jointly with behavioral health staff and CPS.

DCYF will continue to seek opportunities to provide stronger direction to CPS Specialists and Supervisors for cases involving complex needs. Ongoing communication with CPS Specialists and Supervisors will assist in identifying gaps in services for cases requiring specific expert consultation.

2. DCYF should move toward increasing the number of contracted service providers who utilize evidence based, trauma informed practice methods in all assessments and treatment of children and adults involved with the Child Protective Services system, and advocate for the same with other systems involved with providing intervention to Child Protective Services involved families.

**AGREE**       **DISAGREE**

**Response:**

DCYF relies on the Division of Behavioral Health Services (DBHS) for the majority of its behavioral health services. DBHS is currently working on integrating the Trauma Informed Care philosophy throughout all levels of the public behavioral health system. In its system of care plan, DBHS is requiring that the behavioral health providers increase their knowledge and appreciation about the prevalence and impact of trauma and also the multiple and diverse paths to recovery. DCYF and DBHS are collaborating to incorporate knowledge about trauma and trauma informed care in all aspects of service delivery and practice.

The scope of work for the Home Recruitment Study and Supervision contract currently being developed requires foster and adoptive families to receive training on trauma informed care. The Division's in-home program developed an implementation plan, dated April 2012, noting a requirement that contract providers utilize evidence based practices in the next contract solicitation for in-home services.



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The current Arizona Families FIRST Program policies and procedures require that all therapeutic services shall be provided using evidence-based or evidence-informed interventions. The current contractors are required to assure that a full continuum of services is available for the client and there is a heightened sensitivity to trauma informed care.

The Division will request and emphasize the need for providers to utilize evidence based and trauma informed practice methods in their service delivery as future Request for Proposal (RFP) solicitations are prepared and issued.

Of note, the Division's recent enhancements to training for CPS Specialists has added curriculum on trauma informed care.

3. DCYF should convene or utilize an existing cross-system collaborative workgroup to include high level decision makers from the Division of Developmental Disabilities, the Department of Health Services, AHCCCS, Juvenile and Adult Probation, the Juvenile Court, and any other system partners identified by the DCYF, to define the authority and responsibilities of each system when multiple agencies are involved with the same family. This group should identify the circumstances for designating a lead agency and define responsibilities for coordinating interventions and supports provided when children and their families are involved in more than one of these public systems. Additionally, this group should also develop plans to address the practice of referring families to Child Protective Services only because needed services are not available, identified, or provided by one of the system partners.

**AGREE**       **DISAGREE**

Current DCYF policy and procedures encourages and reinforces effective communication and coordination of services between government entities so that care can be coordinated efficiently, and positive outcomes can occur:

- Duplicative and redundant activities, such as assessments, service plans, and agency meetings are minimized;
- Continuity and consistency of care are achieved;
- Clear lines of responsibility and accountability across service providers in meeting the needs of the person and family are established; and
- Limited resources are effectively utilized.

In July 2012, Arizona was selected as a participant in the Juvenile Justice and Child Welfare: Multi-System Integration Certificate Program for Public Sector Leaders through the Center for Juvenile Justice Reform at Georgetown University. Arizona's Capstone Project for this Certificate Program is comprised of multi-disciplinary partners. The principal focus of the Capstone Project will concentrate on the infrastructure that exists in the state between juvenile justice, child welfare, behavioral health and education.



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The strategy for Arizona is to build a solid infrastructure which incorporates and integrates coordination of information sharing, comprehensive gap analysis, and fiscal accountability through financial mapping between all system partners. The ultimate outcome is the safety, permanency and well-being of youth resulting in safe communities.

The Division will continue to work in the best interest of children by supporting and advocating for cross-system collaborative work and/or request that high level decision makers develop plans to address the practice of referring families to Child Protective Services only because needed services are not available, identified, or provided by one of the system partners.

4. DCYF should increase efforts to designate liaison relationships with military bases located in their communities and with the Veterans Administration to establish liaisons to improve the delivery of services and supports to parents and their families living on or off base, including active and inactive military service men and women.

**AGREE**       **DISAGREE**

The Division currently has relationships and supportive efforts to remain engaged and/or strengthen its work with military bases in Arizona. There are five military bases located in Arizona. The Division of Children Youth and Families, (DCYF) currently has a memorandum of agreement with the Army base in Yuma County, Yuma Proving Grounds (YPG). The purpose of this agreement establishes written procedures to integrate the exercise of jurisdiction vested in Yuma County and YPG authorities in matters involving the abuse of children of military families. This agreement further establishes a cooperative relationship between Yuma County and YPG in identifying, reporting, and investigating child abuse cases; in protecting abused victims from further abuse in both emergency and non-emergency situations; and in providing services and treatment to families in which child abuse has occurred for on post and off post families. The Marine Corp Air Station which is also located in Yuma has no official agreement; however, they cooperate and operate in much the same way with DCYF as YPG does. DCYF and Family Advocacy Services on both bases work collaboratively with CPS when there is difficulty in engaging with the parents and especially when discussing services.

DCYF also has a memorandum of understanding with Luke Air Force Base (LAFB), Arizona. The purpose of this memorandum between LAFB and CPS concerns the identification, reporting, investigation, and coordinated case management of cases referred to CPS involving eligible beneficiaries and all on-base maltreatment cases regardless of military status. CPS and LAFB work collaboratively to provide services and meet the needs of families who come to the attention of CPS.



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CPS and Ft. Huachuca in Sierra Vista also utilize the Family Advocacy Program to assist military families. However, with the growing number of returning veterans there is an increased awareness in how we service these families who reside on and off the base. The Division will arrange a workgroup between CPS and military partners to review existing methods and/or new methods of serving this population more effectively.



THOMAS C. HORNE  
ATTORNEY GENERAL

**OFFICE OF THE ATTORNEY GENERAL  
STATE OF ARIZONA**

**CIVIL AND CRIMINAL  
LITIGATION AND ADVICE  
SECTION**

June 25, 2013

Mr. Douglas Southard  
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**RE: Notification required for submittal with the CAPTA State Plan regarding substantive changes in Arizona's State Laws**

Dear Mr. Southard:

The Office of the Arizona Attorney General has reviewed the child welfare legislation made during the regular Legislative Session of 2013. The legislation becomes effective on September 13, 2013 unless otherwise noted. None of the legislation impacts CAPTA eligibility and most of the bills will strengthen the ability of the Arizona Department of Economic Security ("ADES") to protect children, to serve families, and to promote permanency.

Following is a summary of each of the legislative bills passed in **2013** in the child welfare area:

**HOUSE BILLS:**

**HB 2001 (Special Session) GENERAL APPROPRIATIONS**

- This bill appropriates \$1,000,000 for ADES to use for monthly stipends for a grandparent or great-grandparent if a dependent child is placed in the grandparent's or great-grandparent's care.

**HB 2005 (Special Session) CRIMINAL JUSTICE; BUDGET RECONCILIATION**

- This bill amends A.R.S. 8-802 to require Child Protective Services (CPS) to do the following upon receipt of a report of abuse, neglect, abandonment or other information indicating a child may be in need of protective services:
  - Notify the Office of Child Welfare Investigations (OCWI); and
  - Assist the OCWI as directed by the Director of DES.
- It requires DES to develop an alternative response for designated reports.

- The bill adds child welfare investigators (OCWI investigators) and CPS workers as mandatory reporters.
- It allows the mandatory reporting of child abuse or neglect to be done electronically and removes the ability of the reporter to report in-person and the requirement to follow up with a written report.
- The bill requires the Office of Child Welfare Investigations (OCWI) to be notified when CPS receives a mandatory report.
- The bill provides the following specific duties of the OCWI:
  - investigating criminal conduct allegations
  - coordinating with CPS and law enforcement
  - establishing task forces for investigation of criminal conduct
  - performing other duties that may be assigned by the Director of DES.
- The bill allows the OCWI to employ research analysts and peace officers to obtain an originating agency identification number to have direct access to criminal history report information.
- It specifies that an investigator who is responding to or investigating a report containing a criminal conduct allegation has the primary responsibility for deciding whether to take a child into temporary custody.

**HB 2067 CPS INFORMATION; MEDICAL EXAMINER; DISCLOSURE**

- This bill amends A.R.S. § 8-807 to require the Arizona Department of Economic Security (ADES) to disclose Child Protective Service (CPS) information to a county medical or alternate medical examiner who is directing a death investigation.

**HB 2502 (SB 1249) SUPPLEMENTAL APPROPRIATION; CPS FUNDING**

- This bill appropriates \$4,409,200 and 50 FTE positions to DES in FY 2013 from the state General Fund for Child Protective Services and provides additional reporting requirements.

**HB 2074 LICENSING; FOSTER HOMES**

- This bill changes the period of validity for a foster home license from one year to two years.
- It continues to require that foster parents have six hours of approved ongoing foster parent training each year in order for ADES to renew their license.
- It states that a licensee may modify the renewal date of an issued license by submitting an application for modification of renewal date with ADES and that the licensee must specify the new month of renewal on the application, which must be prior to, but not more than six months earlier than, the existing renewal date.
- It provides that a licensed child welfare agency may place a child in excess of the number of children allowed and identified in a foster parent's license if the child meets any of the following criteria:
  - The child is part of a sibling group that currently resides in the foster home.
  - The child is part of a sibling group that is being considered for placement in a home but because of the maximum limit would otherwise have to be separated.
  - The child previously resided in the foster home.
  - The child is a kinship placement for the foster home.

### **HB 2529 CHILD CARE PERSONNEL**

- This bill specifies that the Arizona Department of Health Services (ADHS) must consult with licensed child care facility representatives when performing the comprehensive review of its rules every two years.
- It removes the requirement of using ADES' contracting requirements to provide information to licensees that do not contract with the state regarding persons who are employed or seeking employment to provide direct services to children.
- The bill provides that before being employed in a position that provides direct services to children or vulnerable adults, employees must certify under penalty of perjury whether an allegation of abuse or neglect made against them was substantiated.
- It allows employees to provide direct services pending the findings of a Central Registry check if the certification does not indicate a current investigation or a substantiated report of abuse or neglect.
- The bill requires an agency of the state that conducts Central Registry background checks as a factor to determine qualifications for positions that provide direct services to children or vulnerable adults to publish a list of disqualifying acts of substantiated abuse or neglect.
- Allows an agency of the state that conducts Central Registry background checks to provide information contained in the Central Registry on all reports of child abuse and neglect that are substantiated and the outcomes of the investigations of the reports.

### **SENATE BILLS:**

#### **SB 1108 FOSTER HOME LICENSURE; IMMUNIZATIONS**

- This bill prohibits the Department of Economic Security from requiring that a foster parent's natural or adoptive children be immunized as a condition of foster home licensure.

#### **HB 1291 DUTY TO REPORT EXCEPTION**

- This bill exempts schools from mandatory reporting if a child is injured at school in the course of typical playground activity during a school day but the school must notify the child's parent of the injury and allows the school to expunge a mandatory reporting report contained in a student's file under specified conditions.

#### **SB 1375 BEHAVIORAL HEALTH SERVICES; DEPENDENT CHILDREN**

- This bill requires the Arizona Department of Economic Security in collaboration with the Arizona Department of Health Services and the Arizona Health Care Cost Containment System to determine the most efficient and effective way to provide comprehensive medical, dental and behavioral health services for children who are in a foster home, in the custody of ADES or in the custody of a probation.
- It changes the frequency of DHS and DES reports from monthly to quarterly and requires the DHS reports be by geographic service areas for children enrolled in the Comprehensive Medical and Dental Program.
- It adds to the collaborative report the requirement to determine the number of foster care placement disruptions as outlined and the number of adopted children who have entered foster care due to parents' inability to receive behavioral health services.

- It removes the requirement for the report to make recommendations for providing integrated services.
- The bill requires CPS, upon receipt of a report or information relating to abuse, neglect abandonment or other information indicating a child may be in need of protective services, to notify OCWI and assist OCWI as directed by the DES Director
- It removes the requirement for CPS workers who investigate allegations of abuse and neglect to be provided with information relating to relevant law enforcement procedures and search and seizure legal requirements.
- It requires DES to develop an alternative response for designated reports.
- It requires DES, when providing CPS information to the public on fatality or near fatality cases at a minimum, to provide a detailed synopsis of prior reports or cases of abuse, abandonment or neglect involving the child and the current alleged abusive or neglectful parent and of the actions taken by CPS.

**SB 1208**

- This bill establishes a five-year pilot program that expands eligibility for tuition waiver scholarships for those in foster care who meet certain conditions and attend any Arizona public university or community college.

**SB 1408**

- This bill amends A.R. S. § 8-112 to provide that a valid Level 1 fingerprint clearance card satisfies the requirement for a state and federal criminal records check for prospective adoptive parents and adults living permanently in the home of the adoptive parent. A court may ask for additional state and federal criminal history checks for good cause.

If after reviewing the summary of the bills you have any questions please feel free to contact me by phone or e-mail. I would be happy to discuss the bills with you and provide clarification if necessary.

Sincerely,

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 Office of the Arizona Attorney General  
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