



# **CHILD AND FAMILY SERVICES**

## **Final Report Federal Fiscal Years 2015 - 2019**

*Department of Child Safety*  
**STATE OF ARIZONA**

**Submitted to:  
U.S. Department of Health and Human Services  
Administration for Children and Families  
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# **Section I**

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

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

The Department of Child Safety (DCS or the Department) is the state administered child welfare services agency responsible for developing the Child and Family Services Plan and administering title IV-B and title IV-E programs under the plan. The Department provides prevention services, child abuse and neglect investigations; child safety assessments; family support, preservation, and reunification services; family foster care and kinship care services; services to promote the safety, permanence, and well-being of children with foster and adoptive families; adoption promotion and support services; and health care services for children in out-of-home care.

#### ***Central Office Operations***

The Department's central administrative structure includes several operational sections that report to the Department's Director:

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

Field Operations include:

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

Support Services include:

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

The Office of Quality Improvement includes:

- Practice Improvement
- Practice, Program, and Service Development

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

The Office of Accountability includes:

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

***Regional Operations***

During this five-year reporting period, Arizona’s fifteen counties were divided into the following 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

Each region provides:

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

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

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

Mission: Successfully engage children and families to ensure safety, strengthen families, and achieve permanency.

Organizational Values:

- Child-Centered
- Family-Focused
- Successful Engagement
- Partnerships and Community
- Professional Environment and Workforce Excellence
- Cultural Responsiveness
- Accountability and Transparency

# **Section II**

## **Collaboration with Stakeholders**

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

The Department's framework for collaboration with stakeholders during the five-year reporting period has included three components: a strategic plan, targeted engagement activities, and continuous engagement initiatives. These components provide access to stakeholders, forums for consultation, and a method to articulate the Department's strategic vision, mission, goals, objectives, and activities so that improvement initiatives are supported and sustainable.

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

The Department engaged stakeholders during CY 2016 and 2017 as part of a 'report consolidation' effort pursuant to Arizona Laws 2014, 2nd Special Session, Chapter 1, Section 160. Stakeholders and the Department worked together to identify capacity, process, and outcome metrics to inform the continuous improvement of services and practice throughout the child welfare system. As a result, a monthly report has been published on the DCS internet site and is available to all stakeholders and the general public. The Department continues to hold stakeholder meetings to discuss outcome metrics and statistics.

#### ***Strategic Planning***

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

The Department has dedicated resources to promote transparency and the continued inclusion of internal and external stakeholders in the Department's continuous improvement activities. The Department's Communications Director continues to ensure communication occurs with internal and external stakeholders. Internal communication to staff now includes periodic and timely messages from the Director, as well as an intranet site. External communication includes issuing regular press releases and social media engagement. For example, in February 2019, DCS issued a press release related to the expansion of the CarePortal, and the Safe Sleep Campaign surpassed nine million impressions. The public website now includes the option to read the information in Spanish, and primary navigation was restructured to focus on stakeholder needs.

#### ***Targeted Engagement Opportunities***

As specific topics and initiatives arose during the reporting period, the Department acquired input from relevant subject matter experts in the community. The Department utilizes an extensive group of stakeholders who participate in consultation activities to inform Department initiatives, including tribal representatives, community health center employees, court personnel, service providers, parents who received Department services, former foster children, foster parents, legislators, child advocates, educators, and others subject matter experts as applicable. For example, in 2016, DCS held a series of foster parent focus groups and in 2017 completed a foster family survey to gather input from licensed foster families to improve the foster parent initial orientation sessions. As a result of the feedback, the Department developed an online foster parent orientation, which allows prospective foster parents to take the orientation at a

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convenient time and location. Another example of targeted engagement is the improved communication with the 21 American Indian tribes with land in Arizona. The DCS Intergovernmental Tribal Liaison conducts in-person site visits to each tribe to maintain a strong relationship between DCS and the tribes, share information and updates, and discuss any specific cases that involve tribal members. The Department also held a series of meetings with stakeholders in early 2019 to obtain input for the Office of Prevention Statewide Needs Assessment. The focus of the needs assessment was to explore the risk factors present for Arizona's children related to maltreatment and determine the most effective methods to prevent these risks. Stakeholders included representatives from First Things First; Arizona Department of Health Services; Arizona Health Care Cost Containment System; Prevent Child Abuse AZ; the Governor's Office of Youth, Faith, and Family; Casey Family Programs; Arizona Department of Economic Security; and Arizona Department of Education. The information gathered from the needs assessment will be used to inform the scope of work for prevention councils and the Department's next CBCAP grant application. The information will also be provided to other agencies conducting prevention work within the state, to be considered in their prevention planning efforts.

#### ***Continuous Engagement Initiatives and Feedback Loops***

Stakeholder consultation has occurred at both the Central Office and regional levels through advisory groups, oversight committees, provider meetings, and collaborative groups. Regularly scheduled meetings held with specific stakeholder groups such as contracted service providers, courts, tribes, behavioral health representatives, youth, and internal staff have provided the opportunity to assess daily field operations and child outcomes. When areas needing improvement were identified, plans were established to research the issues in depth and recommend solutions to the larger group. Outcomes from these meetings were shared with Department leadership.

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

- *Youth Advisory Boards* – In 2018 the State Youth Advisory Board (SYAB) was restructured in partnership with the Capacity Building Center for States and alumni of foster care. The newly structured board focuses on obtaining input from youth who are currently in care or who are alumni of care, on the policy, procedures, and practices of Department. The mission of the board is to improve the experience of foster care for youth. Four planning meetings have been held with the youth, by-laws have been created, and member recruitment has occurred. Ten members have been identified, and the board continues efforts to identify additional members. The new design also allows for the continuous activation of new local boards across the state, which would feed information into the SYAB. During SFY 2019, the SYAB provided input on the Request for Information (RFI) for new semi-independent living options for youth reaching the age of 18. This information was then provided to the DCS leadership team working on the project. As additional information about the RFI is obtained, it will be shared with the SYAB. The Statewide Youth Advisory Board also plans to help coordinate and encourage communication between all youth boards across the state.
- *Community Advisory Committee* - In May 2014, Arizona Revised Statute 8-459 was signed into law, establishing requirements for a DCS Community Advisory Committee. This Committee has continued since that time, typically holding five meetings per SFY and having around thirteen members. The committee provides an opportunity for the Department and community stakeholders to collaborate with a goal of ensuring child safety, strengthening families, and achieving permanency for children. During the reporting period, DCS has received input from the committee related to yearly strategic initiatives and DCS policy and procedures. For example, during SFY 2018, the committee evaluated the court authorized removal process and provided feedback about

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its implementation. The committee also reviewed and provided input related to the Department's plan for an integrated behavioral health and medical system, which is part of the Department's CFSP. The Community Advisory Committee annual reports can be viewed at <https://azdcs.gov>.

- *Parent Advisory Board* – The Parent Advisory Board was created in October 2018, and is comprised of birth parents who have had past open cases with the Department. Currently, there are ten members on the board, and the board is actively recruiting additional members. The board has held nine meetings, including a two-day orientation co-hosted by representatives of the National Alliance of Children's Trust & Prevention Funds. The mission of the board is to actively collaborate with DCS in building strategic partnerships between birth parents and DCS staff, promote parent leadership development, and help expand the meaningful roles and voices of birth parents throughout the child welfare system. The board has provided input related to several documents and guides being developed by DCS, including a brochure that describes Parent Aide and Supervised Visitation services, and a Parent's Guide to DCS. Parent Advisory Board members have also partnered with the Prevention Advisory Collaborative to present a workshop at this year's Prevent Child Abuse Conference.
- *The SAFE AZ Steering Committee* – The SAFE AZ Steering Committee was comprised of staff from DCS, the Attorney General's office, the Administrative Office of Courts, ACTION for Child Protection, and Casey Family Programs. The committee met monthly during implementation of renovations to the Department's safety assessment model. Committee members provided feedback from field staff and courts, which was used to inform policy revisions, communication and training with juvenile courts, new field guides, and other improvement measures.
- *The Arizona Citizen Review Panels* – The fundamental role of the CRPs is to evaluate the extent to which state child protection agencies are effectively discharging their child protection responsibilities in accordance with the State's Child Abuse Prevention and Treatment Act (CAPTA) Plan. During CY 2018, the Community Advisory Committee served as one of the three required Citizen Review Panels. A second panel reviewed the DCS policy and procedures related to adoption subsidy for children with special needs. The panel was made up of adoptive parents, attorneys, and representatives from a faith based community organization and Phoenix Children's Hospital. The panel reviewed demographic information for children age birth to 20 in out-of-home care, the current Arizona adoption subsidy rates, and adoption subsidy information from other states. The panel met in March, April, May, July, and October 2018. The third panel evaluated DCS policy and procedures and online training related to the Reasonable and Prudent Parenting Standard (RPPS), as outlined in the Prevent Sex Trafficking and Strengthening Families Act. The panel was made up of a foster/adoptive parent and representatives from SW Human Development, Native American Fatherhood and Families Association, Children's Action Alliance, Family Involvement Center, and Black Mother's Forum. The panel met in September and November 2018, and February 2019. For additional information, see the annual CRP report detailing the panels' activities and recommendations to improve the child welfare system, and the Department's formal response to the panels' recommendations.
- *The DHS Child Fatality Review Team* – Arizona's Child Fatality Review was created in 1993 (A.R.S. § 36-342, 36-3501-4) and data collection began in 1994. Every time a child dies in Arizona, the death is scrutinized by one of the eleven local child fatality teams located throughout Arizona. Teams include experts such as pediatricians, social workers, attorneys, advocates, law enforcement, representatives from the county medical examiner's office, and others. Teams also must include local representatives from DCS. The DCS representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding DCS policy, protocol, and practice; and provide information about prior DCS involvement with the family, when applicable.

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to the case. The state team provides oversight to the local teams and produces an annual report that is submitted to the Governor of Arizona, the President of the Arizona State Senate, the Speaker of the Arizona State House of Representatives, and the public. The annual report summarizes review findings, and makes recommendations regarding the prevention of child deaths. DCS has used this information to inform and develop the DCS fatality prevention plan, focusing on the prevention of unsafe sleep deaths. These recommendations have also been used to educate communities, initiate legislative action, and develop prevention programs. The Arizona Department of Health Services (ADHS) provides professional and administrative support to the state and local teams and analyzes review data. The goal of the Child Fatality Review is to reduce preventable child fatalities through systematic, multidisciplinary, multi-agency, and multi-modality reviews of child fatalities in Arizona. The teams accomplish this objective through interdisciplinary training and community-based prevention education, and through data-driven recommendations for legislation and public policy.

- *The Statewide Fatality Prevention Committee* - During SFY 2019, the Department developed the Statewide Fatality Prevention Committee to coordinate and create a statewide plan to prevent child maltreatment deaths. The committee includes community stakeholders such as representatives from Prevent Child Abuse Arizona; Department of Health Services; Maricopa County Superior Court; the Governor's Office of Youth, Faith, and Family; First Things First; hospitals; Arizona Health Care Cost Containment System; a nurse consultant; tribal liaisons; and the Arizona Chapter of the American Academy of Pediatrics.
- *Prevention Advisory Collaborative (PAC)* – The Prevention Advisory Collaborative (PAC), funded by the Community-Based Child Abuse Prevention (CBCAP) grant, was developed to increase parent leadership and provide feedback to the Department related to initiatives and improvement activities. The collaborative is made up of parents from the community, a former foster youth, kinship providers, and parents who are former DCS clients. The insights provided by PAC members have increased DCS's understanding of how the community reacts to various prevention efforts and allows the Office of Prevention to adjust strategies accordingly. Activities of the group include a review of the CBCAP report and application, providing feedback as to the activities that would be best supported by CBCAP funds, attending the RCAP Councils' semiannual meeting, and providing feedback on social media and videos related to safe sleep, community resources, protective factors, and substance abuse prevention. PAC members also provided insight into the places where parents are most likely to learn about community resources and what forms of communication would be most effective. The information received from PAC members was used to make decisions related to the types of media prevention messages used and to format the messages in a way that would be most effective. During 2019, the PAC will provide a workshop at the Annual Child Abuse Prevention Conferences related to parent involvement and the importance in social service program development. Additionally, PAC members have provided suggestions to the Statewide Prevention Needs Assessment, various trainings, and the scope of work for the Regional Child Abuse Prevention Councils.
- *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 Arizona State University (ASU) Center for Child Well-Being, foster and adoptive parents, citizen advocates, attorneys, and the Department. 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, the public, and the Children's Action Alliance about the Arizona child welfare system's laws, policies, resources, and practices. Recent committee focus related to kinship care has contributed to DCS procedural changes and advocacy with the legislature and community. For example, legislation was passed during 2019 to allow permanent guardians

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to apply to become adoptive parents for the child in their care and receive adoption subsidy, the AHCCCS enrollment process for children under a guardianship was streamlined, guidelines for waiving non-safety related foster home licensing requirements for kinship caregivers were created, and to allow the \$75 per month per child kinship stipend to be provided without the need for an application or consideration of the caregiver's income.

- *The Arizona Council of Human Service Providers Child Welfare Committee* – The Arizona Council of Human Service Providers is a 501(c)6 organization that represents agencies throughout Arizona providing behavioral health, substance abuse, child welfare, and juvenile justice services. The Arizona Council includes 99 member agencies located throughout the state who employ over 23,000 staff, operate over 700 facilities, and serve over one million people annually. Many of the services provided by the Council's member agencies are carried out in conjunction with the Department, including adoption services, crisis/shelter care, group home care, foster care, counseling, and other child welfare and behavioral health services. Department staff participate in quarterly community forums attended by Council members to update the members on ongoing issues and initiatives. During the last five years, Arizona Council staff and members worked with DCS staff on foster care licensing rules, report consolidation, legislative policy agendas, and updates to the Department's safety assessment model. The Arizona Foundation for Human Service Providers has also entered into a partnership with Dr. Bruce Perry from the Child Trauma Academy to provide a webinar series and online resource library for foster, kinship, and adoptive parents based on the Neurosequential Model in Caregiving of children who have experienced trauma.
- *The DCS Office of Tribal Relations/ITCA/Tribal-Urban Partnership* – The partnership was formed in 2017 when the ICWA Liaison Meetings and Inter-Tribal Council of Arizona meetings were combined with DCS' work with the Capacity Building Center for States and ITCA. The partnership meets at least quarterly. Membership includes representatives from DCS, DES, Native Health, and Arizona's 21 tribes; and meetings are typically attended by eight to ten tribes. The meetings are informational in nature. Based on a presentation or discussion, a group may be formed to pursue a specific goal or objective. For complete information on the Department's consultation activities with the state's American Indian Tribes, see *Section VII: Consultation and Coordination with Tribes*.
- *The Court Improvement Advisory workgroup* – The Court Improvement (CI) Advisory Workgroup and the CI Strategic Plan provide much of the structure for collaborative improvement activities between the courts and the Department. The Department's Chief Quality Improvement Officer continues 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 Department. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Department and the courts through the CFSSR, the title IV-E state planning process, and the child and family services state planning process. The Department provided input into the Court Improvement Program's strategic plan and continues to collaborate with CI to achieve its objectives for improving outcomes for children and families involved in dependency cases. In the past three years, the Administrative Office of the Courts and the Court Improvement Program worked with the Department to train judges and court personnel on the Safety Guide, a guide for judges on the SAFE model of child safety assessment.
- *The Committee on Juvenile Courts* - The Committee on Juvenile Courts (COJC) is a standing

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committee of the Arizona Judicial Council and helps to develop and implement policies to improve the quality of justice, and access to and efficiency in juvenile court operations. The COJC meets quarterly and its membership includes the Presiding Juvenile Judge from each Arizona County Superior Court. The Department is invited to provide updates and discuss with the committee areas of strength and concern in the processing of child welfare cases throughout the state.

- *The ICWA Committee* - The ICWA Committee is a sub-committee of the State, Tribal, and Federal Court Forum, and includes representatives from tribal social service agencies, the juvenile court, Casey Family Programs, and the Department. Meetings are held on a quarterly basis. The ICWA Committee has discussed and shared information on topics such as proposed legislation, ICWA training for DCS staff, expert witness testimony, and ICWA Court.
- *Court Teams for Infants and Toddlers* – Court Teams for Infants and Toddlers (known in Arizona as Best for Babies) is a partnership between Prevent Child Abuse Arizona and juvenile courts throughout the state. Juvenile court judges provide leadership for system changes aimed at improving outcomes for maltreated infants and toddlers, through greater judicial oversight of cases, assuring timely services, and addressing the unique needs of infants and toddlers in their courts. Locally in each county, a team made up of infant and toddler specialists, child welfare providers, mental health and substance abuse treatment providers, attorneys, DCS representatives, and Court Appointed Special Advocates (CASA) meets monthly or quarterly to address system issues, learn about local resources, and gain greater knowledge of the unique needs of maltreated infants and toddlers.
- *Collaboration with the Juvenile Justice system* - The Department has partnered with Juvenile Justice administrations on critical topics facing the two systems, including serving those youth who “crossover” between the two systems, offering placement array options to the juvenile justice systems to limit the unnecessary entry into foster care and increase data sharing to better analyze and design services for youth. The Crossover Youth Protocol is a joint effort to bolster the standardized process of preventing youth involved in the juvenile justice system from entering foster care and ensure children in foster care who are arrested for a crime receive the same level of advocacy and support as a non-foster child. The joint efforts included the creation of a statewide guide for counties to adopt as local process. In addition, the Department worked with State juvenile justice officials to develop shelter placements for youth who are released from detention, but are not able to return home, allowing time to work with families on transitioning youth back into the home. The Department and the 15 counties also continue to work on sharing data regarding dually involved youth to better understand those youth requiring additional advocacy and support, as well as program design.
- *Home Recruitment Study and Supervision (HRSS) Semi-Annual Executive Meetings and Quarterly Statewide HRSS Services Meetings* – The HRSS meetings provide relevant information and updates to the provider community, including DCS data as it relates to the strategic plan and other initiatives or improvements being made. Topics of discussion include the online orientation for foster parents, changes to the DCS website that provide information to foster and adoptive parents, agency resource communication with foster parents, and foster parent training opportunities. The HRSS Executive meeting participants include the DCS Director, DCS Deputy Director of Support Services, and executive level staff of the HRSS agencies. The Quarterly HRSS meeting participants include DCS managers and HRSS management team representatives. In July 2018, a Recruitment and Retention Specialist joined the DCS team. This Specialist attends the HRSS meetings as well as KIDS Consortium/FACT/FAN meetings. The needs and concerns of the provider agencies are discussed, and feedback from the provider agencies on a variety of topics is

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received. This open line of communication has enhanced discussion about the Every Student Succeeds Act (ESSA), provided assistance with recruitment efforts, and given an avenue for agencies to refer families who are struggling or need assistance with navigating services. In addition, the DCS recruitment team has partnered with agencies on community and foster events to continue to bring awareness to the needs of the foster care system. Additionally, the Specialist communicates with families who have closed their licenses to gather information to improve DCS and provider agency systems.

- *The KIDS Consortium* (Maricopa County) and *FACT* (Pima County) – The KIDS Consortium and FACT are comprised of groups of foster care and adoption agencies that work together to educate their communities about the need for high quality, caring, foster and adoptive parents. The DCS Recruitment and Retention Specialist attends the meetings to facilitate communication between the Department and the agencies, discuss the agencies’ needs and concerns, and obtain feedback on Department efforts and improvement strategies. For example, this open line of communication has allowed for enhanced discussions about the Every Student Succeeds Act and recruitment efforts, and provided an opportunity to identify families who could benefit from assistance in navigating services.
- *Collaboration with University Partners* – The Department has worked closely with the Arizona State University (ASU) School of Social Work since 1978. This partnership is governed through an Interagency Services Agreement that incorporates a variety of components into an integrated system of comprehensive child welfare training, social work education, system assessment, and research for the continuous improvement of services to children and families involved in Arizona’s public child welfare system. ASU is currently partnering with DCS to develop the curriculum for the upcoming Guardian trainings, and to evaluate the Fostering Sustainable Connections title IV-E waiver demonstration project and the Maricopa County Juvenile Court Cradle to Crayons program. For additional information on the Department’s collaboration with Arizona State University, see the *DCS Staff and Provider Training Plan*.
- *The Healthy Families Arizona Program Advisory Board* – This community based group was formed in 1993 and serves in an advisory capacity to the Department and to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination, and advocacy/public awareness. The primary responsibility of the advisory board is to seek expansion, diversification, and stability in the program’s funding. Participants include community partners, service providers, and government agency representatives.
- *FosterEd* - The FosterEd initiative focuses efforts to increase the number of foster care youth who graduate from high school and experience a positive education experience. FosterEd provides educational champions to support the long-term success of students, and engages positive youth development principles to build strong connections. As of fall 2018, FosterEd provided services for 387 youth in foster care and 1,176 adults who have been involved in teams supporting youth’s educational needs. In 2018, FosterEd expanded and began providing direct supports to students in Yavapai County, with a goal of serving students throughout Northern Arizona in the future. Representatives from the FosterEd program continue to provide input and feedback to the Department by participating in Independent Living Coordinator meetings, and the Bridging Success advisory board. This consistent feedback to the Department helps to inform Arizona on the educational needs of youth in foster care. Additionally the FosterEd Director meets with DCS leadership to share information and provide materials to guide the Department’s work in meeting the educational needs of youth in foster care.

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- Arizona Substance Abuse Partnership (ASAP) – ASAP is the Governor’s statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The body is composed of representatives from state governmental agencies, federal entities, and community organizations, and focuses on solutions to the critical substance abuse problems facing Arizona.
- *The Behavioral Health Planning Council* – Required for the Community Mental Health Services (CMHS) Block Grant, this community-based group advises the State in planning and implementing a comprehensive community-based system of behavioral health and mental health services. The Council has approximately 20 members, including parents of children who have a severe emotional disturbance, seriously mentally ill consumers, and representatives from the Department of Education, Department of Corrections, DCS, and tribes. Its mission is to serve as an advocate for adults with a serious mental illness and children who are seriously emotionally disturbed. The council monitors, reviews, and evaluates the allocation and adequacy of mental health services in Arizona and participates in improving services within the State.
- *Quarterly Service Delivery for Foster Children* - This workgroup is attended by leaders from AHCCCS, the Regional Health Authorities, DCS, and CMDP, and focuses on identifying and addressing system issues in the delivery of behavioral health services to children in out-of-home care.
- *Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (The SEN Task Force)* – The Department co-chairs this task force, which meets monthly and reports to the Governor’s Office. The goal of this task force is to strengthen practice by OB/Gyn doctors, hospitals, AHCCCS, and perinatologists in addressing the needs of substance exposed newborns and their parents. Task force members include DCS staff, CMDP staff, and community stakeholders representing Department of Health Services, hospitals, and pediatricians. Current work by the task force includes an update to the SEN Guidelines, which are procedures to be followed by DCS and community providers to identify and provide services for SENs. The Task Force also developed a Provider/Client Drug Information Toolkit, Guidelines for Practitioners related to Neonatal Abstinence Syndrome (NAS), and a NAS Awareness Campaign designed for women of child bearing age. The task force is collaborating with the Department to implement the Comprehensive Addiction and Recovery Act (CARA) and related best practices. The task force continues to grow in membership and has developed regional task forces in several counties throughout Arizona to address local needs of pregnant and parenting families with substance exposed newborns.
- *The Interagency Leadership Team (IALT)* – This team is a collaboration between the Department of Health Services, First Things First, the Department of Child Safety, AzEIP, and the Department of Education to monitor and strengthen the Maternal Infant Early Childhood Home Visitor (MIECHV) prevention program. The IALT collaborates to provide professional development to home visitors by assisting with a statewide home visitor annual conference and Home Visitor Supervisor Institute. Home visiting prevention programs such as Smooth Way Home, Healthy Start, Healthy Families, Parents as Teachers, and Nurse Family Partnership are also discussed and coordinated during IALT meetings, with a goal of reducing or preventing child maltreatment.

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

The Department has engaged with community partners in a cycle of continuous improvement to successfully implement the goals and strategies of Arizona’s *Child and Family Services Plan (CFSP)* and *Annual Progress and Services Report (APSR)* during the five-year reporting period. Meaningful engagement with internal and external stakeholders occurs throughout the continuous improvement cycle,

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including definition of strengths and areas needing improvement, assessment, intervention planning, intervention implementation, and evaluation of results.

Arizona's CFSP 2015 – 2019 goals and objectives were initially developed using input and recommendations provided by then Governor Janice K. Brewer's independent Child Advocate Response Examination (CARE) Team, and additional information gathered from stakeholders after the CARE Team issued its report. The Department of Child Safety's Director, Gregory McKay, was appointed in February 2015, and since then has led the Department's continued engagement with stakeholders to identify improvement priorities and interventions. The Department published a strategic plan in July 2015, with consideration of input gathered from more than 300 internal and external stakeholders through interviews, focus groups, and surveys. Additionally, the Department thoughtfully reviewed and incorporated a number of recommendations from national and local child welfare organizations. The Department has relied on the advice, evaluation, and consultation of leading national child welfare organizations, including Casey Family Programs, Chapin Hall at the University of Chicago, and the Children's Bureau. The DCS strategic plans are available on the Department of Child Safety's internet site, at <https://dcs.az.gov/>.

In March 2015, Arizona began its third Child and Family Services Review (CFSR) cycle. The CFSR is a federal-state collaborative effort designed to help ensure that quality services are provided to children and families through state child welfare systems. Arizona's initial round 3 CFSR Final Report was published by the Children's Bureau in January 2016, and updated and reissued in 2017. The Department reviewed the Final Report, consulted with child welfare system partners, and received guidance and direction from the Children's Bureau to develop a Program Improvement Plan (PIP), which was approved by the Children's Bureau in January 2017. The activities included in the PIP were implemented during CY2016 and CY2017. During and since this time, information gathered from stakeholders has also been used to set and implement statewide strategic goals, all of which are intended to improve the outcomes of children and families whom the Department serves. The consultation with employees and external stakeholders that occurred during the CFSR informed the strategies and key activities identified in this PIP. Consultation activities during the CFSR included the following:

- The Department coordinated with the Children's Bureau to conduct more than eleven stakeholder interviews between April and September 2015, including interviews and consultation with DCS staff, agency providers, court staff, Attorneys General, attorneys representing parents and youth, licensing staff, foster and adoptive parents, tribes, parents, youth, and others.
- The Department held a CFSR results information sharing and stakeholder input meeting in January 2016 with the assistance of Children's Bureau partners. After DCS presented information about the CFSR process, the Department's strategic plan, the Arizona CFSR results, and draft ideas for the PIP, the internal and external stakeholders participated in facilitated breakout sessions to provide their insights and recommendations pertaining to several improvement focus areas.
- The CFSR results and draft PIP strategies were shared and discussed with the following committees, workgroups, or individuals during the first half of calendar year 2016:
  - the Southern, Central, and Northern Citizen Review Panels;
  - the Inter-Tribal Council of Arizona;
  - the Court Improvement Advisory Workgroup;
  - Children's Action Alliance Child Welfare Committee;
  - Juvenile Court Administrators;
  - Committee on Juvenile Courts;
  - the DCS Program Administrators;
  - the Arizona Council of Human Service Providers; and
  - the Community Advisory Committee.

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**Section II: Collaboration with Stakeholders**

DCS asked the workgroup members to provide input and suggestions related to the improvement strategies included in the draft PIP. Upon finalization and approval, DCS posted Arizona's PIP on its website to allow public access.

Collaboration in the implementation of strategies and key activities is described throughout this report. For example, committees and workgroups include stakeholders where appropriate to the topic area; new policies, procedures, and practice guidelines are often provided to stakeholders for input; and service provider agencies have been involved in the Department's Active Contract Management process, in which periodic meetings occur to provide data and identify strategies to improve program fidelity and outcomes.

# **Section III**

## **2015 - 2019 Goals, Objectives, and Accomplishments**

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### **Section III: 2015 – 2019 Goals, Objectives, and Accomplishments**

#### ***Five Year Strategic Vision***

The Department's vision is that children thrive in family environments free from abuse and neglect. The Department's mission is to successfully engage children and families to ensure safety, strengthen families, and achieve permanency.

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

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

The Department of Child Safety's strategic goals and objectives from fiscal years 2015 through 2019 are described in the *Arizona Department of Child Safety Strategic Plans*, the *2015-2019 Child and Family Services Plan*, the *Annual Progress and Services Reports*, and the *Child and Family Services Review Program Improvement Plan*. The Department's strategic plans can be viewed at:

<https://dcs.az.gov/news/strategic-plan>.

#### ***State Fiscal Year 2015 Goals and Objectives***

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The Department of Child Safety was created as a permanent stand-alone agency on May 29, 2014. During SFY 2015, the Department separated from the Department of Economic Security, while beginning to address the investigation backlog and workforce recruitment. In February 2015, Gregory McKay was appointed as the Department's Director and accelerated the efforts to fully investigate and reduce the backlog of open reports and inactive cases.

In June 2014, the Department submitted the Department of Child Safety 2015-2019 Child and Family Services Plan, which included the following goals:

- reduce caseloads to meet reasonable caseload standards;
- recruit and retain high quality employees;
- develop a skilled workforce;
- operate with transparency and accountability to the practice standards described in law, rules, policy, and procedure;
- thoroughly and efficiently collect information from the public about children who may be abused or neglected;
- provide an appropriate response to allegations, based on risk and needs;
- remove only those children who require it for their immediate safety and safely achieve faster permanency for children who must be removed; and
- meet the needs of children in out-of-home care and their foster or adoptive families.

In early 2015, the Department had a backlog of nearly 33,000 open reports for investigation, nearly 16,000 open inactive cases, and an unprecedented out-of-home care population that was over 17,400 and still rising. Children were sleeping in DCS offices while awaiting a foster home, and service wait lists of over 1,000 referrals delayed treatment for parents in crisis. DCS Specialists carried caseloads that reached as high as 145 open reports for investigation per Specialist, used an outdated and cumbersome information system. At the beginning of the reporting period, rates of timely response to reports for investigation was 71%, and the percentage of children receiving in-person contact from a DCS employee was 87%.

Since 2015, the Department's dedicated staff eliminated the backlog of open reports for investigation and have maintained an open report volume of roughly 5,000 to 7,000 for the past two SFYs, maintained open inactive cases at under 400 for the past two SFYs, and experienced a 25% safe reduction in the out-of-home care population while the nation observed a 4% increase. Some of the many other significant accomplishments include the following:

- Significant improvement has been made in reducing caseload size for all types of cases, including investigation, ongoing, and in-home cases. For example, in the Central Region, during the first quarter of SFY 2017, the approximate number of open investigation reports per worker was 64, in-home cases per worker was 23, and the number of out-of-home children per worker was 51. During the second quarter of SFY 2019, these caseloads were 13.5, 14, and 23.9 (Source: DCS Quarterly Benchmark Progress Report).
- In order to develop a skilled workforce, improvements were made during the CFSP period to training, including revisions to new case manager training. Also, all staff were provided with SAFE AZ training in 2017 and the Department implemented a supervision coach program in 2019.
- The Department implemented the SAFE AZ renovation in order to operate with more accountability to practice standards on safety assessments.
- The Department implemented the DCS Management System as a method to operate with transparency and accountability.

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- A more objective Hotline screening tool was implemented and changes were made to the statutory definition of an abuse or neglect report during the CFSP period. These changes improved the collection of information and decision making about taking a report related to children who may be abused or neglected.
- During the CFSP period, the Department altered the prioritization of DCS reports for young children to ensure an appropriate response to allegations of abuse and neglect for these most vulnerable children.
- A new Placement Administration identifies a family for children upon entry to care. When children are waiting for a relative or a foster home with room for a sibling group, they are cared for in a safe and fully equipped Welcome Center. The number of children in shelter care dropped 78% between SFY 2016 and SFY 2018, and the number of children in any type of congregate care setting dropped 30%.
- DCS received multiple awards from the IT community for implementing its “Mobile First” strategy and tablet deployment, and the new CCWIS compliant information system is well into development.
- Service waitlists are typically under 100 individuals/families and wait time is typically no more than ten days for services in urban areas, and no more than 20 days for services in rural areas.
- Timeliness of initial response has remained above 90% since December 2016.
- DCS met the federal case worker visit with children standard in 2017, and has continued to meet the standard since.

***State Fiscal Year 2016 Goals and Objectives***

During SFY 2016, the Department created capacity by addressing a backlog of overdue investigations and inactive cases; installing new procedures, forms and practice standards for Hotline screening and investigations; implementing workforce retention strategies; and avoiding continued out-of-home care population growth through permanency and in-home services.

The Department’s SFY 2016 objectives and initiatives included the following:

Goal 1: Improve objective decision-making at the Hotline and investigations

- 1.1. Increase the accuracy of referral categorization at the Hotline
- 1.2. Increase the accuracy of safety and risk assessments in investigations
- 1.3. Increase utilization of the dashboard to better define workloads, develop action plans, and accommodate volumes

Goal 2: Improve performance and quality of service through employee retention

- 2.1. Create manageable workloads by addressing factors that contribute to the inactive backlog
- 2.2. Reduce the number of inactive cases, which includes investigations that have been open for 60 days or more with no new report in the most recent 90 days
- 2.3. Improve job fit using behavioral characteristic analysis of applicants
- 2.4. Develop a compensation plan to recognize performance of all Department employees

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2.5. Increase advanced training opportunities for Child Safety Specialists and managers

Goal 3: Reduce length of stay for children in out-of-home care

- 3.1. Improve timeliness of reunification, guardianship, and adoption
- 3.2. Improve casework transitions and division of labor to increase efficiencies
- 3.3. Increase frequency of clinical supervision

Goal 4: Reduce recurrence of maltreatment by improving service delivery

- 4.1. Expand the availability of in-home services to prevent repeat reports for investigations and foster care re-entry
- 4.2. Reduce waitlists for in-home and parent aid services
- 4.3. Implement targeted prevention strategies to reduce the need for Department intervention

Goal 5: Improve capacity to place children in family environments

- 5.1. Increase the number of foster homes and the availability of foster home placements
- 5.2. Increase the time that children are placed with a kinship caregiver
- 5.3. Improve retention of existing licensed foster homes

***State Fiscal Year 2017 Goals and Objectives***

During SFY 2017, the Department continued to focus on creating capacity in the system, permitting DCS Specialists to further engage with families to improve assessment quality, deliver services to families, and improve the number of children achieving permanency.

The Department's SFY 2017 goals and objectives included the following:

Goal 1: Avoid historic 10% out-of-home population growth through improving safety decisions, targeted activities, and prevention work

- 1.1 Implement targeted permanency activities to reduce the out-of-home care population
- 1.2 Expand the Office of Prevention

Goal 2: Maintain Fiscal Responsibility

- 2.1 Implement a budget management process that supports fiscal responsibility and standardizes planning, reporting, and accountability
- 2.2 Refine and implement a placement improvement process
- 2.3 Refine and implement service array standards and application
- 2.4 Achieve operations cost targets
- 2.5 Execute the IV-E waiver demonstration project (Fostering Sustainable Connections)

Goal 3: Improve Employee Retention

- 3.1 Execute the investigative backlog reduction project
- 3.2 Define and implement case management classification and compensation structure
- 3.3 Refine and implement an on-boarding experience
- 3.4 Define and implement leadership development program for all people leaders

Arizona participated in the case review phase of the Child and Family Services Review (CFSR) between April and September 2015, and submitted the CFSR Program Improvement Plan (PIP) on April 5, 2016. The Children's Bureau approved the PIP in January 2017, and the Department completed all of the CFSR PIP activities by December 2017. The following strategies were included in the CFSR PIP. The complete Arizona CFSR PIP is available at <https://dcs.az.gov/news-reports/dcs-reports>.

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*1. Strategies to Improve Child Safety Assessment*

Safety Outcome 1; Safety Outcome 2; Systemic Factor-Service Array; Systemic Factor- Foster/Adopt Parent Licensing, Recruitment, and Retention

- 1.1 Reduce average investigation caseload so that DCS Specialists have more time to complete comprehensive safety assessments
- 1.2 Implement a policy and/or procedure that defines a specific time frame for completing face-to-face contact with children who are the subject of a report of child abuse or neglect
- 1.3 Develop and implement practice guidelines, tools, and/or training to improve application of the Department's safety and risk assessment model, so that there is greater consistency in decisions about when in-home services can be provided and when safety threats require removal
- 1.4 Implement improved and/or expanded kinship search and foster family recruitment processes, so that more children are placed immediately or quickly in kinship or foster homes, so that children do not stay in DCS placement centers

*2. Strategies to Improve Family Engagement*

Permanency Outcome 2, Well-being Outcome 1, Systemic Factor-Case Review System

- 2.1 Develop and implement practice guidelines that describe family engagement techniques at key practice points from the first knock on the door through permanency, so that there is system-wide consensus on the practice standards, and written guidance for reference and training
- 2.2 Provide training on family engagement techniques to DCS Specialists
- 2.3 Develop advanced family engagement skills among a cadre of employees that will include, at minimum, TDM Facilitators, Family Engagement Specialists, Placement Coordinators, Practice Improvement Specialists, and trainers; so that they can model and coach these skills for DCS Specialists, Supervisors, and other DCS employees
- 2.4 Implement procedures to 1) require that a TDM meeting is held for cases where a child's removal has occurred or is being considered, and 2) increase the percentage of considered removal (pre-removal) TDMs, so that parents are involved early in a meeting facilitated by a DCS employee who is trained in family engagement techniques, and family engagement practice is modeled for DCS Specialists

*3. Strategies to Improve Quality Assessment of Needs*

Well-Being Outcome 1, Well-Being Outcome 3, Systemic Factor – Service Array

- 3.1 Develop and implement practice guidelines and service approval procedures so that families are referred to the right services at the right time to help them succeed, and so that waitlists are further reduced and services are available when needed to prevent removal and reentry
- 3.2 Develop practice guidelines related to DCS Specialists' evaluation of children's general needs

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3.3 Develop practice guidelines related to DCS Specialists' assessment and monitoring of medical needs and services for children in out-of-home care

*4. Strategies to Improve Permanency Planning*

Permanency Outcome 1, Statewide data indicator- Permanency in 12 months for children entering foster care, Systemic Factor – Case Review System

4.1 Develop and implement practice guidelines related to timely filing of Termination of Parent Rights (TPR) motions and compelling reason assessment and documentation

4.2 Implement case review processes to develop action plans to achieve permanency as quickly and safely as possible

The CFSR PIP Measurement Plan included the following data indicators, which have been measured through the review of 65 cases annually, using the federal On-Site Review Instrument. As of May 2019, Arizona met all of the nine improvement goals.

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Item 3: Risk and Safety Assessment and Management

Item 4: Stability of Foster Care Placement

Item 5: Permanency Goal for the Child

Item 6: Achieving Reunification, Guardianship, Adoption, or OPPLA

Item 12: Needs and Services of Child, Parents, and Foster Parents

Item 13: Child and Family Involvement in Case Planning

Item 14: Caseworker Visits with Child

Item 15: Caseworker Visits with Parents

***State Fiscal Year 2018 Goals and Objectives***

During SFY 2018, the Department continued to focus on creating capacity and improving the quality of safety assessment, family engagement practices, service delivery, placement in family settings, and achieving permanency. New goals in SFY 2018 pertained to developing the state's IT infrastructure and integrating behavioral health care into the Department's existing medical and dental program.

The Department's SFY 2018 goals and objectives included the following:

**Goal 1: Improve timeliness to permanency**

- 1.1 Complete training for investigations and ongoing; implement SAFE AZ (safety assessment) tools
- 1.2 Implement statewide field standardization (case transfer process, management system installation)
- 1.3 Conduct targeted permanency activities to reduce the number of children in out-of-home care
- 1.4 Expand prevention and intervention services and supports

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

- 2.1 Refine and implement improved foster family recruitment process
- 2.2 Implement a standardized statewide placement process
- 2.3 Improve supports to foster caregivers
- 2.4 Refine and implement improved partnerships with foster care providers

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- 2.5 Further expand the Fostering Sustainable Connections IV-E waiver demonstration project

Goal 3: Improve employee retention

- 3.1 Refine and implement an employee “on-boarding” experience
- 3.2 Define and implement leadership development program for all people leaders
- 3.3 Establish a culture of safety and support for DCS staff
- 3.4 Refine and implement an employee engagement strategy

Goal 4: Develop and implement the agency IT infrastructure

- 4.1 Successfully deploy the mobile solution statewide, including field background checks
- 4.2 Design and implement safety assessment model in Guardian
- 4.3 Implement a data quality plan for Guardian
- 4.4 Implement the “Cloud First” strategy

Goal 5: Develop implementation strategy for behavioral health services

- 5.1 Develop a complete integration assessment, transition plan and recurring costs analysis, including legislative change requirements

***State Fiscal Year 2019 Goals and Objectives***

During SFY 2019, the Department maintained the SFY 2018 goals and developed new objectives that target practice quality for families served in-home and youth age 14 and older in out-of-home care; improve supervision through training and on-the-job coaching; and improve the out-of-home placement array to increase the placement of children in family-like settings. The Department continued to implement the agency IT infrastructure and an integrated health plan that includes behavioral health services.

Goal 1: Improve timeliness to permanency

- 1.1 Standardize referral and delivery of in-home case management
- 1.2 Implement a standardized ongoing case management practice framework
- 1.3 Increase successful transition to adulthood of all children 14+ while in foster care
- 1.4 Develop and implement a process to monitor performance of court-authorized removals

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

- 2.1 Improve supports to kinship families
- 2.2 Improve the system-wide placement array for children in foster care (traditional, medically fragile, DDD, behavioral health, detention) to reduce the use of congregate care
- 2.3 Expand Fostering Sustainable Connections IV-E waiver demonstration project

Goal 3: Improve employee retention through improved supervision

- 3.1 Design coaching and quality assurance model for supervisors
- 3.2 Implement infrastructure and tiered accountability for supervisor coaching model
- 3.3 Define and implement training “Day 1 as a new Supervisor”

Goal 4: Develop and implement the agency IT infrastructure

- 4.1 Implement Guardian deliverables for FY19 on time and on budget
- 4.2 Implement separation project on time and on budget (separation from the Department of Economic Security)

Goal 5: Implementation of Integrated Health Plan

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- 5.1 Develop and implement organization and processes that support improved delivery of services identified in Early & Periodic Screening Diagnostic and Testing
- 5.2 Finalize and launch Request for Proposal for Behavioral Health – Administrative Services Only model integration

***Key Activities to Implement the Strategic Vision***

**Sufficient capacity to manage workload volume**

Following the introduction of a more objective Hotline screening tool during SFY 2016, and changes in SFY 2017 to the statutory definition of DCS reports for investigation, DCS observed a reduction in the monthly volume of new reports for investigation. During SFY 2018, the number of new reports and the number of open reports continued at the new lower levels. The decrease in investigation workload has allowed investigative specialists to respond more timely to new reports and spend more time with families conducting safety and needs assessments.

During the reporting period, DCS reduced the number of open reports from over 33,000 to roughly 6,000 by holding weekly accountability calls, tracking workload and progress through the use of data dashboards, and partnering with Casey Family Programs to fund contracted agency staff to assist with administrative and process tasks to complete and close investigation cases.

The Department implemented procedures for assigning an ongoing caseworker at the time of the preliminary protective hearing in dependency cases, so that work related to case planning and placement stability is completed by the ongoing DCS Specialist rather than the investigating DCS Specialist, so that investigators are available to respond to new incoming Hotline reports.

From 2015 to 2017, Department and contracted staff held targeted permanency staffings to facilitate a discussion and planning to achieve timely permanency for children in out-of-home care. The Department hired a permanency expert in March 2016 who continues to be employed to review cases identified as having complex issues that are delaying permanency, and develop a plan to achieve permanency for the children.

During the reporting period, the Department restructured the DCS Specialist series classifications in an effort to retain DCS Specialists. A new position of DCS Specialist Trainee was established for new hires in the first 22 weeks of employment. Upon the successful completion of the initial training, the DCS Specialist Trainee is promoted to a DCS Specialist. The DCS Specialist will then be eligible for a pay increase after one year, and a final pay increase two years later. Only employees who meet expectations on their performance appraisals are eligible for these pay increases. During the reporting period, DCS Specialists, case aides, and support staff were provided a one-time bonus to improve retention, and DCS Program Supervisors received two pay increases.

DCS streamlined the hiring and selection process for DCS Specialists by updating prescreening questions, revising the competency-based interview questions, and enhancing the written assessment of the interview process. The improvements decreased the interview time and better aligned the process with the actual skills and competencies needs for the DCS Specialist position. DCS also implemented the regular use of the Predictive Index assessment to help predict the performance of potential new hires.

**A management system that supports fiscal responsibility and standardizes planning, reporting, and accountability**

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During the reporting period, the Department implemented the DCS Management System, which provides a set of behaviors, tools, and measures that are used during administrative supervision to drive consistently predictable outcomes through continuous improvement and practice standardization. Components include visual management to see performance outcomes and process measures, definition around leadership behaviors and actions that are known to have positive outcomes, and problem-solving tools to understand the causes of unwanted outcomes and create actions to prevent them.

The Department places the highest priority on fiscal planning and the application of proper funding mechanisms for each of its services and administrative functions. The majority of the Department's budget is committed to direct services for children and families, and to the daily care of children in out-of-home care. The financial planning team strives to ensure that DCS Specialists can access appropriate services to achieve child permanency and well-being, and that the fiscally responsible service delivery mechanism is in place to achieve the result. Financial planning, program development, and field operations staff jointly conduct the following activities:

- **Contract planning and fiscal modeling:** In this phase, the team identifies payment points and fiscal incentives matched to the contract's programmatic objectives in order to create desired practitioner behavior and reinforce the programmatic desired outcomes. Critical to this step is knowledge of the proper timing for key service component delivery.
- **Contract negotiation with supply and demand forecasting:** This phase ensures that providers are compensated fairly and in a manner that promotes high quality timely services, while leveraging open market competition within the provider community. Forecasting and awarding proper capacity ensures that families receive services in a timely manner while allowing awarded providers to efficiently utilize their organizational resources.
- **Service referral and assignment:** The Department's referral and assignment methodologies reward providers that deliver services that meet quality standards at the lowest cost. These providers are given preference when assigning service referrals, which keeps costs lower while meeting desired program outcomes. Quality assurance tools are utilized to ensure program fidelity remains high.
- **Performance management:** Performance management tools are used not to confirm that fidelity and outcome measures are met, and that budget forecasts are maintained within fiscal appropriation limits. Monitoring trends, adjusting behaviors, and focusing on critical cost drivers within the service array is paramount to continued cost control or reduction year over year.

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

The Office of Prevention was created in 2016 to collaborate with prevention agencies and implement focused activities across the state in an effort to prevent child abuse and neglect. During the reporting period, DCS created or expanded several prevention campaigns and programs including the Safe Sleep Campaign, the Baby Box program, the Did you Know campaign, and the CarePortal. The Safe Sleep Campaign and Baby Box program are prevention efforts to reduce the number of child deaths due to unsafe sleep environments. The "Did you Know" emails provide DCS Specialists with resources and prevention information on various resource topics. Recent topics include tips for building protective factors, the Family Unification Program, home visiting programs, nurse home visiting programs, safe sleep, teen resources, postpartum depression information, car seat safety, and domestic violence resources. The CarePortal is a faith-based prevention collaboration, in which DCS families are connected to local churches

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who want to serve their communities by providing basic goods and services to families in an effort to keep families together, reunify families, and support kinship placements. The Arizona CarePortal began in Pima County in December 2015, and was expanded to Maricopa and Yuma Counties in 2017, and Yavapai and Coconino Counties in 2018.

The SENSE program has continued to expand across Arizona during the reporting period. The SENSE program started in Maricopa County, the largest county in Arizona, in 2006. The SENSE program has expanded since that time, and is now available to families in Maricopa, Mohave, Pinal, Cochise, Coconino, Yuma, Yavapai, La Paz, and Pima Counties.

The Department has expanded the availability of the Building Resilient Families in-home service program to allow more children to remain safely with their parents or support least restrictive settings while in out-of-home care. Building Resilient Families began in Maricopa County, and expanded statewide during SFY 2019.

The Department has implemented and expanded the Fostering Sustainable Connections project. Fostering Sustainable Connections is the state's title IV-E waiver demonstration project. Initial implementation began on July 1, 2016, in two Maricopa County DCS offices that had some of the largest concentrations of children in congregate care. Since that time, expansion has included thirteen other sites – three in Pima County, seven in Maricopa County, one in the Northern Region, and two in Pinal County.

The Department created a statewide service matrix to standardize the service referral and authorization process and address service referral issues, including service wait lists. The Department has reduced wait lists for in-home services from 207 families in June 2015 to 51 families in June 2019, parent aide services from 412 in June 2015 to 152 in June 2019, and supervised visits from 169 in June 2015 to 116 in June 2019. The service matrix and associated approval process also encourage supervisory conversations regarding the appropriate use of services, particularly the use of repeated referrals to the same service, so that families receive the right services to meet their needs. The Department created a series of Service Guides and Practice Guidelines that complement the service matrix by establishing statewide practice standards and procedures for selecting and engaging families in services. Service Guides have included topics related to parent aide services, supervised visit only services, in-home services, independent living services, and psychological consults. Practice guidelines have included the use of drug testing and psychological evaluations.

In addition, the Department implemented an improved in-home case transfer process that streamlines the process for families to be transferred to in-home case management services after the completion of the investigation. The timeline for transfer was shortened and the decision to provide DCS oversight was separated from the decision to provide contracted in-home services. With the new process, the in-home DCS case manager develops the service plan with the family after additional assessment of the family's needs and goals.

**An out-of-home placement array and placement selection procedures that support children to live with kin or other family-like settings, and include therapeutic settings for children with special physical or behavioral health needs**

The Department successfully reduced the use of congregate care during the reporting period by centralizing placement selection, improving support to kinship caregivers, and implementing new foster home recruitment strategies. The number of children in shelter care dropped 78% between SFY 2016 and SFY 2018, and the number of children in any type of congregate care setting dropped 30%.

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In October 2017, the Department centralized the placement and selection procedure for the use of shelters, group homes, and licensed foster homes. If a kinship caregiver is not identified after reasonable efforts by the DCS Specialist, the DCS Specialist submits a request to the centralized placement unit, which identifies a caregiver for the child. Shelter and group home placements require management approval, and are to be selected only when there are no other options for the child, or the shelter or group home is necessary to meet the child's needs.

The Tucson DCS Welcome Center opened in September of 2014. During the reporting period, a Welcome Center opened in Phoenix. The Welcome Centers are fully equipped facilities where children can stay while waiting for a relative, foster home, or group home placement. The Welcome Centers allow sibling groups to remain together, avoiding separation into short-term arrangements with foster parents or in group homes.

The "Kinship Stipend," originally developed for unlicensed grandparents or great-grandparents who meet an income threshold, was expanded through the 2017 legislative session to include all income eligible unlicensed kin placements caring for children in DCS custody. Approximately 2,630 children received the Kinship Stipend during the month of June 2019 (Source: DCS Kinship Stipend huddle chart). During the 2019 legislative session, the eligibility for the \$75 per month per child kinship stipend was widened to include kin providers without the need for an application or consideration of the caregiver's income.

In 2018, the Department expanded the DCS Warmline Support to be available to all kinship families to provide easier access to information and assistance setting up benefits such as TANF, DES child care, and the Kinship Stipend Program. The Guardianship Services Contract was also launched in 2018 to focus on providing information, education, consultation, training, support, and outreach to caregivers who are considering permanent guardianship as a permanency option. Kinship caregivers and youth receive education on all permanency options to allow an informed decision that is best for the family. Caregivers that move forward with permanent guardianship are provided with support to complete necessary paperwork and connected with community resources to assist with future needs.

In 2019, the Department launched a Kinship Navigator Pilot program in three offices in Maricopa County, using the title IV-E Kinship Navigator grant funds. The pilot assists unlicensed kin caregivers with navigating the many systems involved when a child is in the custody of the Department and placed in their home. The contracted provider delivers similar supportive services as those offered to licensed caregivers by their licensing agencies. The intent is to keep children living with relatives in safe, stable, nurturing environments until their permanency goal can be achieved.

The Department made improvements to the foster home recruitment procedures to include a new foster home need calculator, special recruitment campaigns, and a coordinated DCS recruitment campaign.

In 2016, the Department partnered with the Department of Public Safety and Fieldprint to create a new process of fingerprinting prospective foster families. The new process reduced the fingerprint processing wait from up to six weeks to three to five days, and improved the error rate by 19%. This and other adjustments made to the licensure process helped to significantly reduced the time from application to licensure.

The Department reviewed the out-of-home care population demographics and created cohort groups better defined to serve sub-populations of children. The identified cohort groups include intensive and standard shelters; and group homes for children who have experienced significant trauma, are part of a sibling group, are a parenting teen, have sexually maladaptive behavior, have significant medical needs, or identify with a particular community such as American Indian or the LGBTQ community.

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

The Department is developing a plan to integrate behavioral health services into the Department’s medical and dental health service program (CMDP) to improve coordinated access to timely and medically necessary behavioral health services.

**Clinical practice standards for child safety assessment and family engagement that are consistently applied with proficiency**

In 2017, the Department updated and revised existing policies to renovate its safety assessment model (SAFE AZ) and trained all DCS Specialists, DCS Program Supervisors, and Office of Child Welfare Investigations Investigators and Managers. The safety assessment model provides a framework for collection of sufficient and relevant information, and for the analysis of the collected information. The framework includes definitions and guidance to determine if there are dangerous conditions in the home, assess caregiver protective capacity, and develop in-home or out-of-home safety plans to substitute for diminished caregiver protective capacities and control safety threats while providing services to the parents. The SAFE AZ model enables consistent information collection and decision making to identify and control dangers and prevent current and foreseeable abuse and neglect.

In May 2017, Governor Ducey signed into law Senate Bill 1395, requiring court authorization prior to the removal of a child from his or her parent or guardian, except in exigent circumstances. DCS implemented the Court Authorized Removal process at the beginning of SFY 2019. This process provides court oversight of practice related to safety assessment and reasonable efforts to prevent removal of children.

In SFY 2017, DCS revised the Department’s report response policy and procedure to include timeframes within which victim children must be seen when investigating a report of child abuse or neglect.

The Department created a series of Practice Guidelines to establish statewide practice standards, and describe today’s best known skills, techniques, and knowledge to guide individualized practice and achieve positive outcomes. Practice Guidelines include engagement with incarcerated parents, conducting high quality parent contacts, parenting time (parent-child visitation), preserving the child's connections, parent readiness for change, and others.

Team Decision Making (TDM) procedures and training were updated, and accountability mechanisms were put into place to monitor the use of TDMs and identify trends and improvement opportunities.

The Department implemented a policy to change the age at which a Preparation for Adulthood Plan is required from age 16 to age 14, regardless of the youth’s permanency goal, and began to implement the Youth Thrive framework and training, which focuses on using a trauma informed lens when working with older youth, to promote protective and promotive factors. As of April 2018, 23 Department employees have been trained to provide training to all young adult case managers by the end of the calendar year.

Administrative supervision, including the use of huddle boards, promotes direct observation and standardization of casework practice. New standardized supervisory practices are being tested and include guidance on the timing of supervisory conversations, the reason for the conversation, and the expected outcomes of the conversation, as well as an expectation of coaching techniques to develop critical thinking skills.

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**Field operations supervisors and managers with demonstrated proficiency in safety assessment, clinical case management, a coaching mindset, creating a culture of safety and a learning environment, and the DCS management system**

The Department is redesigning clinical supervision into a proactive process that involves the Supervisor throughout each investigation or ongoing services case, and creates a teaming approach to investigations and clinical case management. The new process includes thorough and purposeful supervision discussions conducted at key decision-making points, rather than supervisory review of case information after events take place. This standardized process enables the observation of practice as it is occurring through both a clinical and administrative lens, to validate expected processes and behaviors are occurring with fidelity to the Department's practice models.

In late 2018, the Department created a Supervision Coach Program to achieve proficiency and practice fidelity in safety assessment, clinical case management, clinical supervision, and administrative supervision. Following several weeks of advanced training, sixteen full-time Supervision Coaches have begun to provide one-on-one and group coaching to Program Managers and Program Supervisors. The Supervision Coaches directly observe Supervisors and Program Managers conducting clinical and administrative supervision, and provide immediate coaching and feedback. The Supervisors, Managers, and Supervision Coaches transparently identify opportunities for improvement, document actions with specific target dates, and share accountability for improved practice and outcomes. Actions and reevaluation continue until the underlying causes have been addressed and practice has improved. The Department is measuring success of the Supervision Coach Program through improved scores on a written safety assessment model test, observation of increased proficiency applying the Department's safety assessment and supervision models, and improved Supervisor retention.

The Department implemented a SAFE AZ testing procedure to help evaluate the knowledge of agency staff related to the safety assessment model, and Individual Expert Development Plans (IEDP) to guide professional development. The testing and IEDPs began with the Supervision Coaches, and will be used with unit supervisors in the future.

The Department implemented Active Case Supports (ACS) in February 2019 to offer real-time coaching and guidance to DCS Specialists and Supervisors while a child welfare investigation is occurring. The ACS provides support in applying Arizona's safety assessment model to some of the most complex investigations. The selection of cases is based on indicators of family conditions, which when seen in combination could place children at higher risk of critical incidents. The criteria include:

- a child victim in the home age two years or younger;
- indication of domestic violence, substance abuse, mental health;
- a significant other in the home who is not a biological parent; and
- a parent who has a history of Department of Child Safety involvement as a child.

Safe Signal, an application Specialists add to their phones to provide professional monitoring, became available for DCS Specialists during SFY 2019. If there is ever a time the Specialist feels they are in danger or do not feel safe, they pull the tether from the phone giving instant details of their whereabouts to 911, which sends help right away.

**A learning and development program that provides the knowledge and skills to practice with proficiency and promotes learning throughout an employee's career**

DCS has improved the DCS Specialist on-boarding process to provide the new employee with a meaningful and positive on-boarding experience. New DCS Specialists now attend initial CORE training starting the

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first day of employment; and a new employee on-boarding checklist guides the on-boarding process and encourages the supervisor to participate in certain activities with the new employee.

The Department has revised initial case manager training to include quizzes to check for understanding and “field breaks” throughout the initial classroom training, which allow new employees to begin observing and learning how to apply what is being taught in the classroom. During the field breaks, the trainees are provided with a list of case management activities to complete or observe, and computer based trainings that will supplement the classroom training.

The Department has begun to develop an updated Supervisor Training Academy, including supervisor training the begins on the first day in the supervisor position.

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

The Department has deployed 1,400 tablets to DCS Specialists and other field operations staff, and launched the mobility application that allows DCS Specialists to access and update certain case information while in the field, such as case notes, certain forms, and perform electronic signatures.

The Department adopted a cloud infrastructure in 2016 to replace, rehost, or rebuild computer applications and services in a secure, cloud environment. DCS uses government cloud services for Infrastructure (IaaS), Platform (PaaS), and Software (SaaS). This enables the Department to use secure platforms to build applications, secure data, and keep up with the demands of the business without spending money on infrastructure.

The Department began developing Guardian, the Comprehensive Child Welfare Information System (CCWIS), to replace CHILDS. Guardian is scheduled to launch in 2020.

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

In January 2017, DCS implemented the Systemic Critical Incident Review (SCIR) process, which is used to discover patterns in the factors that influence decisions and actions in fatality and near fatality cases where the Department had prior involvement. The process is also used to recommend systemic adjustments to potentially decrease the likelihood of child fatalities and near-fatalities from child abuse or neglect and promote an organizational culture of safety within DCS by responding to fatality and near-fatality cases in a manner that promotes learning, transparency, and employee health. The SCIR process applies principles of safety science, which assume if one person makes a logical decision based on available information, many people would make the same decision presented with the same information. Through the SCIR process, the Department can discover patterns in human factor-based influences in critical incidents and make practice improvements, if necessary, through leadership, policy, or training.

The Department initiated the Workforce Resilience-Peer Support team in mid-May 2018. This team consists of trained DCS employees from all areas of the state, and from a variety of position types to provide, on a voluntary basis, confidential and timely peer support related to topics such as trauma exposure and stress management. The Workforce Resilience team created a Culture of Safety workshop, which provides an overview of the agency’s peer support program and how Secondary Traumatic Stress and cumulative stress can lead to burnout. The workshop provides a high-level review of how different areas

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of the brain deal with stress and trauma, and provides practical examples to make the information relevant to workplace stress and trauma. The workshop provides suggestions of ways participants can improve recognition of secondary traumatic stress to reduce the instances of burnout that can result from the accumulation of unresolved secondary traumatic stress.

During SFY 2018, the Department established the DCS Support, Promote, Involve, Recognize, Inspire, and Team-build (SPIRIT) Committee, which is comprised of employees who represent the various functions and regions across the state. The SPIRIT Committee has sponsored various employee engagement events and worked to increase staff satisfaction. Projects of the SPIRIT Committee include the creation of special relaxation areas for after-hours investigators in Maricopa County and at the Child Abuse Hotline, using committee-raised donations and volunteerism.

The Department launched an employee recognition program that utilizes state-funded budgetary discretion to deliver employment milestone rewards. These rewards include items such as commemorative pins, clothing, and desk accessories chosen from an online catalog by the employee along with a personalized message from the Director in gratitude for the employee's service at five-year increments. These milestone work anniversaries are also recognized in the monthly SPIRIT Committee newsletters.

***Title IV-E Review***

The Department has not been required to develop a title IV-E Performance Improvement Plan. Arizona's most recent title IV-E review final report was received in the fall of 2016, and indicated the state was in substantial conformity, having no more than four cases found in error during the six month period under review.

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

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

The Department finalized an agreement with Arizona State University (ASU) to begin administering the NYTD surveys in October 2019. ASU will also develop a NYTD survey that meets the federal requirements, engage youth in survey development and implementation, develop incentives for survey participation, and utilize effective survey methodology and tools.

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

The DCS Audit Management Team developed a NYTD Audit that mirrors the federal Case File Review. The Audit Management Team began conducting audits in May 2019, and will complete reviews across the state to track if NYTD information is being captured accurately and if young people's NYTD survey responses reflect appropriate survey administration and informed responses. The Practice Improvement Unit completed a review of 65 randomly selected cases in 2018 to obtain a baseline of the level of quality

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of services being provided to youth. Results from both the Audit Management reviews and Practice Improvement reviews will be used to inform Young Adult Program practices.

***AFCARS Improvement Requirements***

The Department received a letter of non-compliance related to children not being reported in AFCARS between the time they physically reunify with a parent and the date the dependency petition is dismissed by the court. The Department will resolve this pending AFCARS issue with the development of the new CCWIS, Guardian.

***Staff Training, Technical Assistance, and Evaluation***

The Department implemented the state's title IV-E waiver demonstration project, Fostering Sustainable Connections, during the reporting period, including an evaluation component. The Department has partnered with Arizona State University (ASU) to conduct this evaluation of the impact of Fostering Sustainable Connections on reducing the use of congregate care. Preliminary data from the evaluation suggests a relationship between decreased restrictiveness of living environment and improved social/emotional well-being among youth. ASU's evaluation of the program will continue, including an analysis of case file review information to explore achievement of permanency and re-entry. The Center for States provided technical assistance during SFY 2018 in the form of group and individual coaching sessions with a change management subject matter expert to assist the waiver team in conducting readiness assessments, building communication plans, attending to facilitative and adaptive leadership needs, and staging the rollout of the intervention.

The Department is collaborating with Northern Arizona University (NAU) to conduct an evaluation of the impact of Substance Exposed Newborn Safe Environment (SENSE) program. Preliminary data indicates a high percentage of postpartum depression among the mothers served. As a result, the DCS Office of Prevention began to engage community partners to enhance access to services for mothers with postpartum depression.

The Department has received technical assistance from Harvard Kennedy School of Business Government Performance Lab and the Capacity Building Center for States during the reporting period to restructure and develop a more active and relational contract oversight process. See *Section VI: Assessment of System Performance* for additional information.

DCS began receiving technical assistance from the Capacity Building Center for States during SFY 2019 related to the implementation of a statewide coaching model, qualitative and fidelity monitoring of in-home services contracts, and the development of youth and parent advisory boards.

From 2016 to 2018, the Department received technical assistance from the Capacity Building Center (CBC) for States to improve tribal relations, ICWA related data, ICWA training for DCS field staff, and ICWA policy development. DCS, CBC, and the Inter Tribal Council of Arizona embarked in a unique partnership that sought to create significant positive changes between the agency and American Indian tribes. One of the first projects in which the partnership engaged, was the development and administering of a survey that went out to all 21 tribes in Arizona. The survey asked tribes to prioritize the most significant needs and/or issues that should be addressed by DCS. The survey found that training for state workers on ICWA and tribal relations was overwhelmingly the highest priority. Other top priority issues included access to case documents/files, training for tribal case workers on ICWA, development of protocols for contacting DCS case workers, and improving the timeliness of notices (as per the law) on ICWA cases. Over the subsequent year and a half, the priorities that were identified by the tribes became the work plan for the DCS Tribal

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Liaison and Office of Tribal Relations. By the time the formal partnership with the CBC ended towards the end of 2018, all nine identified priorities had been accomplished.

The CBC also helped to transition the small workgroup into DCS Tribal Advisory Group. Beginning in late 2018 the partnership began to invite tribes and the urban Indian community into the project. Currently there are tribal/urban members participating in the group, including the Hopi Tribe, San Carlos Apache, White Mountain Apache, Ft. McDowell Yavapai Nation, Salt River Pima Maricopa Indian Community, Pascua Yaqui, and representing the urban community, Native Health. Each of the member tribes have hosted a meeting in their community and are active participants. Meetings will be held quarterly or as needed. During the first quarter of 2019, a new Tribal/Urban Advisory work plan was created. Goals include: improving ICWA related data within the DCS data system (including providing input into the design of Guardian), develop a computer based training on cultural practices and components which will be available to DCS staff, establish regular regional meetings between DCS region staff and tribes, and conduct a Tribal consultation meeting with Director McKay. The work plan is a two-year plan and each quarter the group will review the progress. At any time, based on any current issues or concerns, group members can establish new goals and objectives.

DCS partnered with Casey Family Programs during 2018 to provide Implementation Science training to members of the Office of Quality Improvement (OQI). A three-hour overview training was provided to all OQI staff and a two-day advanced training was provided to a group of OQI staff to build DCS' capacity related to utilizing Implementation Science when developing new programs and initiatives. Participants in the advanced training are also receiving three months of coaching from Casey Family Programs staff to apply the implementation science framework, tools, and techniques to a current project being developed.

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

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

- The CMDP Chief Medical Officer provided trainings to judges, attorneys, medical students, and other groups during the reporting period on child abuse and neglect, substance exposed newborns, Adverse Childhood Experiences, toxic stress, and trauma, and the effects on development and subsequent behaviors of the child.
- During SFY 2019, DCS hired a nurse consultant to oversee the nursing assessments performed by the SENSE team nurses. This nurse consultant provided technical assistance and training to the SENSE team nurses, who are employed by community agencies partnering with DCS through the SENSE program.
- The statewide Independent Living Policy Specialist provided consultation and technical assistance to staff and contracted agencies serving young adults during the reporting period. This technical assistance included annual meetings to develop competencies and identify systemic improvements necessary to achieve positive outcomes for these youth.
- The Best for Babies initiative has continued to provide training and technical assistance to counties developing Court Teams during the reporting period, including training by experts on services with a developmental approach and the impact of trauma on infant and toddler development.
- The Department has provided assistance and mentoring to Arizona tribes during the reporting period to develop their own title IV-E programs. For example, during SFY2017, DCS worked with

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the Salt River Pima Maricopa Indian Community in developing the Eligibility Module for their Title IV-E Program. The Department also mentored the Navajo Nation in their efforts to strengthen and enhance their Title IV-E Program.

# **Section IV**

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

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### Section IV: 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 Protective Factors*

Since 1991, the Department has provided funding to community-based Regional Child Abuse Prevention Councils (RCAPCs), which are located throughout Arizona, to increase the public's ability to strengthen families. Each Regional Council is comprised of volunteers who meet on a regular basis to plan events and distribute local resource guides. The Department encourages all Arizonans to Act Now to Prevent Child Abuse by joining a council. The public can find locations, contact numbers, and information about events and resources at <https://dcs.az.gov/services/office-prevention>, and at the Department's Facebook page "[AzCommunityResourcePage](#)". The Facebook page began in December 2018 and was created in collaboration with the RCAPCs. Posts include prevention events, parent information/ tips, and community resources.

The Councils are involved in numerous activities to support Child Abuse Prevention (CAP) Month, which occurs every April, and throughout the year. Each activity is tailored to suit the unique needs of the community, and includes the distribution of thousands of blue pinwheels throughout Arizona; proclamations from city, regional, and state governmental entities declaring April as Child Abuse Prevention Month; and distribution of thousands of pamphlets that educate the public about the effects of Adverse Childhood Experiences and the healing qualities of the Protective Factors. Councils also sponsor major events including kickoff breakfasts, luncheons, award dinners, prevention conferences, and trainings. They also engage in multi-media campaigns that include the use of radio and TV public service announcements, banners, billboards, web pages, posters, flyers, Facebook, Twitter, videos, original music, and movie theatre advertisements. Several communities hold fun family-day outings, resource fairs, sports activities, marches, and other events. Throughout child abuse prevention month, DCS staff and stakeholders are encouraged to participate and actively support child abuse prevention.

In SFY 2019, the Department's Office of Prevention participated in many resource fairs including the Central City South "Getting Arizona Involved in Neighborhoods" event, Bikers Against Child Abuse Annual Awareness Event, the Festival of Tales, San Tan Valley Community Out Reach Event, Paradise Valley Public Safety Fair, the 4th Trimester Wellness Fair, Hope Fest, Superhero's for Strong Families, and Pinal County Community Resource Fair. Additionally, the Office of Prevention was a sponsor of the Avondale KIDFEST, and was the primary planner for the Annual Child Abuse Prevention Resource Fair held at UMOM New Day Center in Phoenix. The intended audience of the Office of Prevention events were Department staff as well as community members. These events were gatherings of leaders, stakeholders, child advocates, and members of the community who united for a common purpose of preventing child abuse. The events featured booths with information for children and families, pinwheel bouquets, an interactive spinning wheel of prevention, and Prevention Bingo.

During SFY 2019, the Office of Prevention focused on the expansion of the DCS Prevention Website and the [AzCommunityResourcePage](#) on Facebook. From October 2018 to May 2019, the prevention resource page reached 75,293 people. Several links were provided to resources that support meaningful and measurable change in children's well-being, and engage families and communities in the prevention of child maltreatment. The protective factors were promoted via informational pamphlets at various events, by embedding them within services, and during parent activities. The protective factors are: 1) social connections; 2) knowledge of parenting/child development; 3) concrete supports in times of need; 4) children's social/emotional development; and 5) parental resilience. The Department is promoting the protective factors by educating Department staff and integrating the concept across the service array for families. Five years ago, DCS introduced the Protective Factor Survey into the In-Home Services (IHS)

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Program to facilitate family assessment and the development of service plans to strengthen the protective factors. Three years ago, DCS integrated the protective factors into a new service for low risk families, known as Building Resilient Families (BRF). IHS and BRF providers received protective factor training via two webinars, and personal presentations were delivered in each region. Additionally, DCS integrated the protective factors into the Regional Child Abuse Prevention Council Scope of Work and promoted Parent Cafés. To better explain the protective factors to parents and children, a coloring book and activity book was created by the Office of Prevention that illustrates tips on how families can build their protective factors.

During SFY2019, DCS developed a plan and hired a consultant, Lecroy, Milligan and Associates (LMA), to assist in conducting a community prevention needs assessment to help guide RCAPC activities. The purpose of the needs assessment is to 1) identify prevention services and supports that make families stronger and gaps in Arizona in primary, secondary, and tertiary prevention services to support future contracts; 2) inform the Regional Prevention Councils in activities in local communities and inform the future contracts of these councils; and 3) share the needs assessment with external and internal stakeholders to inform their work around prevention services and next steps moving forward. In developing the parameters of the needs assessment, DCS consulted with the FRIENDS National Resource Center, and focus groups are being held around the state with parents and key informants in local communities. Additionally, data is being gathered from various sources including the ASU Morrison Institute Child Welfare Leadership Advisory Board, St. Luke's Annual Health Survey of AZ residents, and a survey of RCAPCs and key community stakeholders, such as the ACE Consortium members. The information will be analyzed and used to create a logic model to guide prevention activities across the state and inform contracts for primary, secondary, and tertiary prevention services including the contracts of the RCAPCs.

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

The Department further promotes child abuse prevention through continued participation in the ACE Consortium. Arizona's ACE Consortium is working to enhance public awareness about the issue of childhood trauma and evidence-based prevention policies and programs. The Consortium is comprised of professionals from Phoenix Children's Hospital, child advocacy organizations, community service providers, Eight-Arizona PBS, schools, faith-based organizations, the Department, and other public agencies. The Consortium promotes ideas, policies, and practices that will reduce and prevent adverse childhood experiences (ACEs) and build resilience in individuals, families, and communities. The Consortium also supports and empowers the most vulnerable groups so they can reach their full potential, which benefits Arizona's communities, economy, and society as a whole. For additional information see the Consortium's website at <https://azaces.org/about/>. In addition, much of its cumulative work of presentations, pamphlets, studies and TV interviews can be found at [www.asset.asu.edu/strongkids/](http://www.asset.asu.edu/strongkids/), which is sponsored by the one of the state's Public Broadcasting System Stations, Arizona PBS.

The Office of Prevention continues to use materials generated from the ACE consortium, along with information from Strengthening Families and other sources to conduct two ACE/Protective Factor train-the-trainer workshops for new RCAPC members. The workshops, along with the Department's Prevention Facebook page, Coloring Book, and PSA strengthens the Office of Prevention's ongoing multi-media campaign. During 2018, the Department partnered with Physician Services, Inc. (PSI), a drug testing company serving Phoenix and Tucson, to develop a 30 minute prevention presentation that is played on TV monitors in the waiting rooms of the PSI offices in Arizona. The loop contains unique Arizona footage and uses a peer mentor model that encourages people to engage in healthy protective factor practices to strengthen their families. The video has been successful in engaging people at risk, as evidenced by viewers who have reached out to the peer mentors to ask for their advice. The resource video loop can be viewed at <https://dcs.az.gov/services/office-prevention>.

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

The “Who Do You Trust with Your Child?” campaign was initially launched in 2012. Complete with posters, a brochure, presentations, and a dedicated website, the campaign was created with a team that included the Arizona Broadcasters Association, Casey Family Programs, Child Crisis Center, ChildHelp, DCS, the Department of Health Services, Eight-Arizona PBS Educational Outreach, Phoenix Children's Hospital, Prevent Child Abuse Arizona, and Southwest Human Development. This campaign helps parents choose a safe caregiver and prevent child maltreatment. Although most caregivers give loving attention to children and keep them safe, some children are abused and suffer tragic circumstances at the hands of an unsafe caregiver. For additional support, parents and other primary caregivers are provided with the ChildHelp Hotline, which is staffed 24 hours per day with highly qualified counselors. DCS sites throughout the state display posters and have ChildHelp Hotline brochures available. Community members and organizations also distribute brochures and posters, and are urged to place a link to the campaign website on their homepage and display the posters and brochures in locations where parents and caregivers will see them. The “Who Do You Trust with Your Child” brochure was also added to the DCS Infant Care Plan to share the message with more families.

#### ***Prevention Advisory Collaborative***

DCS continues to recognize the importance of parent leadership in prevention efforts. To increase parent leadership and input, DCS developed a culturally diverse, quarterly parent advisory group called the Prevention Advisory Collaborative (PAC). This project, which began in 2018, is an ingrained practice for the Office of Prevention. The Collaborative’s members have provided invaluable inspiration and suggestions to the Statewide Prevention Needs Assessment, various trainings, and the scope of work for the Regional Child Abuse Prevention Councils. Two members are featured in the Prevention Resource Video Loop and several members will be co-presenting with DCS at upcoming conferences. The presentations will focus on how parent advisors can improve engagement strategies with diverse populations.

#### ***The Safe Sleep Campaign***

According to the Arizona Child Fatality Review, unsafe sleep environments claimed the lives of 83 Arizona infants in 2017. Ninety-nine percent of the Sudden Unexpected Infant Deaths (SUID) were deemed preventable by the review boards. The Office of Prevention continued the Safe Sleep campaign to promote safe sleep practices and reduce the number of sleep-related deaths.

In response to the continued unsafe sleep fatalities in Arizona, DCS started the Safe Sleep Campaign and Baby Box Program in November 2016. The Safe Sleep Campaign has continued, and focuses on training DCS Specialists and contracted providers to address safe sleep practices with families who have children under one year of age. The Safe Sleep Campaign includes the provision of baby boxes for families involved with DCS in need of a safe place for their infant to sleep. Along with the baby box, the parent participates in an online training, which is consistent with the recommendations for a safe infant sleeping environment from the American Academy of Pediatrics. The main message that is taught during the online training is the ABC’s of safe sleep; baby sleeps safest alone, on their back, and in a crib. The Department has deployed 1,400 tablets that provide staff with the ability to show the online training to the family in conjunction with the safe sleep conversation. Since the start of the program, the agency has distributed hundreds of baby boxes to DCS offices across the state. Seven non-profit agencies contracted with DCS for In-Home Services and Building Resilient Families were also provided baby boxes. The Department has also developed policy that requires an Infant Care Plan be developed with the parents, to include information about safe sleep.

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The DCS Office of Prevention also created a family testimonial video, featuring three families from Arizona who experienced a loss to Sudden Unexpected Infant Death (SUID). This video will be shared with the community via social media, community partner waiting rooms, the DCS Safe Sleep webpage <https://dcs.az.gov/Services/Safe-Sleep>, and other media outlets. Additionally, the Office of Prevention presented a Safe Sleep workshop to 49 teen parents and their partners at the DCS Teen Parent University.

#### ***“Did you know?” Emails***

To provide DCS Specialists with resources and prevention information, the DCS Office of Prevention sends out monthly “Did you know?” emails on various resource topics. Recent topics include tips for building Protective Factors, Child Abuse Prevention Month and activities across the state, the Family Unification Program (FUP), home visiting programs, nurse home visiting programs, safe sleep, teen resources, Postpartum Depression, holiday resources for families, Sesame Street in Communities, car seat safety, and domestic violence resources. These emails include information about prevention topics, resource lists for counties across the state, statistics, and tips that can help DCS Specialists learn more about prevention resources. These emails have also been shared with community providers and Regional Child Abuse Prevention Council members. Resources and information from these emails are also shared via social media ([AzCommunityResourcePage](#) on Facebook).

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

The Healthy Families Arizona (HFAz) program is a nationally credentialed, community-based, family-centered, voluntary home visitation program serving at-risk prenatal families and families with children birth through five years of age. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of parents. Program services are designed to strengthen families during the first five years of a child’s life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness. In SFY 2018, 12 HFAz sites and 43 teams provided services to families living in 13 counties and 260 zip code areas in Arizona.

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

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

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

The Healthy Families America® Program has been designated an “effective” program by the Office of Juvenile Justice and Delinquency Prevention. In Arizona, the HFAz Program is committed to continuous improvement. Site evaluations and quality assurance activities ensure fidelity in practice, and more than two decades of annual program evaluations have consistently demonstrated that HFAz is a highly effective program. According to the *Healthy Families Arizona Annual Evaluation Report FY2018*, HFAz reached 4,330 families in FY2018. This represents all families in the program, regardless of how long they have

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been in the program. The average length of time that families continued in the program was just under twelve months. The evaluation highlights both prenatal and postnatal services. Outcomes in 2018, for families after twelve months in the program, include the following:

- Child Abuse and Neglect: 96.3% of participating families had no substantiated DCS reports.
- Substance Abuse: 94.6% of parents received a substance abuse screening.
- Child Development: 94.6% of children received timely developmental screens in their first year of life.
- Child Health: 92.4% of children received immunizations in the first year.
- Child Safety: 98.2% of parents lock up household poisons, 99.8% use car seats, and 93.2% use smoke alarms at 24 months.
- Maternal Life Course: 27% of mothers were employed full time at the time of their child's birth. Two years later, 47% of mothers were employed full time.
- Maternal Stress: Improvements in depression, parent/child behavior, parenting efficacy, personal care, mobilizing resources, problem solving, home environment, and commitment to parent role.
- Father of the Baby Involvement: At 12 months, 73.66% of fathers were assisting with childcare, and 69.1% of fathers were living in the home with baby.

#### ***Positive Parenting Program Initiative***

The Department continues to support the efforts of a broad-based consortium of community stakeholders interested in implementing the Positive Parenting Program (Triple P) model in Arizona. Triple P is an evidenced-based parenting program that has had impressive results increasing parenting skills and reducing child abuse and neglect, both internationally and in Arizona. The consortium is comprised of professionals from Phoenix Children's Hospital, Prevent Child Abuse Arizona, Parenting Arizona, First Things First, Southwest Human Development, Eight-Arizona PBS, Arizona Partnership for Children, and many other organizations.

During Child Abuse Prevention Month and throughout the year, DCS and its provider network distribute the Triple P top 10 tips. Additionally, at the urging of DCS, some of the In-Home Services, Parent Visitation, and RCAPC providers offer Triple P in their communities. The Department has recently been awarded a new grant to certify several more DCS providers in Triple P practices.

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

The Arizona Substance Abuse Partnership (ASAP) is the Governor's statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The body is composed of representatives from state governmental agencies, federal entities, and community organizations, and is used as the conduit through which its Substance Abuse Epidemiology Work Group (Epi Work Group) facilitates data-driven decisions and solutions to the critical substance abuse problems facing Arizona.

The ASAP is tasked with developing and utilizing a shared-planning process that encourages state and local partnerships to maximize existing resources and build the capacity of local communities to meet their identified needs. Further, the body is tasked with integrating strategies across systems to leverage existing funding, and with increasing access to services at the community level. Specifically, the ASAP has the following duties and responsibilities.

- Compile and summarize information and data on substance misuse and abuse and associated consequences and correlates, including mental illness and emerging trends, through a collaborative and cooperative data-sharing process. Identify and address data gaps in order to provide Arizona

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with a comprehensive picture of substance misuse and abuse in the state.

- Utilize evaluation and research reports to promote the most effective and evidence-based programs, policies, and practices across the state and make recommendations for modification as needed.
- Encourage state and local partnerships to engage in shared planning processes and build the capacity of local communities to meet identified needs and maximize resources.
- Identify and share effective practices to integrate strategies across systems that will leverage existing funding and increase access to services at the community level.
- Analyze current state and federal laws and programs governing substance misuse and abuse prevention, treatment, and enforcement, and recommend any changes that would enhance the effectiveness of these laws or programs.
- Recommend specific drug and alcohol related policy and budget line-items for consideration by Arizona state agencies and/or the Arizona Legislature.

#### ***National Strengthening Families Network***

Arizona is one of many states that is a member of the National Strengthening Families Network and a member of the National Alliance of Children's Trust and Prevention Funds. The Center for the Study of Social Policy sponsors the Strengthening Families collaboration. The Strengthening Families curriculum is research informed and utilizes the five protective factors, which are social connections, knowledge of parenting/child development, concrete supports in times of need, children's social/emotional development, and parental resilience and nurturing attachments. The five protective factor model is used to increase family's strengths, enhance child development, and decrease the risk of child abuse and neglect. Being a member of this network allows the Department to learn about the many tools and emerging prevention strategies being explored and implemented across the country through monthly webinars and annual conferences. Arizona sponsored the Third National Summit on the Standards of Quality for Family Strengthening and Support in October 2017. In addition to the conference, there were two preconference trainings offered on the standards of quality, as well as on parent advisory committee development. The DCS Prevention Administrator assisted with the conference planning, attended the conference, and has been trained in the Standards of Quality for Family Strengthening and Support.

#### ***The CarePortal***

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

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

***The Arizona Child Abuse Hotline***

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

The Hotline uses standard work and a tiered visual management system in order to track, monitor, and respond to quality and service level trends. Quality and service trends are tracked and monitored at the individual specialist level, and up to the Hotline enterprise level. The implementation of this management system has allowed the Hotline to better recognize and identify when either quality or service levels are not within the target ranges and take corrective action. The management system, along with the Hotline screening tool that was redesigned in February 2016, contributed to high inter-rater reliability in the processing of calls to the Hotline and continued timely customer service. The call abandonment rate hovers around 3%, and the speed of answer hovers around 30 seconds.

In addition to the implementation of tiered visual management during the five-year reporting period, two oversight positions were embedded at the Hotline to perform quality assurance reviews of Hotline decisions. One position reports to the Office of Quality Improvement, Practice Improvement Administrator, and the other reports to the Office of Child Welfare Investigations. The Practice Improvement Specialist reviews a random sample of communications on a monthly basis and rates the accuracy of intake screening decisions. The accuracy rate for both the intake screening decision and priority response time decision is consistently over 90%. The Office of Child Welfare Investigations Hotline Analyst reviews a random sample of reports each month that were coded as criminal conduct, indicating a felony crime against a child may have occurred, and rates the accuracy of the criminal conduct coding. The accuracy rate is consistently over 90%.

***Family Functioning Assessment, Safety Assessment, and Safety Intervention***

Arizona statute established the Department of Child Safety and its primary purpose, to protect children. To achieve this purpose, statute requires that the Department shall do and focus equally on the following: 1) investigate reports of abuse and neglect; 2) assess, promote, and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect; 3) work cooperatively with law enforcement regarding reports that include criminal conduct allegations; and 4) without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthen the family, and provide prevention, intervention, and treatment services.

DCS Specialists investigate abuse and neglect allegations and conduct family assessments, including assessments of child safety, need for emergency intervention, and evaluation of information to support or refute that the alleged abuse or neglect occurred. Joint investigations with law enforcement are required when the allegations or investigation indicate that the child is or may be the victim of a criminal conduct allegation, which if deemed true may constitute a felony offense. Such allegations include death

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of a child, physical abuse, sexual abuse, neglect, and certain domestic violence offenses. The joint investigations are conducted according to protocols established with municipal and/or county law enforcement agencies and procedures for investigation of criminal conduct allegations by the Office of Child Welfare Investigations (OCWI).

The Department's policies and procedures provide DCS Specialists with a framework for assessing present and impending danger of serious or severe harm to children and determining the need for protective action to ensure child safety. The Department utilizes ACTION for Child Protection's Safety Assessment and Family Evaluation (SAFE) model for family functioning assessment, safety assessment, and safety intervention decisions. The initial Family Functioning Assessment assists DCS Specialists to explore pertinent domains of family functioning and identify present or impending threats of danger to a child, and is completed within 45 days of case opening. The first Family Functioning Assessment-Ongoing is to be completed by the DCS Specialist within 60 days of the child's removal or the opening of the case for ongoing services for any child indicated as unsafe. Reassessments are required at least every 90 days, and at other times in the case such as when considering unsupervised visitation, reunification, or case closure. 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 family functioning and protective capacities. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in identification of their 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 Family Functioning Assessment and the assessment of the family's protective factors, the Department determines the level of intervention required, including whether to close the case, offer voluntary in-home services, file an in-home intervention or in-home dependency petition, or file an out-of-home dependency petition. This decision is primarily based on the following factors: existence or absence of present danger, impending danger, or future risk of harm to any child in the family unit; the ability of the family unit to manage identified child safety threats; the protective capacities of the family unit to mitigate identified threats; and/or the ability of services and supports to mitigate the identified risks. The DCS Specialist considers the family's recognition of the problem and motivation to participate in services without DCS oversight, the family's willingness to participate in voluntary child protective services, the existence of grounds for juvenile court intervention, and the agency's knowledge of the family's whereabouts. In-home services are offered to families to enhance diminished caregiver protective capacities, strengthen family protective factors, and reduce the likelihood of future abuse or neglect. If there are safety threats to a child in the home, a safety plan must be implemented. State policy *does not* identify report substantiation as a factor in determining the level of required intervention.

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

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*Office of Child Welfare Investigations*

The Office of Child Welfare Investigations (OCWI) was established in 2012 to protect children by conducting uniform investigations into allegations of criminal conduct child abuse. The OCWI represents the Department of Child Safety in Pima and Maricopa Counties during many child abuse investigations involving criminal conduct, as defined in Arizona Revised Statutes 8-201. The OCWI has criminal justice agency status, but does not replace law enforcement's primary role and duty to investigate crimes against children. The OCWI may employ sworn peace officers; however, currently only civilian, non-sworn investigators are employed by the units. The OCWI employs research analysts who have direct access to criminal history report information and other related databases to assist OCWI and DCS in their investigations. The OCWI primarily receives referrals from the DCS Hotline, but referrals can also be submitted by DCS field investigations staff if, during the course of a field investigation, it is believed that criminal conduct is present and assistance from OCWI is needed.

The OCWI jointly investigates criminal conduct reports with law enforcement. Just as with DCS Specialists, OCWI investigators have the authority to protect children by taking temporary custody when a child's safety cannot be guaranteed. During SFY 2018, OCWI investigators began conducting the entire child welfare investigation, including child welfare functions following removal, such as identification of a living arrangement, filing dependency petitions, and writing the initial court reports. Prior to this procedure change, OCWI investigators co-investigated the report with an assigned DCS Specialist who conducted the case management tasks. During SFY 2019, OCWI began providing support and advisory consulting statewide, as needed, on investigations not assigned to an OCWI investigator.

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

*Multi-Disciplinary Approach in Child Abuse and Neglect Investigations*

Arizona Revised Statute §8-817 mandates that the Department develop, establish, and implement initial screening and safety assessment protocols in consultation with the Attorney General and statewide with county attorneys, chiefs of police, sheriffs, medical experts, victims' rights advocates, domestic violence victim advocates, and mandated reporters. These inter-agency protocols are to guide joint investigations of allegations involving criminal conduct. The relationships established between DCS Specialists, DCS Program Supervisors, law enforcement detectives, and county attorneys are critical to ensuring child safety. It is through these relationships and this point of contact that many successful joint investigations and prosecutions of child abuse take place. Joint investigation protocols allow victims to obtain forensic examinations and interviews in a supportive environment and prevent re-victimization through multiple interviews. The Joint Investigation Protocols for each county within Arizona may be viewed on the Arizona Child & Family Advocacy Network website (<http://acfan.net/>).

Multi-Disciplinary Child and Family Advocacy Centers have proven to be an effective means to coordinate safety assessments and services. Investigative DCS Specialists in Pinal and Yuma Counties, OCWI staff in Maricopa and Pima Counties, law enforcement, medical professionals, advocates, mental health professionals, and other agencies serving the same families are co-located in advocacy centers throughout the state. Co-location makes it easier to coordinate a joint response, thereby improving timeliness of initial

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response, and allows for collaborative expertise to ensure that all aspects of child safety have been explored and assessed. The success of these advocacy centers is evident through the partnerships and relationships established over the years, and the opportunities created to jointly educate professionals from multiple disciplines. Multidisciplinary teams (MDT) also play a crucial role in this process by establishing a mechanism to bring the identified professionals together to share ideas, review efforts to coordinate investigations, establish relationships, and provide inter-disciplinary education. Establishment of multidisciplinary teams, especially in counties that do not have advocacy centers, promotes best practice and coordination.

The availability of advocacy centers has increased during the five-year reporting period. There are currently 21 advocacy centers in Arizona, located in Maricopa, Pima, Pinal, Navajo, Coconino, Yavapai, Mohave, Cochise, and Yuma Counties. There are memos of understanding in place with La Paz, Apache, Gila, Graham, Greenlee, and Santa Cruz Counties to allow law enforcement and child welfare to utilize the near by centers as needed. In addition to the 21 centers, Yuma County has satellite offices in San Luis and Somerton, Navajo County has a satellite office in Holbrook, and La Paz County is in the process of developing a satellite office in Parker. These satellite sites allow the victims to receive services without having to travel long distances. Gila County and Apache County are served by a mobile unit that travels to the county when needed. The mobile unit offers the same services as the advocacy centers. Two new advocacy centers are scheduled to open in 2019, one in Globe (Gila County) and the other in Gilbert (Maricopa County). Conversations are being held related to the possible development of a center in Santa Cruz County in the future. There are also advocacy centers in Arizona that have signed memos of understanding with Arizona Tribes to allow tribal law enforcement and child welfare to utilize the centers as needed.

DCS or OCWI is co-located in advocacy centers in Maricopa, Pima, Pinal, and Yuma Counties. The rural counties that do not have a formal advocacy center, have multidisciplinary teams (MDT) that meet monthly to discuss and coordinate efforts on child abuse cases requiring a joint investigation. These rural county MDTs are facilitated by the Arizona Child & Family Advocacy Network or by centers that are members of the network, with plans to empower each county to facilitate their own MDTs.

#### ***Superior Court Dependency Alternative Program***

The Pima County Superior Court implemented the Dependency Alternative Program in July 2015. This program allows for the adjudication of children to be diverted from a dependency petition and action to protective custody orders in family situations appropriate for a modification of family law court orders to ensure the child's safety. The program has shown significant improvements in the way the court addresses these family situations, including a decrease in the amount of time the family is involved with the courts and DCS, reduced trauma for the family, and cost savings.

#### ***Protective Services Review Team (PSRT)***

Accuracy of findings is necessary for identifying perpetrators of child abuse and neglect in the central registry. The state's appeal process, including PSRT, is designed to ensure due process for alleged perpetrators and accuracy of findings. In FFY 2018, PSRT processed proposed substantiated findings and proposed substantiated findings pending dependency adjudication for 21,180 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

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request an administrative hearing because their due process rights are met through the juvenile court process.

Towards the beginning of the reporting period, PSRT experienced a backlog of over 3,000 unprocessed proposed substantiated findings. During SFY 2018, PSRT examined and refined the processing to propose findings in cases where a dependency action did not occur. The process was mapped to identify barriers and clarify workflow. PSRT management utilized resources within the agency and visual management system methods to identify and address barriers to timely processing of findings. Since addressing these barriers, the backlog has decreased to under 600 unprocessed reports.

Also during the reporting period, the language contained in the legal notice sent by PSRT to caregivers was incorporated into dependency petitions statewide. This change is the result of the statute change originally sought in SFY 2017, and has improved notification to parents, reduce expenses, and reduced the time it takes staff to mail and process returned mailings.

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

#### ***In-Home Family Support, Preservation, and Reunification Services***

In-home children services are designed to support and enhance the family unit, preserve or reunify the family, and support and retain foster families so they can provide quality family-based settings for children in foster care. These supports are provided through a continuum of family-centered services that are comprehensive, coordinated, community-based, accessible, and culturally responsive. Services are available to families who have had a report of child abuse or neglect, or who have a risk of abuse or neglect, following referral by a DCS Specialist. The focus of these services is to improve the safety and well-being of families, enhance family functioning, increase competence in parenting abilities, foster a sense of self-reliance, reduce risk factors, increase protective factors, and stabilize families. These services can be provided without court involvement or as a court-ordered in-home intervention or in-home dependency. Families can also be referred for in-home services provided by other state agencies, including behavioral health services and other community services.

In-home services provided through the Department include Building Resilient Families; Family Preservation, including the Substance Exposed Newborn Safe Environment (SENSE) program; and Family Reunification and Placement Stabilization. Family Preservation services include two levels: intensive and moderate. Families whose children are assessed as safe, but need assistance and guidance to strengthen family protective factors and reduce the change of future reports are referred to the Building Resilient Families service. Families can be referred to the reunification and placement stabilization services around the time of reunification, or to support foster and kinship placements. All types of in-home services are available within all of the regions across the state and are provided by contracted community-based agencies.

In-Home Service Program services include, but are not limited to, the following: crisis intervention services and/or counseling; comprehensive assessments; goal setting and case planning in accordance with the safety and risk factors and desired behavioral changes identified by the DCS Specialist; individual, family, and marital therapy (utilizing all types of therapeutic interventions based on the family's needs); communication and negotiation skills; structured parenting education and child development; problem solving skills and stress management; home management and nutrition; domestic violence treatment and/or education; behavioral management and modification; conflict resolution; anger management; job readiness education and training; peer mentoring; sexual abuse intervention (utilizing all types of therapeutic interventions based on need); coordination with title XIX or XXI services; systems of support; and development of linkages with community resources to serve a variety of social needs. The In-Home Service Program also assists families to access services such as substance abuse treatment, housing, and child care. Services are provided within the home of a birth parent, guardian, pre-adoptive or adoptive parent, kinship caregiver, or foster family. The model may

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also be provided to transition a child from a more restrictive residential placement back to a foster or family home, or from a foster home to a family home.

#### ***Substance Exposed Newborn Safe Environment (SENSE) Program***

The Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of the Department due to having a substance exposed newborn. SENSE is a family-centered, strengths-based approach to serving families that provides home visiting services while holding parents accountable for healthy choices and behavioral changes. This program is designed to keep infants in their homes with their parents. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety and risk factors. The SENSE team includes the family, an in-home service DCS Specialist, a nurse consultant, Healthy Families Arizona or other home visitor program, the In-Home Service Program, and a substance abuse treatment provider that may include the Arizona Families F.I.R.S.T. program. To be eligible for enrollment in the program, the infant must be under 90 days old and in the physical custody of the parent, and the parent must be willing to participate in all aspects of the program. Services are typically provided for 90 to 120 days, but may continue if the parent requires additional time to complete substance abuse treatment services.

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

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

During SFY 2019, DCS hired a nurse consultant to oversee the nursing assessments performed by the SENSE team nurses. This nurse consultant also provides technical assistance and training to the SENSE team nurses, and is also available to consult on cases with DCS field staff.

DCS collaborated with Arizona Health Care Cost Containment System (AHCCCS) to utilize the Opioid State Targeted Response grant to fund the nurse home visitor component of the SENSE program. This grant will provide a minimum of two home nursing visits per family to ensure the substance exposed newborn (SEN) is healthy, developmentally on track, all appropriate referrals have been made, mother is receiving post-partum care and the family is utilizing the primary care provider as their medical home. A trend identified based on the SENSE nursing assessment evaluations is the high rate of postpartum depression (PPD). Feedback from the nurse home visitors and the evaluator from Northern Arizona University (NAU) indicates a need for more focus on PPD. The Office of Prevention has begun to engage community partners providing PPD support and services in an effort to enhance access to services for mothers with PPD.

Over 1,380 babies have been born with Neonatal Abstinence Syndrome in Arizona since real-time data collection began on June 5, 2017. The Department has enhanced collaboration with SEN and Medication Assisted Treatment (MAT) providers to deliver best practice services to those working with families affected by Neonatal Abstinence Syndrome. This collaboration will be the focus of one workshop during the upcoming Strong Families Conference. Topics covered at the conference will focus on the importance

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of partnerships with home visitors and MAT providers to best serve families struggling with addiction to both legal and illegal substances and their substance exposed newborns.

For over a decade, DCS has been involved with the Statewide Substance Exposed Newborn Taskforce. In 2018, DCS began co-chairing the taskforce along with AHDS. The taskforce meets monthly to discuss and disseminate best practice recommendations for hospitals, OB/GYNs, health plans, and health and mental health providers. The taskforce offers free training and drug toolkits to providers in the community. During SFY 2018, the taskforce assisted DCS with the development of the Infant Care Plan and the National Governor's Association Neonatal Abstinence Syndrome Learning Lab Action Plan. The action plan was developed in January 2018 in conjunction with representatives from DHS; the Governor's Office of Youth, Faith, and Family (GYOFF); and AHCCCS. The plan established a coordinated approach to increase awareness and improve outcomes for families impacted by opioids and substance use during pregnancy. Arizona is in the process of developing a stakeholder group to build on the three objectives identified from the learning lab. The three objectives are coordination across state agencies to ensure buy-in and most effective response; increase the knowledge base of healthcare providers regarding screening, diagnosis, and treatment of opioid use disorders (OUD) in pregnant and postpartum women; and increase implementation of a family centered approach at all levels of care to screen women and link them to treatment and support services such as home visiting. The action plan was finalized and implemented during FFY 2019. This action plan is intended to change Arizona's response to interacting with women of child bearing age and pregnant women currently using substances in the areas of health and social services. The expertise of the Substance Exposed Newborn Statewide Task Force will be utilized to carry out the action plan goals and action steps.

CMDP has been active in the implementation of processes and procedures to address the effects of opioid use in children coming to the attention or in the custody of DCS. AHCCCS has implemented and directed limitations to opioid prescription fills for all Medicaid health plans, and CMDP has implemented these limitations. CMDP requires prior authorization of all long acting opioids and has fill limits on short acting opioids. CMDP also monitors opioid utilization in attempt to identify children who may be at risk for developing an opioid use disorder, and refer them to appropriate services. CMDP identifies and provides care management and tracking for children diagnosed as a substance exposed newborn.

DCS has addressed the Comprehensive Addiction and Recovery Act (CARA) legislation by developing Infant Care Plans. The Infant Care Plan is to be developed by DCS Specialist for all substance exposed newborns and is to be reviewed with the parent or caregiver at SENSE staffings, case plan staffings, and Child and Family Team meetings. The Infant Care Plans address substance abuse treatment for the parents, medical care for baby, safe sleep environments, home safety, parenting skills, quality child care, and social connections for families.

DCS collaborated with AHCCCS to utilize the Arizona Opioid State Targeted Response grant awarded in January 2019 to fund a statewide educational conference for healthcare professionals and stakeholders. The aim of the conference is to address the effects of substance exposure and trauma on infants; educate participants on ACEs and trauma informed care; review best practices related to the identification, referral, and treatment of these infants with a focus on appropriate infant and toddler mental health services; and conduct a needs assessment to identify barriers to implementation of best practices. The conference is scheduled to occur in September 2019, with a follow up conference planned for 2020 contingent upon further grand funding.

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***Parent Aide and Case Aide (Supervised Visitation Only) Services***

Both Parent Aide and Case Aide services are available statewide. In SFY 2018, the Department provided parent aide services to approximately 2,905 families and case aide services to approximately 5,379 families. The Department provided parent aide services to between 2,000 to 3,300 annually families and case aide services to between 4,500 to 6,400 families annually during the reporting period. These services are available to parents and caregivers whose children have been placed in the Department's physical custody, after being referred by the DCS Specialist. Parent aide services provide a range of supports, instruction, and assistance to parents and caregivers. Services are provided in a culturally appropriate manner and can include, but are not limited to, parenting skills training in the residence of the client; education and training in activities related to home management tasks; education on accessing emergency assistance, supports, and community resources; and arrangement and supervision of parenting time between children and their parents, guardians, and/or siblings to promote a continued relationship and to practice parenting skills. Parent aides use modeling and individual or group training to educate parents in areas such as child development, child nurturing, behavior management, discipline, problem solving, decreasing social isolation, positive coping, home maintenance and care, meal planning and preparation, budgeting, clothing care, personal care and hygiene, securing housing, obtaining basic provisions (food and clothing), child health and safety, obtaining documents (such as identification cards), and job search and training. The case aide services provide transportation and supervision of visits between parents/guardians and their children, or visitation between siblings. Parent aide services incorporate the concept of parental protective capacity, which focuses on the enhancement of a parent's behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with the ability to care for and keep a child safe.

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

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

AFF provides an array of structured interventions statewide to reduce or eliminate abuse of, and dependence on, alcohol and other drugs, and to address other adverse conditions related to substance abuse. Contracted community providers use modalities that include Substance Abuse Awareness, Outpatient, Intensive Outpatient, Residential treatment, and Recovery Maintenance services. Some factors contributing to the programs' success include an emphasis on face-to-face outreach and engagement at the beginning of treatment, concrete supportive services, and the Recovery Maintenance phase to manage relapse occurrences following treatment. Data from the most recent program evaluation indicates that AFF received 8,293 new referrals in SFY 2018. More than 92,900 individuals have been referred to the AFF program since its inception in March 2001 through June 2018.

The following data demonstrate the effectiveness of the AFF program in meeting the legislative goal of increasing the availability, timeliness, and accessibility of substance abuse treatment. AFF contractors were successful in making some form of contact with 97.1% of the individuals referred in SFY 2018, with 90.6% of the individuals receiving outreach within one day of the referral. Sixty-one percent of all SFY 2018 referrals resulted in clients providing a Release of Information, signifying their voluntary acceptance of AFF services. Of those who participated in AFF services during SFY 2018, 10.7% successfully finished treatment, 16.7% were still in treatment at end of the SFY, and 58.8% unsuccessfully closed out of treatment. The children of parents who completed the AFF program were significantly more likely to have achieved permanency (82.1%) compared to 71.0% of children whose parents did not complete the AFF program by the end of SFY 2018. Children of parents who completed the AFF program were significantly

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more likely to have achieved permanency through reunification with their biological parent(s) (77.7%) compared to 35.8% of children whose parents did not complete the AFF program by the end of SFY 2018. The mean number of days of removal was less for AFF program completers (average of 426 days) compared to those who did not complete the program (average of 527 days) (Source: AFF Annual Report 2018 Final 6-26-2019).

In order to ensure continued quality of coordinated services, DCS program staff participate in quarterly meetings with AFF providers and conduct Quality Assurance site visits in collaboration with local DCS offices. The Department trains DCS field staff on the AFF outreach, engagement, and referral processes in a collaborative effort to increase parental involvement and secure their acceptance of services. In addition, DCS designated a program staff member to oversee all aspects of the AFF evaluation process, including a new external evaluator in SFY 2018. The new evaluator conducted a gaps and needs study, and based on the results of the study, DCS began planning improvements to the program, including an expansion of the served population, increasing the number of available providers, and improvements to data reporting.

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

The Housing Assistance Program has continued to be available during the entire five-year reporting period. The program provides financial assistance to families for whom the lack of safe and adequate housing is a significant barrier to family preservation, family reunification, or permanency. This program operates in the form of vendor payments payable for rent, rent arrearages, utility deposits or payments, and utility arrearages on behalf of eligible families. The Housing Assistance Program can only be used if other community resources have been explored and are found to be unavailable. Housing Assistance Program eligibility requirements include that at least one child in the family must be involved in an open DCS case and that the adult caregiver (usually, but not always, the parent) is a U.S. citizen or otherwise lawfully present in the United States.

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

The maximum amount of money available to each family for an incident may not exceed \$1,800 in a six month period. In SFY 2018:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 840 children within 323 families throughout Arizona, which is an increase of 140 children and an increase of 46 families compared to SFY 2017.
- The total amount expended statewide was \$440,504.68, about \$56,998 more than in SFY 2017.

In SFY 2018, the average length of stay in out-of-home placement prior to reunification was 320 days (10.50 months). An estimated \$6,039,319 would have been expended by the Department for foster care maintenance if the 840 children who benefitted from Housing Assistance during SFY 2018 had entered or remained in foster care. Based on the SFY 2018 Housing Assistance Program expenditures of \$440,504.68, there was a cost avoidance of \$5,598,813.92.

From SFY 2014-2018, 3,915 children benefitted from the Housing Assistance Program, for an estimated cost avoidance of \$23,567,808.

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**4. Permanency Planning and Placement Support Services**

*Permanency Planning*

The Department provides permanency planning services for all families who are the subject of an ongoing services case with DCS. DCS Specialists engage parents, children, extended family, and service team members to facilitate the development and implementation of a family-centered, behavior-based, written case plan. The family-centered case plan is to be developed jointly with the parent or guardian, linked to the safety threats and risks identified through the family functioning assessment process, and written in behavioral language so the family understands the changes and activities necessary to achieve reunification or another permanency goal.

The Department's policies on the selection of permanency goals, including timeframes for consideration of goals other than reunification, support timely achievement of the best permanency option for each child in out-of-home care. Each child is assigned a permanency goal based on the circumstances necessitating child protection services, the child's needs for permanency and stability, and Adoption and Safe Families Act (ASFA) requirements. The initial permanency goal for children in out-of-home care is family reunification, unless the court finds that reasonable efforts to reunify are not required due to aggravating circumstances, as defined by ASFA and Arizona statute (A.R.S. § 8-846).

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

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

The Department and the courts implement concurrent planning for children placed in out-of-home care with a permanency goal of family reunification when the prognosis of achieving family reunification within 12 months of the child's initial removal is assessed as being unlikely. When concurrent planning is implemented, the DCS Specialist will work toward the family reunification goal and the identified concurrent goal simultaneously. The Department implements concurrent planning activities to ensure alternate caregivers are identified and prepared to care for the child on a permanent basis, if reunification cannot occur. Concurrent planning focuses the family and team on permanency from the outset of the case,

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so that reunification is given the greatest chance to succeed and another permanency option is ready to be finalized if reunification cannot be achieved. The Department's policy and training emphasize the need to implement concurrent planning *activities*, as opposed to simply identifying a concurrent permanency *goal*. These activities include thorough kinship search and assessment, selection and placement of the child with the caregivers who will adopt or obtain guardianship of the child if reunification is not possible, and preparation of the permanent home (such as early completion of home studies, certification requests, and adoption subsidy applications). Early selection and placement of the child in the permanent home improves placement stability and may increase the placement of siblings together by avoiding situations where siblings are initially placed separately and team members become reluctant to move the children to a permanent home that can care for the sibling group.

A permanency goal of adoption or guardianship may be considered if reunification is not successful within the timeframes identified in federal and state law. State policy directs that a goal of adoption be assigned and termination of parental rights (TPR) be pursued according to ASFA requirements. At the twelfth month permanency hearing, if the court determines that termination is in the child's best interest, the court may order the Department or the child's attorney or guardian ad litem to file a motion for TPR within ten days and set a date for an initial hearing on the motion within thirty days. Termination of parental rights is not initiated when it has been determined that such action is not in the child's best interests and this decision has been approved by the region's Program Administrator or designee.

The Department must fully consider all other permanency options before implementing a permanency goal of independent living as another planned permanent living arrangement (APPLA). Department policy was changed in February 2016 to prohibit a permanency goal of independent living, which is the state's version of APPLA, for children younger than sixteen. Many regions also require management approval for a goal of independent living. Although independent living is not the preferred goal, these youth 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 danger of abuse or neglect. 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 Department:

- place children in the least restrictive placement available, consistent with the needs of the child;
- 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;
- place children in close proximity to the parents' home and within the child's own school district; and
- place children with caregivers who can communicate in the child's language.

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

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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 investigation. Within thirty days of a child's placement in out-of-home care, the Department must make efforts to identify and notify all adult relatives and persons who have a significant relationship with the child. When a child in out-of-home care is not placed with an extended family member, or is placed with an extended family member who is unable or unwilling to provide a permanent placement for the child, the DCS Specialist must initiate searches for extended family members or other significant persons prior to key decision points during the life of the case and no less than once every six months. If current contact information about certain relatives is unavailable, the DCS Specialist can initiate a referral through the Department's Family Locate program.

An event was held in March 2016 to streamline and standardize the process of locating relatives and kin for children in DCS custody. Prior to this effort, searches were conducted by multiple people without sufficient coordination of efforts or results. A new case note type in CHILDS was developed, providing a standard location for documentation of efforts and information, and reducing duplication of efforts. From July 2018 to March 2019, the Family Locate Unit attempted to locate 6,243 people and obtained location information for 2,285 (37%) of the individuals. From July 2017 to February 2018, the Family Locate Unit attempted to locate 4,288 people and obtained location information for 1,507 (35%) of the individuals. From July 2016 to February 2017, the Family Locate Unit attempted to locate 4,896 people, and obtained location information for 1,658 (34%) of the individuals. The Family Engagement Specialists, whose job duties include searching for relatives and kin in waiver project sites in Maricopa, Pima, and Pinal Counties, were given access to person search software, Lexus Nexus, during SFY 2016. Since that time, database searches have been conducted through the DCS Family Locate Unit, Lexis Nexis, Seneca, White pages, Zaba Search, and social media.

The CSRA process, TDM meetings, and Child and Family Team meetings are used to identify caregivers, services, and supports to meet each a child's needs. The Department holds a TDM meeting for most removals or potential removals, during which parents, family members, DCS staff, and community partners formulate a plan for the child's safety. If it is determined that removal is necessary, the team determines the child's placement, giving preference to placement with relatives and proximity to the birth family. The Department may also hold a TDM meeting when there is a risk of placement disruption or an unplanned placement change has occurred, to develop a plan for placement stability.

The Department promotes 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 DCS. Among other information, the written case plan should identify the child's educational, medical, and behavioral health needs, and services to the child or caregiver to address those needs. DCS Specialists further support 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 FCRB process or the Department's administrative review procedures; and
- making monthly in-person contacts with children in out-of-home care and their caregiver(s) to assess their safety, well-being, and service needs, including visiting alone with the child if verbal.

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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, unless the child is determined to be unsafe. This review focuses on the child's placement needs and whether additional services to the foster 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, established by House Bill 2224, includes the following rights for all foster parents, licensed or unlicensed:

- to be treated with dignity and respect;
- to be included as a valued member of the team that provides services to the foster child;
- to receive support services that assist the foster parent to care for the child;
- to be informed of all information regarding the child that will impact the foster home;
- to contribute to the permanency plan for the child in the foster home;
- to have 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 a reasonable plan for respite;
- to confidentiality regarding issues that arise in the foster home;
- to not be discriminated against on the basis of religion, race, color, creed, sex, national origin, age, or physical handicap; and
- to receive an evaluation of performance.

For American Indian children, 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: Programs and Services to Achieve Safety, Permanency, and Well-Being*.

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

Consistent with national best practice standards, the Department gives placement preference to relatives and others who have a significant emotional connection to children who require out-of-home care. The Department promulgates practices that recognize kinship connections are not limited to blood relationships, and has policies and procedures in place requiring staff to identify and pursue all of a child's important emotional connections. Kinship placements often provide a means to maintain connections to neighborhood, community, faith, family, tribe, school, and friends. On June 30, 2018, there were 6,172 children placed in 3,765 kinship foster homes; 985 children were placed in licensed kinship homes and 5,187 were placed in unlicensed kinship homes. Of the 3,765 kinship homes, 539 were licensed and 3,226 were not licensed (Source: AFCARS Report 110).

The Department has focused on identifying and engaging kin as early as possible in the life of a case, increasing the percentage of children placed with kin, and increasing the financial and emotional supports provided to kinship caregivers, including licensure. Aside from the many advantages for the children involved in kinship placements, there are advantages to the child welfare agency. Primarily, use of kinship placement dramatically reduces the need for non-relative licensed family foster homes. On December 31,

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2018, 39.4% of children in out-of-home care in Arizona were in kinship placements, reducing the need for licensed family foster home beds by 5,430 children (Source: Semi-annual Child Welfare Report).

Arizona's percentage of placements with kin, which is above the current national average of 32%, indicates effective practice that is grounded in clear policy and procedural guidance (Source: The AFCARS Report <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf>). Additionally, Arizona juvenile court rules require that at the preliminary protective hearing the court order the parent or guardian provide the names, types of relationship, and all available information necessary to locate persons who are related to, or have a significant relationship with, the child. The court must further order the parent or guardian to inform the Department immediately if the parent or guardian becomes aware of new information related to the existence or location of a relative or person with a significant relationship to the child.

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

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

Also, as part of the title IV-E waiver demonstration project, Fostering Sustainable Connections, Family Engagement Specialists, whose job duties include searching for relatives and kin, were given access to person search software, Lexus Nexus during the reporting period. It is believed this software will increase the number of relatives and kin located for children in congregate care settings. Other aspects of the waiver support relative and kinship identification as well, including:

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

Team Decision Making Meetings are another helpful resource for locating and engaging kin. From June 2018 through April 2019

- 48% of present danger TDMs were attended by a relative associated with the case,
- 53% of safety planning TDMs were attended by a relative associated with the case,
- 31% of placement stabilization TDMs were attended by a relative associated with the case
- 31% of reunification TDMs were attended by a relative associated with the case,
- 23% of permanency planning TDMs were attended by a relative associated with the case,
- 12% of age of majority TDMs were attended by a relative associated with the case, and
- 71% of life long connections TDMs were attended by a relative associated with the case.

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Of the 5,226 children discussed during present danger and safety planning TDMs that resulted in a decision the child would enter or remain in out-of-home care, a relative or kinship placement was identified for 57%.

Department policy indicates that the assessment of a relative or significant person who asks 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. In the Phoenix area, kinship home studies are conducted through a contract with the Department. Approximately 185 home studies are conducted per month. Contracted staff visit the kinship homes early in the placement process to conduct the home studies and provide information on resources available through DCS and community based agencies (including licensing, financial, social and educational resources). Kin are encouraged to pursue licensing and must meet the same licensing standards as non-kin foster parents, with the exception of certain non-safety standards that may be waived. On a case-by-case basis, the Department works with the Office of Licensing and Regulation and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship caregivers from becoming licensed. From May 2018 through May 2019, 221 waivers were granted. Ninety-six of these waivers were granted to grandparents or great-grandparents. Eighty-five of the waivers were for single child placements, with the remaining waivers provided to kin caring for sibling groups. Four waivers were denied as they were related to safety issues such as bars on bedroom windows or pools with no fence and very young children. Waivers are typically granted for the following situations:

- applicant's age is 18 to 20 years;
- applicant cannot afford current expenses without help from future reimbursements;
- home unable to meet requirements for sleeping arrangements, bedrooms, or beds;
- applicant submitted medical statements older than rule requirements or on outdated forms;
- applicant has fewer than two full bathrooms;
- timing of training; and
- length of separation from spouse.

The Department recognizes that the relationships between kinship caregivers, the children in their care, and the birth parents present special issues that require sensitivity, knowledge, and skill among DCS Specialists and service providers. The Department continues to develop the knowledge and skills of staff in relation to these special needs and to identify services and supports to promote permanency and stability with kinship caregivers. Recent activity included the following:

- Partnering with Foster Parents – This course is focused on resource parenting and includes information related to non-relative and kinship providers. Topics include motivation to foster, training (Foster Parent College/shared parenting), resources and needs, licensing tips, and how to best support this essential part of the child welfare system including a discussion about resilience in foster families. A fundamental theme is viewing foster parents as partners in the collective mission to ensure child safety. This course is mandatory for all new ongoing and in-home Specialties. Approximately 800 staff have been trained during SFYs 2018 and 2019.
- The Statewide Kinship Specialist provides training to DCS staff members at section and unit meetings, and ASU MSW and BSW stipend students throughout the year. This training provides an overview of the activities required to secure and finalize a kinship placement, and the delivery

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of support services; emphasizes the importance of understanding the kin perspective; and builds sensitivity regarding the involvement of child welfare with the family and other issues.

- The Department distributed information on kinship placement resources and supports to approximately 300 participants at the 2017 Statewide Supervisor Summit.

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

- medical, dental, and mental health insurance for the child through the Comprehensive Medical and Dental Program (CMDP);
- child care, parenting skills, and assistance with transportation for necessary appointments;
- monthly clothing and personal allowance and other “special” allowances (supplemental tuition, emergency clothing, high school graduation, etc.);
- respite care of up to 144 hours per year (provided through a licensed agency);
- TANF “child only” cash assistance benefits, with no benefit “cap” for kinship providers caring for children in DCS custody;
- the “Kinship Stipend” for children placed with unlicensed relatives was expanded through the SFY 2019 legislative session to include all unlicensed kin placements caring for children in DCS custody, without consideration for the caregiver’s income;
- kinship resource and family support centers in the urban areas, offering services to strengthen kinship families, access to community professionals who can help in a variety of areas, and information on topics such as discipline, attachment and bonding, brain development, legal, and other issues; and
- community based agencies such as Aid to Adoption of Special Kids (AASK), Duet, Benevilla, Child Crisis Arizona, and Arizona’s Children Association (AzCA) that continue to provide an array of services and supports to kin caregivers across the state.

Department staff conduct outreach activities through phone calls, mailings, and in-person information sessions to inform kin about their role as a foster caregiver, and provide critical information on meeting the needs of the children in their care. CMDP provides outreach to caregivers when children are first placed in their home, which includes assistance with appointment scheduling, follow up with specialty health care providers, referrals to other community/agency resources, and care coordination with caregivers and health providers for children/youth with special health care needs. Caregivers receive contact information so they may contact CMDP Member Services should any issues/concerns arise or simply need to know what their rights are in accessing services for the children/youth in their care. In addition, the Kinship Foster Care booklet continues to be distributed and is available in English and Spanish. The booklet was revised in 2017 and provides extensive information for kinship caregivers, including DCS expectations for the care and supervision of children in DCS care, benefits and services available to children in their care, licensing process and waivers, and information about other pertinent subjects.

In addition to the training and outreach noted above, the Statewide DCS Kinship Specialist provides direct support to kin caregivers, through participation in Kinship Information Sessions and responding to phone calls and inquiries. Caregivers can also email questions to a general delivery mailbox, [Kinship@azdcs.gov](mailto:Kinship@azdcs.gov). Assistance is typically sought to resolve payment issues, contact the assigned DCS Specialist, and gain general program information and guidance. The Statewide Kinship Specialist also participates in the Central Arizona Kinship Care Coalition, which is an advocacy and information group consisting of kinship

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caregivers and Phoenix area community agency staff who provide services to kinship caregivers. This group meets monthly to exchange resource information and identify kinship caregiver needs and issues. The Statewide Specialist also monitors efforts and provides support through technical assistance and training throughout the state. Recent efforts include the following:

- The Southeast Region continued to support kin placements by having a designated case aide in each field office visit each new kinship home to offer information on resources, available assistance, and the dependency process. The case aides meet with the families one week after initial placement, ten days after that, and then monthly as needed.
- The Pima Region Kinship Liaison Support Unit provides support to all kin placements in Pima County. The support centers on helping families to access resources and complete the fingerprint process timely. The assigned liaison meets with the family within five days of receiving the referral, and conducts follow up visits every 30 days for three months. This process is believed to greatly increase the retention and success of these kinship placements.
- The Statewide Placement Administration was formed in 2017 and primarily coordinates requests for licensed placements for children in out-of-home care. This administration also supports kinship caregivers by providing or directing kin to tangible resources including emergency food, clothing, beds, and infant care items. This referral service has provided assistance to struggling kinship caregivers to help resolve barriers to maintaining children in their homes. The Statewide Placement Administration includes three Kinship Specialists to provide outreach and support to kinship caregivers in Maricopa County and plans to expand to other counties as positions become available.

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

In 2018, the Department expanded the DCS Warmline Support to be available to all kinship families to provide easier access to information and assistance setting up benefits such as TANF, DES child care, and the Kinship Stipend Program. Approximately 15 to 25 calls are received via the Warmline each week. The caregivers calling the Warmline appear to benefit from the support, and often comment how they appreciate the timeliness of the information provided. Three hundred sixty-four units of child care were paid for by the Department for children in out-of-home care in June 2019 (Source: DCS Monthly Program Report July 2019), and approximately 2,630 children received the Kinship Stipend during the month of June 2019 (Source: DCS Kinship Stipend huddle chart). There were 3,175 children who received TANF and 5,017 children who received SNAP (food stamps) while placed with a relative or kinship foster caregiver during SFY 2019.

The Guardianship Services Contract was also launched in 2018 to focus on providing information, education, consultation, training, support, and outreach to caregivers who are considering permanent guardianship as a permanency option. Kinship caregivers and youth receive education on all permanency options to allow an informed decision that is best for the family. Caregivers that move forward with permanent guardianship are provided with support to complete necessary paperwork and connected with community resources to assist with future needs.

In 2019, the Department launched a Kinship Navigator Pilot program that is currently serving three offices in Maricopa County. The pilot assists unlicensed kin caregivers with navigating the many systems involved when a child is in the custody of the Department and placed in their home. The contracted provider delivers similar supportive services as those offered to licensed caregivers by their licensing agencies. The intent is

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to keep children living with relatives in safe, stable, nurturing environments until their permanency goal can be achieved.

DCS collaborated with Arizona State Parks and Trails to provide a free annual pass to over 7,000 foster and kinship families in April 2019.

In addition to the supports provided or coordinated by DCS, many faith-based and community organizations across the state continued activities to support children in out-of-home care and their foster care providers during the reporting period. Some examples include:

- Arizona Helping Hands hosts many events and drives throughout the year. A back to school drive held in 2018 provided over 6,500 backpacks filled with school supplies to children in care, and a holiday toy drive collected over 30,000 toys and books, which were distributed to 14,000 different children in care. From January 2019 through April 12, 2019, Arizona Helping Hands provided 869 beds and 737 birthday gifts to children in care.
- Bags of Love is hosted by the 7th Day Adventist Church in Apache Junction, AZ. Volunteers sew quilts and bags filled with personal care items and a note of support for children in care. The items in the bags are provided based on the child's age, such as stuffed animals and crayons. Around 500 bags are provided to children in care each year.
- DCS staff in Pima, Maricopa, Yavapai, and Coconino Counties are able to utilize the CarePortal, a ministry initiative of the Global Orphan Project. The CarePortal is a network of churches that assist children and families involved in the child welfare system by providing tangible items and services for families in need, supporting children to remain at home and placement stability for children living with kinship or foster families. Department staff can request items and services such as beds, baby items, pest control, and minor home repairs.
- The #LoveUp Foundation supports the Children's Heart Gallery photo shoots by providing staff, food, and other supplies. #LoveUp held a donation event in October 2018 for shoes for youth in care, and collected over 500 pairs of shoes. These shoes were provided to children at the Children's Heart Gallery photoshoots. #LoveUp also sponsored two separate holiday parties for 600 youth in care. One event was geared towards younger children and families, and included activities such as dinner, meeting Santa, and ice-skating. The other event was for older youth in care and each youth in attendance received a personalized holiday gift.
- AZ 1.27 assisted with ensuring locations for the AZ Families Thrive Conferences, and in early 2019, created a recruitment video featuring foster and adoptive families, community members, and DCS staff. In 2018, the movie *Instant Family* premiered. This movie is a story about a sibling adoption. AZ 1.27 provided movie tickets to families for multiple showings throughout Maricopa County.
- On November 3, 2018, FACT held a resource fair for the community and foster families, with over 20 community resources present. Approximately 250 people attended. A foster care information session was hosted for community members interested in learning more about becoming foster families.
- Feed My Starving Children (FMSC) is a Christian non-profit organization committed to preparing meals for children in need. In 2018, FMSC received a \$48,000 donation to provide meals and host events for foster families. DCS staff volunteered at these events.
- In December of 2018, Arizona Faith & Families, Arizona's Children Association, La Paloma

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Family Services, Arizona Baptist Children's Services, and Southwest Human Development hosted holiday parties for their licensed families. Each agency invited Department staff to attend in an effort to increase collaboration and partnership between foster care agencies, families, and DCS.

#### ***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 1,184 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2018, 281 less than the 1,465 requests in FFY 2017. In FFY 2018, Arizona made 2,081 requests to other states for home studies, which is 122 less than the 2,203 requests in FFY 2017. The number of ICPC requests received from other states has varied during the reporting period from a low of 980 in FFY 2015 to a high of 1,465 in FFY 2017. The number of ICPC requests made to other states has varied from a low of 1,479 in FFY 2015 to a high of 2,203 in FFY 2017. During SFY 2020, DCS will improve the tracking of ICPC referrals to include the timeliness of Arizona completing ICPC requests from other states.

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

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

Throughout the entire five-year reporting period, the Department has continued to provide adoption promotion and support services with the goal of placing children in permanent homes. These services provide placement of the child on the Adoption Registry, assessment of the child's placement needs, preparation of the child for adoptive placement, recruitment and assessment of adoptive homes, selection of an adoptive placement, supervision and monitoring of the adoptive placement, and application for adoption subsidy services. Adoption promotion and support funds are used to support adoptive families through pre-placement adoptive family-child visits and facilitation of post-placement visitation with siblings. Services are provided by contracted providers who are experts in adoption. There are no geographic limitations on adoptive home identification, placement, and support services, although some support services, such as specialized counseling, may be more readily available in some areas.

The Department places a child in an adoptive home that best meets the social, emotional, physical, safety, and mental health needs of the child. Selecting a family that is able to meet the needs of the child is the primary consideration in the selecting a family. Contracts for foster care and adoption home study, recruitment, and supervision emphasize targeted and child specific recruitment. The contracts encourage placements for sibling groups, teens, children whose ethnicity is over-represented in the foster care system,

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and children with special needs. The Department and its contract providers continue to collaborate on addressing disproportionality by specifically targeting recruitment within African American, Hispanic populations, and American Indian populations. Targeted recruitment also focuses on homes for older youth and siblings. The Department requests that the agencies recruit homes in specific geographical areas and provide recruitment estimators to contractors to assist in focusing recruitment strategies to specific counties in which the need is high. The estimator takes into account that some homes will close their licenses, that the pool of homes needs to be larger than the population of children needing placement, and that some child characteristics can be more difficult to match to foster families than others. This tool is an estimate to help inform recruitment efforts, and as such, unexpected changes are not able to be reflected in the tool.

Arizona uses an array of interstate resources in order to locate permanent homes for children across jurisdictional lines. These include internet resources such as Adopt Us Kids and Children's Heart Gallery; features on nationally syndicated programs; and monthly digital newsletters posted on the AZDCS.gov. Families with certified adoptive home studies can also be listed on the CHILDS Adoption Registry. Adoption promotion funds are available statewide to provide transportation services that encourage, facilitate, and support cross-jurisdictional placements. Transportation services include pre-placement visits, and visits with siblings and relatives living out-of-state or in other regions of Arizona.

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

#### ***Adoption Subsidy***

Throughout the entire five-year reporting period, the Department has continued the Adoption Subsidy program, which subsidizes adoptions of special needs children who would otherwise be difficult to place for adoption because of physical, mental, or emotional disorders; age; 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 31,657 on March 31, 2018 to 33,447 on March 31, 2019, with 4,007 new special needs adoptions being subsidized in SFY 2018. The Department reimbursed \$5,365,300 of nonrecurring adoption expenses in FFY 2018. Of the 4,007 children who were adopted during SFY 2018, approximately 85% were covered under a title IV-E adoption agreement, and the remaining 15% were covered under a state agreement. An executed adoption assistance agreement is required for reimbursing adoptive parents for their one-time non-recurring legal fees for adoption, and is required for the child's coverage through AHCCCS, therefore nearly all adoptions of children with special needs from foster care have an executed adoption assistance agreement.

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

- The Adoption Subsidy handbook provides information about the program and addresses frequently asked questions from adoptive parents. In addition, a booklet about adoption subsidy services, specifically respite services, is available to assist families.

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- Adoption subsidy staff continue to collaborate with staff from the Regional Behavioral Health Authorities and to coordinate services to meet the behavioral health needs of adoptive children. The Adoption Subsidy Behavioral Health Clinical Coordinator is available to assist with formulating plans to meet the unique and combined complex needs of children and families providing permanency through adoption. If an adoptive family submits a request for an increase in the adoption subsidy due to the need for additional mental health services, the Adoption Subsidy Behavioral Health Clinical Coordinator may be requested to work with the family to navigate the behavioral health system to ensure the child's needs are met.
- Adoption subsidy staff participate in the November National Adoption Day celebrations.
- The Department has compiled a list of support groups for adoptive families across the state. This list is provided to the licensing agencies, adoption subsidy workers, and the DCS field staff to be provided to families as needed. Examples of agencies that support adoptive families include the Lodestar Family Connections Center in Phoenix, the KARE Family Center in Tucson, Arizona Children's Association (AzCA) in Yuma, and the Family Involvement Center in Phoenix and Prescott Valley. The Department continues to identify new community resources for children eligible for adoption subsidy.

#### ***Adoption and Legal Guardianship Incentive Funds***

The Department provided the following services and supports to children and families using the Adoption Incentive Funds during the FFY 2015-2019 reporting period:

- monthly adoption subsidy maintenance payments and
- respite care.

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

#### ***Services for Children Adopted from other Countries***

Community services are available to adopted children and their families, including families who have adopted a child from another country. These services can address risk factors associated with adoptive placement disruptions and dissolutions. For example, private agencies such as Lodestar KARE, the Family Involvement Center, and AzCA provide support services to any family raising a child that was not born to them. These community agencies provide assistance including information and referral services, and support groups for adoptive children and families in Arizona. Behavioral health services for children, including counseling and residential services, are available through the Arizona Health Care Cost Containment System (AHCCCS), Arizona's Medicaid program for children who qualify. Services for children with developmental disabilities are available through the Department of Economic Security's Division of Developmental Disabilities.

The Department of Child Safety makes prevention and treatment services available to families who have adopted a child from another country if there are allegations of abuse or neglect and the assessment determines there are risk factors that necessitate such services. In addition, when children adopted from other countries come into the custody of the Department of Child Safety, they and their families are provided protective and treatment services. Services are offered to resolve the problems that led to the child and family being involved with the Department and return the child to the adoptive family when safe and possible.

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

*Subsidized Guardianship*

Guardianship subsidy is a state funded program providing a monthly reimbursement to caretakers appointed by the court through a title 8 guardianship. Most of the permanent homes supported by the state Subsidized Guardianship program were kinship placements while the child was in out-of-home care. The children for whom the subsidy is provided, are required to be in the care, custody, and control of the Department at the time the guardianship is granted. One year after the guardianship is granted, the court completes a paper review of reports submitted to the court to verify the child is still residing with the guardians. As of March 31, 2019, there were 2,905 children receiving guardianship subsidy with 1,710 families.

*Independent Living and Transitional Independent Living*

Provision of effective services to support young adults improves placement stability, reduces foster care re-entry, increases the percentage of youth placed with siblings and relatives, reduces the number of youth in out-of-home care, and increases the number and percentage of youth who exit to permanency rather than at the age of majority. Youth and Department staff work together to establish youth-centered case plans that include services and supports to assist each youth to reach his or her full potential while transitioning to adulthood, and to maintain safe, stable, long-term living arrangements and relationships with persons committed to their support and nurturance. State policy requires a Preparation for Adulthood Plan for all youth age 14 and older, regardless of his or her permanency goal, and for young adults age 18 and older participating in continued care through a voluntary agreement. The Department provides life skills assessments and services to ensure each youth acquires the skills and resources necessary to live independently of the state foster care system at age eighteen or older.

Youth who do not have a goal of reunification, adoption, or guardianship are assisted to establish another planned permanent living arrangement by participating in services, opportunities, and activities through the Arizona Young Adult Program, which is Arizona's state Chafee Program. The Arizona Young Adult Program provides training and financial assistance to children in out-of-home care who are expected to make the transition from adolescence to adulthood while in foster care. Youth served under the Arizona Young Adult Program are currently in out-of-home care, in the custody of the Department.

Department policy allows youth to continue to receive Department services and supports to 21 years of age through voluntary foster care services and/or the Transitional Independent Living Program. Young adults served under the Transitional Independent Living Program are former foster youth, 18 through 20 years of age, who were in out-of-home care and in the custody of the Department while age 16, 17, or 18. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During CY 2017, 253 former foster youth received assistance from this program. During CY 2018, 209 youth were served. The Transitional Independent Living Program continues to do community outreach to identify and assist youth who would be eligible for the services.

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

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

- Transition to Adulthood service planning assists youth to make a smooth and seamless transition from the children's behavioral health system into the adult system. Transitional planning begins once the youth turns 16, or earlier if the Child and Family Team (CFT) determines that more time is needed for the youth to acquire the necessary skills. If needed, a request can be made to have a representative from the adult behavioral health system attend the youth's CFTs. Arizona behavioral health providers utilize the "Transition to Independence Process" or TIP Model to inform the delivery of services. The Regional Behavioral Health Authorities have provided technical assistance to providers to implement the TIP Model to fidelity. DCS continues to collaborate with AHCCCS and the RBHAs to ensure this population receives the Seriously Mentally Ill (SMI) determination when appropriate. AHCCCS has contracted with a single provider to manage the SMI eligibility process.
- Some child services continue to 21 years of age, when appropriate, including the TIP Model. This is supported by a special capitation rate for youth 18 to 21 years old. Transition Facilitators actively work with youth and young adults on their future planning and skill development. Peer support specialists utilize their own direct experience with mental health services to collaborate with, coach, and challenge the young person to view their situation as an opportunity for growth.
- Support and Rehabilitation Services are available for children, adolescents, and young adults, including a variety of home-based and community services with a goal of keeping children in their homes and community. Support services are services designed to facilitate the delivery of, or enhance the benefit received from, other behavioral health services. These services include case management, family support, peer support, unskilled respite, and transportation. Rehabilitation services include educating, coaching, training, and demonstrating. These services include behavioral health prevention/promotion education, medication training, and psychoeducational services such as pre-job training and job development and ongoing support to maintain employment.
- The Child and Adolescent Service Intensity Instrument (CASII) is used for all children ages six through 17 to identify the need level and recommended service intensity. Those members with a score indicating a higher need, are assigned a high needs behavioral health case manager, also called a recovery coach, who has a low caseload and meets with the member weekly. The results inform the CFT process, through which services and supports to best meet the youth's needs are identified. The CFT process mandates a crisis plan and a Strengths, Needs, and Cultural Discovery (SNCD) for youth with a CASII score indicating high needs. These youth are also assigned an intensive/dedicated case manager to provide support in the delivery of services.
- The Department, in conjunction with CMDP, DBHS, and AHCCCS, continues to evaluate Arizona's use of psychotropic medication for children in foster care. Arizona collects data using the same parameters as the General Accounting Office's report on United States use of psychotropic medication with foster youth. The majority of the youth in care prescribed psychotropic medications are teens. One of the improvements made during SFY 2016 was DBHS' finalization of the youth assent process for psychotropic medication prescribing. Since youth are not able to legally provide informed consent, the youths' assent, or agreement, to take the medication allows the youth to be more engaged in his or her care, case planning, and decisions.

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

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

Young adults who reached the age of 18 while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn 18 years of age. This program provides continuous health coverage until the age of 26, regardless of income. Over 600 youth who reached the age of 18 while in foster care or who exited care at age 18 or older during the last year will benefit from the YATI program due to the continued support of the Medicaid expansion to age 26.

#### *Education and Training Vouchers*

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

- was in out-of-home care in the custody of the Department when age 16, 17, or 18;
- is 18 to 21 years of age 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 16 years of age or older; or
- was participating in the state ETV program at 21 years of age.

Additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs is located in Section X: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program State Plan.

## **7. Case Planning and Case Manager Visits with Children and Parents**

### *Family-Centered Case Management*

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

Family members are encouraged to participate in the development of a behavioral case plan to address diminished protective capacities, threats to child safety, or risks of future abuse or neglect, that necessitate DCS involvement. The case plan communicates to all parties the permanency goal, the reason why DCS is involved with the family, the desired behavior changes, and the services and supports that will be provided to enable behavioral changes. When applicable, the document describes child specific medical, educational, and independent living plans, a concurrent permanency goal and plan, and a visitation plan. The case plan includes

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documentation of family and service team involvement in case plan development. The case plan must be reassessed and revised by the family and team no less frequently than every six months. Progress and services can be reviewed and modified between formal case plan staffings to avoid ineffective and wasteful service provision, and improve outcomes for families. DCS Specialists are to monitor that the parents are engaged in services, and that the services and supports identified in the case plan are bringing the desired behavioral changes.

Engaging family members in the continual evaluation of their strengths, needs, and goals is the most effective method to identify services that meet the family's unique needs, produce desired behavioral changes, and achieve desired outcomes. Concerted efforts to embed this and other family-centered practice principles continue throughout the Department, and family engagement practice has been one of the four focus areas in the Department's CFSR PIP. Family-engagement practice principles and techniques are trained to new staff, emphasized to existing staff, and embedded throughout the Department's philosophy, policies, programs, and activities. For example:

- The Department partnered with Arizona State University during SFY 2016 to develop a Family Engagement Training, which continues to be required for all DCS Specialists during their first year of employment. This course covers practice skills and strategies for improving engagement with the families served. The course is a review of strength-based child welfare practice, engagement skills and strategies, connecting the engagement process with appropriate application of protective authority, engagement practice for difficult conversations, and how to avoid trauma fatigue.
- In partnership with Casey Family Programs and Seneca Family of Agencies, the Department began to train staff during SFY 2016 on family finding techniques through the Fostering Sustainable Connections, A Family Finding Model training. These efforts are part of the Department's title IV-E waiver demonstration project, which continues to expand within the state. The goal of Fostering Sustainable Connections is to identify and locate relatives and kin for children in congregate care to allow these children to achieve permanency more timely, develop important connections, and experience more positive emotional and social outcomes.
- Arizona's case planning policies and procedures require full disclosure about the reasons for DCS involvement, the reason for a child's removal, the permanency planning process, and permanency related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her, to provide a response to the allegation, and to be verbally informed of the child's removal and the reason for the removal. State procedures require that the DCS Specialist discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve permanency, and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the court may order, that the permanency goal be changed from family reunification to another permanency goal, such as adoption or guardianship.
- Children age twelve years 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 Department involvement are made available to families; 5) informed about his or her parents' activities and progress toward reunification, unless

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returning home is not a possibility; 6) helped to identify significant adults with whom relationships can be maintained; and 7) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.

- State statute and Department policy require an exhaustive search for all adult relatives (grandparents, great-grandparents, adult siblings, parent who has custody of any sibling, aunts, uncles, and first cousins) of each child in care and assessment of relatives who request to be considered for placement of the child or to otherwise be involved in the child's life. The Department's policy has contributed to the number of children placed with relative caregivers remaining approximately the same during the reporting period, around 40%, which continues to be above the national average of 32% (national average data source: Kids Count data center website <https://datacenter.kidscount.org/>).
- Parents, children twelve years of age or older, and people who are a support to the family are encouraged to attend case plan staffings, CFT meetings, TDM meetings, court hearings, and FCRB hearings to provide ongoing input into the case plan. The Round 3 CFSR PIP data demonstrates improvement in the area of family involvement in case planning, and the PIP goal was achieved.
- Content on family engagement is currently included in DCS Specialist core training, as well as parent aide/case aide core training. DCS Specialist core training has an emphasis on engaging fathers. The Department's Field Break Activity Guides also include opportunities for new staff to practice family engagement and family-centered practice techniques. Data retrieved from the Department's Business Intelligence Dashboard (data current as of March 23, 2019) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) was 97.75% for CY 2018. This percentage is up from 97% in CY 2017, 94.2% in CY 2016, and 91.5% in CY 2015. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian, missing child, or runaway. Data retrieved from the Department's Business Intelligence Dashboard (data current as of May 11, 2019) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) was 67% for CY 2018. This percentage is higher than the beginning of the reporting period. Region scorecard data also indicates DCS Specialist contacts with parents have improved, ranging from 65% to 72% in the first nine months of SFY 2019.
- The Department's current supervisor core training has three modules that include strength-based supervision concepts. The training material includes coursework on best practices in group and individual clinical supervision, modeling strength-based family-centered practice and engagement skills, and use of the parallel process during supervision.
- Attachments to the resource family HRSS contract define requirements for shared birth and resource family parenting of children in out-of-home care. These requirements are trained through the Foster Parent College (initial foster parent training curriculum) for resource parents.
- The Department developed a series of Practice Guidelines that includes information on a specific topic along with ways to engage parents and youth in conversations and information sharing. Practice Guidelines describe current best known skills, techniques, and knowledge to guide individualized practice and achieve positive outcomes. Examples of Practice Guidelines developed during the reporting period include *Engaging Parents During the Investigation Process*, *Engaging Incarcerated Parents in Reunification Cases*, *Engaging Parents in Parent Aide and Supervised Visitation Only Services*, and *High Quality Parent Contacts*.

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

Team Decision Making (TDM) is a strength-based decision making process to address the safety, placement, and permanency of children. TDM meetings are a collaborative process involving an entire team of people, including DCS field staff and Supervisors, family (custodial and non-custodial parents, legal guardians, and adult siblings), family supports, community members, and partnering agencies, including tribal representatives when applicable. Children and their siblings age 12 and older are also invited if their level of functioning and the current situation permit their full participation. By engaging family members, youth, friends, and natural and paid supports in decision making and the identification of safe placement options and permanency plans, TDM meetings assist in achieving safety and permanency outcomes such as timely reunification, prevention of re-entry, placement with siblings and kin, visitation with parents and siblings, placement stability, planning for adulthood, and the identification of and preservation of the child's important connections. Team Decision Making provides an opportunity to improve child and parent involvement, including with absent or under-involved parents, identification of relatives for placement and/or support of the child, and identification of services to improve parental capacity to care for the child safely.

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

Specifically trained TDM Facilitators guide the teams to identify the current present or impending danger condition; explore opportunities and resources to prevent removal, re-entry, or to preserve a placement; discuss permanency options and transition planning; and plan for adulthood. In many cases, the family and team are successful in identifying a sufficient in-home safety plan.

TDM policy clarifies there should be every attempt to reach general agreement to support decisions and recommendations with all team members, but if agreement cannot be reached, the final decision regarding the child's safety planning will be the responsibility of the DCS Specialist and DCS Program Supervisor. TDM procedures help TDM Facilitators, the family, and DCS Specialists work hand-in-hand toward shared goals of child safety, as well as selecting the safest, least restrictive placement for the child.

TDM meetings continue to be held statewide, in all regions and counties. From June 2018 through April 2019, 2,278 or 26% of TDMs were Present Danger TDMs, 3,321 or 38% were Safety Planning TDMs, 420 or 5% were Placement Stabilization TDMs, 1,466 or 17% were Permanency Planning TDMs, 603 or 7%

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were Reunification TDMs, 525 or 6% were Age of Majority TDMs, and 36 or 1% were Life Long Connections TDMs.

The Department continues to collect and disseminate data with regard to all TDMs, including the number of meetings by type, attendees, and child specific outcomes. From June 1, 2018 through April 30, 2019:

- 96.5% of present danger TDMs were attended by one or more parent, 52% were attended by a youth, and 47.5% were attended by a relative associated with the case;
- 97.5% of safety planning TDMs were attended by one or more parent, 48% were attended by a youth, and 52.5% were attended by a relative associated with the case;
- 58% of placement stabilization TDMs were attended by one or more parent, 75% were attended by a youth, and 30.5% were attended by a relative associated with the case;
- 99% of reunification TDMs were attended by one or more parent, 66% were attended by a youth, and 31% were attended by a relative associated with the case;
- 84% of permanency planning TDMs were attended by a youth, 70% were attended by one or more parent, and 23% were attended by a relative associated with the case;
- 93% of life long connections TDMs were attended by the youth, 47% were attended by one or more parent, and 71% were attended by a relative associated with the case; and
- 99.5% of age of majority TDMs were attended by the youth, 19% were attended by a parent, and 11/5% were attended by a relative associated with the case.

The total number of children discussed at all TDM types from June 2018 through April 2019 was 13,005. Of the total number of children discussed during all meeting types, relative placements were identified for 6,516, or 50%. It is important to note that 36% of all TDMs focus on children who are already in out-of-home care. Therefore, the data is focused on where children exit care.

The total number of children discussed at pre and post-removal TDMs was 9,925. Of those children, out-of-home placement (including 90 day voluntary foster care agreements) was recommended for 5,226 or 52%. Of the total number of children recommended for out-of-home placement, relative/kin placements were identified for 2,959, or nearly 57%.

TDM management continues to monitor the use of TDMs during the investigation phase of casework to identify trends and improvement opportunities. The data has been helpful in identifying gaps of knowledge regarding TDM policy, procedure, and best practice exist in the field, and was used to revise the TDM Refresher training. The TDM Refreshers are mandatory for all field staff including Specialists, Program Supervisors, Program Managers, and TDM Facilitators. The Refreshers focus on reviewing updated TDM policy and procedures, as well as clarifying each of the roles and responsibilities associated with TDMs.

The Department has recently refined and revised the Team Decision Making five-day training curriculum for newly hired TDM facilitators. The Department has also created regional lead positions that are dedicated to the support and supervision of TDM facilitators statewide, and a statewide coordinator position that focuses on implementing TDM initiatives statewide, providing technical support, refining data elements and collection, identifying and overcoming TDM program issues, determining continuing needs, and mentoring each of the regional leads individually and collectively. The Department has also developed standard work for TDM staff to improve model fidelity, ensure program consistency, and maintain effectiveness statewide. The standard work includes clearly defined roles of staff, work product timeframes, quality assurance processes, and data collection and dissemination procedures.

#### ***Case Manager Face-to-Face Contacts with Children***

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

Department policy requires face-to-face visits between the DCS Specialist and the child and out-of-home caregiver (if applicable) occur at least one time per calendar month. The majority of contacts must be in the child's residence (be it the parental home or an out-of-home placement), and any verbal child must be seen alone for part of one visit each month. DCS Specialists are required to consult with the out-of-home caregiver, the child (if verbal), and other service team members as appropriate to determine if the child and/or caregiver requires more frequent face-to-face visits and/or telephone contact between face-to-face visits.

Department procedures and an extensive reference document, entitled *Quality Supervision and contact with children in OOH care*, provide guidance on the content of contacts with children and out-of-home caregivers. In addition, DCS Specialists have been instructed to use a child contact case note documentation outline, which includes headers to remind the DCS Specialist to document time spent alone with the child; efforts to involve the child in case planning; discussion about the child's educational, physical health, and behavioral health status; discussion about visitation and contact with parents and siblings; efforts to allow the child to participate in developmentally appropriate activities; and other areas. Instructions and a detailed guide accompany the outline. DCS Specialists can use the guide in the field to prompt discussion about key areas and take notes.

At the state and regional levels, the Department monitors the frequency and quality of contacts with children and parents using the data available on a data dashboard and the Practice Improvement Case Reviews (PICR). Supervisors can track summary statistics by unit and DCS Specialist on the data dashboard, and data related to the frequency of child and parent contact with the assigned DCS Specialist is monitored using monthly scorecards. This data helps supervisors to ensure every required contact occurs, documentation is updated, and sufficient efforts are made to locate missing parents. The PICR instrument includes items to evaluate the frequency and quality of DCS Specialist contacts with children and parents. The Practice Improvement Specialists give individualized feedback to DCS Specialists and DCS Program Supervisors based on the case review findings. The PICR provides an ongoing opportunity to clarify practice expectations, such as the requirement to meet alone with the child for part of at least one visit each month.

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

During SFY 2019, DCS used the federal Monthly Caseworker Visit Grant to fund DCS Specialist training, including training related to the implementation of the updated safety assessment model. The Monthly Caseworker Visit Grant was also used to provide incentive compensation to DCS Specialists in an effort to reduce turnover and retain staff responsible for child safety assessments, family engagement, and permanency planning activities.

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#### ***Case Manager Contacts with Parents***

If the child's permanency goal is remain with family or family reunification, the DCS Specialist is required to have face-to-face contact with the mother and father at least once a month, including any alleged parents, parents residing outside of the child's home, and incarcerated parents. These contacts are opportunities for the parents to discuss progress toward the behavior changes outlined in the case plan, and for the DCS Specialist to gather information to inform the continuous assessment of family functioning. Exceptions to monthly face-to-face contact with parents may be approved by the supervisor on a case-by-case basis, based on the unique circumstance of the family. At a minimum, the DCS Specialist is to have telephone contact or written correspondence with these parents once every three months.

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

#### ***Family Locate Efforts***

Federal regulation requires the exercise of due diligence in the location of parents or relatives of children removed from a home by DCS. State policy requires an extensive and documented search for absent parents, guardians, custodians, extended family members, and other significant persons as placement resources and supports for children in out-of-home care, prior to key decision points in the life of a case and no less than every six months.

If the DCS Specialist is unable to locate a family member, a referral for a search can be sent to the Family Locate Team. Referrals are also initiated through the Attorney General's Office and the Adoptions Unit (in select locations only). The Family Locate unit conducts extensive searches in an effort to locate missing parents, guardians, and relatives. The unit utilizes the Children's Information Library and Data Source System (CHILDS), Arizona Tracking Locator Automated System (ATLAS), Arizona Technical Eligibility Computer System (AZTECS), Arizona's General Unemployment Insurance Development Effort System (GUIDE/BG01), Motor Vehicle Division records, Juvenile Access Communication Exchange (JAX), and social media including, but not limited to, Facebook and Google. The Department also utilizes a robust investigative tool, Accurint, that is capable of searching databases such as national driver's license bureaus, birth and death records, criminal records, social networking sites, phone information (cell and land line), and other appropriate resources. Additionally, the Family Locate Team collaborates with Foreign Consulates, U.S. Embassies, U.S. Immigration and Customs Enforcement (ICE), and the Federal Bureau of Prisons in an effort to strengthen search efforts and results. From July 2018 to March 2019, the Family Locate Unit attempted to locate 6,243 people and obtained location information for 2,285 (37%) of the individuals.

Another resource for relative and kin searches was implemented in July 2016, through the development of the Family Engagement Specialist positions as part of the Department's title IV-E waiver demonstration project. Family Engagement Specialists, whose job duties include searching for relatives and kin in waiver sites within Maricopa, Pima, Pinal Counties, and one in the northern portion of the state are expected to gather information and conduct searches for family and kin for children in congregate care settings. These DCS positions were provided specialized training, and given access to person search software called Lexus Nexus. The identification and contact with family and kin will increase the natural supports and family-

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like settings for children in out-of-home care. From July 1, 2016, through April 30, 2019, the Family Engagement Specialists worked with 476 children in Maricopa, Pima, Pinal counties, and Northern Arizona counties; 318 had been closed from Fostering Sustainable Connections and 158 remained actively open. Of the 318 children that had been served and closed, 100 had been placed with relatives or fictive kin, 31 were placed in a less restrictive family-like setting, and 35 were pending placement with relatives.

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

Each child’s DCS Specialist coordinates with the child’s parents, out-of-home care providers, school, health care providers, behavioral health providers, and others to identify the child’s needs and obtain or advocate for services. The Department encourages parents to identify their children’s educational, physical health, and behavioral health needs, and participate in the development of case plans to address identified needs. The Department’s family functioning assessment and case planning process and tools guide the DCS Specialist to gather information about the children’s strengths and needs during all investigations. For children in out-of-home care and applicable in-home children, the written case plan identifies the child’s educational, physical health, and mental health needs; and services to address those needs.

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

DCS Specialists collaborate with parents, out-of-home care providers, and schools to ensure children are provided services to achieve their educational potential. Educational plans are discussed and developed with parents and youth in forums such as case plan staffings, CFT meetings, and informal meetings between the DCS Specialist and parent, and special education meetings initiated by the child’s school. The case plan for every child in out-of-home care specifies the child’s educational status and needs, and services provided to the child or out-of-home caregiver to address the child’s educational needs. Education related tasks may be included in the case plan for children served in-home. Children receive educational services through the Arizona public school system, which includes tuition-free specialized charter schools. DCS Specialists coordinate with parents, school officials, teachers, out-of-home care providers, and others to monitor each child’s educational needs and plan, and modify services as necessary. DCS Specialists frequently advocate for services through sister agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services.

According to the DCS State IL/ETV Report, the number of youth enrolled in post-secondary education remained about the same during the reporting period. In March 2015, 310 youth were enrolled, compared to 326 in March 2018. The number of youth who received a high school diploma or GED increased during the reporting period, from 260 in March 2015 to 364 in March 2018. In the last several years, roughly 80% to 90% of cases reviewed during the PICR process were rated strength in relation to the educational needs of the child. Cases are rated strength in the PICR if the child’s educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system.

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

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

Activities to support educational outcomes for foster youth continued across Arizona during SFY 2019, including the following examples:

- FosterEd is an initiative of the National Center for Youth Law aimed at improving the educational experience and outcomes for foster youth. In May 2016, HB 2665 was signed by the Governor, and included provisions to establish and fund a statewide expansion of FosterEd from Pima County to other areas of the state. Maricopa County was the first targeted area of the expansion in August of 2017. To support the statewide expansion, FosterEd Arizona's team has grown from a team of five based in Pima County to a team of 15, including ten Education Liaisons located in Pima and Maricopa Counties. Three Education Liaisons are co-located in high schools within the Phoenix Union High School District, working with students with a high level of need, and three Education Liaisons are co-located in DCS offices working with students in kindergarten through twelfth grade who have an emergent need for educational support. FosterEd has continued to expand to additional regions of Arizona. As of August 2018, two Education Liaisons serve children and youth in Yavapai County. Key partners include the Prescott Unified School District, the Yavapai Accommodation School District, and the Juvenile Court.
- The federal Every Student Succeeds Act (ESSA), designed to improve educational stability for children in foster care by removing barriers to remaining in the school of origin and other issues, became effective December 10, 2016. Arizona Department of Education (ADE) and DCS have assigned state level "Point of Contacts" (POC) in addition to Regional Liaisons who assist to resolve issues related to school of origin, transportation, and other services. The Department's POC has joined with counterparts within ADE to reach out to local educational agencies to assist in facilitating the statewide implementation of ESSA. POCs meet regularly to discuss needs surrounding ESSA. Additionally trainings on ESSA offered to foster parents, DCS, and ADE staff have been beneficial in the community's and stakeholders' understanding of ESSA.
- The Department's Education Specialists participated in ongoing communication and consultation with various school representatives, administrators, counselors, and teachers to form alliances to better meet and address the educational needs of youth in the child welfare system. Education Specialists also updated and distributed the State Reference Guide to Arizona scholarship, grant, and financial aid information, specifically created for current and former foster care youth, foster care providers, and community partners.
- "College Goal FAFSA" events were held throughout Arizona by the Arizona Commission for Post-

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secondary Education during the month of October 2018. 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 2018-2019 academic school year. FAFSA is the first critical step in applying for federal and state grants, loans, and scholarships; however, foster youth often struggle filling out the FAFSA due to unknown information regarding their parents. The Department's Education Case Management Unit was available to provide assistance where necessary.

- The Education Specialists attended the three-day Transition Conference in August 2018. The Arizona Department of Education's Exceptional Student Services, along with the Arizona Department of Economic Security's Vocational Rehabilitation Program and Division of Developmental Disabilities, sponsored the event to provide information to young adults with disabilities related to employment, education, training, and adult living and improve post-secondary opportunities for young adults with disabilities.
- The Education Specialists are members of the Arizona College Access Network / College Success Arizona, comprised of 225 member organizations statewide. The vision is that every Arizona student has the knowledge and resources necessary to successfully attain a post-secondary education, in order to succeed in life and contribute to the Arizona economy.
- The Department's Education Specialist, who covers Maricopa County and the Northern portion of Arizona, helped youth achieve educational outcomes by:
  - Assisting and collaborating with staff at Northern Arizona University (NAU) to support NAUs "Fostering Success" program, which provides current foster care students and students who are aging out of foster care a transitional pathway from high school to NAU, and provides personalized assistance while attending NAU to increase graduation rates.
  - Participating as a member of the Arizona State University Nina Mason Pulliam Advisory Council, a scholarship program dedicated to providing educational opportunities for individuals who would not typically receive traditional academic scholarships, and whose personal commitments and financial circumstances would preclude their attendance without substantial long-term scholarship support.
  - Participating as a member of the Bridging Success Advisory Council, which offers resources and guidance to assist current and prior foster care youth successfully transition from secondary to post-secondary education programs at both Arizona State University and Maricopa County Community College.
  - Participating in the Arizona Friends of Foster Children (AFFCF) Post-Secondary Resource Event at College Depot in the Burton Barr Library in April 2019. The event offered presentations, scholarship information, and numerous resources to foster care youth, caregivers, and DCS staff.
  - Participating in monthly group home site visits. These site visits offer more group home foster youth with direct and consistent educational assistance in breaking down the barriers needed to graduate from high school or obtaining the GED. This assistance also offers group home foster youth with more readily available information and direction for a smooth transition to a post-secondary education, including grant and scholarship information for financial aid funding.

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- Participating in the Off Campus Jams (OCJ) Kids Adulthood Summit at DeVry University in April 2019 for foster youth living in group homes in Maricopa County. Offered information on financial aid opportunities specific to current and former foster youth directly to those youth participating in the Summit. Also able to collaborate with various vocational / trade schools and college representatives also participating in the Summit.
- Participating in the DCS Post-Secondary Education Day: We are Warriors, at the University of Phoenix. The two-day event was held in October 2018. The purpose of the event was to provide educational and vocational opportunities available after graduating high school, obtaining a GED, or simply reaching adulthood. Workshops were offered on both days. There was also a resource fair providing information about State Universities, Community Colleges, various vocational / trade schools, employment support services, and various other services.
- Assisting and collaborating with Foster Ed staff in Maricopa and Yavapai Counties to address the educational needs of youth in foster care, offer educational support services, advocate for educational services, and provide resources.
- Assisting and collaborating with staff and administrators at the Keys to Success Program through Arizona Friends of Foster Children Foundation to support their intensive, individualized career planning, education, and employment services. This Program empowers youth aging out of foster care to become thriving, self-sufficient adults.
- The Department's Education Specialist, who covers Pima and Pinal Counties and the Southern portion of Arizona, helped youth achieve educational outcomes by:
  - Assisting and collaborating with United Way's Youth on the Rise (YOTR) council. YOTR is the Opportunity Youth Change Network for the Cradle to Career Partnership, focusing on the re-engagement of 16 to 24 year olds not connected to school or work. YOTR aims to provide educational and career pathways to all Opportunity Youth in Pima County. Being a part of this council provides DCS Education Specialist an opportunity to provide resources to the community and collect resources that may be available to foster youth to assist in their educational and career goals.
  - Participating as a member of the Juvenile Detention Alternatives Initiative in both Pima and Pinal Counties. By systematically addressing eight core areas, JDAI has proven that juvenile detention rates can be dramatically reduced without a corresponding increase in juvenile crime. DCS Education Specialist has been able to increase awareness of resources available to foster youth and dually adjudicated youth by this involvement.
  - Participating as a member of the Bridging Success Advisory Council, which offers resources and guidance to assist current and prior foster care youth successfully transition from secondary to post-secondary education programs at both Arizona State University and Maricopa County Community College.
  - Tabling to provide resources at various events throughout southern Arizona including, Pima County Juvenile Detention CAPE School event, IMPACT Tucson 3.0 at Palo Verde High School, and "College, Careers, and Military and Financial Aid Night" at Tucson Magnet High School.

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- Providing information and resources through various presentations to DCS staff statewide and community members such as, Pima and Pinal County Court Appointed Special Advocates program, Casa de los Ninos licensing workers and foster families, KARE Center for kinship families, and Ombudsman High School.
- Collaborated with Arizona Children's Association and Fostering Success Program at University of Arizona for a campus visit day in April 2019 for youth to learn about college, take a tour, and have a discussion on resources available to them in their transition to post-secondary education.
- Collaborated with Foster Ed Arizona, Pima County Juvenile Court Liaison, and DCS Every Student Succeeds Act point of contact to complete trainings in July 2018 for all Pima County DCS staff regarding educational needs of youth in foster care.
- Attended a collaboration event hosted by Arizona Department of Education to discuss transition services for youth with exceptional education needs, providing information on resources available to youth involved in foster care system and receiving resources from other attendees to utilize in support of foster youth.
- Attended quarterly meetings of all ESSA POCs in Pima County from local districts and schools, as well as Foster Ed and DCS staff to discuss collaboration between schools and DCS as a way to ensure open communication with regard to enrollment issues, transportation issues, and best interest determination to remain in school of origin. This communication allows for concerns, barriers, and issues to be elevated to DCS leadership to inform policy and practice.
- Collaboration with Goodwill METRO educational program to have designation hours for DCS Education Specialist to be onsite once per month to be available to youth frequenting the center who could benefit from assistance with post-secondary education planning.

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

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

The majority of children in Arizona's foster care system receive health care coverage through the Department's Comprehensive Medical and Dental Program (CMDP). CMDP operates as an acute care health plan under contract with Arizona's Medicaid Agency, the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding. A small number of children are enrolled through an alternate AHCCCS health plan due to meeting diagnostic and function criteria for Arizona Long Term Care Services (ALTCS).

CMDP, in partnership with DCS Specialists and foster caregivers, oversees the provision of appropriate and quality health care services for the well-being of Arizona's children in foster care. Full coverage of

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medical and dental care is provided to all children placed in out-of-home care by the Department or in the custody of Arizona Office of the Courts/Juvenile Probation Offices and placed in a foster care setting. CMDP serves eligible children in foster care placed in Arizona, and serves those placed out-of-state until they are Medicaid enrolled in that state.

CMDP's Provider Network includes an array of providers who are distributed geographically by specialty throughout the State of Arizona. Although CMDP encourages members to see a provider in the CMDP's provider network, a child or youth in care may see any AHCCCS registered provider. There are over 74,000 providers that are accessible to CMDP members.

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

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

State policy requires a comprehensive medical examination that meets EPSDT requirements within 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 DCS Specialist and out-of-home caregiver are responsible for ensuring necessary follow-up of recommended care. CMDP monitors compliance with referrals made during EPSDT exams. Each child's health and medical needs are reviewed as part of the case planning process, and the case plan identifies necessary tasks to meet the child's medical needs.

Department policy requires all known information pertaining to a child's medical history be documented in CHILDS and provided to out-of-home care providers. Data regarding immunization types and dates, well-child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events are downloaded from the CMDP data system into CHILDS through an electronic interface. This data is thereby included in the medical summary report that summarizes significant medical, educational, and developmental history and status information. The DCS Specialist is able to provide the medical history information to the courts and out-of-home caregivers through the medical summary report. The data interface maps appropriate diagnoses to the corresponding AFCARS element in an effort to improve accuracy of reporting and eliminate manual data entry for out-of-home cases.

CMDP continues to maintain very low member to Primary Care Physician (PCP) ratios and member to dentist ratios for most counties throughout Arizona.

CMDP maintains a system of outreach and reminder notifications for medical and dental services. Outreach activities conducted by CMDP rely on written and verbal communication with the member and all

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responsible parties, such as the DCS Specialist, out-of-home caregiver, and PCPs. CMDP outcome data suggest that these intensive outreach efforts are very effective.

During 2015, CMDP developed a report that identifies children who have not received a preventative medical or dental service within the first 120 days of care (by absence of claims data). CMDP and DCS strive to have all children seen within 30 days of a placement as per DCS policy; however, when CMDP has not received a claim for a child within 120 days of placement, the DCS Specialist is contacted and asked to work with the placement to ensure the child receives the appropriate services. If there is no response from the DCS Specialist within seven days, the supervisor is contacted to ensure the child gets the required services. In the fall of 2016, CMDP enhanced its outreach efforts by implementing a process to contact the DCS Specialist and foster caregiver upon removal of the child in order to promote timely health services. As a result of the combined outreach efforts to initiate services in 30 days as well as follow up on the service provision after 120 days, CMDP has seen a marked increase in the number of claims that have been received, indicating more children are receiving the required services timely.

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

#### ***Children's Rehabilitative Services***

As of October 1, 2018, CMDP began benefit coverage for Children's Rehabilitative Services (CRS) to children and youth in out-of-home care with a CRS condition. The CMDP CRS Unit coordinates and provides the necessary clinical documentation to support the CRS qualifying condition(s) for submission to AHCCCS, who determines eligibility. For additional information, see the *Arizona Health Care Oversight and Coordination Plan*.

#### ***Child Behavioral Health Services***

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

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

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The Arizona practice model for behavioral health is based on the “wrap-around” model and includes a Child and Family Team component. When children in care are enrolled in Arizona’s behavioral health system, a Child and Family Team (CFT) is developed. The child’s behavioral health services are monitored and coordinated through the CFT. The CFT model is used statewide to develop an Individualized Service Plan (ISP) for behavioral health services for each child. As each child is unique and has different needs, the CFT may be composed of family members, DCS Specialist, CMDP staff, behavioral health service providers, and other child serving agencies and supports. Typically facilitated by a behavioral health case manager or other behavioral health staff person, CFTs are responsible for identifying the strengths and needs of children and families and for developing and monitoring treatment goals and tasks. Teams are responsible for obtaining appropriate behavioral health services, and may request services requiring a prior authorization (i.e. residential placement or psychological testing) that are subject to medical necessity determination by the RBHA.

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

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

The Department also provides contracted services to treat behavioral health issues that contribute to safety threats or risks to children. The Department’s in-home services program provides therapeutic support for families whose children can remain at home, the Arizona Families F.I.R.S.T. program provides expedited access to substance abuse assessment and treatment, and the Department arranges specialized psychological evaluations or other services on a case-by-case basis.

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

- The DCS placement packet must be provided to the out-of-home placement provider immediately, and must include a designated point of contact with the RBHA, the telephone number to the AHCCCS customer services line, and access to a list of AHCCCS registered providers.
- The out-of-home caregiver of a title XIX or XXI eligible child may contact the RBHA directly to request a screening and evaluation of the child.
- The out-of-home caregiver of a title XIX or XXI eligible child may access services directly from any AHCCCS registered provider regardless of whether the provider is contracted with the RBHA.
- If a title XIX or XXI eligible child in the custody of the Department moves to a different county

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because of the location of the child's out-of-home living arrangement, the caregiver may choose to have the child continue any current treatment in the previous county.

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

#### *Psychotropic Medication Prescribing Oversight*

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

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

As part of psychotropic medication prescribing oversight, CMDP conducts a monthly retrospective review of records to assure the appropriate psychotropic medication prescribing by the Primary Care Physicians (PCPs). This process monitors PCPs who prescribe psychotropic medication for ADHD, anxiety, and depression. As part of this process, CMDP members are referred to the appropriate behavioral health services. From October 2018 to June 2019, the Primary Care Provider Psychotropic Prescribing Oversight team reviewed records for 182 members. Of the 182 member records, 32 deficiency letters were sent to PCP psychotropic prescribers who did not furnish medical records demonstrating full adherence to best practice standards. Providers that receive deficiency letters are followed on a shortened cycle to review their records to determine if a quality of care investigation is warranted. No providers required a subsequent Quality of Care investigation for continued lack of adherence to best practice standards.

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

Collaboration between the Department, AHCCCS, and the RBHAs is an important factor supporting achievement of child mental health outcomes, which in turn affects achievement of safety, permanency, and other well-being outcomes. Collaboration has continued to occur on multiple levels including statewide

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system planning and coordination, and individual child or family coordination. For additional information, see the *Arizona Health Care Oversight and Coordination Plan*.

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

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

#### ***Integrated Service Delivery***

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

In February 2018, AHCCCS hired Mercer Government Human Services Consulting to perform an independent analysis for the development and implementation of an integrated health plan for children in foster care. The analysis was designed to identify the operational and ongoing infrastructure requirements of an integrated health plan administered through CMDP. Using the proposed Administrative Services Organization (ASO) model, CMDP would retain clinical operations, which include prior authorization of services, medical management, and care coordination. CMDP would contract with an Administrative Service Organization to build and maintain a provider network. A Request for Proposal (RFP) is under development for anticipated release in calendar year 2019, to acquire an Administrative Services Organization for implementation scheduled for calendar year 2020.

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

Children ages birth through five are at the greatest risk of maltreatment. Young children are more likely to be the subject of a report to the DCS Hotline, and enter out-of-home care at higher rates than children over age five. The majority of children who die due to abuse or neglect by a parent or caregiver are age five or younger.

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

The Department assigns a high priority response time for allegations of abuse or neglect involving children age five or younger. Children age five or younger are defined as highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. Reports alleging a substance exposed newborn require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. As of February 1, 2016, reports alleging a victim child age three or younger and children age four and five with a prior history require a more immediate response time of no longer than 48 hours, and victim children age four or five with no prior history require a more immediate

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response time of no longer than 72 hours. In addition, child vulnerability, including the child's age, is one of the five safety threshold criteria considered by DCS Specialists when determining if a safety threat is present. Age is one of five vulnerability factors considered when assessing the priority response time when a concern of abuse or neglect is screened in as a DCS report for investigation. The Department defined vulnerable as:

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

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

- The Healthy Families Arizona (HFAz) program is a nationally-credentialed, community-based, family-centered, voluntary home-visitation program serving at-risk prenatal families and families with children age newborn through five. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of new parents. Program services are designed to strengthen families' capacity during the first five years of a child's life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness.
- Arizona's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of DCS due to having a substance exposed newborn. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety threats and risks of future abuse and neglect. The SENSE team includes the family, an in-home service DCS Specialist, a nurse consultant, Healthy Families Arizona, the In-Home Service Program, and Arizona Families F.I.R.S.T. (substance abuse) programs. The SENSE program is currently available in Maricopa, Mohave, Pinal, Cochise, Coconino, Yuma, Yavapai, La Paz, and Pima Counties. The number of SENSE referrals have increased from 553 new referrals during CY 2018 to 675 new referrals from January 2019 through June 2019 (Source: FY19 Monthly Operational Outcomes Report July 2019).

#### ***Services for Children under the Age of Five***

The number of children who were under the age of five and in out-of-home care decreased from 6,523 on September 30, 2016; to 5,555 on September 30, 2017; and to 4,758 on December 31, 2018 representing a 27% decrease. The children under the age of five represented 38% of the total out-of-home population on September 30, 2016, 37% of the total population on September 30, 2017, and 37% of the total population on December 31, 2018 (age birth through seventeen). (Source: *Semi-annual Child Welfare Report*)

The percentage of young children exiting from care to reunification and adoption has remained about the same during the five-year reporting period.

Of children who were under the age of one and entered care for the first time in CY 2017, 27% exited to reunification within twelve months of entry and 33% exited to reunification by December 31, 2018. Of children who were age one through five and entered care for the first time in CY 2017, 38% exited to

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reunification within twelve months of entry and 47% exited to reunification by December 31, 2018 (Source: AZ Chapin Hall Data Profile, December 2018). Services are provided to maintain the parent-child relationships and achieve reunification when a child's safety can be maintained. Reunification services include visitation to maintain secure attachments for the child. Arizona's Best for Babies initiative has resulted in greater attention to the need for young children to have frequent visitation with their parents.

Of children who were under the age of one year at the time of first entry into out-of-home care in CY 2015, 49% had exited to adoption by December 31, 2018. Of children who were age one through five at the time of first entry in CY 2015, 31% had exited to adoption by December 31, 2018 (Source: AZ Chapin Hall Data Profile, December 2018). 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 the Foster and Adoptive Parent Diligent Recruitment Plan, submitted with this report, for a description of these general and targeted recruitment activities.

The Department has developed assessment processes and services that address the developmental needs of infants, toddlers, and young children. The child's age is a factor affecting prioritization of DCS reports. Reports of substance exposed newborns require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. Children under the age of five are by definition highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. As of February 1, 2016, reports alleging a victim child age three or younger and children age four and five with a prior history require a response time no longer than 48 hours, and victim children age four or five with no prior history require a response time no longer than 72 hours. Likewise, child vulnerability, including the child's age and developmental status, is one of the five safety threshold criteria considered by DCS Specialists when determining if a safety threat is present.

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

- The Arizona Health Care Cost Containment System (AHCCCS) continues to maintain protocols regarding infant and toddler mental health, including Practice Tools and Guidelines such as *Working with the Birth through Five Population, Children's Out-of-Home Services, Psychiatric and Psychotherapeutic Best Practices for Children: Birth through Five Years of Age, Family and Youth Involvement in the Children's Behavioral Health System, Unique Behavioral Health Services for Need of Children, Youth, and Families Involved with the Department of Child Safety, and Youth Involvement in the Children's Behavioral Health System*. These guidelines and tools address practice points such as medication taper for children who have had a positive response to medication; use of medications only for children with moderate to severe psychiatric symptoms that significantly interfere with their normal development and result in impairment that persists despite the use of clinically appropriate psychotherapeutic interventions; and requirements for consultation and re-consultation of a child psychiatrist by non-child psychiatric providers.
- Most counties have specially trained "Baby CASAs," who advocate for the unique needs of maltreated infants and toddlers. Baby CASAs consult with each other and the larger CASA program staff to share challenges with their cases and get information about systems issues and community resources helpful in their advocacy role.
- Children age birth to five 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

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at Summit Healthcare Regional Medical Center in Show Low are automatically referred to this program.

- Staff training includes instruction on the needs of young children. DCS Specialist core training teaches new employees about child development, the vulnerability of young children as a factor increasing the likelihood of safety threats, and the process for obtaining evaluations through the Arizona Early Intervention Program and Regional Behavioral Health Authorities.
- The Best for Babies program facilitates monthly meetings in counties across the state, all of which are attended regularly by DCS staff, as well as a broad range of community providers. Systems issues and a ‘topic of the month’ are presented and discussed by those present. The meetings allow for collaboration and consultation for current and upcoming projects concerning the birth to five population. DCS staff have presented information during the reporting period related to DCS in-home services and the SENSE Program.
- The CMDP Chief Medical Officer provided trainings to judges, attorneys, medical students, and other groups during the reporting period on child abuse and neglect, substance exposed newborns, Adverse Childhood Experiences, toxic stress, and trauma, and the effects on development and subsequent behaviors of the child.

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

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

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

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

The Maricopa County Juvenile Court implemented SBCT on July 1, 2011, under the title Cradle to Crayons (C2C). Judges are encouraged to order more frequent hearings in an effort to expedite permanency. After the initial hearing, families are generally back in the court within six to eight weeks. Birth to five assessments are ordered to assess children’s developmental needs, and judges are encouraged to review the assessment reports. The judge determines if clinical services from C2C would be appropriate, and if so,

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

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the parent is referred for a clinical intake. If there are allegations of substance abuse, the judge will refer the parent to observe a session of Family Treatment Court (FTC). The referral process to FTC has changed to allow parents to self-refer and parents' attorneys to make referrals as well.

The Maricopa County Juvenile Court is the leader of supporting best practices and evidence-based services into the SBCT core component framework. The goal of the community coordinator in C2C is to facilitate ongoing communication, advocate for timely and high-quality services, and identify and resolve system barriers. The majority of referrals for children's services include age appropriate behavioral health, education assessment, medical and dental services, and early intervention. A hybrid position was developed in 2016 in an effort to strengthen mediation services, particularly during the pre-hearing conference phase. This position is referred to as a conciliator, and blends the community coordinator position with the role of mediator. Maricopa County initiated enhanced mediation pilots at each of its two C2C locations. The pilots assisted in the creation of a mediation practice model that can be consistently applied and that renders more robust agreements between parties, saving time in the court and freeing up calendars. Mediation has now moved past the pilot stage to full implementation. C2C Clinical Services offer recommended SBCT components including: assessment of the parent child relationship, which identifies existing trauma between the parent and child and the trauma caused by the child's removal; visit coaching that includes teachable moments; and individual appointments for parents for psychoeducation, child-parent psychotherapy, Triple P parenting program, individual trauma therapy, and resource coordination.

In addition to the above services, a peer-parent program, Parent4Parent, was initiated in 2017 to provide birth parents with the services of mentor parents who have been successful at navigating their own child welfare experiences in the past. The Family Involvement Center (FIC) manages the Parent4Parent program through a contract with the Maricopa County Juvenile Court. FIC staff can make referrals to the clinical services resource coordinator or the Bridge Program for the development of a community connection plan for families who are moving toward reunification. The Bridge Program began receiving referrals in February 2016 and assists families who are in the process of reunification, or who have already reunified, to access support and resources in their own communities and prevent further involvement in DCS. The Bridge Program Navigators work with families to create family support plans based on the Protective Factor Model. The Bridge Program is intended to improve child safety and stability.

In March 2018, Arizona State University's Center for Child Well-Being released a comparison study involving 12,399 infants and toddlers who experienced their first entry into out-of-home care in Maricopa County from January 2010 through December 2016. Outcomes in terms of time to permanency, safety, and stability were examined in relation to a comparison group of children who entered out-of-home care in Maricopa County 18 months prior to the implementation of C2C. Since 2014, kinship care providers (licensed and unlicensed) overtook family foster care as the most frequent initial placement type. Although the number of permanencies achieved within 12 months increased steadily through 2015, and the number of reunifications within 12 months have increased over the years compared to prior to C2C implementation, the proportions of these outcomes remain relatively consistent because of the increase in the overall number of infants and toddlers coming into care through 2015. Twelve-month post permanency re-reports and re-entries have decreased from pre-C2C implementation; however, the rates are highest for those children who are removed and returned in under eight days.

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

- Hushabye Nurse presentation on their program that serves infants who are withdrawing from opiates and supports provided to their caregivers,

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- presentation on the 12 Components of the Zero to Three Safe Baby Court Team Model and discussion regarding “How are we doing in Maricopa County”,
- Yoga Box: Healing through Mindful Movement,
- discussions regarding communication among systems and identifying barriers and strategies for increasing communication,
- SEN Infant Care Plans and the SENSE program,
- discussions regarding identifying language barriers and shared language amongst systems, and
- panel discussion on the differences and similarities between Team Decision Making Meetings, Case Plan Staffings, and Child and Family Team Meetings, and how these meetings facilitate communication between systems.

The AZ PS-MAPP curriculum is the Department’s pre-service training for foster parents and includes activities, lecture, and assignments that define the needs of children of all ages, including infants and toddlers. The training includes activities to review symptoms of and basic care for, young children who were exposed to substances in utero. Participants are also provided with written information about fetal alcohol syndrome and effect. The curriculum is designed to expose participants to the specific needs and experiences of children in foster care, and to offer information, suggestions, and interventions regarding how:

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

The Best for Babies initiative has continued to provide training and technical assistance to counties developing Court Teams during the reporting period, including training by experts on services with a developmental approach and the impact of trauma on infant and toddler development. The Department will continue to collaborate with DBHS, Best for Babies, the courts, service providers, and others to develop trauma informed assessments, services, and training.

The Infant Care Plan, in accordance with the 2016 federal Comprehensive Addiction Recovery Act (CARA) requirements for a Plan of Safe Care, is Arizona’s version of the plans of safe care. The use of Infant Care Plans was implemented in June of 2017 and is required to be filled out for all substance exposed newborns. The plan closely follows the Protective Factors and addresses primary areas of need for the Substance Exposed Newborn and the identified caregivers. The Infant Care Plan has been updated to include infant mental health and the mental health needs of the caregiver in addition to the existing components of substance abuse treatment, medical care for infant, safe sleep, parenting and infant development, living arrangements, child care, and social connections. The Infant Care Plan is a document that must be created at the earliest point in the decision making about safety for the child, must be reviewed and updated monthly, and should be signed by parents and caregivers, and shared with the team that is working with the newborn and family. This network approach ensures all team members interacting with the family have the most current plan and are helping to monitor the plan.

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

Teen parents in out-of-home care often require additional resources specifically geared towards children

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birth to five years old. In response to the need for resources, the DCS Office of Prevention hosted a Teen Parent University in 2018 that was attended by 49 teen parents, both mothers and fathers. The teen parents were encouraged to bring a guest who provides support to them, so many had family members and friends attend the event as well. This daylong event included five workshops that focused on parenting young children: Baby Brain Development, Safe Sleep, Healthy Relationships/Co-Parenting, Well Baby, and Legal Information. A resource fair was also available, which included tables providing information about Arizona Family Health Partnership, Empowered Young Parents Program, Department of Health Services (DHS), Comprehensive Medical & Dental Program (CMDP), Department of Economic Security, Department of Education (Graduation Program), Eagles Pathway, Family Involvement Center, First Things First, Parent Partners Plus, Phoenix Children's Hospital-Car Seat Safety, Triple P Parenting, Water Safety programs, Rio Salado Community College, Southwest Human Development (Nurse Family Partnership and Parent Partners Plus), Teen Lifeline, and Arizona's Children Association. The teen parents were provided free baby items throughout the day, including a baby book which contained resources on parenting tips, safe sleep, home visitor programs, a tummy time and play time brochures, baby's physical development brochure, a "Birth to 5 Helpline" magnet, and a "Who do you trust with your child" brochure. Surveys were completed by all the teen parents and community agencies in attendance, and the feedback will be used to plan the next Teen Parent University planned to occur in 2019.

In response to the continued unsafe sleep fatalities in Arizona, DCS started the Safe Sleep Campaign and Baby Box Program in November 2016. The Safe Sleep Campaign has continued, and focuses on training DCS Specialists and contracted providers to address safe sleep practices with families who have children under one year of age. The Safe Sleep Campaign includes the provision of baby boxes for families involved with DCS in need of a safe place for their infant to sleep. Please see *Section V: Assessment of Outcome Achievement* for additional information related to the Safe Sleep Campaign.

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

# **Section V**

## **Assessment of Outcome Achievement**

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### Section V: Assessment of Outcome Achievement

The Department continually assesses performance by reviewing data on safety, permanency, and well-being outcomes, as well as system functioning. Information is gathered through administrative data reports, qualitative case reviews, and interactions with stakeholders. This final report provides data from a variety of sources, including other reports published by the Department, Child and Family Services Review (CFSR) Data Profiles supplied by the U.S. Department of Health and Human Services (DHHS), internal data reports, and case reviews. Data may be reported by federal fiscal year (FFY), state fiscal year (SFY), or calendar year (CY), depending on availability. Data for the same reporting period may have small variations from data reported in other Department reports because of the date of extract from CHILDS (the Statewide Automated Casework Information System or SACWIS) or differences between data extraction programs, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data sources, extract dates, and operational definitions are included throughout the document. Frequently cited data sources include the following:

- *CFSR Data Profiles* – These data profiles are generated from the state’s AFCARS and NCANDS data files. Data reported from CFSR Data Profiles and contained in this APSR describe the State’s risk-Standardized Performance. The Children’s Bureau implemented risk-standardized performance data to control for differences in outcomes due to factors such as the number of children served and age distribution of these children, in order to provide a more fair comparison of state performance against the national performance.
- *Semi-Annual Child Welfare Report* – This report was previously published by the Department on a FFY schedule; however, during CY 2018, the reporting schedule was changed to SFY. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *The Monthly Operational and Outcome Report* – This report consists of data tables that track frequently used operations, workforce, and financial metrics. The Monthly Operational and Outcome Report includes key metrics for monitoring agency process improvement, including metrics from the program areas of intake, investigations, out-of-home care, permanency, prevention, and support services.
- *Business Intelligence Dashboard* – The Department uses a data dashboard to track performance on several key indicators, including but not limited to timeliness of initial response to reports; timeliness of investigation finding data entry; the number of open and closed investigations; in-person contacts with children, parents, and out-of-home care providers; child removals and exits; time to reunification; and time to adoption. This data is current as of the most recent weekly refresh from CHILDS. Since this data changes weekly to reflect new data entry and corrections, the date of retrieval from the dashboard is provided along with all such data in this report.
- *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 Chapin Hall Center for Children at the University of Chicago for inclusion in a multistate data repository. Chapin Hall organizes the 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 (PICR)* – Information is generated by reviewing investigation, in-home, and out-of-home care cases using an instrument that evaluates practice in many of the same practice areas evaluated during the CFSR. The PICR is an important source to identify areas of relative strength and need in Arizona’s child welfare outcomes and generate qualitative information on factors contributing to practice strengths and needs. This information helps the Department to target areas for further analysis and improvement. However, the number of cases

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

The Department's reports are available to the public on the Department's internet site. Additionally, the Department publishes numerous reports required by Arizona statute. The reports include, but are not limited to, data on Independent Living, housing, kinship care, financial, staffing, title XIX behavioral health expenditures, out of home care population, open reports, and benchmarks reducing the backlog. Data is also distributed to stakeholders within committees, at topical meetings, and upon public information requests. The data and statistical information provided through the Department's semi-annual reports are used by community advocates, legislators, and other policy makers and partners to advocate for system improvement. The Department's previous efforts to engage stakeholders to consolidate data reports were successful and identified metrics that inform outcome and performance measures. These consolidated reports have improved the clarity, usability, and timeliness of DCS data reporting.

#### **1. Case Volume and Workforce Resources**

During the reporting period, the Department implemented strategies to reduce DCS Specialist workload and thereby improve capacity for high quality safety assessments and services for children, parents, and caregivers. The Department has worked diligently to safely reduce the number of open reports for investigation and the number of children in out-of-home care, while increasing the number of filled DCS Specialist and Supervisor positions. These and other efforts have had a demonstrably positive effect on workload.

Following the introduction of a more objective Hotline screening tool during SFY 2016, and changes in SFY 2017 to the statutory definition of DCS reports for investigation, DCS observed a reduction in the monthly volume of new reports for investigation. During SFY 2018 and SFY 2019, the number of new reports and the number of open reports continued at the new lower levels. The decrease in investigation workload has allowed investigative specialists to respond more timely to new reports and spend more time with families conducting safety and needs assessments. The decreased workload is believed to have improved morale among investigation case managers, creating less turnover. Overall, DCS Specialist turnover has decreased from 2016 to 2019. For example, from May to August 2016, approximately 66 employees separated per month during the high turnover months in the summer, compared to an approximately 62 employees during the same months in 2017, and 60.5 employees during the same months in 2018.

According to the DCS Quarterly Benchmark Progress Reports, during SFYs 2018 and 2019 improvement continued or remained in reducing caseload size for all types of cases, including investigation, ongoing, and in-home cases. For example, in the Central Region, during the first quarter of SFY 2017, the approximate number of investigation reports assigned per worker was 64, in-home cases per worker was 23, and the number of out-of-home children per worker was 51. During the third quarter of SFY 2018, these caseloads were 13.5, 11, and 30, and during the third quarter of SFY 2019, these caseloads were 14.6,

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15, and 23.7 respectively. The DCS Quarterly Benchmark Progress Reports can be viewed on the DCS website.

Arizona historically had a high rate of children removed per 1,000 in the state's population compared to other states, and the number of children in out-of-home care grew from 2009 through 2015. However, the out-of-home care population has significantly reduced. The zero to 17 year old out-of-home care population decreased from 18,917 children on March 31, 2016; to 16,931 children on March 31, 2017; to 14,084 on March 31, 2018; to 13,252 on March 31, 2019 (Source: Monthly Operational and Outcome Report).

There has been focused work during the five-year reporting period to fill 100% of positions and reduce turnover in order to develop sufficient staff resources to provide quality services to children and families. Significant work has taken place to fill positions statewide, including frequent meetings between executive management, the regional Program Managers, and Human Resources Managers. Recruitment and retention data is tracked and reviewed bi-monthly. To support this effort, the Department implemented the following statewide strategies during SFYs 2018 and 2019.

- As of April 2019, the Department had filled 92% of the 1,406 funded Specialist positions. The agency has implemented process improvements to streamline the hiring and selection process for DCS Specialists. The new interview process began in January 2018, and was implemented statewide in July 2018. In addition to using the new interview questions and written assessment, hiring supervisors are selecting their own employees and interviews are being conducted at the office in which the vacancy exists. Preliminary data suggests fewer separations have occurred since the new process was implemented. Since January 2018, 294 employees resigned who were hired using the prior process and 55 employees resigned who were hired using the new process. Plans for SFY 2020 include reviewing and revising the interview process for other positions within the agency such as Hotline Specialists, Case Aides, and Program Specialists.
- DCS Human Resources has made changes within their organizational structure to implement the HR Generalist and HR Business Partner operating model. These HR positions serve as the single point of contact for assigned client groups. This organizational shift has led to process improvements such as standardizing the hiring and on-boarding process and reducing the time to fill positions. The HR Generalists are responsible for understanding their assigned clients' hiring and candidate requirements and recommending talent acquisition strategies to attract and recruit top talent to the agency.
- DCS continues to offer case aides with five or more years of experience to promote to DCS Specialist positions, which brings staff already familiar with the child welfare system to areas of need.
- The Department began using the Predictive Index (PI) assessment during SFY 2017 and continued throughout the remainder of the reporting period. The PI assessment is a reliable resource for predicting performance for potential new hires. Starting in March 2017, all DCS Specialist applicants (including the Hotline) participate in the assessment prior to their interview panel. At this time, the result of the assessments do not affect the hiring decision of the candidate. Instead, information from the assessments is being evaluated in conjunction with the success level of the candidate in the position to identify strong job fit indicators and how to influence the culture and workplace environment to encourage the retention and engagement of high performing employees.
- A project team was established and is currently working on reviewing and improving the supervisor recruitment process, similar to the work that was done for the DCS Specialists. The desired competencies and attributes of a successful supervisor were identified and interview questions were

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developed accordingly. In addition to the new interview questions, pre-requisite training and testing has been identified and will be required in order for employees to interview and be considered for promotion. The project team also recommended utilizing the predictive index assessment performance tool and developed a profile for a successful supervisor. The profile will be used in conjunction with all other selection process components to hire the most qualified candidate.

- In late 2018, the Department created a Supervision Coach Program to support field staff and increase job satisfaction. The coaches conduct individual and group coaching with Program Managers and Program Supervisors through direct observation of practice to develop proficiency, self-efficacy, and consistent application of the safety assessment model.

In 2017, the Southwest Region initiated a pilot peer mentoring program to build leadership capacity, increase retention, and increase opportunities for career development. Peer mentors are assigned to a new or existing DCS Specialists, and assist the employees with skill development and learning opportunities specific to his or her job duties. The peer mentor does not carry a caseload; however, is often assigned as primary case manager on the cases of the new employee being mentored. An assessment is completed at the end of the predetermined mentoring time, including recommendations related to continued support if the assessment indicates additional skill development is required. The peer mentoring program was finalized and expanded to additional areas within the Southwest Region in June 2018, and continues to be available to employees within the region.

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

**2. Safety Outcomes 1 and 2**

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

***Safety Outcome Progress Measures***

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

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

The percentage of investigations initiated within state policy timeframes will be 95% or more (Source: Business Intelligence Dashboard, CHILDS)

FFY 2014:	60.3% (of 47,387 reports)
FFY 2015:	76.7% (of 51,204 reports)
FFY 2016:	86.3% (of 48,568 reports)
FFY 2017:	92.7% (of 47,112 reports)

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FFY 2018: 93.95% (of 47,500 reports)

The Department's report response rate has been consistently improving over the past five years, increasing from an on-time response rate of 60.3% of reports in FFY 2014 to nearly 94% of reports in FFY 2018. The most recent data indicates continued improvement. Of the 15,285 reports received from October 2018 through January 2019, 94.76% received a response within the state policy timeframe (Source: Business Intelligence Dashboard, CHILDS extract date 3-23-19).

CFSR Item 1 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan (PIP). The Department's CFSR PIP case review data from cases reviewed during the months of June 2018 to May 2019 and July 2018 to June 2019 indicates the PIP improvement goal for CFSR Item 1 was met. The Department continually monitors data and practice on timeliness of initial response via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

CFSR National Data Indicator: Repeat maltreatment

Of children who were victims of substantiated maltreatment during a 12-month period, the percentage who were victims of another substantiated report within 12 months will be 9.5% or less (Source: CFSR Data Profile, January 2019, Risk-Standardized Performance)

FFY 2014: 6.1%  
FFY 2015: 6.6%  
FFY 2016: 5.8%

DCS data indicates 6.58% of victims of substantiated maltreatment during CY 2017 were victims of another substantiated report within 12 months. This percentage decreased from 7.3% for SFY 2016 (Source: DCS Context Statistics and Outcome Data report). This DCS data is not risk-standardized and is the actual observed data. According to the CFSR Arizona Final Report published in December 2015 and reissued in 2017, the Department performed better than the national CFSR standard that 9.5% of children or less have a substantiated report of abuse or neglect within twelve months of a substantiated report in a base year. The Department's risk-standardized performance was 6.9%.

CFSR National Data Indicator: Absence of maltreatment in out-of-Home Care

Of children in out-of-home during a 12 month period, the rate of children with a substantiated report per 100,000 days of out-of-home care will be 9.67 or less (Source: CFSR Data Profile, January 2019, Risk-Standardized Performance)

FFY 2014: 5.70  
FFY 2015: 5.34  
FFY 2016: 4.44

DCS data indicates the rate of children with a substantiated report per 100,000 days of out-of-home care was 3.9 for SFY 2016, 4.2 for SFY 2017, and 3.59 for CY 2017 (Source: DCS Context Statistics and Outcome Data report). This DCS data is not risk-standardized and is the actual observed data.

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

CFSR Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care

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The percentage of cases in which the agency took least intrusive actions to control present or impending danger (and therefore prevent removal or re-entry, and serve children in the home when safe to do so) will be 95% or more (Investigation PICR Questions Item 1F and Item 7C)

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

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

**CFSR Item 3: Risk and Safety Assessment and Management**

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

The percentage of in-home and out-of-home cases in which the agency completed thorough risk and safety assessments at times required by State policy, maintained an up to date safety plan, communicated the safety actions to the safety monitor, used the required safety planning forms, and addressed safety concerns while in out-of-home care will be 95% (In-Home and Out-of-Home PICR Item 1 Questions A1-3 and B1-7)

CFSR Item 3 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan (PIP). The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 3 was met as of February 2018. The Department continually monitors data and practice on safety assessment and management via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

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

- a thorough initial safety assessment was completed timely;
- ongoing safety assessments were completed timely;
- ongoing safety assessments included thorough information gathered including safety of the child and progress of the parents related to safety threats identified;
- safety actions taken by the agency were initiated timely, least intrusive, and sufficient to control the threats;
- safety actions taken by the agency were communicated to the safety monitor or OOH caregiver responsible for a portion of the safety plan;
- the appropriate safety planning forms were used; and
- safety concerns pertaining to the child, such as during visits or in placement, were appropriately addressed.

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

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified strategies to improve safety related processes and safety outcomes. During SFYs 2017, 2018, and 2019 the Department implemented improvement strategies as described in the Arizona CFSR PIP and Department strategic plan. In addition, Arizona's renovation of the Department's safety assessment process and implement ACTION for Child Protection's safety assessment model (SAFE AZ) is aimed at improving this area of practice.

**3. Permanency Outcomes 1 and 2**

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

***Permanency Outcome Progress Measures***

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

CFSR Item 4: Stability of Foster Care Placement

CFSR National Data Indicator: Placement Stability

Of all children who enter care in a 12-month period, the rate of placement moves per 1,000 days of out-of-home care will be 4.44 or less (Source: CFSR Data Profile, January 2019, risk-standardized performance)

FFY 2016:	4.05
FFY 2017:	3.74
FFY 2018:	3.91

DCS data indicates placement moves for children in out-of-home care have remained about the same during the reporting period. Children who entered care in CY 2018 experienced a placement move rate per 1,000 days of out-of-home care of 3, as compared to a rate of 3 per 1,000 days for SFY 2016 and 2.9 for SFY 2017 (Source: DCS Context Statistics and Outcome Data report, May 2019). This DCS data is not risk-standardized and is the actual observed data. Arizona is performing better than the CFSR national standard for placement stability. According to the January 2019 CFSR data profile, Arizona's risk-standardized performance is that of all children who entered care in FFY 2018, the rate of placement moves per 1,000 days of out-of-home care was 3.91, which is better than the national standard of 4.44 or less. This data indicator counts all placement changes, including moves necessary for clinical treatment to address a child's

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medical or mental health needs, and moves to a less restrictive setting, to a kinship placement, to an adoptive home, or to be placed with siblings.

CFSR Item 4 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicates the PIP improvement goal for CFSR Item 4 was met as of October 2018. The Department continually monitors data and practice on placement stability via scorecards that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

CFSR Item 5: Permanency Goal for Child

The percentage of cases where the child's permanency goal is appropriately matched to the child's needs and established in a timely manner, and ASFA TPR requirements are met, will be 95% or more (Out-of-Home PICR Item 2B1, B2, and D-G)

CFSR Item 5 was identified as an to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 5 was met as of June 2018. The Department continually monitors data and practice on selection of permanency goals through the Practice Improvement Case Review process.

PICRs reveal that the child's permanency goal is typically appropriate to the child's needs and set timely. There are opportunities to improve the timely documentation in a case plan or court minute entry of a compelling reason for not filing a TPR motion. In some cases, reviewers observed there was a compelling reason, but that reason was not clearly documented in the required location in the case record.

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

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

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

CFSR National Data Indicator: Timeliness of Permanency

Of children who entered care in the year shown and remained in care for eight days or longer, the percentage who discharge to permanency within 12 months of removal will be 42.7% or more (Source: CFSR Data Profile, January 2019, risk-standardized performance)

FFY 2014:	29.6%
FFY 2015:	30.3%
FFY 2016:	31.5%

DCS data indicates 33.9% of children who entered care in CY 2017 and remained in care for eight days or longer, discharged to permanency within 12 months of entering care (Source: DCS Context Statistics and Outcome Data report, May 2019). This DCS data is not risk-standardized and is the actual observed data.

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Of children in care on the first day of the year shown who had been in care between 12 and 23 months, the percentage who discharge to permanency within 12 months of the first day will be 45.9% or more (Source: CFSR Data Profile, January 2019, risk-standardized performance)

FFY 2016:	51.9%
FFY 2017:	56.1%
FFY 2018:	56.8%

DCS data indicates 61.7% of children who were in care on the first day of CY 2017 and had been in care between 12 and 23 months discharged to permanency within 12 months of the first day (Source: DCS Context Statistics and Outcome Data report, May 2019). This DCS data is not risk-standardized and is the actual observed data.

Of children in care on the first day of the year shown who had been in care for 24 month or more, the percentage who discharge to permanency within 12 months of the first day will be 31.8% or more (Source: CFSR Data Profile, January 2019, risk-standardized performance)

FFY 2016:	39.5%
FFY 2017:	42.3%
FFY 2018:	42.3%

DCS data indicates 45.4% of the children who were in care on the first day of CY 2017 and had been in care for 24 months or longer discharged to permanency within 12 months of the first day (Source: DCS Context Statistics and Outcome Data report, May 2019). This DCS data is not risk-standardized and is the actual observed data. Arizona is exceeding the two CFSR national standards on permanency within twelve months for children in care at the start of the year. According to the January 2019 CFSR data profile, Arizona's risk-standardized performance is that of all the children in care on the first day of FFY 2018 who had been in care continuously between 12 and 23 months, 56.8% had discharged to permanency within 12 months of the first day, exceeding the national standard of 45.9% or more. Of children in care on the first day of FFY 2018 who had been in care for 24 month or more, 42.3% discharged to permanency within 12 months of the first day, exceeding the national standard of 31.8% or more. Many of the children who have been in care for 24 months or more exit to adoption.

CFSR Item 6 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 6 was met as of February 2018. The Department continually monitors data and practice on timeliness of permanency via scorecards that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

Practice Improvement Case Reviews reveal there are opportunities to improve the timely achievement of permanency for children within 12 months of removal, including having quality in-person contacts with each parent monthly and initiation of parent locate searches for parents whose whereabouts are unknown.

CFSR National Data Indicator: Foster Care Re-entries

Of all children who entered care in the year shown and discharged to reunification, live with relative, or guardianship, the percentage who re-entered out-of-home care within twelve months from the date of discharge will be 8.1% or less (Source: CFSR Data Profile, January 2019, risk-standardized performance)

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FFY 2014:	7.3%
FFY 2015:	6.2%
FFY 2016:	5.5%

DCS data indicates of the children who entered care during CY 2016 and discharged to reunification, live with relative, or guardianship within 12 months, 10.4% re-entered care within twelve months from the date of discharge (Source: DCS Context Statistics and Outcome Data report, May 2019). This DCS data is not risk-standardized and is the actual observed data. Arizona has achieved the CFSR goal for re-entry within 12 months of exit to reunification, live with relative, or guardianship in the last three data reporting years. According to the January 2019 CFSR data profile, Arizona's risk-standardized performance is that of all the children who entered care in FFY 2016, and exited to reunification, living with a relative, or guardianship, 5.5% re-entered care within twelve months. The national standard is 8.1% or less.

**CFSR Item 7: Placement with Siblings**

Of cases with at least two siblings in out-of-home care, the percentage in which all siblings are placed together will be 75% or more. (CHILDS ad hoc report)

9/30/14:	66%
9/30/15:	63%
9/30/16:	66%
9/30/17:	65%
9/30/18:	65%

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 85% or more.<sup>2</sup> (CHILDS ad hoc report)

9/30/14:	76%
9/30/15:	73%
9/30/16:	77%
9/30/17:	76%
9/30/18:	76%

On September 30, 2018, 65% of sibling groups in care had all siblings placed together, and 76% had at least two siblings placed together. This measure is limited in its ability to describe the experience of children in out-of-home care because 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. This data indicator includes all sibling groups, including those who require separate placements to meet a child's needs, such as to meet a child's behavioral health needs while keeping a sibling in a family setting, or to place half-siblings with relatives that they do not have in common, or when placement together would be unsafe. The target goals are set at 75% and 85% in recognition that placement of siblings together is not always in the children's best interest.

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

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

**CFSR Item 8: Visiting with parents and siblings in foster care**

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<sup>2</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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The percentage of cases where children in out-of-home care have visits of sufficient quality with their parents and siblings at a frequency consistent with the child's safety and best interest will be 95% or more (Out-of-Home PICR Item 5)

Case reviewers have observed that concerted efforts to ensure sufficient visitation frequency are more common with mothers than with fathers. In some cases, visits did occur but sufficient frequency was not maintained throughout the entire review period. This area can also improve through ongoing efforts to locate missing parents and engage them in parenting time (visitation).

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

**CFSR Item 9: Preserving Connections**

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

FFY 2014	91%
FFY 2015:	92%
FFY 2016:	94%
FFY 2017:	93%
FFY 2018:	93%

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

FFY 2014:	40%
FFY 2015:	44%
FFY 2016:	43%
FFY 2017:	43%
FFY 2018:	44%

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

The Department monitors data on maintenance of family connections for American Indian children. The Department has maintained its performance on exits of American Indian children to permanency before age 18, and the percentage of American Indian youth living with a relative or parent has increased from 40% in FFY 2014, to 44% in FFY 2018 (Source: AFCARS Report 43).

Case reviews during the five-year reporting period indicate that compliance with the ICWA requirements is typically occurring. Of the cases reviewed from CYs 2015-2018, sufficient inquiry to determine whether the child may be a member of, or eligible for membership in an Indian tribe; timely notification to the tribe; *and* child placement in accordance with ICWA placement preferences or concerted efforts ranged from roughly 75% to 80% of cases reviewed.

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

**CFSR Item 10: Relative Placement**

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The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more (Out-of-Home PICR Item 7)

Of children age birth to 17 in out-of-home care on December 31, 2018, 42.9% were placed with a relative (Semi-Annual Child Welfare Report). This percentage has remained steady over the last few years. Approximately 45% of children were placed with relatives on September 30, 2015, 46% on September 30, 2016, and 43.3% on September 30, 2017. Arizona's percentage remains higher than the national percentage. The Kids Count data center website (<https://datacenter.kidscount.org/>) indicates that nationwide, 32% of foster children were placed with relatives in 2016. During the reporting period, case reviewers have found that the child was placed in a stable relative placement, or that sufficient efforts to identify and assess maternal *and* paternal relatives had been made, in roughly 70% of cases reviewed. Nearly all cases have some efforts to locate and assess relatives. Practice could improve through identification of *all* relatives, particularly paternal relatives.

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

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

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

PICRs show there are opportunities to improve in this area through clarification of practice expectations, staff and foster parent training, and efforts to address barriers to involvement of parents in activities such as the child's medical and educational appointments, extracurricular activities, and meetings.

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

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified strategies to improve permanency related processes and permanency outcomes. During the reporting period, the Department has implemented improvement strategies as described in the Arizona CFSR PIP and Department strategic plan.

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

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

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

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

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The percentage of cases in which the needs of the child(ren) are assessed and necessary services are provided (excluding independent living skills for children age 14 or older in out-of-home care) will be 95% or more (In-Home and Out-of-Home PICR Item 8A1 & A2)

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

The percentage of cases in which the needs of the mother are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 8B1 & B3)

The percentage of cases in which the needs of the father are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 8 B2 & B4)

The percentage of cases in which the needs of the foster parents are assessed and necessary services are provided will be 95% or more (In-Home and Out-of-Home PICR Item 8C1 & C2)

In the last several years, case reviewers have found that the children's needs were assessed and services were provided in roughly 80% of cases reviewed. Updated rating criteria was applied beginning with the 2016 PICRs, as a result of clarification during the 2015 CFSR. The clarification provided more information about the types of child needs to be assessed in this item, such as social competencies, attachment and caregiver relationships, social relationships and connections, social skills, self-esteem, and coping skills. Although there are opportunities for improvement in this area, foster and kinship placements interviewed during PICRs often report that they are pleased with the support they receive and that the child's and the placement's needs are promptly addressed by the DCS Specialist.

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

CFSR Item 12 was identified as an area to be addressed in the 2015 Arizona Round 3 CFSR. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 12 was met as of February 2018. The Department continually monitors data and practice on assessing and providing for the needs of the family through the Practice Improvement Case Review process.

**CFSR Item 13: Child and family involvement in case planning**

The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9 B)

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The percentage of cases in which concerted efforts were made to actively involve the father in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9 C)

The percentage of cases in which concerted efforts were made to actively involve the child(ren) in case planning will be 95% or more (In-Home and Out-of-Home PICR Item 9A)

The Department's PICRs generate statewide data on the involvement of mothers, fathers, and children in the development of those plans. The PICRs conducted during the reporting period 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 had evidence that the mother, father, and/or child was invited to participate in CFT and TDM meetings held during the period under review and had periodic substantive conversations with the assigned DCS Specialist, or the DCS Specialist made concerted efforts to have these conversations.

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

Generally, older youth are more involved in case planning than younger children. In some cases involving young children, the DCS Specialist visited with the child each month, but could improve by seeking the child's input into case planning topics.

The Department had identified involvement of parents and children in case plan development as an area for improvement during the reporting period. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 13 was met as of May 2018. The Department continually monitors data and practice on the involvement of the family in case planning through the Practice Improvement Case Review process.

CFSR Item 14: Caseworker visits with children

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

The percentage of cases in which the quality of visits between the DCS Specialist and the child(ren) was sufficient, and the child was visited alone for at least part of each visit, will be 95% or more (In-Home and Out-of-Home PICR Item 10 B)

During the five-year reporting period, roughly 80 to 85% of the cases reviewed contained evidence of sufficient frequency of in-person visits between the child and the assigned DCS Specialist. At times, other DCS Specialists, DCS Supervisors, Program Specialists, and Case Aides conducted additional in-person contacts with children. These contacts are helpful toward ensuring the children's safety and well-being, but are not counted as case manager contacts during the PICRs.

Data retrieved from the Department's Business Intelligence Dashboard (data current as of March 23, 2019) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the

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supervisor or case aide) was 97.75% for CY 2018. This percentage is up from 97% in CY 2017, 94.2% in CY 2016, and 91.5% in CY 2015. This data excludes children whose most recent placement was out-of-state, in-home, parent/guardian, missing child, or runaway.

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

CFSR Item 14 was identified as an area to be addressed in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 14 was met as of April 2018. The Department continually monitors data and practice on case manager visits with children via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

**CFSR Item 15: Caseworker visits with parents**

The percentage of cases in which the assigned DCS Specialist made concerted efforts to have sufficient frequency and quality of contact with the mother will be 95% or more (In-Home and Out-of-Home PICR Item 11 A1 & C)

The percentage of cases in which the assigned DCS Specialist made concerted efforts to have sufficient frequency and quality of contact with the father will be 95% or more (In-Home and Out-of-Home PICR Item 11 B1 & D)

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

Data retrieved from the Department's Business Intelligence Dashboard (data current as of May 11, 2019) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such as the supervisor or case aide) was 67% for CY 2018. This percentage is higher than the beginning of the reporting period. Region scorecard data also indicates DCS Specialist contacts with parents have improved, ranging from 65% to 72% in the first nine months of SFY 2019.

CFSR Item 15 was identified as an area to be addressed in the 2015 Arizona Round 3 CFSR. The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 15 was met as of February 2018. The Department continually monitors data and practice on case manager visits with parents via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

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

CFSR Item 16: Educational needs of the child

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

In the last several years, roughly 80% to 90% of cases reviewed were rated strength in relation to the educational needs of the child. Cases are rated strength in the PICR if the child's educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system.

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

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

CFSR Item 17: Physical health of the child

The percentage of cases in which the physical and dental health needs of the child(ren) are assessed, services to address identified needs are provided, and the agency provided appropriate oversight of prescription medication will be 95% or more (In-Home and Out-of-Home PICR Item 13)

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

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

The PICR evaluates whether the Department's specific practice standards for physical and dental health assessments were met (for example, that the child had a comprehensive physical examination within thirty days of entering care and at least annually thereafter). Case reviewers observed that children who had been in care for more than twelve months typically had a comprehensive physical health examination in the most recent twelve months, but fewer of the children who had been in care for less than twelve months had an examination within thirty days of removal. Case reviewers also observed that practice can improve through timely provision of preventive dental care. From January to June 2019, 69% of the referrals made by a PCP at the time of the EPSDT well visit were confirmed to have occurred. Of those referrals verified as complete, 70% of the specialty visits occurred within 60 days of the referral (Source: EPSDT Specialty Referral Tracking huddle board, 8-19-19).

Updated rating criteria was applied starting with the 2016 PICRs, as a result of a new case review question added during the 2015 CFSR. The additional question evaluates if the DCS Specialist was aware of and asked about the child's medications and medication oversight during monthly contacts with the caregiver and child, in addition to the medication oversight already provided by CMDP.

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

State Medicaid audits continue to indicate CMDP's maintenance of high performance in all health care performance measures, with CMDP rating among the highest performing health care plans in the state.

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CMDP exceeded the statewide average in all of the nine performance measures. CMDP is evaluating health care data to determine accuracy of the data and programming fidelity.

In addition to the performance data below, CMDP also monitors data related to medical and dental appointments occurring for children in foster care. CMDP uses outcome-based performance measures to monitor the quality of medical care and the appropriateness of services delivered to children and youth in care. Outcome results for all measures are compared with Arizona's Medicaid Program (AHCCCS) benchmarks and are evaluated to identify areas that need improvement. Results are also compared with those of other AHCCCS Health Plans and national Healthcare Effectiveness Data and Information Set (HEDIS) benchmarks.

**CMDP Acute-Care Measure Performance – contract year ending (CYE) 2016 (10/1/15-9/30/16)\***

Measure	Minimum Performance Standard (MPS)	Denominator	Numerator	CMDP Performance	All Arizona Medicaid Average
Children's Access to Care (12 - 24 months)	93%	949	933	98.3%	92.1%
Children's Access to Care (25 months - 6 years)	84%	3,045	2,838	93.2%	85.4%
Children's Access to Care (7 - 11 years)	83%	1,067	1,024	96%	90.6%
Children's Access to Care (12 - 19 years)	82%	1,261	1,209	95.9%	88%
Well Child Visits (3-6 years)	66%	2,344	1,657	70.7%	61%
Adolescent Well Care Visits	41%	2,730	1,864	68.3%	39.2%
Annual Dental Visits (2-20 years)	65%	8,419	5,721	68%	58.6%
Plan All-cause Readmission	TBD	0	0	n/a	11.2%
Developmental Screening in the 1 <sup>st</sup> 3 Years of Life	TBD	2,178	654	30%	23.7%
Chlamydia Screening in Women	63%	327	172	52.6%	47.4%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	TBD	51	1	2%	0.8%
Well Child Visits in the 1 <sup>st</sup> 15 Months of Life	65%	719	349	48.5%	57.7%
Ambulatory Care: ED Visits	TBD	212,467	9,002	42 (per 1,000 MM)	56 (per 1,000 MM)
Inpatient Utilization-General	TBD	212,467	2,871	13.5 (days per 1,000 MM)	27.6 (days per 1,000)

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Hospital/Acute Care- Total Inpatient					MM)
Inpatient Utilization- General Hospital/Acute Care- Maternity	TBD	76,159	158	2.1 (days per 1,000 MM)	8 (days per 1,000 MM)
Inpatient Utilization- General Hospital/Acute Care- Surgery	TBD	212,467	972	4.6 (days per 1,000 MM)	11.9 (days per 1,000 MM)
Inpatient Utilization- General Hospital/Acute Care- Medicine	TBD	212,467	1,741	8.2 (days per 1,000 MM)	10.5 (days per 1,000 MM)

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

CFSR Item 18: Mental/behavioral health of the child

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

In the last several years, roughly 75% to 90% of cases reviewed were rated strength in relation to the mental/behavioral health of the child. Many children did not require behavioral health services during the period under review or were receiving the necessary services.

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

# **Section VI**

## **Assessment of System Performance**

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### **Section VI: Assessment of System Performance**

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

##### *Statewide Information System Description*

Since February 1998, Department of Child Safety staff have used the Children's Information Library and Data Source (CHILDS) Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location, and goal for every child in foster care. CHILDS supports Hotline functions, investigation, child welfare appeals, case management, adoption, eligibility determination, staff management, provider management, and payment processing. The system also provides online help, policy documentation, court documents and forms, key case event alerts, and other mechanisms necessary to support the delivery of children's services.

CHILDS is available statewide to DCS staff in all local offices and has more than 3,000 registered users. Service providers and other agencies are granted access to CHILDS using the secure VMware Horizon system. Case management service providers, the Office of the Attorney General, the Administrative Office of the Courts (particularly FCRB and juvenile justice), and tribal social service agencies with title IV-E agreements are provided access designed specifically for their needs. CHILDS employs separate region, unit, and placement codes to differentiate between families served by the Department and those served by other state agencies. CHILDS is a SACWIS compliant system that conforms to SACWIS security standards.

CHILDS training for staff, tribes, and contracted providers is critical to the success of the system. CHILDS trainers provide an initial, one-day, new-employee orientation to familiarize staff with CHILDS. New employee training covers system navigation, e-mail usage, and DCS Specialist core training using the ongoing case management and investigation windows. Specialized training is presented to staff, tribes, and contracted providers for provider maintenance, payment processing, and case notes entry. Upon request, CHILDS trainers provide refresher courses, one-on-one training, and specialized trainings. Additional classes are developed as needed when system modifications are migrated to production. User training, Missing Mandatory Data alerts, data field edits, and ongoing review of data error reports are the basis of an effective system to ensure data accuracy. The DCS Regional Automation Liaisons (RALs) also have an important role in training new staff and providers when system changes and enhancements are implemented.

The CHILDS Project measures success by its ability to capture the data necessary to respond to the evolving needs of its users and maintain SACWIS compliance. CHILDS enhancements and modifications are approved through a prioritization process. The number of enhancements and modifications being approved at this time are few as the Department is prioritizing changes for Guardian, which will replace CHILDS. CHILDS continues to conduct quarterly system modifications. System changes are assigned a priority based on the urgency of federal and state legislation, the schedule for Operating Advance Planning Document Updates (submitted to the federal government annually), Governor and Director directives, and recommendations from process improvement workgroups.

The Department is in process of developing Guardian, the Comprehensive Child Welfare Information System (CCWIS), to replace CHILDS. In the first quarter SFY 2018, the Department launched the mobility application that allowed case managers to access and update certain case information while in the field. The second release launched in the second quarter of SFY 2018, which allowed DCS Specialists to access certain forms while in the field. This mobile application is available to all ongoing and investigation DCS Specialists. The installation of the infrastructure requirements for the platform product Microsoft Dynamics Customer Relationship Management was completed in the fourth quarter of SFY 2017. Microsoft, as the selected technical integrator, started the design, configuration, and development of Guardian in the first quarter of SFY 2019. Microsoft and DCS have plans to create modules for intake, assessments, case

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management, permanency, provider management, eligibility, and financial management. During SFY 2019, the team has completed the development and testing of the intake module and is currently configuring and developing functionality for assessment, case management, and permanency. In addition, design work has started for financial management, eligibility, and provider management. Guardian is being developed and tested iteratively and will be deployed at the beginning of SFY 2021.

***Statewide Information System Assessment***

**Systemic Factor Item 19: Statewide Information System**

The state is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

The Department's Statewide Information System was rated strength and achieved substantial conformity during the Round 3 2015 Child and Family Services Review. The Department's statewide information system, CHILDS, is functioning to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, goals, and placement of every child who is (or within the immediately preceding 12 months, has been) in out-of-home care. CHILDS is available to caseworkers, supervisors, managers, administrators, and others, statewide. The system is fully operational and available at all times, except in brief periods of routine maintenance. Information about each child's removal status, location, demographic characteristics, and permanency goal is readily available and easily accessible to administration and field staff.

CHILDS includes components to increase data quality, such as interfaces with other state agency information systems to collect and confirm the accuracy of case participant demographic information. For example, an interface with the statewide Family Assistance Administration (FAA) system allows CHILDS to inquire about participants receiving services such as Temporary Assistance to Needy Families (TANF). This interface allows verification of household member names, dates of birth, family's address, and other information that is obtained and verified during eligibility determination processes by the FAA. As another example, CHILDS uses the Finalist program from Pitney Bowes, which increases address accuracy.

CHILDS was found to be SACWIS compliant in November 2006. CHILDS was determined to meet federal SACWIS requirements at the time, which includes the collection and retention of the information included in CFSR item 19. As described above, the Department is working to replace CHILDS with a new system, which will be CCWIS compliant.

The Department's Adoption and Foster Care Analysis and Reporting System (AFCARS) files include data extracted from CHILDS, such as the removal status, demographic characteristics, location, and goals of every child in foster care. AFCARS data compliance reports provide the number of records with missing data. The Department's FFY 2014A, 2015A, 2017A, 2018A, and 2019A AFCARS submissions were in compliance with the AFCARS standards for determining compliance in the six-month submission. The FFY 2016A AFCARS submission had only one element over the 10% threshold. The Department has an open AFCARS Assessment Review Improvement Plan and will resolve pending AFCARS issues with the development of the new CCWIS, Guardian.

The Statewide Assessment Item 19 requires states to have in place a statewide information system to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals

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for the placement of every child who is in foster care. The FFY 2019A data quality report provided the following error rates on AFCARS elements that are pertinent to Statewide Assessment Item 19:

FC-06 Date of Birth:	0 missing records
FC-07 Sex:	3 missing records of 17,979 (0.02% failing)
FC-08 Race:	0 missing records
FC-09 Hispanic Origin:	0 missing records
FC-18 First Removal Date:	0 missing records
FC-20 Last Discharge Date:	0 missing records, 14 internal consistency errors of 16,776 (0.08% failing)
FC-21 Latest Removal:	0 missing records, 16 internal consistency errors of 17,979 (0.09% failing)
FC-41 Current Placement:	396 missing records of 17,979 (2.20% failing)
FC-42 Out-of-State:	737 missing records of 17,979 (4.10% failing)
FC-43 Most Recent Goal:	217 missing records of 16,776 (1.29% failing)

“Missing records” means that the data is not entered in the field from which the AFCARS data is extracted; it does not mean that the data is unknown to the Department. For example, based on Practice Improvement Case Reviews conducted on a monthly bases, every child’s living arrangement is known to the Department; 396 children did not have current placement data entered into the placement field in CHILDS, but the placement information can be found in the case file and CHILDS narrative documentation. The Department periodically utilizes data reports to identify and correct data missing in CHILDS. For example, a weekly placement report is sent to the Regional Automation Liaisons, who work with the DCS Specialists and supervisors to enter missing placements data in CHILDS.

**2. Case Review System**

***Case Review System Description***

The Department’s policies and procedures require written case plans that address all the federally required elements be developed within sixty days of a child’s removal from the home or identification that a family will receive in-home services, and that these case plans be developed with family and child input. Case plan staffings, TDMs, CFTs, and other meetings provide facilitated opportunities to engage family members in decisions and other aspects of case planning.

The Department’s case plan includes sections that address the child’s physical health, mental health and educational needs; describe services and supports to enable the out-of-home caregiver to meet the child’s needs; and describe the transition to adulthood plan for youth age fourteen or older. The case plan format prompts DCS Specialists to consider the full range of needs and necessary services, particularly to address children’s special needs and well-being outcomes.

Staff are trained about the need to provide case plans to the court, Foster Care Review Board (FCRB), and the assigned CASAs. Case plans are provided to the court, and discussed at court and FCRB hearings. The Department’s court report requires the DCS Specialist to provide information about various aspects of the case plan, such as the permanency goal, services to the parents to support reunification, placement of the child, services to the child, and visitation with parents and siblings.

Periodic review requirements are met through juvenile court hearings and FCRB meetings. FCRBs are comprised of citizen volunteers whose primary role is to advise the juvenile court on progress toward achieving a permanent home for children involved in a dependency action and placed out-of-home. FCRB

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hearings invite all interested parties to participate and provide input into the progress of the case. FCRB reports and recommendations are sent to the juvenile court judge, who reviews the reports and considers the recommendations at the time of the next review hearing on the case.

Permanency hearings are held within twelve months of the child's initial removal from the parent or guardian, within six months if the child was younger than age three at the time of removal, or within thirty days of the disposition hearing if reunification services were found to be contrary to the child's best interest 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.

Department policy requires that the Department file a motion for the termination of parental rights (TPR) when the child's permanency goal is adoption. The Department recommends and the court assigns this goal when adoption is in the child's best interest and grounds for TPR exist. Department policy provides a description of ASFA TPR requirements and exceptions to these requirements (including documentation of a compelling reason), and requires that the Department file a motion to terminate the parent-child relationship for all children in out-of-home care as specified in the Adoption and Safe Families Act. For children who are initially placed in out-of-home care under a voluntary placement agreement, the first 60 days in out-of-home placement is not considered in calculating the cumulative time in out-of-home care for TPR purposes.

Foster parents, pre-adoptive parents, and relative caregivers of dependent children are to receive notification and an opportunity to be heard in reviews and hearings held with respect to children in their care. FCRB staff have access to CHILDS to enable retrieval of reports and contact information for caregivers and other team members requiring notification. In addition, state policy requires that the records provided to the caregiver at the time of placement include a copy of any minute entry setting a future dependency or delinquency hearing involving the child, and a copy of the most recent FCRB report if the initial review has been held. The FCRB reports contain the date of the next FCRB hearing.

State law also provides that a child who is the subject of a dependency, permanent guardianship, or TPR proceeding has the right to be informed of, attend, and be heard in any proceeding involving dependency or TPR. The child's guardian ad litem or attorney must provide this notification to the child. The child further has a right to meet with his/her CASA.

The state's CASA Program plays a vital role in dependency cases, ensuring the needs and best interest of the child are considered by the judge and other team members. Where appointed, CASA advocates meet with all interested parties, including the immediate family and relatives, in order to provide the most accurate information and recommendations to the court. CASA reports are disseminated to the juvenile court and the assigned DCS Specialist to describe the CASA's activities and recommendations to the Court. CASAs continue to be invited to and attend DCS staffings, TDMs, and CFT meetings on their children's cases, offering input and opinions on needed services and case planning.

The Courts are also attentive to the need for team members, particularly out-of-home caregivers and youth, to receive notice and an opportunity to be heard in hearings held with respect to dependent children. Arizona statutes require the court to provide notice of Periodic Review Hearings to interested parties, and require that foster parents, pre-adoptive parents, and relative caregivers be provided notice of and the right to be heard in all dependency proceedings with respect to the child. The FCRB is especially diligent in

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encouraging caregiver participation in reviews. The same FCRB Program Specialists who facilitate the boards generate the notices, because they know the interested parties who should be invited. Notices are generated in English and Spanish and contain a website address where youth can send their thoughts and concerns, which are then forwarded to the appropriate board.

***Case Review System Assessment***

**Systemic Factor Item 20: Written Case Plan**

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

**System Measures:** The percentage of cases in which the agency 1) developed the initial permanent case plan according to required timeframes, if applicable during the period under review, 2) maintained a written case plan that was no more than 6 months old, and 3) reassessed and revised the case plan when a change in permanency goal was considered or there was a significant change in case circumstances, if applicable during the PUR (PICR Item 9.D.)

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

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

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

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

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

The Department had identified timely case plan development as an area for improvement during the five-year reporting period. Improvement has been seen since the timely development of the initial case plan began to be monitored using the DCS Management System. The monthly regional timely completion rate ranged from 83% to 100% between July 2017 and May 2018, with the typical timely completion rate of 92% or higher. Between July 2018 and April 2019, the monthly regional timely completion rate ranged from 89% to 99%, with the majority of the months at 95% or higher.

The region scorecards also track the total percentage of timely case plan development, including the initial case plan and subsequent case plans. Between July 2018 and April 2019, the timely completion rate was

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typically 92% or higher, with many of the months reaching the 95% goal, which is an improvement compared to the typical rate of 89% or higher seen during SFY 2018.

#### **Systemic Factor Item 21: Periodic Reviews**

The state provides a process for the periodic review of the status of each child that includes the required provisions no less frequently than once every 6 months, either by a court or by administrative review.

The occurrence of periodic review hearings for each child no less frequently than once every six months was rated strength during the Arizona 2015 CFSR Round 3. In Arizona, report and review hearings, initial permanency hearings, permanency hearings, and FCRB hearings all meet the requirements of periodic review hearings, and therefore are counted as such. Each of these hearing types include a comprehensive discussion of the case status, including the child's safety, the continuing necessity for and appropriateness of the placement, the extent of compliance with the case plan, and the extent of progress toward mitigating the need for out-of-home care. Permanency hearings additionally include discussion to determine the child's permanency plan.

The Arizona Administrative Office of the Courts (AOC), Court Improvement Program, conducted a review of 530 cases statewide from February 2017 to November 2018. This review found that 99% of the applicable cases reviewed (413 of 417 applicable cases) had a periodic review at least once every six months. The AOC's Court Improvement staff reported that there are no known data quality issues.

DCS monitors compliance with the periodic review requirement using AFCARS data. An AFCARS file is extracted from CHILDS every month, and includes the date of the most recent periodic review hearing within the removal episode for children who had been in out-of-home care for more than seven months at the time of discharge or the period end date. The hearing date is only extracted for periodic review hearings (report and review hearing, initial permanency hearing, permanency hearing, and FCRB). This data shows that of all the children in care on September 30, 2018, who had been in care more than seven months, the percentage who had a periodic review hearing in the six months prior was 88%. (Source: AFCARS Report 43)

Data quality issues include lack of complete or timely data entry. Furthermore, the AFCARS data extraction program only identifies the date of the hearing types that are clearly periodic review hearings. If a review hearing is held jointly with another hearing type (such as when a report and review hearing is held jointly with an initial dependency hearing), and the employee documents the hearing as a type other than one of the periodic review types, the hearing date will not populate to the AFCARS file. These data quality issues reduce the percentage of children with a timely hearing recorded in CHILDS. Given the AFCARS data confirms that 88% of children had a periodic review hearing and the data quality issues can only result in underreporting, the Department is able to confidently report that more than 88% of children in care for seven months or more have had a periodic review hearing in the past six months.

#### **Systemic Factor Item 22: Permanency Hearings**

The state provides a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body that includes the required provisions no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

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The occurrence of permanency hearings for each child no later than twelve months from the date the child entered foster care and no less frequently than every twelve months thereafter was rated strength during the Arizona 2015 CFSR Round 3. The Arizona Administrative Office of the Courts (AOC), Court Improvement Program provided the following data based on the Round 7 Operational Review completed from February 2017 to November 2018 on a sample of 530 cases statewide:

- 87.5% of children (7 of 8 applicable cases) had a permanency hearing within 30 days of the disposition hearing, if a goal other than reunification was ordered,
- 92.2% of the children (166 of 180 applicable cases) who were under the age of three at the time of removal had a court hearing within six months of removal, and
- 95.4% of the children (125 of 131 applicable cases) who were age three or older at the time of removal had a court hearing within 12 months of removal.

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

#### Systemic Factor Item 23: Termination of Parental Rights

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

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

The Department's PICR instrument includes questions to determine how well the agency is functioning related to timely filing of TPR motions in accordance with Adoptions and Safe Families Act (ASFA) provisions. Practice is determined to meet the required provisions if (1) the Department filed or joined a motion to TPR by the time the child has been in out-of-home care for 15 months to the day, (2) the child was placed with a relative and the agency pursued guardianship, or (3) a compelling reason to not file a motion for TPR was documented in the child's written case plan. The date at which the child had been in care for 15 months is calculated from a start date of the child's dependency adjudication to the first parent or 60 days from entry into out-of-home care, whichever is earlier. Time in runaway status is not included. Areas for improvement include the initiation of timely motions for TPR and consistent documentation of the compelling reasons to not file for TPR within the child's case plan, when applicable.

To improve the timely filing of TPR motions and the documentation of compelling reasons, these topics were discussed with field staff during the CY2018 Practice Improvement Case Review feedback meetings. As part of the SFY 2017 PIP activities, the Department developed Practice Guidelines entitled *Exploring Adoption for Timely Permanency*, and held a Quality Conversation to begin to address the need for staff training related to TPR and compelling reasons. The new CCWIS system, which will replace CHILDS, will include improved functionality of the case plan window, prompting documentation of a compelling reason in all applicable cases.

#### Systemic Factor Item 24: Notice of Hearings and Reviews to Caregivers

The state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have a right to be heard in, any review or hearing held with respect to the child.

Notice being provided to foster parents, pre-adoptive parents, and relative caregivers of children in foster care related to upcoming hearings and their right to be heard was an area needing improvement during the

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Arizona 2015 CFSR Round 3. This rating was based on information shared during stakeholder interviews that a uniform process is needed in order to provide the required notification.

The Department's PICR instrument includes a question to assess whether the out-of-home caregivers were given notice of, and invited to attend, court hearings and FCRB hearings that occurred during the period under review. During the five-year reporting period, the calendar year percentage of applicable cases rated strength ranged from 83% to 95%.

Arizona Revised Statutes require that the court provide notice of review hearings and the right to participate in the proceeding to the child's foster parents, shelter care facility or receiving foster home, physical custodian where the child resides or has resided within the last six months, and any person who has filed a petition to adopt or who has physical custody pursuant to a court order in a foster-adoptive placement. Furthermore, the petitioner (most often the Department) must provide the court with the names and addresses of all foster parents, shelter care facilities, and receiving foster homes who are entitled to notice pursuant to this statute.

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

Each county court and agency region determines its process for notifying out-of-home caregivers of hearings and the right to be heard. Information gathered from each county court and agency region indicates that the following methods are used:

- In Maricopa (review hearings only), Pima, Pinal, Graham, Coconino, Gila, Cochise, Navajo, and Yuma Counties the Department is required to provide current placement information to the court at the time of the initial hearing, prior to subsequent hearings using a form with addresses that is either attached to the court report for the hearing or provided at the time of the move between hearings, and whenever there is a placement change that requires a change of physical custody order from the court. The court then notifies the required out-of-home caregivers of the upcoming hearing by mailing a notification letter or the last minute entry with the date of the next hearing. In these counties, the DCS Specialist may also inform the out-of-home caregiver of upcoming hearings during in-person or telephone contacts.
- In Maricopa (other than review hearings), Mohave, Greenlee, Santa Cruz, Apache, and Yavapai counties, the court does not provide notification to the out-of-home caregivers and directs the DCS Specialist to do so. In these counties, the units develop methods for notification. In some units the secretary sends letters to the foster parents based on a court calendar provided by the court. In other units, the DCS Specialist notifies the out-of-home caregiver during monthly home visits, by e-mail, or telephone.
- In a few counties, the juvenile court judge asks during the hearing if the out-of-home caregivers are present. If they are not, the judge asks the DCS Specialist if the caregivers were notified of the hearing and why they are not present.

Judicial officers receive training to ensure notification and participation of OOH care providers in court hearings. Judicial officers are instructed to do the following at dependency hearings:

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- Determine whether notification was effectuated to foster parents, shelter care facility, receiving foster home, pre-adoptive parents or a member of the child's extended family with whom the child has been placed.
- Allow foster parents, shelter care facility, receiving foster home, pre-adoptive parents or a member of the child's extended family with whom the child has been placed and/or identified as a possible placement an opportunity to be heard.
- Enter orders requiring DCS, if a party, to ensure foster parents, shelter care facility, receiving foster home, pre-adoptive parents, and a member of the child's extended family with whom the child has been placed are notified of any future proceedings.

### 3. Quality Assurance and Quality Improvement Systems

#### *Quality Assurance and Quality Improvement Systems Description*

The Department includes seven units whose roles contribute to one or more stages of the Continuous Quality Improvement (CQI) cycle, and together provide the means to solve problems with a methodical and evidence-informed approach.

- *The Office of the Ombudsman* – The Office of Ombudsman receives and addresses complaints from family members, foster parents, and other concerned citizens. In addition to the quality assurance function in individual cases, the Ombudsman contributes to CQI by aggregating complaints to identify and define problems that may need to be systemically addressed.
- *The DCS Safety Analysis Review Team* – The Safety Analysis Review Team is responsible for tracking all child fatality and near-fatality reports made to DCS for the purpose of releasing information to the public as governed by A.R.S. § 8-807.01. This involves research to determine if the fatality or near-fatality meets the criteria for posting on the Department's website. Additionally, this unit reviews all critical incident cases (which include fatality and near fatality reports) received by DCS in order to identify and analyze systemic issues and generate recommendations for improvements. The Systemic Critical Incident Review is a formalized process comprised of a robust analysis of the case to identify trends and formulate considerations to DCS leadership. This unit also participates in the Arizona Child Fatality Review Program for Maricopa County, and tracks and monitors other high profile cases, to assist with agency coordination, communication, and decision making, as well as to provide support for department personnel in situations that generate a high level of public visibility. Members of the unit conduct training and feedback to field staff regarding identified problem areas. Additionally, this unit contributes to continuous improvement by identifying problems and gathering information on specific cases so that trends can be systemically addressed.
- *The Practice Improvement Unit* – This unit leads the Child and Family Services Review, oversees the CFSP process, and conducts qualitative Practice Improvement Case Reviews of investigation, in-home service and out-of-home cases, and processes at the Hotline. These activities assess the quality of services and the effectiveness of processes and systems by measuring achievement of safety, permanency, and child and family well-being outcomes, and implementation of related practices. In February 2019, the PI Unit began conducting Active Case Supports, which provide real-time coaching related to information gathering and safety decisions during some of the most complex investigations. During the reporting period, Practice Improvement Specialist positions were physically located in all of the Department's five Regions.

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

During the reporting period, the Department implemented and continues to utilize the DCS Management System, which is a “sense and respond” system built around a counter-measure culture. The DCS Management System has seven core principles that drive improvement and sustainability: (1) People Development, (2) Leader Behaviors and Standard Work, (3) Culture of Safety, (4) Visual Performance Management, (5) Problem Solving, (6) Standard Work and Visual Process Adherence, and (7) Tiered Connectivity and Accountability. The system emphasizes the development and adherence to standard work processes and seeks to continuously improve upon previous gains. Methods and tools include the Breakthrough Project / Initiative (aka “A3 Report”), the Kaizen1 Event Pre-Planning Form, and Kaizen Newspaper. The A3 Report captures the purpose, current situation, strategy, milestones, responsibility and deliverables for the improvement being sought. It shows data and root cause analysis, as well as specific progress towards improvement. Kaizen events are attended by the owners and operators of a process, and

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use process tools to: (1) gather operators, managers, and owners of a process in one place, (2) collect information upon which to build continuous improvement priorities, (3) map the existing process, (4) improve on the existing process, and (5) solicit buy-ins from all parties related to the process.

Recent Kaizen events have included the following:

- Investigations to In-Home Transfer Process – This event helped to streamline the process for families to be transferred to in-home case management services after the completion of the investigation process. The timeline for transfer was shortened and the decision to provide DCS oversight was separated from the decision to provide contracted in-home services.
- Designing Investigation, In-home, and Out-of-Home Supervision – Three events were held to create supervision processes that support proactive supervision throughout the investigation, in-home case management, and out-of-home case management processes. Procedures and discussion guides were created for supervision conversations that focus on the circumstances of the case and are held before initial contact with the family and throughout the case at key decisions points.
- Title IV-E Extended Foster Care – This event was held to plan and develop a unit to conduct bi-annual administrative reviews of the approximate 800 DCS youth age 18 to 20 who voluntarily remain in extended foster care.
- Family Unification Program – Arizona Housing Authorities have been awarded housing vouchers through the Family Unification Program (FUP) for current DCS families as well as current and former foster youth. An event was held to develop a standardized statewide process.
- Medical Child Abuse – This event was held to review and update state procedures related to the investigation of medical child abuse.

DCS sustains improvements using tiered accountability and visual management tools, including data charts, scorecards, huddle boards, A2s (a problem solving tool), and counter-measure sheets. DCS monitors its performance using the data charts, scorecards, and huddle boards. When an issue or problem arises, such as performance below a target goal, the issue or problem is identified in a counter-measure sheet and an action to be taken is developed and assigned an owner and due date.

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

Quality assurance and quality improvement functions are embedded within some service programs and occur within the case management process through clinical supervision, external case-specific reviews, and the use of administrative process data. The quality of services provided by the Department is further reviewed through external audits conducted by the federal Department of Health and Human Services and Arizona's Office of the Auditor General. The Department monitors the results of these audits and ensures corrective actions are implemented to improve services when a need is identified.

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The Department's quality improvement system meets each of the five CQI functional components described in ACYF-CB-IM-12-07.

- *Foundational Administrative Structure* - Administrative oversight of the Department's Quality Improvement System is provided by the Office of Quality Improvement. The Department's policy and procedures manual describes statewide practice standards. The Department's implementation of key practices and achievement of related outcomes are measured statewide through administrative data reports, scorecards, and case reviews conducted by OQI.

The Department's Office of Quality Improvement and Policy, Ombudsman, Learning & Development, and Practice Improvement Units discuss trends and improvement opportunities, and identify strategies for improving systems, practice, and outcomes. In particular, this team uses quality and trend information to identify adjustments to training, policy, or Practice Improvement Case Review standards. Practice standards are discussed to ensure they are interpreted correctly and communicated consistently to field staff.

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

Randomly selected cases are reviewed from each region each month, with the exception of some of the smaller regions. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. During the first half of CY 2018, the number of PICRs was reduced from two cases from each active case-carrying unit in the state to one case per unit. This change allowed the Practice Improvement Unit to conduct Active Case Support and targeted case reviews on topics of interest. In 2018, the Practice Improvement (PI) Unit reviewed 113 investigation cases, 193 in-home service or out-of-home care cases, and 385 Hotline communications, along with other reviews focusing on targeted areas of practice. Approximately

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90 investigation cases, 150 in-home and out-of-home cases, and 390 hotline communications are scheduled to be reviewed during calendar year 2019. The Department has eight dedicated Practice Improvement Specialist positions responsible for conducting the various case reviews, as well as other tasks to monitor, inform, and support practice. All PI Specialists must have direct service child welfare experience.

The PI Specialists must make a concerted effort to complete interviews with the out-of-home caregiver, at least one parent, and youth age 14 or older involved in an in-home case, or who is identified as the target child for review. Additional interviews are conducted when necessary to fill gaps in the information or to obtain a complete understanding of the family's experience and case outcomes.

The Central Office Practice Improvement Unit maintains PICR Reviewer's Guides that provide comprehensive instructions for completing the PICR instruments. The PI team consults with policy, training, and field staff to clarify unclear practice standards that contribute to the lack of inter-rater consistency. A member of the Practice Improvement management conducts a second level quality assurance review of a sample of the cases reviewed by each PI Specialist.

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

Region and Central Office staff also analyze data through administrative data reports relevant to the Department's safety, permanency, and well-being goals. These data reports include key performance indicators on the business intelligence data dashboard and databases on a data server. Units of analysis may include region, county, section, unit, caseworker, case and/or child. Tables and charts track results over time, where applicable. Examples of current reports include:

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

The Department continues to be a Chapin Hall Multistate Foster Care Data Archive (FCDA) member. Chapin Hall at the University of Chicago provides a State Data Center web tool with longitudinal data. In addition to the multistate data website, Chapin Hall provides a state specific website with 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. Department staff use

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

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

- *Feedback to stakeholders and decision-makers and adjustment of programs and process* - Distribution and discussion of quality improvement information, including case review results and quantitative data about practice trends and outcomes, occurs within all regions.

The OQI works with DCS leadership to collect and disseminate data on systemic issues, to improve administrative and local decision making and strategic planning. The Reports and Statistics Unit and the regional Automation Liaisons ensure timely distribution of data reports. Reports on the Department's business intelligence dashboard are refreshed on a weekly or daily basis depending on the type of data provided. Other reports are produced monthly, or more often when necessary to facilitate data correction or meet other needs.

Department leadership uses field staff input, administrative data, PICR results, and external evaluations to inform the selection of improvement goals and strategies. Department leadership may form a team to identify root causes and improvement strategies, and monitor the completion and effects of those strategies. When relevant, external stakeholders are included in the team or consulted during the information gathering and analysis phases. Such stakeholders might include youth, parents, resource parents, tribal social service organizations, juvenile court judges or administrators, contracted provider agencies, other State agencies, and local community leaders. The Department seeks to engage a broad array of partners in program and process improvement.

#### ***Quality Assurance and Continuous Quality Improvement Systems Assessment***

##### **Systemic Factor Item 25: Quality Assurance System**

The state is operating an identifiable quality assurance system that is (1) in place in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services, (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures.

The Department of Child Safety's quality assurance (QA) and continuous quality improvement (CQI) system received an overall rating of strength during the 2015 CFSR Round 3. As described above, the Department's QA and CQI system meets all of the federal CFSR standards: operates in jurisdictions where the services are provided, has standards to evaluate the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures.

#### **4. Staff Training**

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Systemic Factor Item 26: Initial Staff Training

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

The Department's initial staff training received an overall rating of strength during the 2015 CFSR Round 3. The Department continues to meet the requirement to provide initial staff training that includes the basic skills and knowledge required for the DCS Specialist position, as described in the Staff and Provider Training Plan FFYs 2020-2024 submitted with this CFSP.

DCS Program Supervisor Core Training is also provided by L & D and described in the Department's training plan. DCS currently employs 235 Program Supervisors. As of May 2019, 84% of all Program Supervisors had completed Supervisor Core training. Another 10% were still within the six-month timeframe allowed to complete Supervisor Core training, and 6% were past the timeframe to complete this requirement. The Department has a plan in place to ensure the remaining 16% of Program Supervisors complete Supervisor Core training.

Systemic Factor Item 27: Ongoing Staff Training

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

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

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

The Department continued to meet the requirement to provide initial and ongoing staff training that includes the basic skills and knowledge required for the DCS Specialist position. Although DCS had a well-functioning staff training program during the reporting period, the following continuous improvement activities were implemented.

- During SFY 2019, the Department developed a Supervision Coach Program. The Supervision Coaches provide support and coaching to Program Managers and Program Supervisors in both clinical and administrative supervision. The intention is to further develop proficiency of leaders at all levels so direct supervisors and managers realize their capacity to train and support their staff and establish a clear path for fidelity monitoring and practice improvement. The Supervision Coach training program includes an Individualized Expert Development Plan (IEDP) and fourteen weeks of classroom and on-the-job training. Training is followed by monthly fidelity monitoring through

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direct observation and feedback using a proficiency scale, and quarterly reviews and adjustments of the IEDPs. The Supervision Coaches also support the leaders in creating their own IEDPs with the intent that all levels of leadership have ownership of their learning and support to achieve their goals.

- Activities for the DCS Specialist Trainee to complete during field breaks were enhanced to include two Activity Guides and one Post Core Activity Guide to direct on-the-job training experiences.
- Learning & Development and the CHILDS project provided staff, including Program Supervisors, with updated CHILDS user guides and hands-on CHILDS training. Each significant change to the CHILDS system has been accompanied by a clearly written user guide, co-written or reviewed by the Learning & Development CHILDS Supervisor, so that staff can understand and use the new functions in CHILDS.

#### Systemic Factor Item 28: Foster and Adoptive Parent Training

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

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

For additional information about the trainings available during the reporting period, see the Arizona Staff and Provider Training Plans for FFYs 2015-2019.

## 5. Service Array and Resource Development

### *Description of the Child and Family Services Continuum*

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

- Healthy Families Arizona Program
- Child safety assessment, risk assessment, case management, and permanency planning
- In-home service continuum
- Parent aide

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

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

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

- Intake/Child Abuse Hotline; and
- Administration costs, including planning activities, service coordination, preparation for or follow-up to service delivery, indirect costs associated with procurement, payroll processing, personnel functions, management, maintenance and operation of space and property, data processing and computer services, accounting, budgeting, and auditing.

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

- Contracted in-home family preservation, reunification, and support services;
- Respite care for pre-adoptive placements;
- Portions of the Home Recruitment, Study, and Supervision contract;
- Education Training Vouchers; and
- Caseworker retention.

The Department continues to collaborate with other human service agencies at both the administrative and case level. The Department is involved in extensive programmatic and administrative collaborations to ensure that children and families are served in the most integrated manner possible including the following:

- The Department is working closely with federal Administration for Child and Families Systems

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Professionals in assuring the new Comprehensive Child Welfare Information System (CCWIS) allows for Child Welfare Contributing Agencies to enter and access case information for which they are responsible. Automated “portals” for information entry and sharing will increase data quality, data completeness, and data timeliness for case record documentation.

- State legislation was enacted during the current legislative session that will facilitate the future integration of behavioral health services for children in out-of-home placement under the Department’s Comprehensive Medical and Dental Program. This integration will facilitate the coordination of health care services (medical, dental, and behavioral health) for these children.
- The Department continues to collaborate with WIC representatives to improve services to DCS involved families. Coordination includes resource information sharing and clarification that all children in DCS custody under the age of five qualify for WIC.

Co-location of staff from agencies serving the same families has proven an effective means to coordinate services. Examples of co-location occurring across the state include the following:

- DCS Specialists or OCWI staff are co-located with law enforcement and other agencies in child advocacy centers in Maricopa, Yuma, and Pima counties, and a unit of OCWI staff is co-located at the Peoria Police Department.
- Regional Behavioral Health Agencies (RHBA) and Arizona Families F.I.R.S.T. (AFF) service providers are co-located with DCS staff in each Maricopa County office. AFF staff are also housed at the Casa Grande and Apache Junction offices. Behavioral health high needs case managers are also co-located in several DCS offices, and assist DCS staff with coordinated service delivery to families served.
- Maricopa and Pima Counties have Department staff co-located at their county court buildings. One court liaison and one administrative assistant are placed at the Pima County Juvenile Court. DCS 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. Two Cradles to Crayons units are located very near one of the court houses in Maricopa County, allowing frequent communication and coordination with court staff, and convenience for families being served by both the Department and the court.
- Arizona State University MSW program child welfare training units are housed in DCS offices in Tucson, Phoenix, and Apache Junction, and a Northern Arizona University BSW child welfare training unit is housed in a DCS office in Flagstaff.
- Several DCS units in Pima County are co-located at the Multi-Service Center in central Tucson to allow for greater collaboration on cases where DCS and Department of Economic Security (DES) are both working with a family and/or child. Agencies housed at this Multi-Service Center include the Department of Developmental Disabilities, Child Care, Adult Protective Services, Employment Administration, Child Support Services, Attorney General, Jobs Program, FAA, and Vocational Rehabilitation Services. In other areas of the state DCS and DES staff share separate sections of an office building including Nogales and some Maricopa County locations.
- Since its inception in 2001, the Family Drug Court (FDC) in Pima County provides intensive case management and judicial oversight to serve dependency-involved parents affected by substance

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abuse and their children. FDC uses a coordinated, trauma-informed, family-centered, evidence-based, multi-system approach in attaining lasting permanency by ensuring child safety, providing comprehensive treatment through which improved parenting capacity, family functioning, and child well-being are achieved. A fundamental aspect of FDC's operation is the successful incorporation of peer support through staff Recovery Support Specialists who have the unique role to provide additional support and accountability for the parents. FDC collaborates with DCS to co-locate DCS ongoing case managers at the Pima County Juvenile Court Center alongside the FDC team. Having a co-located specialized DCS unit promotes positive outcomes for the families that FDC serves. Family Drug Court graduates have experienced high reunification rates with their children while maintaining a low re-entry rate.

The family drug court program in Maricopa County, initially known as Dependency Treatment Court, is a collaboration between the Juvenile Court, Terros Health, and DCS. The program began in 2012 at the Durango Juvenile Court in Phoenix. In 2013, the program was expanded to the Southeast Facility Juvenile Court in Mesa. In 2016, the name was changed to Family Treatment Court (FTC), and shortly after DCS court liaisons were hired and co-located at the court houses. FTC is a problem solving court that holds parents accountable to their substance abuse treatment and sobriety. FTC is designed to improve outcomes for parents who have dependency court involvement and an allegation of substance abuse. The program involves frequent hearings before a judicial officer who helps motivate and provide accountability to parents as they work toward sobriety. FTC has experienced significant success for those parents who complete the entirety of the program. The reunification rate is in the 90<sup>th</sup> percentile for graduates of the program, 60<sup>th</sup> percentile for voluntary withdrawals, and 30<sup>th</sup> percentile for unsuccessful discharges.

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

#### *Service Array Assessment*

##### Systemic Factor Item 29: Array of Services

The state provides an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families as well as the individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency. The state ensures that these services are accessible in all jurisdictions covered the CFSP.

The Department's service array was rated an area needing improvement during the Round 3 2015 Child and Family Services Review because, at that time, there were gaps in accessibility of some services and wait lists for others. Since that time, the Department has implemented strategies to improve the availability of services statewide and significantly reduced wait lists. The Department created a statewide service matrix to standardize the service referral and authorization process and address service referral issues, including service wait lists. The Department has reduced wait lists for in-home services from 207 families in June 2015 to 51 families in June 2019, parent aide services from 412 in June 2015 to 152 in June 2019, and supervised visits from 169 in June 2015 to 116 in June 2019. The length of time in which a family remains on a wait list has also been reduced.

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

The Department's Office of Quality Improvement and Fidelity & Compliance Services Unit assess the sufficiency and outcomes of the Department's contracted service array. Together, these units oversee the design, implementation, and maintenance of services and programs in order to continuously improve service participation and effectiveness increasing caregiver protective capacity, stability of children's living arrangements, and child well-being. The Department has been working with the Harvard Kennedy School of Business - Government Performance Lab and the Capacity Building Center for States to implement an active contract management process to focus on key success metrics, and closely align expectations of providers and their success criteria with the desired child welfare outcomes. Active Contract Management principles have been implemented to monitor, review, observe, and measure that practice is aligned with the intended purpose of the program and service model. Monthly, quarterly, or semi-annual meetings are held with each contract's service providers to review fidelity and outcome data, and identify actions to improve the accessibility and benefit of services to families. The Fidelity & Compliance Services Unit conducts fidelity and outcome monitoring of new and existing programs to generate data that is shared with providers to guide for quality improvement. The Office of Quality Improvement analyzes fidelity and outcome data, identifies evidence-based programs and promising practices, and recommends adjustments to program design when indicated to improve engagement rates and outcomes. The Department developed a system during the reporting period to support and monitor its contracted provider community. Standard site visit processes have been implemented to help support and monitor provider performance. Provider meetings now utilize data as a main tool to help drive outcomes through contracted services and better connect services to the Department's practice models. Through Active Case Management, the Department has rebuilt relationships with providers, reduced the number of vendor performance issues, and improved service quality.

The Department has expanded its services to enable children to remain safely with their parents. The Department has expanded the availability of the SENSE and Building Resilient Families in-home service programs to allow more children to remain safely with their parents or support least restrictive settings while in out-of-home care. Updates to the Department's safety assessment and safety management model have provided a decision-making framework for developing in-home safety plans to achieve reunification as soon as it is safe, feasible, and sustainable. The Department also expanded its title IV-E waiver demonstration project, Fostering Sustainable Connections, during the reporting period to increase the number of children who can be safely served in-home or in a relative's home by engaging with children in congregate care and their families. During SFY 2018 1,846 new intensive in-home service referrals, 1,229 new moderate in-home services, and 1,105 new reunification referrals were initiated (Source: Monthly Operational and Outcome Report).

#### **Systemic Factor Item 30: Individualizing Services**

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

The Department's individualization of services was rated an area needing improvement during the 2015 Round 3 Child and Family Services Review mainly because, at that time, more services could be offered to families in languages other than English. Since that time, the Department has implemented strategies to improve the availability of services in other languages. For example, new language was added to service contracts to ensure the contractor is able to serve non-English speaking families. The Department has also updated its policies and procedures regarding limited English proficiency. The system for tracking and

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identifying vital documents has been improved so that forms and other documents that affect an individual's ability to make decisions about, or to participate in, a program are available in Spanish as well as English. Local office protocols were also revised to ensure staff in local offices are aware of how to access interpreter services for individuals with limited English proficiency. The Department's Audit Management Services completes an annual compliance review to ensure these processes are followed.

Arizona provides a wide array of services, as described above and in *Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being*. The majority of services are provided based on an assessment of the children's and family's unique needs. Contracts for services include standard language that requires the contractor provide translation into a language familiar to the family member, provide culturally competent and relevant services, follow the Department's language policy, and follow the standard ADA and Civil Rights accommodations.

#### **6. Agency Responsiveness to the Community**

##### **Systemic Factor Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR**

In implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

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

##### **Systemic Factor Item 32: Coordination of CFSP Services with Other Federal programs**

The State's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 32: how well is the agency responsiveness to the community system functioning statewide to ensure that the state's services are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

#### **7. Diligent Recruitment of Foster and Adoptive Homes**

##### **Systemic Factor Item 33: Standards Applied Equally**

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

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

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standards applied equally.

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

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

**Systemic Factor Item 34: Requirements for Criminal Background Checks**

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

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

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

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

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

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

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

Arizona received an overall rating of area needing improvement during the Arizona 2015 CFSR Round 3 for Item 35: cross-jurisdictional resources due to the state's SACWIS system not being able to provide data

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related to the number of children who are free for adoption. The Department is addressing this data issue through the development of a new CCWIS system, scheduled to be implemented in CY 2020.

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

Examples of efforts made during the reporting period include the following:

- The Department's strategic plan has included strategies to increase the number of children in family-like settings. During the reporting period, the Department analyzed placement data on children in out-of-home care and identified a need for additional family-like settings for teens. As a result, in January 2018 the Department released a 56-page toolkit on recruiting homes for teens, including homes for American Indian children. The Department also funded recruitment proposals that included a focus for the recruitment of teens.
- The *Change Two Lives* Campaign aimed to recruit families who are willing and able to care for teens. This online and digital campaign increased interest and awareness of the need for foster homes for older youth. In an effort to increase the number of African American foster homes, an African American adoptive family was featured in the campaign materials.
- Following the recommendations from the 2016 foster parent focus groups and the 2017 foster family satisfaction survey, DCS developed an online orientation for prospective foster, kinship, and adoptive parents. The roll out began with five pilot in-person orientations conducted in June and July 2017 in urban, suburban, and rural settings. Leaders of this pilot included those who participated in the development of the material, as well as DCS staff. Following these orientation sessions, prospective parent participants were asked to complete a short survey. The information was utilized to develop the final online orientation, which is comprised of five videos featuring a foster and adoptive parent. The online orientation was launched in March 2018 and received more than 1,000 views in the first month, substantially surpassing the number of people who attended an in-person orientation during the same period the prior year. The new online orientation helps build capacity by delivering the initial orientation in a more convenient and user-friendly manner. In-person orientations remain available for individuals who prefer an in-person group setting. A Spanish version of the online orientation was developed and implemented on the website in April 2018.
- The 1-877-Kids-NeedU phone line continues to support prospective families by offering additional supports for those just beginning the process of becoming a foster and/or adoptive parent. The number of emails and calls received are tracked weekly.
- DCS revamped the Foster Care and Adoption portions of the DCS website, providing additional information in a more user-friendly manner.
- The Children's Heart Gallery, which was developed by Department staff and is currently completely maintained within the Department, features children and youth who are the most challenging to place and brings together many community volunteers, including photographers, hairstylists, and others in support of these children by providing makeovers and professional photos

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to be displayed at recruitment events and online via the Children's Heart Gallery website. Since 2016, the Department has offered licensed foster parents two hours of training credits for volunteering at the Children's Heart Gallery photo shoots. Foster and adoptive parents spend the day with children who are free for adoption with no identified placement. This allows perspective foster and adoptive parents to spend time with children who may be outside of their current licensing parameters, thus encouraging parents to expand their preferences. It also allows foster parents and children to meet in a lower stress setting with the hope that a connection may be made or that the parents may know of someone else who may be interested in adopting the child.

- In January 2018, the Department partnered with Arizona 1.27 and iCare About Orphans, a ministry of Focus on the Family, to host a *Wait No More: Finding Families for Arizona's Waiting Kids* event in Prescott, Arizona. This was Arizona's second *Wait No More* event. Approximately 250 people attended the four-hour event.
- DCS staff attend the ICWA Placements Project Workgroup, which includes monthly meetings and membership from five Arizona tribes and Casey Family Programs. The purpose of this workgroup is to increase recruitment and to retain American Indian homes, as well as work with the DCS Office of Licensing and Regulation to reduce barriers to tribally licensed families and reduce duplication of foster home licensing studies.

The number of newly licensed foster homes has remained consistent during the reporting period. There were 774 newly licensed foster homes during the six month period ending July 31, 2015; 985 in the six month period ending July 31, 2016; 853 in the six month period ending September 30, 2017; and 804 in the six month period ending in September 30, 2018. The Department had 4,317 licensed homes as of the end of September 2018. There were 9,719 bed spaces in these homes.

The Department has continued to improve processes to identify bed capacity and availability, and has focused on efforts to increase the stability of the placements. The Department held an annual conference to support licensed families to obtain required training hours, increase contact with other licensed families, and increase contact with the Department.

A large portion of the foster home closures are due to finalization of adoption or guardianship. In September 2018, 75 out of 185 licenses closed due to adoption or guardianship of the child by the foster parent. Department staff conduct outreach to all foster parents who indicate a reason of dissatisfaction on their license closure paperwork, and reach out to prior foster families after they have closed their license due to an adoption to inquire about their interest in becoming relicensed.

For additional information, see the Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plans for FFYs 2015-2019.

# **Section VII**

## **Consultation and Coordination with Tribes**

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*Coordination and Collaboration with Tribes*

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

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

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

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

On a yearly basis, the DCS Intergovernmental Tribal Liaison conducts site visits to all 21 tribes in Arizona. The purpose of these site visits is to maintain a strong relationship between DCS and tribes, share information and updates, and discuss any specific cases that involve tribal members. The Department is committed to ensuring that all of Arizona's tribes have equal access to the Department, despite the challenge posed by travel and geography. This diversity includes the Havasupai tribe located at the bottom of the Grand Canyon, which is only accessible by helicopter, mule, or via a 16 mile hike; and tribes located on the Utah, Nevada, California, New Mexico, and Mexican borders. For the past two years, the DCS Intergovernmental Tribal Liaison met with all 21 tribes in Arizona, in their communities, at least once per year.

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

The Department continues to have an Inter-Governmental Agreement (IGA) with the Navajo Nation. The IGA specifies that DCS will meet quarterly with the Navajo Nation to discuss items of mutual interest. This quarterly contact has occurred consistently for the past two years. The IGA is currently in the process of being updated, with an anticipated completion date in Fall 2019.

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### **Section VII: Consultation and Coordination with Tribes**

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

The Department has continued to discuss with other tribes throughout Arizona the possibility of establishing a formal IGA or Memorandum of Understanding (MOU) that would include, but not be limited to, investigation protocols, data and information sharing, and compliance with ICWA. Currently there are five tribes working with DCS on an IGA or MOU.

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

- The Department contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance, and liaison services to twenty tribal governments in Arizona. The ITCA disseminates information to tribal leadership, facilitates a forum for public comment, and provides policy analysis to promote tribal leadership's awareness of child welfare matters and understanding of federal and state policies.
- The DCS Tribal Liaison and ICWA Specialist continue to provide ongoing training for DCS Field Staff and tribal programs on a regularly scheduled basis. DCS also continues to collaborate with ITCA to provide a bi-annual ICWA academy for tribal and DCS staff. The DCS Tribal Liaison and DCS Learning and Development staff are in the process of creating an ICWA competency training for all DCS field staff.
- In addition to the quarterly meetings facilitated by ITCA, the Department continues to hold quarterly Tribal/State ICWA Liaison Workgroup meetings. These meetings are geared toward individuals in tribal communities that are responsible for ensuring ICWA compliance for their tribal community. All tribes are invited to participate as well as other relevant state agencies, community programs/agencies, and DCS staff.
- The Department continues to participate in the Arizona State, Tribal, and Federal Court Forum and its Indian Child Welfare Act Committee that are chaired by Judge Kathleen Quigley of the Pima County Juvenile Court and Judge Kami Hart of the Gila River Children's Court. The Department will participate in the annual State, Tribal, Federal Court Forum conference to be held during SFY 2019.
- The Department continues to collaborate with the Urban Indian programs located in Phoenix, Tucson, and Flagstaff. Coordination projects include community presentations, the recruitment of Native American foster homes, training of staff related to working with tribal communities, and ongoing training to DCS staff about the services and resources each agency provides to better comply with ICWA's active efforts requirement.
- Tribal social workers continue to participate in TDM, case plan, and CFT meetings during which case specific consultation occurs and decisions are made.

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### **Section VII: Consultation and Coordination with Tribes**

The Department will email a copy of this FFY 2015-2019 Final Report to the Arizona title IV-B tribes upon approval of the report by the Children's Bureau. The website where the supporting plans can be viewed and downloaded will be included in the email. The reports are also posted on the DCS public website for tribes and any other community members to view.

#### ***Monitoring ICWA Compliance***

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

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

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

The Department continues statewide efforts to improve data collection for monitoring ICWA compliance and outcomes for American Indian children. Collection of sufficient data allows the Department to better analyze ICWA compliance and identify best practices to achieve positive outcomes for American Indian children and families. During the reporting period, DCS, in collaboration with the Center for States, reviewed the proposed AFCARS reporting requirements to plan for the Department's compliance. Additionally, the Tribal Liaison, ICWA Liaison, community stakeholders, tribes, and the Center for States provided input and guidance to the development of the Department's future CCWIS system.

The DCS Office of Tribal Relations meets at least once a year with Arizona's 21 tribes in their communities. During these site visits, a general discussion regarding DCS practice and policy, as it relates to ICWA and tribal relations, occurs. Conversations regarding mutual cases also takes place, including a discussion related to ICWA compliance. ICWA compliance topics include if the tribe was properly notified of legal proceedings; if the tribe has been included in case meetings such as case plan staffings, TDMs, CFTs, etc.; and if DCS has engaged in active efforts related to the placement protocol. Generally speaking, these conversations result in information suggesting DCS maintains a high level of compliance in its adherence to ICWA. In those instances where an issue is identified, an immediate plan of action is developed to ensure the deficient is addressed.

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### **Section VII: Consultation and Coordination with Tribes**

#### ***Identification***

In April 2019, there were 1,192 American Indian children in out-of-home care. Of these children, 59% had a permanency goal of reunification or return to live with a relative; 28% had a permanency goal of adoption; 78% were in a family-like setting, with 52% of the family-like settings being relative placements (Source: OOH Database, run date 5-11-19).

The Department recognizes that “identification of tribal affiliation” is essential for providing legal notification and locating extended family members as potential out-of-home caregivers. The juvenile court assists by asking, at the beginning of certain court hearings, if any party has reason to believe that any child who is the subject of the proceeding is covered under the Indian Child Welfare Act.

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

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor the documentation of sufficient inquiry to determine whether the child may be a member of an American Indian tribe. The percentage of cases reviewed in CY 2018 where there was sufficient inquiry was 78% (of 156 applicable cases).

Department challenges with identifying American Indian heritage include the following:

- Department staff indicate that some parents may be reluctant to disclose tribal information during their initial interviews as they do not want their tribe or their extended family to know that they are involved in an alleged child abuse or neglect investigation.
- There are times when Department staff do not document sufficient information regarding the family's tribal affiliation, and times when an immediate child enrollment inquiry with a tribe cannot be made.
- Many tribes require a birth certificate, social security card, and family tree to seek information regarding enrollment eligibility and extended family information. Since this information is many times lacking in the initial stages of the child abuse and neglect investigation, the process for obtaining these documents results in a delay in verifying an ICWA case.

#### ***Notification***

The Office of the Attorney General initiates Arizona's notification process. When a case is identified as potentially ICWA eligible at the time the dependency petition is filed with the court, the dependency petition indicates this information. After the Office of the Attorney General receives the signed temporary custody order from the court, a notification to any identified tribe or the BIA is sent through certified mail, accompanied with the petition and the court order. At the first court hearing, the Department continues efforts to determine if ICWA applies to the case. The Office of the Attorney General and the Department diligently work to determine if ICWA services are needed prior to the next court hearing.

The Office of the Attorney General's service matrix reminds the clerk of the court that the tribe, parent, and/or BIA must receive notices at least ten days before the court hearing. If that does not occur, the clerk advises the Office of the Attorney General to seek a continued hearing so that the parent, tribe, and/or BIA has adequate time to prepare for the hearing. After court hearings, attorneys provide their support staff with

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a “post-hearing sheet” so that any service or other follow-up matters are handled after the court hearing without waiting for the court to issue the minute entry.

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor timely notification to the tribe. The percentage of cases reviewed in CY 2018 where the tribe was provided timely notification was 100% (of 11 applicable cases).

The Department held two training sessions on the new ICWA updates for tribes and DCS staff. During these trainings the right of tribes to intervene and assert their jurisdiction was highlighted.

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

ICWA requires placement be considered and selected in a specific order of preference. When an identified American Indian child is removed from a parent, every effort is made to follow the placement preference criteria. Placement with a maternal or paternal family member who is willing and able to provide care for the child is always a priority when working with American Indian children. The biggest challenge continues to be the lack of available American Indian homes in state and tribal communities compared to the number of American Indian children needing placement.

In December 2016, the BIA issued new guidelines for implementing ICWA. These guidelines included information on placement preferences. A review of the guidelines revealed that no significant changes were needed to DCS policy in reference to making ICWA placements. Prior to placing an American Indian child in a non-American Indian foster home, the Department gives placement preference for an American Indian child as follows (unless the child's tribe has a different order of placement preference established): placement with child's extended family; a foster home licensed, approved, or specified by the child's tribe; an American Indian foster home licensed or approved by an authorized non-American Indian licensing authority; and an institution for children approved by an American Indian tribe or operated by an American Indian organization. With regard to an adoptive placement for an American Indian child, unless the child's tribe has a different order of adoptive placement preference, the Department gives placement preference to a member of the child's extended family, with other members of the child's American Indian tribe, or with other American Indian families. As described in the AZ Foster and Adoptive Parent Diligent Recruitment Plan, efforts have been made and continue to be made to recruit and retain ICWA qualified foster and adoptive homes.

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor ICWA placement preferences. The tool contains questions, which mirror the CFSR review instrument, related to placement of the child in accordance with ICWA placement preferences. Data from CY 2018 shows 100% of the 12 applicable cases were rated strength, indicating the American Indian child was placed, or concerted efforts were made to place the child in accordance with ICWA placement preferences.

According to the FFY 2018 AFCARS file, 44% of all American Indian children served were placed with a relative foster family or on a trial home visit with a parent. This percentage has remained stable during the reporting period, ranging from 43% to 44%.

#### ***Active efforts***

The BIA 2016 Guidelines define active efforts as “affirmative, active, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family.” The Department makes every effort to ensure that case managers actively pursue all available resources and services for children and families identified as applicable to ICWA. Examples of resources and services include substance abuse assessments,

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mental health services, and child care. Additionally, the Department's Tribal Liaison provides resource information to all DCS staff for culturally appropriate care and services, which include, but are not limited to:

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

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

- conducting a comprehensive assessment of the circumstances of the Indian child's family, with a focus on the safe reunification as the most desirable goal;
- identifying appropriate services and helping the parents overcome barriers, including actively assisting the parents in obtaining such services;
- identifying, notifying and inviting representatives of the Indian child's Tribe to participate in providing support and services to the Indian child's family and in family team meetings, permanency planning, and resolution of placement issues;
- conducting or causing to be conducted a diligent search for the Indian child's extended family members and contacting and consulting with extended family member to provide family structure and support for the Indian child and the Indian child's parents;
- offering and providing available and culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child's Tribe;
- taking steps to keep siblings together whenever possible;
- supporting regular visits with the parents or Indian custodians in the most natural setting possible as well as trial home visits of the Indian child during any period or removal, consistent with the need to ensure the health, safety and welfare of the child;
- identifying community resources including housing, financial, transportation, mental health, substance abuse, and peer support services and actively assisting the Indian child's parents or, when appropriate, the child's family, in utilizing and accessing those resources;
- monitoring progress and participation in services;
- considering alternative ways to address the needs of the Indian child's parents, and when appropriate, the family, if the optimum services do not exist or are not available; and
- providing post-reunification services and monitoring.

The Department continues to have two dedicated ICWA case management units in Maricopa County that provide case management to ICWA families exclusively, which helps to ensure ICWA compliance by focusing on providing support and services to ICWA families.

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

In general, when a report is received related to an American Indian child living on a reservation, the DCS Specialist or Program Supervisor will contact the appropriate tribe and provide the reported abuse or neglect

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information for assessment and service provision. If the alleged abuse is related to an American Indian child who resides off a reservation, DCS is responsible for the assessment and service provision. If the child is taken into DCS custody, or a dependency petition is filed, DCS provides notification to the tribe, allowing the tribe to intervene, if desired. If the tribe chooses to take jurisdiction of the dependency matter, it is the tribe's responsibility to provide child welfare services and protections for the child. If the tribe declines to take jurisdiction, DCS continues to provide these services. Approximately 392 reports were forwarded from DCS to a tribal social service agency for investigation between July 2018 and December 2018 (Source: Semi Annual Child Welfare Report, March 2019).

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

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

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

Arizona tribes continue to work with local contracted Independent Living Program (ILP) providers to access foster care and ILP services for eligible American Indian youth. ILP teams present information to tribes throughout the state and provide services to tribal youth, both on and off reservation.

See Section X: Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report, "Consultation with Tribes," for additional information related to the Independent Living Program's Tribal Community Engagement activities.

#### ***Title IV-E of the Social Security Act***

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

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

Arizona tribes that do not wish to have their own title IV-E Programs may enter into an Intergovernmental Agreement with the Department for pass-through title IV-E funding providing the Tribe can assure

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compliance with all required title IV-E eligibility criteria. These criteria include financial, non-financial, judicial determinations, foster home and congregate care licensure, and AFCARS requirements.

*Update on planned changes to laws, policies, procedures, communications strategies, or trainings to improve compliance with ICWA that the state has developed in partnership with tribes*

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

In January 2018, the Department's Intergovernmental Tribal Liaison attended the Indian Nations and Tribes Legislative day at the Arizona State Capitol. During future legislative days, the Department plans to have a greater visibility and presence, possibly in the form of a training, public forum, or information sharing.

In April 2018, the DCS Tribal Liaison attended the National Indian Child Welfare Association (NICWA) conference in Anchorage, Alaska. The conference focused on improving compliance with ICWA and child welfare in general, and was attended by both state and tribal agency representatives.

# **Section VIII**

## **Child Welfare Waiver Demonstration Activities**

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Arizona's title IV-E waiver demonstration project, Fostering Sustainable Connections, seeks to reduce length of stay in congregate care settings, and length of stay in out-of-home care overall, for children who were placed in congregate care settings at the start of the demonstration or who enter congregate care during the demonstration. To do so, the Department strives to improve engagement with these children and their families through family/fictive kin searches, engagement activities, and by conducting a targeted Team Decision Making (TDM) meeting called Life Long Connections. In addition, Arizona supports the action plans created in partnership with the family/fictive kin through the availability of in-home reunification, placement stabilization, or other needed services. Recognizing congregate care can be an important time-limited therapeutic service for some children, the intention of the demonstration project intervention is to reintegrate children into a family setting as soon as appropriate. In consideration of each child's safety and well-being, this may include reunification with a parent, placement with kin or fictive kin, or placement with a licensed foster family.

The title IV-E waiver demonstration project includes: (1) DCS Family Engagement Specialists who identify and locate relatives and kin who are important to the children for emotional support and possible placement, (2) expansion of the current TDM process to identify and transition youth who are placed in congregate care into family-like settings, and (3) increased availability of in-home, behavioral health, and other community services to assist with transitioning the children to less restrictive placements and support any kinship placements identified.

Arizona's title IV-E waiver demonstration project supports the state's achievement of the Child and Family Services Review outcomes related to timely permanency, placement with relatives, preserving connections, family involvement in case planning, and providing for the social/emotional well-being of children.

Initial implementation began on July 1, 2016, in two Maricopa County DCS offices that have some of the largest concentrations of children in congregate care. Since that time, expansion has included thirteen other sites, three in Pima County, seven in Maricopa County, one in the Northern Region, and two offices in Pinal County. The Department's two Family Engagement Specialists and ten contracted Family Engagement Specialists will work with the offices to achieve the goals.

From July 1, 2016, through April 30, 2019, the Family Engagement Specialists have worked with 476 children in Maricopa, Pima, Pinal counties, and Northern Arizona counties; 318 have been closed from Fostering Sustainable Connections and 158 remain actively open. Of the 318 children that have been served and closed, 100 have been placed with relatives or fictive kin, 31 were placed in a less restrictive family-like setting, and 35 are pending placement with relatives. Innovative Family Finding activities have included 370 interviews with the children, 94 connectedness maps, three eco maps, 13 genograms, 181 mobility maps, 54 safety circles, 19 Three Houses, 19 All about Me Books, and 50 trees of life. Database searches have been conducted through the DCS Family Locate Unit, Lexis Nexis, Seneca, White pages, Zaba Search, and social media. These activities also identified an additional 2,820 family members and other individuals as supports for the children. Upon working with the children and their family/fictive kin, services put in place included 44 referrals for behavioral health services, 11 referrals for contracted in-home services, and 149 referrals to community-based services.

Together with the title IV-B funding that Arizona maximizes each year, flexible title IV-E dollars from the demonstration project have helped Arizona support the goals of:

- keeping families together;
- protecting and promoting the welfare of all children;
- preventing the neglect, abuse, or exploitation of children;
- supporting at-risk families through services that allow children, where appropriate, to remain with their families or return to their families in a timely manner;

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- promoting the safety, permanence and well-being of children in foster care and adoptive families; and
- providing training, professional development, and support to ensure a well-qualified workforce.

Arizona has developed a plan to sustain Fostering Sustainable Connections after the waiver demonstration project ends. Arizona will continue the use of contracted Family Engagement Specialists, and provide the Fostering Sustainable Connections program across the state. Arizona recognizes the need to work with children who are in congregate care and move them into a family-like setting, as well as the importance in the continuation of identifying relatives and kin who are able to provide emotional support and potential placement of children in foster care.

The Department has partnered with Arizona State University (ASU) to conduct an evaluation of the impact of Fostering Sustainable Connections on reducing the use of congregate care. Preliminary data from the evaluation suggests a relationship between decreased restrictiveness of living environment and improved social/emotional well-being among youth. ASU's evaluation of the program will continue, including an analysis of case file review information to explore achievement of permanency and re-entry.

# **Section IX**

## **Child Abuse Prevention and Treatment Act State Plan Update**

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***Use of CAPTA Funds to Support the Purposes of the Program***

The State's Child and Family Services Plan for FFYs 2015 – 2019 identified the following program areas for improvement:

- improving the intake, assessment, screening, and investigation of reports of abuse and neglect, and
- 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.

During SFY 2019, the Department used a portion of Arizona's five-year CAPTA Basic Grant to fund:

- a portion of the salaries and benefits of specialized foster home/group home investigation unit employees, whose functions include investigations of abuse and neglect in congregate care settings;
- a portion of the Arizona Child Abuse Hotline employee salaries, which assisted the Department to improve intake and screening of reports of child abuse and neglect;
- a portion of Human Resources employee salaries, which assisted the Department to improve recruitment of case workers;
- spot bonuses for DCS Specialists to increase employee retention; and
- the salaries of two Quality Coaching Managers, whose functions include managing the Supervision Coach Program and providing intensive onsite field staff support to supervisors and program managers to increase staff skills, knowledge, and expertise in child safety assessment and planning, family-centered assessment of strengths and needs, and behaviorally based case planning.

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

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

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

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

Grant-funded work will focus efforts on populations that have identified unmet needs, including individuals in rural and isolated areas; veterans, military service members, and military families; pregnant women and parents with opioid use disorder; individuals experiencing homelessness; tribal populations; individuals

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who have experienced trauma, toxic stress, or adverse childhood experiences (ACEs); and individuals re-entering the community from correctional settings.

AHCCCS will distribute SOR funding through many community partners and state agencies, including the Department of Child Safety. DCS was awarded a grant through the SOR funding to conduct a statewide educational conference for health care professionals and stakeholders. The aim of the conference is to address the effects of substance exposure and trauma on infants; understand Adverse Childhood Experiences (ACEs) and trauma informed care; review best practices related to the identification, referral, and treatment of these infants with a focus on appropriate infant toddler mental health services; and conduct a needs assessment to identify barriers to implementation of best practices. This conference is planned for September 2019, with a follow up conference planned for 2020 contingent upon further grant funding.

CMDP continues to identify and provide case management and tracking for children diagnosed as substance exposed newborns. CMDP, along with other community stakeholders, collaborates with Arizona Department of Health Services (ADHS) via participation in the Arizona Prescription Drug Initiative Health Care Advisory Team. The goal of this team is to address the opioid epidemic and discuss possible approaches at a statewide level. The Advisory team, which has been in place since 2015, is made up of professional health care associations, practicing clinicians, and subject matter experts who met to review and update the Arizona Opioid Prescribing Guidelines. Current activities include a multi-disciplinary opioid planning summit to review the projects that have been implemented to address the opioid crisis and identify next steps.

DCS and CMDP staff also participate in Arizona's Statewide Task Force on Preventing Prenatal Exposure to Alcohol and other Drugs. This taskforce updated the SEN Guidelines and Insurance Plans Best Practice Guidelines, and champions Neonatal Abstinence Syndrome (NAS) prevention through the collection of NAS data. The task force is currently working collaboratively with Arizona hospitals and healthcare and behavioral health professionals to share resources and create treatment protocols that address NAS and the needs of infants and parents. The task force also fosters a community of professionals who are available to provide education and continue prevention efforts.

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

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

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

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

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

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

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

If a case involving a substance exposed newborn closes at the investigation phase, the DCS Specialist is to review the Infant Care Plan with the protective parent, guardian, or custodian; the child's health care provider; the parent's substance abuse assessment or treatment provider (if applicable); other services providers (e.g. Home Visitors); and any other adults who have a role in the plan to determine that each person is able and willing to consistently and reliably implement the actions described in the Infant Care Plan. During the aftercare planning discussion with the parents and caregiver's, the DCS Specialist will discuss and provide a copy of the Infant Care Plan.

In order to further support the implementation of CARA, an internal focus group was held during SFY 2018. Based on the feedback received, DCS added prompts to the supervisory review tools to ensure Infant Care Plans are developed and updated by DCS Specialists as required. A supervisory review and discussion of the case is required monthly for children with permanency goals of reunification and remain with family, allowing an opportunity for the Supervisor to monitor the use and quality of Infant Care Plans regularly.

DCS held a Quality Conversation webinar for DCS staff in August 2017 regarding Family Functioning Assessments involving Substance Exposed Newborns. The webinar included a review of CARA and policy changes made as a result of the legislation, including development of Infant Care Plans. During the fall of 2017, members of the DCS Field Resources and Policy Unit provided in-person policy update presentations, which included CARA and the use of Infant Care Plans.

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

A review of the 2019 Arizona legislative session bills was conducted by the Attorney General's office, which determined that no bills were passed that would impact the Department's CAPTA State Grant eligibility.

No state law changes were required for Arizona to be in compliance with the new Victims of Child Abuse Act Reauthorization Act of 2018. The Department submitted the required Governor's assurance with this Final Report.

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# **Section X**

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

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

The following information is submitted to serve as the annual progress report for state fiscal year 2019, as well as the final report for the 2015-2019 CFSP. This report contains information on services provided, as outlined in Program Instruction ACYF-CB-PI-19-02 dated February 26, 2019.

***Agency Administering Chafee Foster Care Program for Successful Transition to Adulthood***

The Department of Child Safety (DCS) has been the responsible State agency administering the title IV-E program during the five-year reporting period. DCS administers the Chafee Foster Care Program for Successful Transition to Adulthood under sections 471, 472, 474, 475, and 477 in title IV-E of the Social Security Act; Title I, Improved Independent Living Program, Public Law 106-169, Foster Care Independence Act of 1999; and the Education and Training Vouchers Program (ETV) under purpose 6 of Section 477(a). Arizona's Chafee Foster Care Program for Successful Transition to Adulthood is hereafter referred to as the Young Adult Program or YAP. The Department will cooperate with national evaluations of the effects of the programs implemented to achieve its purposes as required under Section 477(b)(2)(F).

***Determining Eligibility for Benefits and Services***

DCS requires that the case plans for all youth 14 years of age and older in out-of-home care include identified services and supports to prepare the youth for adulthood, and that each youth has an opportunity to build the skills necessary for a successful transition to adulthood. The case plan is to include goals and activities focused on building self-sufficiency skills in areas such as personal care, home sanitation, workforce readiness, and other areas common to all adolescent youth. Youth 16 years of age and older in out-of-home care with a permanency goal of Independent Living (aka Another Planned Permanency Goal/APPLA) may be referred for participation in the YAP. These youth receive services that include an array of activities and supports designed to promote self-sufficiency through enhancement of various life skills, personal assets (including financial assets), and the development of lifelong supports through connections with dedicated adults.

During the first portion of the 2015-2019 CFSR reporting period, DCS finalized Administrative rules to provide clarification and guidance on eligibility criteria for the YAP. The rules were finalized and published in January 2016. Additionally, the rules provide direction on the youth's right to appeal decisions made during the time they are supervised and receiving services through DCS, including decisions related to any denial or termination of services.

Department policy directs the DCS Specialist to discuss the availability of continued foster care services with the youth and out-of-home care provider prior to the youth's 18<sup>th</sup> birthday. If the youth does not elect to receive voluntary services upon his or her 18<sup>th</sup> birthday, the youth may apply for aftercare services and/or request to re-enter out-of-home care any time prior attaining his or her 21<sup>st</sup> birthday. The youth is provided information about this process and how to receive aftercare services through a contracted provider. During the reporting period, the Permanency and Youth Services unit has worked with internal leadership and field staff to make extensive changes in how DCS supports and encourages youth to remain in voluntary foster care after turning 18. DCS policy also includes procedures for youth to file a client complaint/grievance for service provision decisions made by the Department.

***Serving Youth across the State***

The state has ensured YAP services are available to all eligible youth across the state. As a state administered program, Arizona has a single set of policies and procedures that guide the YAP. A Central Office unit provides policy clarifications, monitoring, and guidance to all region staff, community

providers, and stakeholders. Youth eligibility and the service array does not vary from region to region. The DCS Independent Living (IL) Coordinator meets with regional IL Coordinators and contract staff at least quarterly to discuss and collect data, review and discuss barriers to service delivery, and resolve areas of concern.

### ***Serving Youth of Various Ages and States of Achieving Independence***

Youth of various ages and stages of achieving independence are served by the YAP. Chafee-funded services are available to legal residents of Arizona who are under 21 years of age, and who are currently in the state foster care system, an Arizona tribal foster care system, or were previously in a state or tribal foster care system at age 16 or older, including youth who were adopted or placed with permanent guardians (including kinship guardianship) at age 16 or older. Arizona has designed programs to achieve the purposes of Sections 477(b)(2)(A) and 477(a)(1-6) of the Act as follows:

- DCS case management staff identify youth who are eligible for YAP services and facilitate youth participation in case planning. During the case planning process, case management staff assist youth to identify personal goals and services to facilitate achievement of these goals. Each region provides or arranges for an assessment of a youth's self-sufficiency skills. In recent years, the Casey Life Skills array of assessments has been used for this purpose. Such assessments can serve as a pre-test and post-test, as well as provide individualized plans that identify needs, objectives, and tasks for the youth. The results of the skills assessment are incorporated into the youth's individual transition to adulthood plan, which is required by state policy for all youth in out-of-home care, 14 years of age and older.
- In 2019, the YAP also began utilizing the Youth Thrive framework from the Center for the Study of Social Policy. The Youth Thrive framework has several assessments that the YAP will implement in service delivery in the fall of 2019, including the Youth Thrive Survey and the Youth Connections Scale.
- Program youth, including youth who identify as Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ), are encouraged to participate in age and developmentally appropriate activities as part of their independent living case plans. The Department promotes the importance of normalcy for all youth in out-of-home care. In addition to the Chafee grant, funding and other resources for activities that support normalcy come from a variety of sources, including community based programs supporting prom attendance, graduation celebrations, and school trips, and community agencies such as the Pima Prevention Partnership and Arizona Friends of Foster Children Foundation.
- Special attention is given to identifying and supporting opportunities tailored to the needs and interests of LGBTQ youth. During the five year reporting period, the Department partnered with Southwest Center for HIV/AIDs and Arizona's Children Association (AzCA) to organize community events, a few of which were titled "Standing Proud" conferences. Approximately 25 foster youth identifying as LGBTQ attended the inaugural event in May 2017. Workshops provided youth with education regarding safer sex, healthy relationships, and stress management, as well as community resources specific to the LGBTQ population. Community members in Arizona plan to continue this tradition with an annual event to include youth who identify as "allies," in addition to youth identifying as LGBTQ.
- In 2019, AzCA and the Department celebrated National Pride Month with an LGBTQ+ event

attended by 42 youth. Bloom 365, another local agency, provided a presentation on self-esteem, during which youth were encouraged to share their experiences and show support for each other. Youth also participated in a goal setting activity and a “drag show.”

- In October 2017, DCS began a partnership with Casey Family Programs and the Administrative Office of the Courts, to participate in Georgetown University’s Center for Juvenile Justice Reform, Supporting the Well-Being of System Involved LGBTQ Youth-Certificate Program. The intent of the Arizona Capstone project is to implement uniform policies and practice across child serving agencies including child welfare, juvenile justice, and behavioral health, which address the unique needs of LGBTQ youth. Others involved in the partnership include AHCCCS (Medicaid), Arizona State University, youth, and community stakeholders. This project is in the final stages of developing a statewide policy of LGBTQ non-discrimination so that youth involved with the systems will be afforded equitable, effective treatment. Along with the non-discrimination policy, a set of comprehensive policies that define the care and treatment of youth who identify as LGBTQ youth has been developed and comprehensive training to these policies will be implemented.
- DCS policy includes practice requirements to ensure youth who identify as LGBTQ have access to necessary services and supports. DCS policy indicates staff “shall make every effort to ensure a diverse array of services and resources are identified to assist youth in addressing their needs, including any special needs or concerns related to their sexual orientation, gender expression and/or gender identity.” This policy was developed in consultation with Child Welfare League of America, Lambda Legal, and the National Center on Lesbian Rights (NCLR), and integrated into policy in 2008.

### ***Description of Program Design and Delivery***

The array of services available statewide include informal support to teach basic life skills as part of every youth’s normal daily routine. Youth can also be referred to activities sponsored by agencies outside of the state foster care system for employment readiness training, job shadowing, volunteer services, secondary and post-secondary education planning and support, counseling, and community mentors.

DCS Specialists from Pima County, Maricopa County, and the northern portion of Arizona have specialized case management units that manage services for families with older youth in care who are likely to reach 18 years of age while in out-of-home care.

Throughout the reporting period, youth in need of more advanced life skills training were referred through contracted life skills trainers, schools, behavioral health agencies, and other community based resources statewide. Grant money provides transportation and cash incentive awards to participants. The DCS also utilizes the services of Divisions within the Arizona Department of Economic Security (including workforce and rehabilitation services), community organizations, volunteers, community mentor programs, and colleges and universities to expand opportunities for youth to gain experience and knowledge in support of becoming self-sufficient.

Formal life skills training is provided one-on-one through a state contract provider. Training is individually tailored for youth with special educational, behavioral, or other needs. A variety of presentation methods and materials may be used to more effectively reach young people with low reading levels and cognitive deficits. Life Skills training is also a title XIX covered service, available through the local Regional Behavioral Health Authority providers. Youth with significant mental health needs are referred through the Child and Family Team for training through this resource. Youth eligible for services through the

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Division of Developmental Disabilities (DDD) are also served through YAP, and receive additional support from DDD staff who assist in navigating the DDD service delivery system, including securing enrollment in the Arizona Long Term Care System (ALTCS) for eligible youth. Youth who are ALTCS eligible may continue to receive services through ALTCS after turning 18 years of age, while youth who are DDD eligible but not ALTCS eligible continue to be served through the YAP. In some situations, a conservator is sought to assist in making financial decisions and providing oversight and support to youth with disabilities.

Additionally, youth 18 through 20 years of age who reach the age of 18 while in out-of-home care are served in one of three ways.

- 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 21<sup>st</sup> birthday.
- Youth who choose to end program involvement after attaining 18 years of age and later wish to reapply for support and services without returning to foster care are able to do so through the TILP.
- Former Arizona foster youth under 21 years of age who left care at age eighteen or older and need long-term case management and support services have the option of re-entering Department case management to receive transitional living support and housing in foster care, group care, or an independent living arrangement. Re-entry is facilitated through the contracted life skills training service provider.

Arizona also supports older youth to live more independently, under the youth's own supervision, through the Independent Living Subsidy Program (ILSP). This program provides a supervised living experience for youth 17 years of age and older. While participating in ILSP, youth initially meet monthly with a community advisor for assistance and support, while receiving a monthly stipend for their living expenses. To be approved for this program, youth must be pursuing a combination of educational, workforce, and/or therapeutic services, and demonstrate a readiness to be successful in this type of living arrangement. Youth turning 18 years of age while in out-of-home care are not required to participate in ILSP, and may continue to reside in the home of a foster parent or in a group home if this setting is determined as most appropriate in meeting their needs.

During the past five years, the YAP has improved the supports and services provided to young adults. Program improvements in education incentives, service delivery, and coordination of care are the result of ongoing consultation with a variety of stakeholders, including youth and young adults from State and local Youth Advisory Boards, Department and contracted agency staff who attend quarterly IL Coordinator meetings, and community services providers and others through the Fostering Advocates Arizona (FAAZ). FAAZ is a statewide initiative that seeks to improve conditions for youth in the outcome areas of permanence, education, employment, financial capability, housing, physical and mental health, and social capital.

### ***Continuous Quality Improvement***

In 2018, the Permanency and Youth Services (PYS) unit began conducting statewide random reviews of the young adults' experiences in the Independent Living Subsidy Program. The review assesses the quality of the individualized case planning processes, and whether the planning involved the youth and the youth's supports; transition planning; supports and services offered to the youth; connection to dedicated adults; and the youth's overall well-being. The reviews include a summary report that is shared with field operations leadership to improve case management services for transition aged youth.

During the reporting period, DCS revised the Education and Training Voucher contract based on feedback

from the community (including the FAAZ, Bridging Success partners, and other community partners) that the prior ETV Program lacked the ability to provide in-person connections with the youth of Arizona. As a result, the new contract requires the provider, Foster Care to Success, to have at least three Student Advisors physically located in Arizona to meet with students in-person as needed. The PYS unit also began contract monitoring of the ETV contract, completing the first review in the spring of 2019. The review resulted in positive input from the youth involved, and a summary report was shared with DCS and Foster Care to Success leadership.

The Department has continued to hold quarterly Independent Living meetings, and in 2018 the structure of the meetings changed to include stakeholders from any sector working with transition-aged youth. The meetings are held to share information between the Department and community stakeholders, obtain input about Department policies and practices, and explore how best to serve young adults.

### ***Progress to Achieve the 2014-2019 Chafee Plan Goals***

#### *2014-2019 Goal: Transition to Self-Sufficiency*

- A. Reduce case manager workload through lower caseloads and increased number of specialized YAP case managers

The Department successfully created a third specialized YAP case management unit in northern Arizona in 2015. The total number of children in out-of-home care has dramatically decreased during the reporting period, and the Department continues efforts to reduce DCS Specialist workload through lower caseloads, efficiencies, and supportive programs such as the Placement Administration. During CY 2016, the DCS YAP Specialists in Maricopa County saw an average of a 35% decrease in caseload size. Caseloads have leveled in the past two years, with Maricopa County still holding the highest caseload size of YAP units for the state.

- B. Increase housing options for youth 18 years of age and older who experience placement disruptions, and increase the array of independent and semi-independent housing

The Department continues to work toward developing effective housing solutions for all transition-age youth. The Department has explored additional independent and semi-independent housing options, including releasing a Request for Information in March 2019 for both potential housing types. The Department also started a new group home contract in 2019, which included supportive language for youth over 18 residing in out-of-home care in order to ensure that caregivers fully support these youth when issues or concerns arise.

- C. Improve the transition to independent living planning process by integrating an effective planning tool and holding TDM meetings to assist with the transition planning process earlier in a youth's life

During the 2015-2019 CFSP period, the Department's life skills contractor began to utilize the Foster Club Transition Toolkit with young people as they plan for their transition to adulthood.

The Department began to develop new TDM types for children in out-of-home care at age 14 through 16, to begin transition planning as early as age 14, regardless of the child's likelihood of reaching the age of majority in care. The new TDMs focus on educational planning, normalcy activities, and permanent connections that will assist the youth with transition to adulthood. Implementation is expected in the Fall of 2019. The final component to the TDM improvements is visual management to

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track and confirm Age of Majority TDMs are being completed for youth turning 18 in out-of-home care.

- D. Improve Community Education through involvement of foster and group homes in life skills training and educating community providers on the options and opportunities for older youth in care

During the past five year, the PYS unit completed many presentations to community members across the state, including judges and CASAs. These presentations typically include a youth panel in order to provide insight directly from the youth perspective. Over the past two years, the PYS unit has worked increased its engagement with housing providers, the Development and Intellectual Disability provider and advocacy community, educational service communities, and behavioral health providers in order to continue to educate these sectors about the needs of youth in out-of-home care.

- E. Improve access to services by ensuring youth begin receiving formal skills training at 16 years of age, enhance the array of supports and services available, and ensure youth with serious mental health needs receive a timely serious mental illness (SMI) determination

The Department continues to contract for formal life skills training. The contractor is required to accept every referral, and served approximately 1,000 young people in 2018. Arizona also has a large network of behavioral health providers who provide life skills training to youth served by the Department. These teams are also responsible for ensuring that youth with serious mental health needs receive timely SMI determinations prior to turning 18. The Department's Behavioral Health Unit is available to assist any youth needing additional mental health services or support to coordinate mental health services.

*2014-2019 Goal: Education, Training and Services Necessary to Obtain Employment*

- A. Improve skill development and enhance training opportunities by ensuring youth have appropriate educational assessments and are provided with opportunities to develop "soft skills," such as how to keep a job; response to authority, rules and direction; and time management; and ensure youth have the means to participate in workforce readiness and paid employment by supporting transportation, including supporting more youth to participate in driver's education programs.

The Department's life skills contract requires that youth are provided with assessment and guidance in education, employment, and career development. The contractor is utilizing career and educational assessments found in Arizona Career Information Systems, which is an interactive website utilized by many school districts in Arizona. The Arizona Friends of Foster Children Foundation's (AFFCF) Keys to Success program has partnered with DCS and have continued to build their capacity to serve transition-aged foster youth. The Department has strengthened partnerships with Workforce Innovation and Opportunity Act (WIOA) providers and Vocational Rehabilitation over the past five years. The WIOA providers have been a key partner for youth who need additional resources after age 21, when YAP services end.

Driver's education programs continue to be supported on a case-by-case basis with youth in Arizona. The PYS Unit has been conducting focus groups and identifying barriers to young people obtaining driver's licenses. Increased access to accurate information about how youth in foster care can obtain driver's licenses will continue into the next five-year plan. In 2017, legislation was passed to allow youth in foster care to obtain auto insurance. This is a step toward youth in foster care being able to obtain a driver's license. With the assistance of Arizona Friends of Foster Children Association, 310 young people have attended driver's school and/or obtained a driver's permit or license since 2017.

The Department is committed to extending the work Arizona Friends of Foster Children Association has done and is committed to identifying drivers schools that best serve youth in foster care. As a part of improving normalcy for youth in care, the Department will continue to assist all youth who are eligible, interested in, and have the ability to attend driver's education classes, and get a license.

- B. Increase the availability of practical applications such as internships (paid and unpaid) and job shadowing/ride along opportunities, and engage employers willing to work with youth in foster care, providing incentives for volunteering

The AFFCF Keys to Success program continues to be a consistent avenue for young people to have paid work experiences and volunteer opportunities. In 2014, the Department worked in partnership with the Keys to Success program and provided financial support in the form of stipends for youth who participated in internships and job shadowing. This collaboration continued through 2015 until Keys to Success found additional funding and could financially support the effort internally. The Department and the contracted life skills provider work collaboratively with WIOA partners, who also provide paid work experience for youth in the community.

- C. Increase support of employment through improved connections with local employment offices, childcare resources, vocational rehabilitation, and employers willing to work with youth who have criminal justice histories

DCS continues to rely on partnerships built with Vocational Rehabilitation, WIOA, and other community providers to ensure there are workforce opportunities for youth who have criminal justice histories. The PYS unit has worked with the Department of Juvenile Corrections (DJC), including weekly contact to receive information about dually adjudicated youth. As the youth transition out of DJC, the PYS staff are available to assist case managers in identifying supports and services that will help the youth transition back into the community and prepare them for education and employment. The PYS unit continues to have staff assigned to the RISE board, which is a partnership between ASU and DJC in assisting young people with history of delinquency to find employment and educational resources.

*2014-2019 Goal: Prepare Youth to Enter Post-Secondary Training and Educational Institutions*

- A. Maximize each youth's opportunity for success by ensuring the availability of supportive services such as study skills curricula, assistance obtaining part-time jobs while in school, on campus mentoring/support programs, and assistance in obtaining services necessary to achieve stability in housing and mental health services

The DCS's contract with Foster Care to Success (FC2S) offers many supportive services to prepare youth and ensure they are successful in post-secondary education. AZ ETV students who want an adult mentor are enrolled in the FC2S Aim Higher Mentoring Program. Having matched students with caring adult volunteers for the last two decades, FC2S has found that connections based on career interests provide effective additional supports for those students who participate. This is a distance model, meaning students and mentors communicate via phone, email, and text message to facilitate active and deep engagement. If a youth prefers or would benefit from a local mentor, FC2S will help the youth connect with local programs. All colleges offer mentoring for students, and connecting with faculty or staff can help youth self-identify as a college student who belongs there and is part of a campus community.

All students are also invited to join a FC2S virtual peer support community called FosterU. FosterU is

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hosted on the FC2S Facebook page, and offers Arizona students and FC2S alumni a forum to connect, share, and receive peer advice on navigating school, career, and life. The FosterU community is comprised of individuals who know and understand the struggles and realities experienced by youth in care and alumni. FosterU is moderated by FC2S staff, and its setting is designated as private so that no one outside of the FC2S network is able to join without being invited.

- B. Institute the use of assessments to target readiness, aptitude, and interest inventories to ensure youth are entering post-secondary programs appropriate to their abilities and interests

The DCS life skills contract requires that youth be provided with assessment and guidance in education, employment, and career development. The contractor is utilizing career and educational assessments found in Arizona Career Information Systems, which is an interactive website utilized by many school districts in Arizona. In addition, the Arizona Friends of Foster Children Foundation's (AFFCF) Keys to Success program has continued to build capacity for serving transition aged foster youth. Keys to Success focuses on career assessment and attending post-secondary programs that are appropriate for the young person.

DCS is also partnering with Vocational Rehabilitation to increase the number of youth in care who utilize Pre-Employment Transition Services, which will assist young people with a disability in identifying employment and educational programs that meet their abilities and interests.

*2014-2019 Goal: Mentors and Interactions with Dedicated Adults*

- A. Increase efforts to help youth identify persons with whom they may develop a life-long connection through the creation of community-based activities such as community service/volunteer projects where youth may interact with positive adults in a natural setting

The Department has developed individual activities to help support youth in identifying life-long connections. Youth enrolled in Child Specific Recruitment engage with volunteers and community members at events coordinated with the non-profit organization, #Love-Up. The Department's title IV-E waiver demonstration project, Fostering Sustainable Connections, helps youth identify life-long connections from their community. The Department continues to see community-based activities as best practice and a vital part of connections to natural supports. In 2018, the contracted Life Skills provider trained all of the IL Skills staff in the Family Finding model. The contractor has incorporated many of the Family Finding engagement tools into its work with youth in the IL Skills training program.

- B. Develop staff resources to dedicate time to engage, train, and support alumni and community members as mentors/supports for youth

The Department's Foster Sustainable Connections Program successfully implemented a peer mentor in 2018. The peer mentor is an alumni of care who meets with young people and supports them in efforts to transition out of congregate care.

*2014-2019 Goal: Supports and Services to Former Foster Care Recipients Ages 18 through 20 Years*

- A. Increase affordable housing opportunities by creating and enhancing relationships with local public housing authorities, community housing programs, and transitional housing programs; and provide short-term housing opportunities through the use of hotel vouchers and rapid rehousing programs

The Department has had active collaborations with housing partners in the community who offer

housing programs for youth who have experienced foster care. In 2018, the PYS unit started to regularly attend the Continuum of Care meetings in Maricopa and Pima Counties, in order to increase partnerships with housing resources across the state. Both counties continue to offer Family Unification Program Vouchers for youth who have exited or plan to exit the foster care system within 90 days. These vouchers serve as another opportunity for youth to secure independent housing options with support from the community and the DCS after-care provider.

The Department also has relationships with non-profit community partners who have acquired scattered site housing for youth who were in foster care. Arizona continues to see affordable housing as a crisis for all youth, and the child welfare community is working to meet the needs of these youth.

- B. Improve access to behavioral health services and peer support by involving representatives of the adult behavioral health system in transition planning for youth, and by developing support groups and specialized providers for working with transition-age young adults

The behavioral health system in Arizona experienced a significant transition during the reporting period, as AHCCCS moved to an integrated health care model. In the past five years, DCS has coordinated with Transition Aged Youth (TAY) Coordinators at the different health plans to ensure that young people who were formerly in foster care have the appropriate access to behavioral and medical health services.

### ***Education and Training Vouchers (ETV) Program***

Section 477(a)(6) of the Act makes available vouchers for education and training, including post-secondary training and education to youth who have aged out of foster care or who, after attaining 16 years of age, have left foster care for adoption or kinship guardianship. Arizona additionally makes vouchers available to youth who left foster care for any reason at age 16 years or older. The Department contracts with Foster Care to Success to operate the state's ETV Program. Current and former foster youth may apply directly for the voucher by submitting an application online at [www.statevoucher.org](http://www.statevoucher.org). DCS staff provide verification of each applicants' former foster care status. Contracted provider staff work directly with youth to ensure all necessary documentation is submitted prior to authorizing funding. Funds for tuition, school room and board, and fees are paid directly to the institution. Funding for living expenses are distributed monthly, based on the approved application and budget.

The Department monitors the amount of financial assistance provided to students through monthly invoices and monthly budget reports that are reviewed by both financial administrative and program staff. The Department's contractor ensures the total amount of education assistance to a youth does not exceed the total cost of attendance (as defined in section 472 of the Higher Education Act of 1965), and does not duplicate benefits under any other federal or federally assisted benefit program per sections 477(b)(3)(J) and (i)(5) of the Act and Attachment C.

Goals and outcomes for the ETV Program as reflected in the Department's ETV contract include:

- spend 100% of ETV funds;
- 100% of ETV applications are processed within 10 business days of the completed application;
- 75% of approved and eligible applicants complete their education goals; and
- 80% of youth who receive the ETV maintain at least the minimum required performance standard for the institutions they are attending.

Arizona has been working with Foster Care to Success to ensure all ETV dollars are spent. The Department

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consistently monitors the spending of the ETV dollars, and works with the provider to assure the right youth are being referred to the ETV program.

The current ETV awards and new ETV students are as follows:

	Total ETVs Awarded	Number of New ETVs
Final Number: 2017/2018 Academic Year (July 1, 2017 to June 30, 2018)	578	283
Year To Date: 2018/2019 Academic Year (July 1, 2018 to June 30, 2019)	470	144

Arizona approved a state tuition waiver for current and former foster youth, which was implemented in the spring of 2014 as a pilot program. This waiver program requires Arizona’s state universities and community colleges to waive the cost of tuition for youth who have experienced foster care at age 16 or older. In 2017, the state Office of the Auditor General held initial meetings with stakeholders and the Department to evaluate the program. It was recommended that it be moved from a pilot program to a permanent educational support for youth who had experienced foster care at age 16 or older, and this change occurred in 2018. In 2019, advocates were successful in lowering the eligibility age from 16 to 14. The Department is collaborating with the Arizona Board of Regents to ensure young people are appropriately verified as eligible to receive the waiver.

***Collaboration with Other Private and Public Agencies***

The state involves the public and private sectors in helping adolescents in foster care achieve independence in a variety of ways. This includes ongoing partnerships with agencies such as the Arizona Friends of Foster Children Foundation, which provides funding for an array of items and activities for youth in foster care, as well as Arizona’s tuition waiver, and an ongoing partnership with the national Jim Casey Youth Opportunities Initiative (JCYOI).

The JCYOI initiative works in select states to improve policies and practices, promote youth engagement, apply evaluation and research, and create community partnerships to ensure that young people make successful transitions from foster care. Creating a range of opportunities for young people in transition to adulthood is the core work of the Arizona YAP and other public agencies.

Success in the coordination of the YAP with other federal and state programs for youth, abstinence programs, local housing programs, programs for disabled youth, and school-to-work programs has largely been dependent on the availability of the service in a specific region/area and eligibility criteria for individual programs. Progress has occurred through the YAP’s collaboration with the Arizona Department of Health Services (ADHS) Abstinence Education Programs. Grantees of the Abstinence Education Programs are required to provide services to foster care youth. This occurs through delivery of the programs in group homes, and through a partnership with the state’s IL Skills contract provider.

The state’s IL Skills provider, as well as state staff, work together with the Arizona Workforce Connection to get youth enrolled in available programs. The YAP also informs state and contract staff on the availability of Rapid Re-Housing Young Adult Programs. The YAP plans to work more closely with these programs in the coming years, especially with regard to youth who are turning 21 years old and will no longer be eligible for voluntary foster care or transitional living services, but continue to need assistance

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with housing and vocational/employment skills. Efforts to improve coordination of services with these programs and with youth shelters and other programs serving youth/young adults at risk of homelessness will continue through the aforementioned FAAZ.

Since working with Valley Leadership in 2013, Arizona's Children Association (AzCA) has designed and implemented a mentoring program, THRIVE. The purpose of the THRIVE mentor program is to match volunteer mentors to adolescents that are aging out of foster care and who need positive supportive relationships. THRIVE recruits and trains mentors to be well versed in the needs of these young adults. A successful match will positively contribute to the adolescent's personal, social, and educational growth. Youth are matched at 16 or 17 years of age, and matches are maintained for two years. Mentors are required to meet with their mentee a minimum of five hours per month and be in contact by phone, email, social media, etc. at least one time per week. THRIVE Match Specialists maintain regular contact with the mentor and mentee. THRIVE Match Specialists also contact the Child Safety Specialist and primary caregiver, if applicable, a minimum of one time a month to discuss the match. In calendar year 2018, Thrive supported 28 new matches, with 63 total matches across the state.

Representatives of YAP have met with representatives of the state Medicaid agency, AHCCCS, the Department of Economic Security's Family Assistance Administration, and community advocates to coordinate the implementation of the Patient Protection and Affordable Care Act (ACA)(P.L. 111-148). Representatives have identified and solved issues, as well as discussed strategies to locate, inform and enroll former foster youth under the age of 26 into a Medicaid health plan. Arizona maintains an expedited enrollment process wherein eligible youth who reach the age of 18 years while in the state foster care system are enrolled into a health plan of their choice the month in which the youth turns 18. Youth who exit care at 18 or older who have either never enrolled in a health plan or whose coverage lapsed, may also be enrolled using this process. The state continues to work collaboratively to create a more seamless enrollment process that will reduce the number of youth who experience a lapse in health care coverage.

The YAP is working to reduce the risk that youth and young adults in the child welfare system will be victims of human trafficking by educating staff, youth, and contracted providers. In collaboration with Phoenix Police (Vice) Detectives, Arizona State University School of Social Work, and other community agencies, trainings have been provided to establish awareness of human trafficking for persons working with foster youth. Youth are also being informed about the risk of human trafficking through a Sexual Awareness toolkit being developed by the ADHS. These toolkits will be given to youth in foster care at age 12 years and older.

### ***Consultation with Tribes***

Benefits and services under the YAP and ETV Program are available to American Indian youth on the same basis as other youth. Tribal child welfare staff refer youth age 16 years and older directly to the contracted service provider. Services available include life skills training and support, financial assistance to support specific transition needs outlined in the youth's individualized case plan, and ETV. Youth age 18 years and older who were formerly in out-of-home care under tribal jurisdiction may self-refer to the Department's contracted provider for services through the aftercare program, which is the same process used by youth formerly in state foster programs. DCS staff contact tribal foster care staff directly to verify each applicant's eligibility for services. Tribal youth apply for the state tuition waiver in the same manner as other applicants, through the online application at [www.statevoucher.org](http://www.statevoucher.org).

Department YAP and contracted provider staff have jointly conducted outreach efforts to Arizona's tribes for the purpose of informing on current services available, developing a single referral process, reviewing

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the effectiveness of services provided, and coordinating services with available tribal resources. The Department's contractor continues to engage tribes and build relationships through in-person meetings and program presentations. Local contract staff work directly with tribal youth, caregivers, and the assigned tribal case manager to create an individualized service plan for each youth served.

In 2018, the Senior Program Director for the Independent Living Program participated in an Inter-Tribal Council of Arizona meeting to share information with Tribal members and youth about available opportunities and services. DCS disseminates written materials to entities such as the Phoenix Indian Hospital and Phoenix Indian Center. Effectiveness of service provision to tribal youth is monitored through a variety of methods, including regular satisfaction surveys of youth participating in services and assessment of individual achievement of service plan goals. Functional outcomes such as obtaining appropriate housing, maintenance of employment, and achievement of educational goals are also being monitored. In addition, tribal youth are invited to be active participants on AzCA's Youth Advisory Boards. Through participation on these boards, tribal youth have opportunities to provide direct feedback regarding the effectiveness of services, including input into program development and improvement processes.

During the first half of CY 2019, AzCA services were provided to young adults that identified under the following tribal memberships: Ak-Chin, Fort McDowell Yavapai Nation, Hopi, Laguna of Pueblo, Navajo Nation, San Carlos Apache, Sioux Nation, Tohono O'odham Nation, Yavapai-Apache Nation, Cocopah, Pascua Yaqui, and Kaibab-Paiute. AzCA's data reports indicate 4% to 6% of their total population served identify as American Indian or Alaska Native.

The Navajo Nation, Pascua Yaqui Tribe, and Salt River Pima-Maricopa Indian Community all have an approved title IV-E plan or a title IV-E tribal/state agreement. The Department was notified in December 2018 that the Salt River Pima Maricopa Indian Community (SRPMIC) was approved to provide title IV-E Chafee services. The Department and members from the SRPMIC met in January 2019 to begin discussions around programming and how the Chafee program is operated by the Department. The SRPMIC team will continue to collaborate with the Department as they finalize plans for delivering their IV-E Chafee program.

### ***NYTD Data Collection***

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

The PYS Unit works directly with Department contracted staff and internal case managers to ensure that NYTD information is accurately collected and reported for youth receiving aftercare services. The PYS Unit staff work directly with field case managers, out-of-home caregivers, and contracted staff to locate and collect outcome survey information from current and former foster youth who are a part of an outcome survey cohort. CFCIP staff are also working with the Department's Reports and Statistics staff to refine processes for accurately identifying, tracking, and locating youth in each outcome survey cohort, and to ensure record errors are identified and resolved prior to transmission.

In order to address one of the areas of the NYTD PIP, the Department has finalized an agreement with Arizona State University (ASU) to begin administering the NYTD surveys in October 2019. ASU will also

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assist in meeting requirements and recommendations related to survey efforts, including developing a NYTD survey that meets the federal requirements, engaging youth in survey development and implementation, developing incentives for survey participation, and utilizing effective survey methodology and tools.

The Final Findings highlighted technical needs that are being addressed with the Department's IT team and the Guardian development team, in order to correct as many items as possible now, and to develop solutions in the Guardian system to meet the federal requirements.

The DCS Audit Management Team developed a NYTD Audit that mirrors the Case File Review completed by the Federal Team during the NYTD Review. The Audit Management Team began conducting audits in May 2019, and will complete reviews across the state to track if NYTD served information is being captured accurately and if young people's NYTD survey responses reflect accurate survey administration and informed responses. In addition, the Department's Practice Improvement Unit completed a review of 65 randomly selected cases in 2018 to obtain baseline data related to the level of quality transitional services being provided to youth. Results from both the Audit Management reviews and Practice Improvement reviews are being used to inform Young Adult Program practices across the state.

### ***CFCIP Program Improvement Efforts***

The State Youth Advisory Board (SYAB) and local/regional youth advisory boards are the primary opportunities for obtaining ongoing input from youth related to the Young Adult Program. Youth input related to state agency efforts for assessing, improving, and evaluating YAP services and outcomes is valued by the Department. Additionally, the FAAZ supports a Youth Advisory Board that is consulted regularly on issues common to both the FAAZ and the Department. Other strategies such as surveys and group youth forums (including the annual statewide youth conference) have occurred throughout the five year reporting period.

In 2018, the SYAB was restructured in partnership with the Capacity Building Center for States. This newly structured board has identified their objective as follows: To bring the voice of youth who are currently in care, or who are alumni of care, the ability to address policy, procedures and practices of DCS. Although this has been the intent in the past, it was recognized that a stronger SYAB plan was needed to understand the issues and concerns youth identify, and how the agency responds to those areas of need. Arizona determined the SYAB would support the intent to focus on a feedback loop of "we asked, you said, we did." The SYAB has remained youth driven, facilitated and supported by alumni of care.

In 2019, SYAB planning meetings were held with youth, by-laws have been created, and member recruitment has occurred. Ten members have been identified and the board is seeking to identify a total of 15 active members. The new design also includes the continuation of, and in some regions activation of, local boards, which will feed information into the SYAB. Arizona has sustained a strong local youth board presence in Maricopa County, which continues to problem-solve local system and resource issues. Additionally, local boards provide a forum for youth to review and have input into child welfare policy development or revision; foster and adoptive family recruitment; and training for caregivers, stakeholders, and DCS Specialists. A recent example of how the SYAB provided input into agency specific needs, was the board's review of a Request for Information (RFI) on new semi-independent living options for youth reaching the age of 18. The youth were able to provide feedback and held a meaningful discussion around the housing needs of older youth. This information was then provided to the DCS leadership team working on the project. As additional information around the RFI is obtained by the DCS team, it will be shared with the SYAB.

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# **Section XI**

## **Statistical and Supporting Information**

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**Section XI: Statistical and Supporting Information**

***CAPTA Annual State Data Report Items***

*Information on DCS Specialist Workforce*

The Department of Child Safety (DCS) series positions are responsible for intake, screening, assessment, and investigation of child abuse and neglect reports. The Agency uses a full spectrum of staff recruitment activities, including establishing relationships with educational institutions offering social work and related degree programs, and posting employment opportunities on Arizona's employment website, [azstatejob.gov](http://azstatejob.gov). Candidates apply online through the State's online job board website. As part of the online application process, candidates are asked a series of pre-qualifying questions and are asked to watch the DCS Specialist realistic job preview video. Information on candidates who wish to continue and who successfully answer the pre-screening questions is forwarded to a hiring manager for review. The hiring authority may schedule an onsite interview with qualified candidates. Candidates who pass the onsite interview will complete the State's application process and background check, which includes obtaining a fingerprint card and Department of Motor Vehicle verification. Candidates must successfully pass all the background requirements before an offer of employment is extended.

*Education and Qualifications*

DCS Specialist Trainee: Master's or Bachelor's Degree from an accredited college or university; or five years of experience as a DCS Case Aide II in Arizona State Service

DCS Specialist: Master's or Bachelor's Degree from an accredited college or university and 22 weeks as DCS Trainee experience or Master's degree in Social Work (MSW)/Bachelor's degree in Social Work (BSW) acquired through the DCS-ASU/NAU title IV-E program

DCS Specialist: Master's or Bachelor's Degree from an accredited college or university and one year of experience as a DCS Specialist

Office of Child Welfare Investigations Investigator: Law enforcement experience and/or two (2) years of experience as a DCS Specialist (investigations) with the Arizona Department of Child Safety

DCS Program Specialist: Master's Degree or Bachelor's Degree from an accredited college or university and three years of DCS experience as a DCS Specialist

DCS Program Supervisor: One year as a DCS Program Specialist, Master's or Bachelor's Degree from an accredited college or university and four years of DCS experience, or ASU/NAU title IV-E MSW/BSW Degree and three years of DCS experience; or Master's or Bachelor's Degree from an accredited college or university and one year of DCS experience and three years of professional supervisory experience

DCS Program Manager: Master's or Bachelor's Degree in social work or closely related field from an accredited college or university and experience, appropriate to assignment, as a unit supervisor in a Child Protective Services agency

DCS Program Administrator: Master's or Bachelor's Degree in social work or closely related field from an accredited college or university and experience, appropriate to assignment, as a Program Manager in a Child Protective Services agency

*Data on Education, Qualifications, and Training of Personnel*

The following table provides the educational degrees for DCS Specialists and Supervisors who were employed on September 30, 2018, and for whom this data is entered into CHILDS.

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Degree	DCS Specialists	DCS Program Supervisor	Total Degrees	Percentage of Total
MSW	51	25	76	8.8%
Masters/Related	30	11	41	4.7%
Masters/Non-Related	13	7	20	2.3%
BSW	92	39	131	15.1%
BA/Related	408	88	496	57.1%
BA/Non-Related	78	26	104	12.0%
<b>TOTAL</b>	<b>672</b>	<b>196</b>	<b>868</b>	<b>100%</b>

Data source: EINSTEIN Data Warehouse, run date 3-1-19

The entry of college degree information into CHILDS is not mandatory; therefore, not all degrees are included in the above data.

*Demographic Information of Personnel*

The following table provides the race/ethnicity, gender, age, and tenure of CPS Specialists and Supervisors who were employed on April 11, 2019 (Source: Human Resources Information Solution {HRIS} maintained by ADOA).

RACE/ ETHNICITY	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
American Indian	3	20	2	24
Asian	3	28	4	35
Pacific Islander	0	2	0	2
African American	31	134	16	179
Hispanic	48	324	54	406
Caucasian	87	550	129	732
Two or more	11	25	3	39
Unspecified	5	92	26	119
<b>TOTAL</b>	<b>188</b>	<b>1175</b>	<b>234</b>	<b>1536</b>

GENDER	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Female	146	936	193	1232
Male	42	239	41	304
<b>TOTAL</b>	<b>188</b>	<b>1175</b>	<b>234</b>	<b>1536</b>

AGE	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Under 30 yrs.	85	423	24	517
30-39 yrs.	44	317	87	421
40-49 yrs.	40	217	65	315
50-59 yrs.	13	157	40	202
≥60 yrs.	6	61	18	81

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<b>TOTAL</b>	188	1175	234	1536
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<b>TENURE<sup>3</sup></b>	<b>DCS Specialist Trainee</b>	<b>DCS Specialist</b>	<b>DCS Program Supervisor</b>	<b>TOTALS</b>
<5 yrs.	184	913	57	1095
5-10 yrs.	4	185	98	285
11-20 yrs.	0	61	62	123
21-30 yrs.	0	14	17	31
>30 yrs.	0	2	0	2
<b>TOTAL</b>	188	1175	234	1536

*Juvenile Justice Transfers*

In some cases, it is determined that the youth’s needs are best met through a juvenile probation agency or the Department of Corrections and that services through the Department of Child Safety are no longer necessary. During FFY 2018, eight 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. During the five-year reporting period, the number of youth transferred to the custody of a state correctional department varied between three and 14 youth. There was no pattern of an increase or decrease during the reporting period.

These children were identified by creating, from the State’s FFY 2018 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 of these children were in the care and custody of the Department for at least one day during FFY 2018 before transferring to the sole custody of the juvenile justice or correctional agency.

*Education and Training Vouchers*

See *Section X, Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report* for information related to education and training vouchers.

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

The ICCA seeks to ensure that inter-country adoptions are in the child’s best interest and protect the rights of children, birth families, and adoptive parents involved in adoptions from countries subject to the Hague Convention on Protection of Children. The Act also improves the ability of the federal government to assist United States citizens seeking to adopt children from countries subject to the Convention. Children adopted from other countries who enter the Arizona child welfare system have continued to receive the same comprehensive services as any other child in out-of-home care during the five-year reporting period. During the reporting period, typically two to three children entered care in Arizona after being adopted from another country.

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<sup>3</sup> This is tenure in the classification not tenure in state service.

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Case information was reviewed for each child who entered out-of-home care during FFY 2018 and was identified in CHILDS as having been previously adopted. This review identified two children who entered out-of-home care in FFY 2018 and were the subject of an inter-country adoption.

One child was adopted from Ukraine through the Stork Agency. The youth entered care due to behavioral and mental health issues. The youth entered foster care and is receiving family therapy and individual trauma therapy. The permanency goal for the youth is reunification.

The other youth was adopted from Russia through the LDS Social Services agency, under Children's House International based out of Georgia. The adoption agency in Russia was Amarex. The youth also entered care due to behavioral and mental health issues. The youth and her parents are receiving individual therapy, with a plan for family therapy in the future. The youth is also receiving services to prepare her for adulthood, as she will turn 18 in August 2019.

*Monthly Caseworker Visit Data*

This data will be reported to the Children's Bureau by December 16, 2019, as indicated by the February 26, 2019 Program Instruction. The caseworker visit data submitted in both December 2017 and December 2018 indicated DCS met the goals of 95% of children seen on a monthly basis by caseworkers and at least 50% of the total number of visits occurring in the child's residence. See *Section IV: Programs and Services to Achieve Safety, Permanency, and Well-Being* for information about the use of the federal Monthly Caseworker Visit Grant.

*State Contact for the 2015-2019 Final Report*

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