



February 1, 2025

Dear Chairman Livingston and Members of the Joint Legislative Budget Committee:

An area of critical importance to Arizona's future that can often go unnoticed is the healthy development of our youngest children. This is especially true given what we know about the lifelong impacts of childhood trauma on an individual's health and well-being. For example, children with multiple adverse childhood experiences (known as ACEs) are more likely to struggle in school, engage in risky behaviors and suffer from mental illness and adverse health outcomes in adulthood.

Arizona's youngest children are more likely than their national counterparts to have experienced early adversity – such as child abuse or neglect; witnessing household violence; or having a parent who was incarcerated or dealing with substance abuse. According to the 2020-2021 National Survey of Children's Health (NSCH), 14.2% of young children (birth to age 5) in Arizona experienced two or more ACEs, as reported by their parents, compared to 9.1% of young children nationwide.

The good news is that child abuse and neglect can be prevented, but it takes stakeholders throughout our communities doing their part and working together.

The Department of Child Safety (DCS) and First Things First (FTF) are proud of the roles our agencies play – individually and collectively – in strengthening Arizona's families and future. DCS investigates reports of child maltreatment, keeps children safe and helps children achieve permanency. FTF expands and enhances the health, education and family support programs that help young children arrive at kindergarten prepared to succeed.

As requested by the Joint Legislative Budget Committee, we submit this report to you highlighting actions our respective agencies are taking – both independently and collaboratively – to ensure families with young children have what they need to support their child's safety and learning. Efforts highlighted in this report include:

- Information on the respective efforts of our agencies;
- Examples of successful statewide collaborations; and,
- Information on the improved outcomes for Arizona's young children that have resulted from our efforts.

DCS and FTF remain committed to continued collaboration with each other, our sister agencies and communities statewide to ensure all children have the safe homes and supportive environments they need to give them a strong start toward becoming healthy, educated and productive Arizonans.

Sincerely,

A handwritten signature in black ink that reads "Kathryn Ptak".

Kathryn Ptak  
Director  
Arizona Department of Child Safety

Melinda Gulick  
Chief Executive Officer  
First Things First

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# PARTNERS IN PREVENTION AND EARLY INTERVENTION

## INTRODUCTION & BACKGROUND

To address a 2014 crisis in the state’s child welfare system, the Arizona Legislature passed a number of measures – including creating a stand-alone child welfare agency, the Arizona Department of Child Safety (DCS) and appropriating substantial additional resources to support the investigation of suspected child maltreatment and to provide services to abused or neglected children and their families.

At the same time, measures were passed aimed at providing greater clarity for policymakers on how to better serve the needs of children/families engaged in the child welfare system and prevent child abuse or neglect in our communities. To better understand existing efforts related to children birth through 5 years old, the Joint Legislative Budget Committee (JLBC), since 2015, has asked DCS (which at the time was part of the Department of Economic Security – DES) and the Early Childhood Development and Health Board (also referred to as First Things First – FTF) to jointly report on their collaborative efforts to address child welfare issues of common concern.

In order to better understand the contributions of each of these agencies and their collaborations, it is important first to describe the lifelong impact of childhood trauma; the status of Arizona’s children in terms of adverse childhood experiences; the protective factors that can reduce the risk of child maltreatment; and the components of an effective prevention system.

### **Childhood Trauma Has Lifelong Impacts**

The federal Centers for Disease Control and Prevention (CDC) released a report in 2019 (an update of the original report released in 1998) on Adverse Childhood Experiences (ACEs) which demonstrated the extent to which negative experiences in early childhood impacted later outcomes in health, education and well being. According to a summary produced by the CDC, the study showed that Adverse Childhood Experiences (ACEs) occurred in three major categories: abuse, neglect and household challenges.

Almost 62% of study participants reported at least one ACE, and more than one in four reported three or more ACEs. Researchers found, as the number of ACEs increased, so did the risk of negative outcomes in adulthood, such as poor health outcomes, depression, drug use, domestic violence, unintended or teen pregnancy and poor academic achievement.

Figure 1:

33% Report No ACEs	51% Report 1-3 ACEs	16% Report 4-10 ACEs
With 0 ACEs	With 3 ACEs	With 7+ ACEs
1 in 16 smokes	1 in 9 smokes	1 in 6 smokes
1 in 69 is an alcoholic	1 in 9 is an alcoholic	1 in 6 is an alcoholic
1 in 480 uses IV drugs	1 in 43 uses IV drugs	1 in 30 uses IV drugs
1 in 14 has heart disease	1 in 7 has heart disease	1 in 6 has heart disease
1 in 96 attempts suicide	1 in 10 attempts suicide	1 in 5 attempts suicide

Statistics from "The High Cost of Adverse Childhood Experiences" compiled by Krista Goldstine-Cole, education director at the Washington State Family Policy Council

Why do ACEs lead to negative outcomes later in life? An individual experiences a combination of adverse experiences in childhood, which increases their level of toxic stress and can lead to disrupted brain development. This may result in social, emotional and cognitive impairment, which then increases the likelihood the individual will adopt risky behaviors as well as developing diseases, disabilities or social problems.<sup>1</sup>

A 2021 report by the Morrison Institute for Public Policy studied the cost of ACEs in Arizona.<sup>1</sup> The study showed Arizona children experience a higher number of ACEs (21.9%) compared to the national average (18.6%). The study looked at how ACEs are related to negative health impacts by reviewing the approximate annual costs to the Arizona Healthcare Cost Containment System (AHCCCS) for heart disease, COPD/bronchitis, stroke and diabetes for women with 3 or more ACEs. The annual cost came to \$260 million. This is only a fraction of the full negative health impacts of ACEs as the study did not look into the negative impact and costs ACEs have related to adult mental health issues, substance abuse, homelessness or the need for public assistance.

### **Strengthening Families is the Best Prevention**

According to the Child Welfare Information Gateway, "Risk factors refer to the stressful conditions, events, or circumstances (e.g., maternal depression, substance abuse, family violence, persistent poverty) that increase a family's chances for poor outcomes, including child abuse and neglect. Protective factors are conditions or attributes of individuals, families, communities or the larger society that mitigate risk and promote healthy development and well-being. Put simply, they are the strengths that help to buffer and support families at risk."

The federal policy brief, *Protective Factors Approach in Child Welfare*, explains that historical efforts to prevent child maltreatment have focused on the elimination of risk factors – such as poverty. A better approach is to focus on strengthening families, building their resilience so that the presence of risk

factors<sup>1</sup> -does not lead to child abuse or neglect. Not only is a protective factors approach more likely to engage families, it is more likely to lead to better short-term and long-term outcomes.

The Center for the Study of Social Policy developed *Strengthening Families: A Protective Factors Framework*<sup>TM</sup> to define and promote quality practices for families. The research-based, evidence-informed Protective Factors are characteristics that have been shown to make positive outcomes more likely for young children and their families, and to reduce the likelihood of child abuse and neglect. The Protective Factors that comprise the Strengthening Families model – and which are supported by research from several fields of study – include: (1) knowledge of parenting and child development, (2) social/emotional competence of children, (3) nurturance and attachment, (4) social connections, (5) parental resilience and (6) concrete supports.

### **Levels of Prevention**

The italicized information below is from the U.S. Department of Health and Human Services' [Framework for the Prevention of Child Maltreatment](https://www.childwelfare.gov/topics/preventing/overview/framework/).<sup>2</sup>

*Professionals working to prevent child abuse and neglect have incorporated ideas and information from other disciplines to influence and guide practice and to organize a framework of prevention services. That framework consists of three levels of services: primary prevention programs, directed at the general population (universal) in an effort to prevent maltreatment before it occurs; secondary prevention programs, targeted to individuals or families in which maltreatment is more likely (high risk); and tertiary prevention programs, targeted toward families in which abuse has already occurred (indicated).*

*Distinctions among primary, secondary, and tertiary prevention do not necessarily reflect the way prevention-related services are actually organized and provided. Rather than sorting prevention initiatives into mutually exclusive categories, prevention is increasingly recognized as occurring along a continuum. A comprehensive system of care for improving outcomes for children and families must include strategies that coordinate resources across the entire continuum, from primary to secondary to tertiary prevention.*

***Primary prevention** activities are directed at the general population and attempt to stop maltreatment before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment.*

***Secondary prevention** activities with a high-risk focus are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities or neighborhoods that have a high incidence of any or all of these risk factors.*

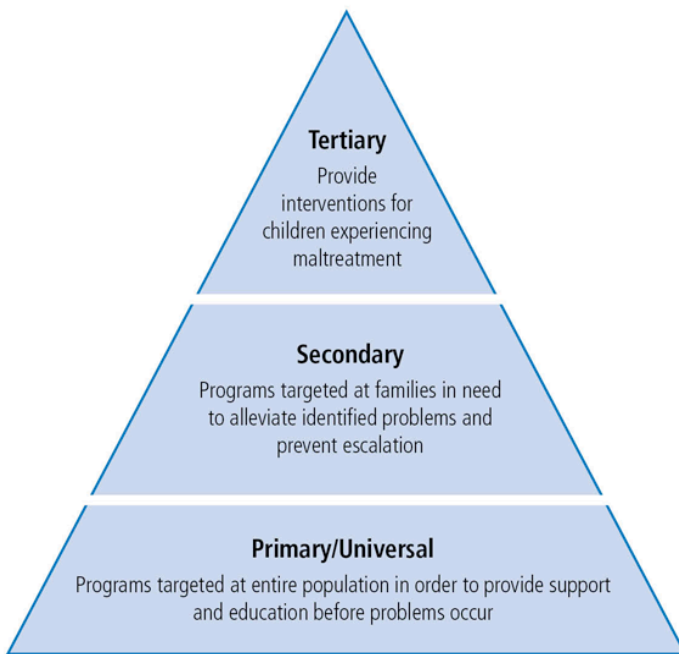
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<sup>1</sup> Morrison Institute for Public Policy, Cost of Adverse Childhood Experiences in Arizona, downloaded from: [https://morrisoninstitute.asu.edu/sites/default/files/aces\\_report\\_2021.pdf](https://morrisoninstitute.asu.edu/sites/default/files/aces_report_2021.pdf)

<sup>2</sup> U.S. Department of Health and Human Services' Child Welfare Information Gateway. Downloaded from <https://www.childwelfare.gov/topics/preventing/overview/framework/>

**Tertiary prevention** activities focus on families where maltreatment has already occurred (indicated) and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence. <sup>3</sup>

Figure 2:



Source: Australian Institute of Family Studies, Adapted from Bromfield & Holzer, 2008.

The individual missions of DCS (child safety) and FTF (school readiness) are rooted in strengthening families. From a child welfare perspective, strong families have the information and support to make the choices that ensure their children's basic needs are met and that they have safe, healthy environments in which to live and grow. When issues arise, families are aware of the resources that exist in their communities to help them address any challenges.

From a school readiness perspective, strong families *also* feel confident and competent in their role as their child's first teachers. They have the information and support they need to create nurturing, supportive environments that support their children's learning, including access to quality early learning environments for their children.

Many of the factors that put children at risk for abuse or neglect and at risk for school failure are the same: poverty combined with a lack of supports, substance abuse, mental health challenges, lack of awareness of developmentally appropriate parenting practices, inadequate housing, domestic violence or a combination of these and other risk factors. Because of this, each agency funds programs that complement each other and are vital components of a broader prevention and early intervention system.

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<sup>3</sup> Adapted from Bromfield, L., & Holzer, P. (2008). *A national approach for child protection: Project Report*. Melbourne: Australian Institute of Family Studies.

The following sections describe the efforts of DCS and FTF in strengthening families – from universal approaches available to all families, to more targeted approaches for families at risk for child maltreatment or families who are involved with the child welfare system.

**DEPARTMENT OF CHILD SAFETY**

DCS provides child abuse and neglect investigations to include child safety and risk assessments, family support, child abuse prevention, family preservation, and reunification services. DCS also provides 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.

**Executive Summary 2024**

DCS Programs and services are delivered through DCS offices and staff statewide, through a network of contracted community-based providers and Family Resource Centers throughout the State. DCS works collaboratively with faith and community-based partners, various state agencies, county and local governments, local college and universities, the federal agencies that oversee DCS’ programs, the courts, and Native American tribes in the delivery of services to the citizens of Arizona. DCS continues to develop Arizona’s Child and Family Services Plan and administers Title IV-B and Title IV-E programs under the plan.

Below is a summary of services and programs offered in 2024. Due to data availability and reporting periods required by state and federal authorities, reporting dates vary as noted.

**2024 Summary of Children/Families Served**

<b><u>Program</u></b>	<b><u>Children/Families Served</u></b>	<b><u>Reporting Period</u></b>
A Helping Grand- Concrete Resources	2,332 Children	Oct 1, 2023 – Sept 30, 2024
Car Seats	1,574 children	Oct 1, 2023–Sept 30,2024
Care Portal – Concrete Resources	2,223 children	Oct 1, 2023-Sept 30, 2024
Play yards (Safe Sleep)	908 Infants	Oct 1, 2023 – Sept 30, 2024
Healthy Families AZ	4,199 families	Oct 1, 2023-Sept 30, 2024
Family Connections & Nurturing Parenting Program	8,835 Referrals	July 1, 2023-June 30, 2024
Substance Exposed Newborn Safe Environment (SENSE) Program	187 families	Oct 1, 2023 – Sept 30, 2024

**2024 Summary of Prevention Provider Trainings Offered**

<b>Program</b>	<b>Community Served</b>	<b>Reporting Period</b>
Protective Factors – Training of Trainers	56 Facilitated Trainings 981 community members trained by Trainers	Oct 1, 2023 – Sept 30, 2024
Protective Factors Summit	54 Practitioners Trained	Oct 1, 2023 – Sept 30, 2024
Home Visitor Supervisor Institute (HVSII)	101 Home Visiting Supervisors	Oct 1, 2023 – Sept 30, 2024
Prevent Child Abuse AZ Annual Conference	160 scholarships provided	Jan 1-Dec 31, 2024
Safe Sleep Training – CBT	840 DCS staff	Jan 1-Dec 31, 2024

**Regional Child Abuse Prevention (RCAP) Councils**

RCAP Councils are trusted supports, located throughout Arizona to increase the public’s ability to strengthen families in their community. The Councils are a primary prevention strategy funded solely by the CBCAP grant. Each RCAP is comprised of volunteers who meet on a regular basis to plan events and distribute local resource guides. RCAP Councils are primarily voluntary groups who organize public engagement campaigns to heighten public awareness of child abuse and neglect and most of all what the community can do to continue assisting with prevention. DCS is excited as new awards were granted for the next fiscal year to have RCAP Councils who specialize in servicing youth and the African American community. RCAP Councils are encouraged to post prevention events, parent information tips and community resources on their social media platforms and the DCS Office of Prevention does the same. Contact information for each RCAP can be found on the DCS website, <https://dcs.az.gov/services/prevention-councils>.

The DCS Office of Prevention continues to fund 10 Regional Child Abuse Prevention Councils throughout the state of Arizona. RCAP Councils annually host events during Child Abuse Prevention Month and have great engagement with families and community partners. The RCAP Councils continue to provide universal, primary prevention in collaboration with DCS throughout Arizona communities. The RCAP Councils does an excellent job mirror the initiatives of the Office of Prevention to ensure every community has the opportunity to enhance their prevention knowledge and provide resources and skills directly to families.

Training opportunities were offered to the Regional Child Abuse Prevention Councils and Parent Advisory Collaborative members during 2024 to enhance their prevention events and presentations throughout the community. Trainings have been in-person and virtual.



## **Training Opportunities Provided**

### **Protective Factors Summit and Community of Practice**

The Strengthening Families Protective Factors Framework is a national and international initiative aimed to develop and enhance five protective factors; Parental Resilience, Social Connections, Knowledge of Parenting and Child Development, Concrete Support in Times of Need and Social and Emotional Competence of Children, which help families thrive and keeps children safe from abuse and neglect. The Framework was designed to assist professional who work with children and families in promoting the optimal development of all children while protecting vulnerable children from maltreatment.

In FFY23, 63 trainers participated in the “Bringing the Protective Factors Framework to Your Life at Work” Training of Trainers and were certified by the Children’s Trust Fund Alliance. All certified trainers are invited to join the Protective Factors Community of Practice. During FFY24, 2 Community of Practice sessions were held with a total of 35 participants. On November 6, 2023 the Protective Factors Summit was held in-person for 54 participants. At the summit, two members of the Children’s Trust Fund Alliance facilitated a workshop on using the Clifton Strengths Assessment to:

- Understand one’s top strengths
- Use those strengths to more effectively facilitate Protective Factors training
- Help others embrace a strengths-based approach

A Slack workspace and Trainer Resource Hub were also established to better enable the trainer community to connect and share resources.

### **Home Visiting Supervisor Institute (HVSII)**

Collaborations with DCS, Arizona Department of Health Services, First Things First and Prevent Child Abuse Arizona to provide professional development for supervisors through a Home Visitor Supervisor Institute. The HVSII is offered to all evidenced based and evidenced informed home visitor program supervisor throughout the State. The institute is held annually in June and 101 institute attendees participated in 2024. The institute focused on resilience-building and connection for themselves and their teams. Each institute is created based off of feedback from the year prior. The workshop topics for 2024 were:

- Importance of Self-Care
- Learning and Applying Techniques of Self-Care
- Peer and Supervisor Support and Connection
- Action Plans and Implementation of Self-Care
- Support and Safety
- Resilience Building

96% of the attendees *AGREE/STRONGLY AGREE* that they learned something new at HVSII and can apply what they learned in HVSII to their work.

## **Home Visitation**

Evidence-based, voluntary home visitation programs have been shown to be an effective way to improve outcomes for families and children experiencing various risk factors. Although home visitation models vary, all programs are designed to improve the lives of at-risk children and families through

regular home visits administered by trained providers such as nurses, mental health professionals, social workers or paraprofessionals. Comprehensive home visitation programs provide participating families of infants and toddlers with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. Home visitors deliver one-on-one coaching and interaction tailored to the needs of individual families.

### **Healthy Families (HFAz)**

The Healthy Families Arizona program is a primary and secondary prevention program that targets children and families at risk of abuse or neglect. The HFAz program is a home visiting, voluntary program serving families at risk during pregnancy and after the birth of the baby. Program services are designed to strengthen families during the first five years of a child's life when the most early brain development occurs. Healthy Families has the highest rating by California Evidenced Based Clearing House in promoting child well-being.

The HFAz program is integral to helping families gain the skills they need to remove barriers that currently prevent them from being self-sufficient. The National Healthy Families model is a multi-disciplinary program created to reduce stress, enhance family functioning, promote child development and minimize the incidence of abuse and neglect. Its core services include education and support services related to parenting skills, early development screening of children, home visits and outreach services, community referral services, nutritional education, life management skills, and follow up services. In addition, the program provides community referral services that include linkages to childcare, Head Start, job readiness programs, education and literacy services, counseling and mental health services, health and prenatal care, services to support families of children with disabilities and substance abuse treatment.

In FFY24, the department had the opportunity to develop a triage and referral system for Maricopa and Pinal Counties due to the fact that multiple providers were awarded the contracts and we wanted to ensure no overlap or duplication and ensure that each provider was designated service areas that best aligned. This required a significant amount of work and negotiation but we are pleased to report that the new referral system is working smoothly and outreach to new community partners is ongoing in order to reach more families and get the word out to more people about the services available! In addition to adding these 3 additional providers, HFAz continued its focus on expansion to tribal communities and program marketing to extend the programs reach. The DEIB Committee was rejuvenated and we convened a staff from the field and provider community who work in various job roles who are providing input on our DEIB plans, policies and practices and training available to the HFAz network. The program has also been working on diversifying the Advisory Board, with those efforts extending into FY 2025 including the development of a parent's commission.

In addition to the above outlined efforts HFAz hosted the Healthy Families Institute in October 2024 and is starting planning for the 2025 Institute. This two-day professional development institute for all staff of Healthy Families programs across Arizona is integral to providing quality training, opportunities to network with other staff across the state and building cohesion and staff morale.

## **Parent Skill Building**

### **Family Connections and Nurturing Parenting Program**

Family Connections (FC) and Nurturing Parent Program (NPP) became available to Arizona families in July 2021 as DCS recognized the need to create services that are individualized, relevant, engaging, coordinated, consistent. Effective, and aligned with the Families First Prevention Services (FFPSA). The goals for the service design are to:

- Decrease recurrence of maltreatment and repeat reports
- Decrease the number of children entering out-of-home
- Decrease racial disparity in foster care
- Increase the percentage of children who exit foster care to reunification.

Services are available to families who have had a report of child abuse or neglect, or who are at risk of abuse or neglect. The focus of these services is to improve the safety and well-being of families, enhance family functioning and caregiver protective capacities, increase competence in parenting abilities, foster a sense of self-reliance, reduce risk factors, increase protective factors, and stabilize families. These services can be provided with or without court involvement and in or out of the home depending on the needs of the family. Families can also be referred for community services and supports provided by other state agencies, including behavioral health services.

During SFY24, (July 1, 2023 – June 20, 2024), Family Connections and the Nurturing Parenting Program serviced a total of 8,835 families. This was a slight decrease from SFY23.

Family Connections is an evidenced-based, parent skill-building program that addresses the parenting role and parent-child relationship. The program is a family-centered, trauma-informed, preventive, comprehensive, and flexible. Family Connections focuses on strengthening families in the core outcomes of social support, family functioning, family resources, parenting stress, child well-being, and parent attitudes and behaviors.

Family Connections is an individualized family intervention service program that partners with parents in a process of assessment, service planning and change-focused intervention around selected core outcomes to help reduce risk of maltreatment, address impending danger in the family, meet conditions for return, or maintain children safely in the home. Family Connections assesses numerous aspects of family, parent, and child well-being to assist parents in making necessary behavioral changes to meet their child's needs.

Nurturing Parenting Program (NPP) is a curriculum-based parenting skills, education, and coaching program. The Nurturing Parenting Program strengthens nurturing and positive bonds between the child and parent. NPP focuses on the key areas of appropriate expectations and family roles, empathy, non-violent discipline, and child's power and independence. NPP is provided by contracted

community-based agencies and is available in all Arizona counties.

The Nurturing Parenting Programs are founded on the morals and values of positive self-worth, empathy, empowerment and strong will, structure and discipline, and laughter, humor and play. NPP Practitioners utilize standardized curriculum that includes parent and facilitator workbooks. Arizona continues to utilize specific curriculums that have a focus for target populations such as an Easy Reader handbook for families with cognitive delays, Families in Substance Abuse Treatment and Recovery, Nurturing Fathers Program, Nurturing Parenting for African American Families, LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Plus) Supplemental Lesson Guide, and Native American Supplemental Lesson Guide. The NPP Practitioner will develop a Family Nurturing Plan with the family that outlines the service and determines what lessons will be taught.

## **Concrete Supports**

### **CarePortal**

CarePortal engages churches in promoting safe parenting and meeting the needs of children and families in crisis. Using CarePortal, a DCS Specialist identifies a need for a family such as a bed, appliances, or clothing. The Specialist then accesses the CarePortal referral and submits the request for assistance. Using GEO Radius Technology, CarePortal quickly sends an email to those churches that have voluntarily signed up to help children and families in their communities. The church will connect with their congregation to identify a match to fill the request. If the need can be met, coordination to provide the items or services needed to the family as quickly as possible. This process helps to build a lasting relationship between the family and the church. During this FFY, community CarePortal churches assisted 2,223 children by providing for many unmet needs in the way of tangible goods and services.

### **Car Seat Program**

DCS is the recipient of the Arizona Child Restraint Fund. This fund was established to provide child restraint systems to responsible agencies to distribute to families in need. Using additional funds from the CBCAP grant, DCS has been able to partner with various family resource centers, hospitals, child care facilities and faith based organizations to ensure that families in every community has car seats when needed. During this FFY, 1 elementary school district that consists of 4 schools and 1 early learning center. DCS has distributed 1,574 car seats with a total of 54 community partners for car seat distribution.

### **A Helping Grand**

A Helping Grand was developed to provide emergency resources to families prior to being in crisis with supports that aren't offered by any other private or public agency. Our Parent Leaders identified four key areas of needed support that were unavailable or hard to find that could possibly lead to neglect allegations if left unfulfilled. Families that have no history with child protection or have a closed case will qualify for a one time financial benefit for up to \$1000 that can be applied to auto repair expenses, vocational/trade school tuition, pediatric dentistry or mental health services. The funding is paid directly to the vendor to avoid any negative impact if a family is receiving state assistance. The pilot

began in zip codes that DCS data shows has disproportionate outcomes. These zip codes showed to be the highest removal areas in the state for all children, the highest removal zip codes for African American children and also zip codes with high intervention for African American and Hispanic families by DCS. During FFY24, this program was released statewide. DCS continues to use a grass roots approach to spread the word about this pilot project. Since its launch, the only marketing efforts have been door hangers and info cards distributed within these six zip codes. During FFY24, by utilizing Family Resource Centers, Elementary School Districts and Faith-Based Organizations, A Helping Grand has serviced 2,332 children, 1,479 families and awarded over \$1.4 million in grant funding towards concrete resources. The sole source of funding for this pilot was the American Rescue Plan. DCS is currently exploring other funding options to continue this successful concrete resource program.

## **Learning from Lived Experience**

### **Parent Advisory Collaborative (PAC)**

Each year the PAC's influence grows stronger to provide an authentic parent voice to DCS policy, procedure, preventative and intervention programs. The PAC is comprised of parents and kinship previously involved in the child protection system. The PAC meets several times a month as subcommittees, in addition to, quarterly meetings for 2 hours. Quarterly meetings are designed and facilitated by one of the parent leaders. At each meeting, a member of executive leadership presents updates and follows up on recommendations made during past PAC meetings. PAC subcommittee members report out on their progress at the quarterly meetings. PAC members are paid for their time and expertise for participating in any and all events pertaining to prevention and intervention. The PAC maintained their subcommittees from FFY23:

- **Legislative Committee** – The role of this committee is to engage with the DCS Legislative Liaison to learn more about the Senate and House Bill recommendations and how it effects families. Senate and House Bills will be shared with this committee for review as they are released.
- **Parent Engagement/Recruitment** – The role of this committee is to develop materials and strategies to enroll new PAC members statewide and to ensure that the PAC mirrors the community that it serves.
- **Equity of Services Committee** – Members want to ensure that all families receive equitable services, specifically those in rural areas and families where English is not their primary language. They continue to express interest in equitable services for fathers and domestic violence survivors.

Utilizing CBCAP funds, the PAC has been able to receive training and professional development opportunities by participating in conferences and seminars such as:

- M.A.N.C.A.V.E.
- Strong Families
- Strengthening Families Protective Factors Framework
- Flourishing Families

- Prevent Child Abuse Arizona Annual Child Abuse Prevention Conference
- CBCAP Annual Grantee Meeting

Also, in this reporting period, several PAC members met with Community Hub management team to develop a script for their staff to utilize when engaging families with screened out intakes. They are also taking an active role in developing policy and processes when engaging with families involved in domestic violence. Below are additional projects that the PAC is participating in:

- Circle of Parents
- Resilient Roots Apprenticeship Program
- Clothing Drive/Giveaway
- Court Improvement Advisory Workgroup
- Family Resource Center Workgroup
- Pinal, Maricopa and Yavapai SHIFT workgroups
- High Quality Legal Representation Workgroup
- Thriving Families Safer Children

## **Supporting Young Parents**

### **Pregnant and Parenting Teen Training and Resources**

National and local data continues to show that youth who are expecting or parenting and have a history of involvement with the child protection system as a child, are at an increased risk to experience income inequality, intimate partner violence, housing instability and are twice as likely to become involved with the child protection system. For this reason and many others, the DCS Office of Protection has hosted the Young Parent University for seven years.

YPU involves both youth in foster care, extended foster care, and youth within the community who have never been involved with the child protection agency. YPU was held on Saturday, April 6, 2024. The planning workgroup and volunteers consisted of DCS Office of Prevention staff, DCS Permanency and Youth Services, DCS Young Adult Case Specialists, Youth Advocates, the Youth Empowerment Council and external stakeholders from Prevent Child Abuse Arizona Tempe Unified High School District, and Onward Hope. All the members of the workgroup and volunteers either are young parents, youth or currently work with parenting youth. The conference also consisted of resource tables, to include: Healthy Families Arizona, Teenage Pregnancy Program (TAPP), Rising Phoenix Empowerment, Washington Resource Information Centers, 7<sup>th</sup> Dream Helping Hearts, Phoenix Children's Hospital Injury Prevention, and the Department of Economic Security.

YPU is held in-person and includes on-site child care. A volunteer staffed child care center was created to eliminate barriers with child care on Saturdays. The child care room consisted of a ball pit, building blocks, interactive sensory play station and doll house. The parents were able to enjoy the workshops while their children were cared for. The 2024 YPU keynote speaker was Justin Black who spoke on his published book, *Redefining Normal*. The 2024 YPU workshops were:

- The Four Messages Every Child Needs to Hear
- Positive Parenting Program / Flourishing Families
- My Tree My Roots / How Dads can Bond with Baby

- Flourishing Tribes: Nurturing Healthy Relationships for Young Parents
- Musical Baby Massage
- PAX Tools for Caregivers

The parents were able to choose the workshops that they attended. Each session was chosen to promote protective factors and strengthen young families in the community. There were 60 youth registered and 35 attended. There were 4 fathers at YPU and 19 of the participants utilized the free child care for the day. All of the participants were under the age of 21. Each participant received a backpack, which included a Chromebook to assist with continued parenting education through Triple P, two children's books, a planner and workbook, a book written by the keynote speaker, flower pot kits, diapers, wipes and a variety of raffle giveaways.

Again, this year, we were interested in participant feedback and Prevent Child Abuse Arizona facilitated a digital survey after the event. 20 surveys were completed with the following results:

- **100%** of participants (20/20) rated their overall experience at YPU as GOOD or EXCELLENT
- **100%** of participants (20/20) would LIKELY or VERY LIKELY attend YPU again in the future
- **80%** of participants (16/20) felt the length of YPU was about right

Additional feedback included participants enjoying learning how to budget, conduct baby massages, and learn about the Dou-Broz, male doula program. One participant stated, "I enjoyed the 'my tree and my roots' that talked about dad's hormones" and another wrote what they liked most was understanding that other people are different but still the same. Due to the overwhelming response from the youth after Justin Black's keynote, we created Young Parent Café. Young Parent Café are a series of four virtual 75 minute trainings as follow up sessions to YPU facilitated by Justin Black. These virtual sessions engaged youth on a journey through his book, Redefining Normal and ended with a community resource highlight.

## **Services for Families in the Child Welfare System**

### **Child Care Expulsion Prevention**

Beginning in September 2018, and in partnership with the Arizona Department of Economic Security and Southwest Human Development, Arizona Statewide Training and Technical Assistance for Expulsion Prevention (AZ STEPS) has provided supportive services to children at risk for expulsion from their childcare or other early childhood care settings. These supports allow childcare providers to receive training, technical assistance, and a dedicated mental health professional to improve the quality of care and reduce a child's risk for expulsion. From May 1, 2023 through April 30, 2024, services were requested for 74 children across the state. Of those 74 children, 38 were prevented from being expelled from the childcare setting. Furthermore, 19 were withdrawals or soft expulsions in which the parents felt they had no choice but to withdraw the child. Nine expulsions were immediate and did not afford AZ STEPS a chance to stabilize the situation, and eight expulsions occurred after services. The remaining children receiving the supports were either stabilized or transitioned to a higher quality center that could better meet their needs.

### **DCS Child Care**

The Department provides referrals for childcare assistance for children who are in the Department's legal custody, or as a preventative service for those at risk of requiring protective services through a

partnership with the Department of Economic Security. The Department provided childcare services for approximately 13,679 children from May 1, 2023 through April 30, 2024 – a slight decrease of approximately 220 children from last year. The Department’s use of quality childcare increased from last year. As of April 30, 2024, 74% of these children are currently attending quality-rated childcare, up from 71% active referrals a year prior.

### **Head Start**

The Department continues to partner with the various Head Start grantees throughout the state to continue to ensure the availability of Head Start and Early Head Start for children in out-of-home care. In August 2021, the Department and Arizona Department of Education acting as the Arizona Head Start State Collaboration office signed off on the Memorandum of Understanding (MOU). The purpose of the MOU is to improve access to Head Start and Early Head Start programs throughout the state for children involved with DCS. The MOU gives priority to foster children, allows foster children to start without having all of the required documents at time of registration, dissolves service boundaries when in the best interest of the child and family, and supports goals established by other service providers for the child and family when enrolled in Head Start. In 2025, the Department and Head Start will continue collaboration and pilot bringing back Construct AZ, a program from Southwest Human Development that displays vacancies in Head Start programs to improve the process of referring DCS children to Head Start.

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

The Substance Exposed Newborn Safe Environment (SENSE) Program continues to be available statewide and is designed to keep infants in their homes with their parents, when possible. SENSE is a supportive service for families with a substance exposed newborn (under 90 days old) remaining in-home. 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. This wrap around service includes close collaboration between the family, in-home DCS Specialist, Family Connections Program, Arizona Families First Services, a registered nurse, and a home visitor (such as Healthy Families). To be eligible for enrollment in the program, the infant must be under 90 days old at the time of the referral, in the physical custody of the parent, and the parent must be willing to participate in all aspects of the program. Parents who are interested in further support can elect to continue the home visitation services up to the child’s fifth birthday. The Department currently contracts with twelve (12) providers who employ nurses to provide nursing visits throughout the state. Additionally, the SENSE program includes partnerships with Healthy Start and the Parents as Teachers (PAT) home visitor program to serve families in areas where Healthy Families is not available.

The SENSE program is supported by three (3) Department staff consisting of two Service Coordinators from Fidelity and Compliance Services (FCS), and a Nurse Consultant. The Service Coordinator(s) monitor the program by conducting agency site visits and performing case reviews. The Service Coordinator collects data for the program and shares this information at quarterly provider meetings as an opportunity to discuss practice trends and program needs. FCS also works closely with the DCS Procurement team reporting performance trends and assisting with Vendor Performance Reports. Data and information collected is further shared with the Department’s Consultation and Research team to inform program design & changes. The Nurse Consultant reviews all nurse assessments and screenings for medical and safety concerns and takes appropriate follow-up action when necessary. The Nurse Consultant also facilitates a monthly statewide conference call with the nurses to provide technical assistance, information, resources, and answer any programmatic questions that arise. Trends identified during reviews are discussed by the Nurse Consultant during the monthly calls to help ensure quality services and program efficacy.



In this last SFY, there was a decrease in the number of SENSE referrals therefore a plan has been developed and will begin in SFY25.

- By 5/1/25, members of the DCS Fidelity and Practice Consultation Unit will conduct visits to DCS field offices with high volumes of Substance Exposed Newborn reports to ensure staff are well-informed about the SENSE program and are making referrals as appropriate.
- Beginning in January 2025, each DCS Supervisor assigned a child abuse/neglect report within the prior two weeks that involves allegations of in utero substance exposure will receive an email containing information and resources to support the family. This will include details about the SENSE program.
- The DCS Program Development Specialist position supporting the SENSE program, currently vacant, will be filled in February 2025.

### **Safe Sleep and Pack N Play Initiative**

Utilizing Community Based Child Abuse Prevention and American Rescue Plan funds, DCS Office of Prevention raises awareness about safe sleep practices in an effort to reduce the number of sleep-related deaths in Arizona. The safe sleep initiatives consist of training DCS staff, Healthy Families Arizona providers, community and contracted providers to address safe sleep practices with families who have children under the age of one. DCS completed the transition from the Baby Box to Play yards to be mirror the efforts of the Arizona Department of Health Services and to align with federal guideline changes. DCS Office of Prevention continues to distribute health kits and hygiene items along with play yards as a safe sleep kit. The safe sleep kits are offered to any parent, including pregnant and parenting teens, who need a safe sleeping environment for their infant. To date 908 play yards have been distributed, a huge increase from last FFY due to the increase of community engagement by DCS Office of Prevention.

DCS continues its partnership with Arizona Department of Health Services (ADHS) to collectively spread the message of safe sleep through out of home billboard messaging. DCS and DHS developed a standard statewide safe sleep training that can be found on the DCS website, <https://dcs.az.gov/services/prevention/safesleep>.

### **Other Services**

#### **DCS Mercy Care Comprehensive Health Plan (CHP)**

DCS CHP is the single, statewide health plan for all Arizona children in foster care. DCS CHP contracts with Mercy Care, a Managed Care Organization, to provide integrated physical and behavioral health services for children in foster care. The functions of Mercy Care include: developing and maintaining a healthcare provider network for an all pediatric population, clinical care management and other health plan operations which are tailored for this specific population. Leveraging extensive knowledge of the unique physical and behavioral health needs of children and youth in care, CHP retains responsibility for the health of children in care with a focus of improving the healthcare service delivery system, monitoring utilization of services, augmenting quality management efforts and providing additional care management resources as needed.

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

The Arizona Families F.I.R.S.T. program (AFF) provides family-centered, evidence-based, trauma-informed substance use and recovery support services to parents involved with the child welfare system via a child abuse and neglect report, and whose substance use creates barriers to

maintaining children in the home or for reunification. It provides the opportunity for families to overcome the barrier of substance use in order to reach the outcomes of permanency for children, family reunification, and self-sufficiency. The focus of the AFF program is to support parents to overcome problems with substance use and to improve their ability to successfully parent their children.

In SFY 2024, 5,595 referrals came from DCS/DES to the DCS AFF program. From those referrals, 63% accepted services, and of those who accepted services, 58% received and completed an assessment. Assessments resulting in identifying as needing treatment: 57% identified as needing services, and out of those, 11% completed AFF Services. In SFY 2024, 987 clients received AFF services with 141 clients completing Substance Use Awareness Services. New referrals received have declined over the past three years, SFY 2022 to SFY 2024. The number of new referrals for SFY 2024 (5,595) represents a 16% decrease from SFY 2023 and a 22% decrease from SFY 2022. Over a three-year period, the average number of new referrals is 6,602 per year. Age ranges of AFF clients served from SFY 2022 to 2024 who had an assessment in that state fiscal year show that the majority of clients served are consistently between the ages of 25-45, and approximately 3% of all referrals are for young people ages 0-18. The population struggling with substance use disorders often face multiple interconnected barriers to recovery, such as job loss, incarceration, recurring relapse, and housing instability.

While the amount of time from case closure to a subsequent finding of maltreatment is similar for those clients who complete AFF as compared those who do not, clients who complete AFF have significantly fewer findings of maltreatment after case closure.

## FIRST THINGS FIRST

First Things First (FTF) was created to enhance school readiness for children birth to age 5 before kindergarten. Aligned with that mission, FTF is a partner in Arizona's prevention/early intervention system. FTF recognizes the family's critical role as their child's first teacher and offers resources that strengthen families in that role. All families – including birth families, kinship care families, adoptive families and foster families – experience challenges raising their children. FTF's programs and services provide families voluntary, community-based choices when accessing services that meet their needs. Because strengthening families is foundational to FTF's mission, the organization is also one of many prevention/early intervention system partners – including child care and early learning programs, K-12 schools, health providers, human services organizations, faith communities and law enforcement – that provide programs, information and resources to help families provide safe, nurturing environments for their children to live, grow and learn.

FTF invests in a variety of strategies that strengthen families and promote positive parenting. Those strategies include:

- ***Developmental and Sensory Screening*** – Early identification of developmental issues or delays and linking parents to available resources is critical to improving health and educational outcomes. Together, they can reduce the impact such a delay has on school performance. The intent of the evidence-based Developmental and Sensory Screening strategy is to support regular and appropriate screening of all young children. The expected result is early

identification of a developmental, hearing or vision concern and referral for further evaluation if necessary. In State Fiscal Year 2024 (SFY24), FTF-sponsored programs screened 12,743 children in order to detect vision, hearing and developmental issues in young kids and prevent learning challenges later on. In addition, 958 referrals were provided to further assess children for developmental delays/sensory issues and possible treatment or early intervention services.

- **Parenting Education** – Available in a variety of settings, these educational sessions address crucial topics such as brain development, dealing with challenging behaviors and early literacy. The intent of the evidence-based Parenting Education strategy is to offer learning activities designed to increase the knowledge and skills of parents and families to promote positive parenting practices that result in enhanced child health and development when utilized by parents and caregivers. The expected results of effective parenting education programs are increased parental knowledge of child development and parenting skills, improved parent and child interactions, and more effective parental monitoring and guidance, decreased rates of child maltreatment and better physical, cognitive and emotional development in children. In SFY24, 886 parents and caregivers of children 5 and younger participated in the parenting education series.
- **Birth to 5 Helpline** – Toll-free and statewide, this Helpline is staffed by nurses and early childhood development experts. Answers to caregivers’ toughest parenting questions are just a phone call away. Available to any caregiver with a child 5 or younger, including parents, grandparents and child care providers, the Helpline is administered by Southwest Human Development with support from FTF. By calling the Helpline, caregivers can access support as needed from a wide range of early childhood development staff experts, including psychologists, master’s level counselors, registered nurses, disabilities specialists, early literacy specialists and occupational, speech/language and physical therapists. In addition to providing caregivers with counseling and resource/referral information, caregivers can receive individualized child development information as applicable. In SFY23, the Helpline answered 5,948 inquiries from families of children 5 and younger and from professionals working with infants, toddlers and preschoolers.
- **Parenting Information and Resources** – Since 2017, FTF has been working to engage its system partners in connecting families to FTF resources and using the resources themselves. Through a partnership with DCS, this information continues to be distributed to DCS staff working with families of young children. The resources have also been placed on DCS’ prevention Facebook page so that families have the information they need to better support their child’s health and development.
- **Interagency Leadership Team (IALT)** – Early childhood home visiting programs aim to improve a wide range of outcomes including maternal health, child health and development, child maltreatment prevention, and family economic self-sufficiency. Representatives from FTF and DCS are core members of the Inter Agency Leadership Team (IALT), facilitated by ADHS, which regularly convenes state home visiting partners to support a coordinated system of evidence based, high-quality home visitation programs that are accessible to vulnerable children and

families in Arizona. The IALT focuses on increased coordination among funders, promoting awareness of and increasing referrals to home visitation programs, responding to the needs of the home visiting workforce by providing ongoing professional development and training opportunities, and overseeing a statewide home visitation data management system to inform decision-making.

- ***Building Awareness of the Impact of Abuse or Neglect on Young Children*** – FTF continues to be a sponsor of the statewide Child Abuse Prevention Conference. Hundreds of professionals, including child welfare and community organizations working with at-risk children and families, attended the conference, which offered national expert keynotes and workshops on topics aimed at preventing child maltreatment and improving Arizona’s child protection system at the local and statewide levels.

FTF invests in a variety of strategies that are especially crucial to families who may be facing a variety of challenges that place them at greater risk for child neglect. Those include:

- ***Home Visitation*** – Evidence-based, voluntary home visitation programs have been shown to be an effective way to improve outcomes for families and children experiencing various risk factors. Although home visitation models vary, all programs are designed to improve the lives of at-risk children and families through regular home visits administered by trained providers such as nurses, mental health professionals, social workers or paraprofessionals. Comprehensive home visitation programs provide participating families of infants and toddlers with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. Home visitors deliver one-on-one coaching and interaction tailored to the needs of individual families. Families throughout Arizona have access to home visitation programs to support their child’s development, to address and meet their needs and to provide a nurturing and stimulating home environment.

FTF is one of the leading funders of home visitation in Arizona, providing funding for programs in 20 regions across the state. In SFY24, FTF supported the implementation of three evidence-based models: Healthy Families Arizona, Nurse Family Partnership and Parents as Teachers. In SFY24 across the state, 2,936 families participated in FTF-funded home visitation programs. In addition, 249 families graduated from home visiting programs in SFY24.

Data collected over the past three years show that FTF home visiting programs are reaching the families most in need. For example:

- All programs are reaching a higher proportion of families with low education levels (11-25% compared to 12% statewide) and significantly more low-income families (43-74% compared to 31% statewide).
- Both HFAZ and NFP are reaching a much higher percentage of teen parents (11-24% compared to 5% statewide) and proportionate numbers of single-parent families (30-42% compared to 37% statewide).
- Data also shows families participating in these programs demonstrate improvement in

various areas of family functioning, including: home environment; relationships with children; problem-solving; self-care; literacy; relationships with supportive resources; and mobilizing resources.

- **Quality First Scholarships** – FTF’s signature program, Quality First, is Arizona’s child care and preschool quality improvement and rating system. (See page 22 for additional information about Quality First.) A limited number of scholarships help young children in low-income working families access early learning programs that are rated at quality levels in Quality First. The scholarships (available to families at or below 300% of the Federal Poverty Level) may only be used at state licensed or certified child care or preschool programs showing a commitment to quality improvement or which have achieved quality standards. In SFY24, child care scholarships funded by FTF helped 8,775 infants, toddlers and preschoolers access safe, reliable child care in learning environments committed to quality. Of that total, 2,066 young children received QF scholarships through funding made available from federal pandemic relief funds.
- **Family Resource Centers** – Located throughout Maricopa, Pima and Santa Cruz counties, this network of 46 centers funded by FTF offer families a one-stop shop to find information to make the best choices for their families. The intent of the Family Resource Centers strategy is to serve as a community hub for connecting families with children birth to age 5 to the information, resources and services they need to support their child’s optimal health and development. The expected results are improved parenting skills and social supports for families; increased knowledge of child development; and support for their child’s school readiness. The centers are implemented through public-private partnerships between FTF, cities, schools, faith communities and other organizations. Family Resource Centers offer a variety of services for families so they can access information and education. In SFY24 across the state, 21,325 parents and caregivers received flexible, family focused and culturally-responsive information, resources and referrals to services and parenting activities family resource centers. In addition, 10,559 families participated in activities to increase their awareness of core areas of family functioning and children’s development.

## WORKING TOGETHER TO SERVE AZ’S MOST VULNERABLE CHILDREN

### STRENGTHENING FAMILIES

Evidence-based, voluntary home visitation programs have been shown to be an effective way to improve outcomes for families and children experiencing various risk factors. These voluntary home visitation programs are proven to reduce parental stress levels, increase connections to community supports and improve children’s cognitive, motor, behavioral and socio-emotional development. Home visiting programs may greatly benefit families living in adverse situations, as the personalized support provided through participation in home visiting provides an opportunity to prevent or mitigate adverse early childhood experiences and promote children’s healthy development.

Although home visitation models vary, all programs are designed to improve the lives of at-risk children and families through regular home visits administered by trained providers such as nurses, mental

health professionals, social workers or paraprofessionals. Comprehensive home visitation programs provide participating families of infants and toddlers with information and education on parenting, child development and health topics while assisting with connections to other resources or programs as needed. Home visitors deliver one-on-one coaching and interaction tailored to the needs of individual families.

The three home visitation models most widely funded in Arizona are Nurse Family Partnership (NFP), Healthy Families (HF) and Parents as Teachers (PAT). These three models have been evaluated nationally, and each has been proven to significantly improve child and family outcomes<sup>ii</sup> (see figure below).

Figure 3: Home Visitation Outcomes

	Improved Outcome	HF	NFP	PAT
Short-Term Outcomes	Child cognitive, motor, behavioral, socio-emotional development	x	x	x
	Maternal mental health and depression	x	x	
	Parenting stress levels	x	x	x
Intermedlate Outcomes	Connection to community supports	x	x	x
	Home environment	x	x	x
	Mother employment	x	x	
Long-Term Outcomes	Reduced child maltreatment	x	x	x
	Economic self-sufficiency		x	x
	Decreased substance abuse	x	x	

Research emphasizes that the families who benefit most from home visiting services are those families with infants and toddlers who are living in adverse or challenging circumstances, such as first-time parents, parents of children with special needs, single parents or families with multiple births and families without any support.

Families throughout Arizona have access to home visitation programs to support their child’s development, address and meet their needs and provide a nurturing and stimulating home environment. DHS, FTF and DCS are among the state agency partners funding home visitation in Arizona. In Maricopa and Pima counties, FTF supports a coordinated referral system where families can call and be referred to the home visitation program in their area – regardless of which agency funds it.

To further leverage funding and coordinate the delivery of home visitation, the Strong Families Alliance – a consortium of agencies statewide whose work with families includes the funding and implementation of home visitation – was developed. The alliance works to strengthen the home visiting system in Arizona and promotes collaboration and sharing of resources and best practices. The Strong Families Alliance has an Inter-Agency Leadership Team (IALT).

**Interagency Leadership Team (IALT)**

DCS, DHS, and FTF share a common vision to prevent child abuse and neglect in Arizona.

Representatives from FTF and DCS are core members of the Inter Agency Leadership Team (IALT), facilitated by ADHS, which regularly convenes state home visiting partners to support a coordinated system of evidence-based, high-quality home visitation programs that are accessible to vulnerable children and families in Arizona. The IALT focuses on increased coordination among funders, promoting awareness of and increasing referrals to home visitation programs, responding to the needs of the home visiting workforce by providing ongoing professional development and training opportunities, and overseeing a statewide home visitation data management system to inform decision-making.

## **QUALITY EARLY LEARNING OPPORTUNITIES FOR CHILDREN MOST AT-RISK**

Longitudinal studies, spanning more than 40 years, demonstrate that quality care and education from birth to age 5 results in higher IQ scores, higher school graduation rates and lower crime rates.<sup>iii,iv</sup> Young children with high-quality experiences have been shown to have increased vocabulary, better language, math and social skills, more positive relationships with classmates and higher scores on school readiness assessments. In short, these children are better prepared for school.<sup>v,vi</sup>

Elements of high-quality early childhood programs include: skilled teachers that know how to engage young learners; indoor and outdoor environments that are safe, child-centered, stimulating and well-stocked with developmentally appropriate materials; predictable and balanced daily schedules and routines; evidence-based, culturally responsive and relevant curriculum; supportive assessments of each child's progress; and ample opportunities for family involvement in their child's education.

First Things First created Quality First – Arizona's Quality Improvement and Rating System – to establish a unified, measurable standard of care; inform parents on their local providers' proximity to that standard; and improve quality to promote school readiness. Quality First participating providers receive supports to improve and maintain the quality of their programs. These supports may include: individualized coaching and specifically targeted technical assistance, incentive grants and college scholarships so staff can expand their skills in engaging young learners.

Pre-pandemic data showed that Quality First significantly improved the quality of early learning options available to Arizona's families. When programs were first rated (2013), 25% of 857 participating rated providers met or exceeded quality standards (3-5 star rated). Over the course of the next seven years, both enrollment and quality levels improved among providers participating in Quality First. At the end of SFY24, 83% of 1,434 participating rated providers met or exceeded quality standards.

FTF and DCS continue their commitment to helping more vulnerable children access quality care. DCS has worked to ensure that birth families and foster families receiving child care subsidies have information with which to choose quality child care.

Building on this success is a priority. About \$1.3 billion was allocated to Arizona by the federal government to support the stabilization and the re-building of the child care system following the pandemic. The funding, which was administered by DES, included support to greatly increase the reach of the Quality First program. Through Federal Fiscal Year 2024, DES invested \$74 million to expand

Quality First up to an additional 450 providers. At the end of SFY24, a total of 635 child care and preschool providers were engaged in Quality First through this funding, which ended in July 2024. Through a collaboration among FTF, DES and DCS, an emphasis was placed on recruiting providers already serving children in DCS care or who are in communities with a high number of DCS referrals and/or removals.

## **SUPPORTING TEACHERS WORKING WITH TRAUMATIZED CHILDREN**

Research demonstrates that young children’s social-emotional skills promote school readiness and future academic success. Children with less developed socio-emotional skills may benefit from positive early education experiences that could help facilitate their transition into formal schooling. Unfortunately, children with socio-emotional and behavioral problems – including children who have experienced the trauma of abuse or neglect – may be more at risk for expulsion from early education programs.

Given the high rate of expulsion in preschool and child care programs, FTF has prioritized an evidence-informed Early Childhood Mental Health Consultation (ECMHC) strategy to support teachers to implement practices that promote positive social-emotional development and reduce expulsion rates for children in Arizona.

The ECMHC strategy is intended to help early childhood education professionals more effectively interact with children and their families through consultation with trained mental health professionals. Based on evidence found in research on ECMHC programs, ECMHC is effective in preventing and reducing challenging classroom behaviors, improving teacher skills and lowering preschool expulsion rates.

Mental Health Consultants (MHCs) are mental health professionals with expertise in children’s social and emotional development who help early care and education providers understand how to promote early childhood socio-emotional competence and development as well as problem-solve specific child behavioral/emotional challenges in the classroom issues. ECMHC has primarily been implemented in licensed child care centers and homes; however, ECMHC services can also be provided to professionals providing home visitation services or those involved in Family, Friend and Neighbor (FFN) programs. Whether these expanded services are provided depends on funding decisions made by a First Things First (FTF) regional partnership council.

The evidence demonstrating that ECMHC is effective at promoting positive social and emotional outcomes and reducing negative outcomes, has led many states to incorporate the practice in efforts to improve the quality of early learning settings, such as child care and preschool. Some FTF regional councils have incorporated ECMHC into the supports provided to child care and preschool programs participating in Quality First, FTF’s early education quality improvement and rating system. The ECMHC program – referred to as Smart Support – is administered through a partnership with a community-based organization. In SFY24, 367 child care and preschool providers received consultation proven to enhance teachers’ confidence in dealing with students’ social–emotional needs, improve teacher–child relationships and prevent expulsions. In addition, 267 child care and preschool providers received mental health consultation through funding made available from federal pandemic relief



funds.

ECMHC is not a therapeutic service for children. It works to enhance the ability of teachers and programs to address the varied social-emotional needs of children, thus improving outcomes for all children. There are a variety of situations in which programs might request or be offered ECMHC:

- Child-Focused Consultation: working with teaching staff, to understand a specific child's behavior and ways to meet the child's needs through an individualized plan;
- Classroom-Focused Consultation: working with a specific teacher to identify attitudes, beliefs, practices and conditions that can be improved to bolster quality relationships between teachers and children; and
- Program-Focused Consultation: working with program leadership, like directors, to ensure their early learning practices and/or policies benefit all social-emotional wellness of all children and adults in that setting.

ECMHC consultants are typically experienced Master's level professionals from disciplines such as social work, counseling and marriage and family therapy. Some also have advanced degrees in early education or early childhood special education. They typically visit programs weekly and might address issues at the child, classroom or program level, depending on their agreement with the program leadership and staff.

As noted earlier, FTF regional councils support ECMHC in 16 regions of the state for providers enrolled in the Quality First program. In addition, DCS has expanded access to ECMHC in western Maricopa County ZIP codes with large numbers of referrals or removals. Both these efforts received a much-needed boost through federal child care relief dollars being administered by DES. With this funding, FTF expanded ECMHC to all providers statewide who a) were currently in Quality First and serving children in DCS but do not have ECMHC offered in their area; and b) were newly enrolled in Quality First under the expansion and serving children in DCS care. That federal relief funding has ended.

Through this three-agency collaboration, more vulnerable children have access to safe, nurturing and stimulating early learning environments, including teachers who are supported in meeting their unique social-emotional needs.

<sup>i</sup> American Academy of Pediatrics (2014). *Adverse Childhood Experiences and the Lifelong Consequences of Trauma*. [https://www.aap.org/en-us/Documents/ttb\\_aces\\_consequences.pdf](https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf)

<sup>ii</sup> US Department of Health and Human Services, Home Visiting Evidence of Effectiveness. Retrieved from <https://homvee.acf.hhs.gov/> <sup>iii</sup> Barnett, S. (2008) *Preschool education and its long lasting effects: Research and policy implications*. Boulder and Tempe: Education and the Public Interest Center & Education Policy Research Unit. Retrieved from: <http://nepc.colorado.edu/publication/preschool-education>

<sup>iv</sup> The Frank Porter Graham Child Development Institute. (1999). *Early learning, later success: The Abecedarian study*. Chapel Hill, NC: The University of North Carolina at Chapel Hill.

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<sup>vi</sup> Karoly, L., Greenwood, P.W., Everingham, S.S., Hoube, J., Kilburn, M. R, ... & Chiesa, J. (1998). *Investing in our children: What we know and don't know about the costs and benefits of early childhood interventions*. Washington, D.C.: RAND. Retrieved from [https://www.rand.org/content/dam/rand/pubs/monograph\\_reports/1998/MR898.pdf](https://www.rand.org/content/dam/rand/pubs/monograph_reports/1998/MR898.pdf)