



February 1, 2022

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

During the on-going pandemic, much attention has been given to the impacts of COVID-19 on our health care system, our communities and our economy. But there is an area of critical importance to Arizona's future that can often go unnoticed – our youngest children. This is especially concerning given what we know about the life-long 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.

Even before the pandemic, Arizona's youngest children were 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. In fact, young children in our state were *twice* as likely to have experienced two or more ACEs than young children nationally. The stress and trauma associated with the pandemic – for both children and their adult caregivers – likely worsened this already troubling statistic.

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 that 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 ongoing collaboration with each other, our sister agencies and communities statewide to ensure that 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, appearing to read "Michael Faust".

Michael Faust
Director
Arizona Department of Child Safety

A handwritten signature in black ink, appearing to read "Josh Allen".

Josh Allen
Interim Chief Executive Officer
First Things First

TABLE OF CONTENTS

PARTNERS IN PREVENTION AND EARLY INTERVENTION – Pages 3-27

- Introduction – Page 3
- Department of Child Safety – Page 8
- First Things First – Page 22

WORKING TOGETHER TO SERVE AZ’S MOST VULNERABLE CHILDREN – Pages 28-32

- Strengthening Families – Page 28
- Quality Early Learning Opportunities for At-Risk Children – Page 30
- Supporting Teachers Working with Traumatized Children – Page 31

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

Landmark research conducted by Kaiser Permanente from 1995 to 1997 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 federal Centers for Disease Control and Prevention, the study showed that Adverse Childhood Experiences (ACEs) occurred in three major categories: abuse, neglect and household challenges.

Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs. Researchers found that, 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 (*See Figure 1*).ⁱ

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.ⁱⁱ

A review of data from the 2018-2019 National Survey on Children’s Health demonstrates that young children in Arizona are more likely to experience multiple ACEs compared to their national counterparts. Out of all 50 states and the District of Columbia, Arizona was among the top ten states with the highest proportion of children birth to 5 who have experienced at least one ACE (See Figure 2). In addition, Arizona young children are almost twice as likely to have two or more ACEs (15.5%) than children in the U.S. (8.6%).ⁱⁱⁱ This information underscores the importance of prevention in addressing child welfare in Arizona.

Figure 2:

State	One or more ACE
Arkansas	37.80
Oklahoma	37.30
Michigan	34.70
Louisiana	33.60
Mississippi	33.60
Indiana	33.50
Nevada	33.50
Georgia	33.40
New Mexico	32.30
Arizona	31.80

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 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™* 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.

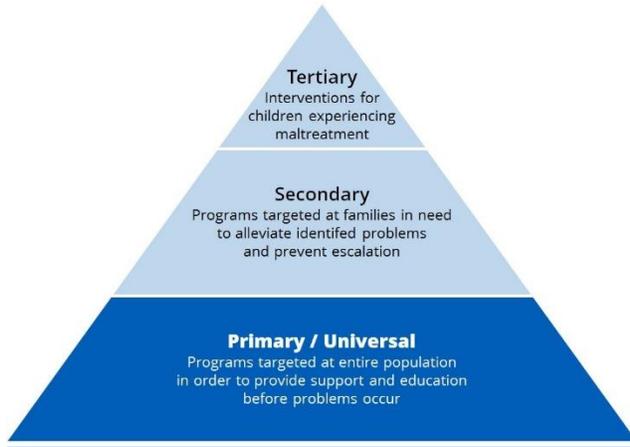
Levels of Prevention

The italicized information below is taken directly from the U.S. Department of Health and Human Services’ [Framework for the Prevention of Child Maltreatment](#).¹

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).

¹ U.S. Department of Health and Human Services’ Child Welfare Information Gateway. Downloaded from <https://www.childwelfare.gov/topics/preventing/overview/framework/>

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.



Source: Australian Institute of Family Studies²

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.

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.

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

² Adapted from Bromfield, L., & Holzer, P. (2008). *A national approach for child protection: Project Report*. Melbourne: Australian Institute of Family Studies.

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.

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

The Department of Child Safety (DCS) is required by law to investigate reports of child abuse or neglect and provide services to children and families that either: allow the child to remain safely in their own home; provide children with temporary homes while services are provided that allow the child to return home safely; or locate permanent new families for children that the court has determined cannot be safely returned to their homes.

Executive Summary 2021

Last year, with the ongoing COVID-19 pandemic, Arizona’s children and families continued to experience economic and pandemic-related stressors. With a return to in-person learning, reports to the Child Abuse Hotline from the education community returned to pre-pandemic levels. While entries to and exits from foster care have remained relatively consistent, a shift in the labor force to more telecommuting as well as fear of the virus has resulted in many families deciding to close their license to foster children. Recruitment efforts will continue as the need for foster families remains a constant.

The service array for DCS was improved with the introduction of Family Connections (FC) and Nurturing Parenting Programs (NPP). These services can be referred for families involved with DCS, whether in-home or out-of-home. Details regarding these programs are provided later in this report.

Arizona became the first state in the nation to create a comprehensive health plan for children in foster care. DCS MercyCare Comprehensive Health Plan (CHP) allows caregivers to utilize one health plan for both behavioral and physical needs of children in foster care, streamlining the navigation and claims process as well as providing comprehensive services for children in foster care.

Below is a summary of services and programs offered in 2021. Due to data availability and reporting periods required by state and federal authorities, reporting windows vary as noted.

2021 Summary of Children/Families Served		
Program	Children/Families Served	Reporting Period
RCAP Councils - Direct Preventive Services to families	1,454	Oct 1-Sep 30, 2021
Care Portal – Concrete Resources	1,654 children; 740 families	Oct 1-Sep 30, 2021
Baby Boxes – Concrete Resources	225 Infants	Jan 1, 2020-Dec 31, 2021
Child Care Assistance	21,650 Children	Oct 1, 2020-Apr 30, 2021
Child Care Expulsion Prevention	123 Children	Oct 1-Sep 30, 2021
Healthy Families AZ	4,089	Oct 1-Sep 30, 2021
Family Connections	1200 Referrals	July 1-Sept 30, 2021
Nurturing Parenting Program	250 Referrals	July 1-Sept 30, 2021

Young Parent University	41 Youth	Oct 1-Sep 30, 2021
Substance Exposed Newborn Safe Environment (SENSE) Program	439	Jan 1-Dec 31, 2021

2021 Summary of Prevention Provider Trainings Offered		
Program	Community Served	Reporting Period
Protective Factors – Train the Trainers	39 Trainers Trained 536 community members trained by Trainers	Oct 1, 2020 – Sept 30, 2021
Flourishing Families Training	28 Practitioners Trained	Oct 1, 2020 – Sept 30, 2021
4 Ps Plus Training	130	Jan 1-Dec 31, 2021
ACES Consortium	12 scholarships provided	Oct 1, 2020 – Sept 30, 2021
Home Visitor Supervisor Institute (HSVI)	112 Home Visiting Supervisors	Oct 1, 2020 – Sept 30, 2021
Prevent Child Abuse AZ Annual Conference	117 scholarships provided	Jan 1-Dec 31, 2021
Safe Sleep Training – CBT	846 DCS staff	Jan 1-Dec 31, 2021

Regional Child Abuse Prevention Councils (RCAPCs)

Child abuse is a community-based problem and the success of prevention efforts demands a community-based response. Child abuse prevention highlights programs and services that promote the general welfare of children and families, preventing the first occurrence of child abuse and neglect. The Regional Child Abuse Prevention Councils (RCAPCs) are 15 voluntary groups of primarily child advocates, social service professionals, school personnel, business representatives and community members located in different areas of the state of Arizona, including two councils operated on tribal lands (one prevention council in the Gila River Indian Community and the other council serving the White Mountain Apache Tribe). The councils organize public engagement campaigns to heighten public awareness of child abuse and neglect; and most of all, what the community can do to assist in preventing it. Councils also advocate for effective prevention programs and policies that ensure the safety and well-being of children. DCS provides statewide leadership in promoting evidence-informed and evidence-based practices. To that end, several RCAPC members are trained in the Strengthening Families™ program by the Center for the Study of Social Policy. The councils also educate the community about the effects of Adverse Childhood Experiences (ACEs) and how protective factors can mitigate the effects of ACEs.

Training opportunities were offered to the RCAP Councils and Parent Advisory Collaborative (PAC) members during 2021 to enhance their prevention activities and presentations in the community. Due to

the COVID-19 pandemic, there was one virtual DCS-sponsored training for the RCAP Councils and PAC members and the Protective Factors Certified Training of Trainers, Flourishing Families and Community of Practice. PAC members were provided paid scholarships to attend the Arizona Annual Child Abuse Prevention Conference, Prevent Child Abuse America Conference and the ACEs Consortium Conference.

Training Opportunities Provided

Protective Factors

DCS Office of Prevention hosted “Bringing the Protective Factors Framework to Life in Your Work: A Resource for Action” Training of Trainers (TOT) in January 2021 virtually due to the pandemic. The Children’s Trust Fund Alliance provided a three-day TOT in Arizona to 39 individuals, representing 10 of the 15 counties in Arizona, who agreed to complete the training to become certified trainers and provide at least three free Protective Factors trainings in the community and/or to providers working directly with children and families. In the upcoming year, CBCAP grant funding will fund another TOT. This cohort had representatives from the AZ Center for African American Children, Department of Education, Children’s Advocacy Centers, Head Start, Differently Abled Mothers Empowerment Society, DCS, RCAPS and the Family Involvement Center.

DCS coordinated quarterly Community of Practice meetings and co-teaching time from experienced Protective Factors trainers. New trainers had the option to utilize support and guidance during the first trainings they offer to their communities. A robust COP will ensure fidelity to the model and training as well as quality of training provided in the community.

Flourishing Families

Flourishing Families is a curriculum that helps those who work with families teach parents/caregivers about the five Strengthening Families™ Protective Factors and how to build them in their family. Five Arizona trainers certified to teach the Strengthening Families™ Protective Factors, and reviewed/amended by more than twenty Arizona parents designed the curriculum. Thirty people attended the Flourishing Families Practitioner Training of which 22 were certified Protective Factors Trainers. Training was conducted virtually due to the pandemic and feedback from participants was this training enhanced their skills to deliver training and make it more relevant to working with families.

4Ps Plus

In response to the opioid epidemic, Safe and Healthy Infants and Families Thrive (SHIFT) developed three goals for Arizona: establish the use of information sharing protocols to improve outcomes and service delivery to families; provide a roadmap for providers and parents/caregivers to increase supports and services for pregnant people and/or those caring for newborns with substance exposure; and increase the

use of Infant Care Plans prenatally and post-partum. The statewide SHIFT plan is currently being piloted in Yavapai County and a portion of Maricopa County in FFY 2021 through the support of a Blue Cross/Blue Shield (BCBS) in Communities Grant funds. Part of the SHIFT plan is universal screening for pregnant women. The recommended universal screening tool, 4Ps Plus, is used to screen pregnant women for alcohol, tobacco, marijuana, and illicit drug use. In addition, validated screening questions are included for depression and domestic violence. This year, 130 people were trained to implement the 4Ps Plus screening tool statewide, including integrated care offices and Healthy Families Arizona.

Strong Families

Strong Families holds an annual free home visitor conference to provide professional development for home visitors. DCS and FTF participate in the conference planning and often present workshops at the annual conference. This year, due to COVID-19, the Strong Families Conference was held virtually over several days. Topics included engaging fathers, post-partum depression, domestic violence and prevention of loneliness and social isolation during a pandemic. After the conference, there were “learning festival” opportunities with the participants to dive deeper with the presenters of the workshop and keynote presentations.

ACEs Consortium

DCS and FTF are partners in the Adverse Childhood Experiences (ACEs) Consortium, a grassroots initiative that engages more than 250 people representing organizations and networks reaching across sectors and geographies throughout the state to advance health equity and strong and productive individuals. Arizona continues to make great strides to prevent/reduce adverse childhood experiences and promote resiliency through the work of the Consortium. Its mission is to increase awareness of ACEs in Arizona and promote ideas, policies and practices that minimize childhood adversity and build resilience in individuals, families and communities.

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. *(See Pages 28-29 for additional information about home visitation and system coordination/collaboration.)*

Healthy Families Arizona

The Healthy Families Arizona Program was established in 1991 by DCS and is an example of an innovative funding approach in that the program has multiple financial streams supporting service delivery and program services. The US Department of Health and Human Services has designated the program as evidence-based. In 2021, HFAz utilized funding from the Community Based Child Abuse Prevention (CBCAP) grant, lottery, and DCS general funds, in addition to DHS contributing funds through federal Maternal Infant Early Child Home Visitation (MIECHV) funding, AHCCCS State Opioid Response grant, and First Things First regional funds (20 FTF regions throughout the state fund home visitation and HFAz is one of three evidence-based models funded in FY21).

From October 1, 2020 through September 30, 2021, 4,089 families were served by HFAz program sites that were funded fully or partly by DCS, FTF, AHCCCS and MIECHV. The HFAz program serves a culturally diverse population. Target populations for the program include two of Arizona's largest minority populations – Native American and Hispanic. Fifty-four percent of the mothers enrolled in the program were Hispanic. HFAz served Navajo, Hopi, Pascua Yaqui, Cocopah, Gila, White Mountain Apache, and Quechan families residing outside reservation land.

Parent Skill Building

In July 2021, DCS launched a new service array to include new programs called Family Connections and Nurturing Parenting Programs. Families are referred to these programs based on need with the goal of supporting children while remaining in-home or reunifying with a parent as soon as possible.

Family Connections (FC) is a trauma-informed and empowering service, provided to families in the context of their own communities and cultures. Family Connections provides change-focused interventions to achieve core outcomes of improved social support, family functioning, family resources, child well-being, parenting attitudes and behaviors, and management of parenting stress. FC is grounded in the following practice principles:

- Community outreach
- Family assessment and tailored interventions
- Developing a helping alliance and partnership with the family
- Empowerment
- Emphasizing strengths
- Cultural competence
- Developmental appropriateness
- Outcome-driven service plans

- Positive attitudes and qualities of helpers

The Nurturing Parenting Programs (NPP) is a family-centered, trauma-informed program designed for families at risk for abuse or neglect and features activities that foster positive parenting skills with nurturing behaviors, promote healthy physical and emotional development, and teach appropriate role and developmental expectations. The Nurturing Parenting Program values positive self-worth, empathy, empowerment and strong will, structure and discipline, and laughter and play. NPP supports parents to give their children:

- Appropriate expectations
- Empathy
- Non-violent discipline
- Appropriate family roles
- Power and independence

Concrete Supports

CarePortal

The CarePortal engages churches to help meet the needs of families to aid in promoting safe parenting and positive behavioral change. In this model, a child welfare worker identifies a need such as a crib, clothing or car repair. The child welfare worker then accesses the CarePortal online and submits the request for help in meeting the identified need. In FFY 2021, community CarePortal churches assisted 1,654 children and 740 families by providing for many unmet needs in the way of goods and services. Since its launch 5 years ago, CarePortal and 124 participating churches from around the state have now served over 10,000 children.

Learning from Lived Experience

Parent Advisory Collaborative

The Arizona Parent Advisory Collaborative (PAC) has brought the voice of parents and families into planning for DCS policy, practices and procedures in 2020 and is well-positioned to make a positive impact on child well-being going forward. The leadership team seeks the consultation of the PAC and its members, who bring the perspective of parents and families to decision making. The PAC is comprised of parents previously involved in child welfare and community parents. The PAC had four formal meetings during federal fiscal year 2020 (FFY20). The formal meetings provide an opportunity to present to senior

management and DCS Director Michael Faust the activities and accomplishments of the PAC and the work of the PAC committees.

PAC members are motivated and passionate about bringing the parent voice for child well-being and strengthening families in the community within the state of Arizona and nationally. The PAC actively seeks to improve services for children and families through its efforts. PAC members have achieved numerous accomplishments locally, statewide and nationally.

Supporting Young Parents

Young people who are parenting or soon to become parents who have a history of involvement with the child welfare system as a child are at increased risk to experience income inequality, intimate partner violence, lack of stable housing, and are almost twice as likely to become involved with the child welfare system as older parents. Young parents in child welfare are more susceptible to allegations of child maltreatment as to their own children, given their often-unstable family system and inherent limitations due to their developmental stage. The Young Parent University (YPU) has been managed by the Office of Prevention for the past four years as a result of internal reviews of child fatality and near-fatalities related to young parents and children.

The current configuration of the Young Parent University involves both young people who are in foster or extended foster care and youth within the community. Development and management of the program has been the responsibility of the Office of Prevention in cooperation with planning team members comprised of state of Arizona agency representatives, community partners and service providers serving youth. Input from the previous year's YPU evaluations was used by the planning team members and was an integral part of topic and presentation development. Historically, the Young Parent University has taken place in person, on-site at a conference center or meeting facility. The COVID-19 pandemic required the evolution of the University to a virtual program in 2020. This shift allowed a unique working relationship to develop and partnerships were established with partners across the state who provided valuable insight specific to their communities.

This two-day event was able to offer a virtual mechanism to encourage frequent engagement with young parents throughout the year. It was determined that the most effective method of communication with the age group of 13–21 is through emails, texts and social media. Due to the need to convert the University to the virtual environment, it was determined early in the planning stages that some young parents may not have the technology to accommodate their attendance at the event. The Office of Prevention was able to purchase Dell Inspiron laptops to provide to the participants who reported not having access to a stable and reliable device to participate in the Young Parent University and receive other communication throughout the year from DCS.

Three tracks of three sessions each were offered with workshops dedicated to parents of children within certain age ranges, and two dedicated workshops for fathers, led and presented by fathers, also were offered. Workshops offered on the first day included topics on healthy relationships, co-parenting during COVID-19, breastfeeding, mental health in pregnancy, postpartum depression and fatherhood. Workshops offered on the second day included topics like home safety, appropriate caregivers, developmental milestones, infant and toddler mental health, budgeting, well child doctor visits and Dads Matter Too. Two special sessions were held to offer access codes to the online Triple P Positive Parenting Program and allow technical support to be offered during the session.

The young parents that attended were provided with educational materials. The first was a boxed set of educational support materials that was delivered by mail that contained books, learning flash cards, a play mat, some snack containers and varying resources specific to young parents such as the Birth to Five Helpline, Poison Control, and pamphlets about safe and appropriate caregivers. All participants also received two Door Dash or Uber Eats cards for meals. All participants received raffle prizes including diaper backpacks, health kits, baby monitors, baby journals, baby clothes, age appropriate toys, pack and plays, strollers and hygiene items.

Services for Families in the Child Welfare System

In the course of its work, DCS interacts with families whose challenges do rise to the level of continued formal involvement with the child welfare system. For many families, issues of poverty, substance abuse, mental health challenges, inadequate housing and homelessness, domestic violence or a combination of these factors may place children at risk for future abuse or neglect. These issues must be addressed in order to ensure that children remain safe and to prevent further involvement with the child welfare system. These services focus on preventing the recurrence of maltreatment. Among the newer services that DCS operates or partners with others to implement are:

DCS Child Care

DCS provides child care as a preventative and supportive service for families involved with the child welfare system. Child care assistance is provided through DCS and DES for children ages 6 weeks to 12 years old for a minimum of 12 months. As of October 31, 2020, DCS was providing child care assistance to 11, 259 families, which is down from 14,445 in October 2019. This dramatic decrease is believed to be an effect of COVID-19 and the subsequent decline in the number of child abuse reports. Once a family is involved with DCS and the investigation determines child care would support the family, the DCS Specialist will offer child care assistance as a prevention measure.

COVID-19 Effect and Response

Much of the child care efforts made by DCS in the past year have revolved around the response to COVID-19 and its effects on the viability of the child care industry. Beginning in March 2020, child care utilization plummeted to 40% of active authorizations. In April 2020, 72% of Arizona's child care providers had voluntarily closed. In coordination with DES, approval was granted by the Office of Child Care to continue payments to child care providers on all active authorizations, regardless of attendance. DCS and DES received approval to provide 3-month extensions to all families whose child care support was due to expire between the months of March and July 2020, allowing them to access this critical resource without the need to reapply and potentially lose their DCS-funded child care assistance. These efforts have thus far been successful, with 75% of the state's child care providers open and serving children at the end of October 2020.

Quality Child Care

It is vital that any child, but particularly one exposed to abuse or neglect, be in a safe and responsive environment that allows them to heal. As such, one of the primary focuses of DCS is to place children into quality child care settings, meaning they possess a 3- to 5-star rating from FTF's Quality First program or a national accreditation. By April 2021, the child care referrals remained at 53% for children involved with the child welfare system attending quality child care. The overall number of children in quality settings has reduced since October 2020, however the percentage of DCS referrals to quality child care has increased despite the COVID-19 effects to child care providers. *(See Pages 30 to 31 for additional information on Quality First and efforts to expand access to quality child care for children in the child welfare system.)*

Head Start

Head Start and Early Head Start programs provide an ideal environment for young children who have suffered trauma, both in terms of their education and social/emotional development. Despite children in out-of-home care being categorically eligible for child care, it has been an underutilized resource in the past. With that in mind, DCS collaborated with the Arizona Head Start Association and several Head Start grantees in the Phoenix area in September 2019 to create a pilot program to streamline the enrollment process for children referred by DCS. The pilot provides DCS with vacancy data for each location, and children can then be matched to available spots. From October 2019 to March 2020, this pilot aided in the enrollment of 37 children in out-of-home care into Head Start and Early Head Start programs. The program was put on hold in March 2020 as the Head Start grantees shifted focus to their response to COVID-19 and instruction was shifted online. However, in September 2020, discussions were held about reviving the program and two additional Head Start grantees agreed to participate in the revived effort, expanding the service area to all of Maricopa County and southern Arizona.

Child Care Expulsion Prevention

The previous year saw continued expansion and success for the Department's child care expulsion prevention efforts. Children at risk for expulsion from their child care settings are referred for and receive support in an attempt to stabilize them. Between October 2020 and May 2021, the Department provided support to 123 children in out-of-home care that were at risk for expulsion. The supports were able to stabilize the vast majority of children, with only 15% of these referrals resulting in an expulsion of the child.

- ***Expanding Access to Mental Health Consultation***

One of the efforts aiding in the Department's expulsion prevention efforts is the expansion of mental health consultation. Mental Health Consultation is a support where a licensed clinician who is also trained in early childhood education provides support for a child care to create a healthy and responsive environment for the children they serve. *(See Pages 31 to 32 for additional information on efforts to expand MHC to children in the child welfare system.)* Clinicians work on a center-wide, classroom, and child-specific level to attempt to create a trauma-informed learning environment throughout the facility. Mental health consultation is currently funded on a limited basis and is only available in certain parts of the state through First Things First (15 regions). One of the largest gaps is in western Maricopa County, which coincides with several of the ZIP codes that contain the highest number of children ages 0-5 in DCS custody. In November 2019, in an effort to provide support to this area, DCS worked with behavioral health providers in Maricopa County and designed a pilot to allow mental health consultation to be a billable service through a child's insurance plan under existing codes. This pilot expanded throughout the year and has currently served 14 children. Given its success, discussion is ongoing with the state's Medicaid provider to create a billable code exclusively for mental health consultation to allow for its utilization statewide.

Substance Exposed Newborn Safe Environment (SENSE) Program

In 2021, DCS continued to provide the Substance Exposed Newborn Safe Environment (SENSE) program under a new contract including the Family Connections Program. In 2021, there were 439 families who received SENSE services. SENSE now serves families in 12 out of the 15 counties in Arizona. 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. Components of the SENSE program include collaboration between community-based home visitation services such as HFAz, the Family Connections Program (Level II), substance abuse treatment, drug testing, case management and a home visiting nurse. There are currently seven nurses across the state. The SENSE program is the only program at DCS that incorporates

a nurse home visitor as part of the service team. This component is vital to the program and aids in early identification and addressing of developmental delays, social and emotional development, health and safety concerns; and ensures appropriate interventions outside of the SENSE program are completed. Families that complete the SENSE program participate in various assessments and screenings including; the Ages and Stages Questionnaire, post-partum screenings, random drug testing, and Sudden Unexpected Infant Death Syndrome (SUIDS) prevention/safe sleep curriculum. All newborns served have an Infant Care Plan (ICP). The ICP is Arizona's response to the Comprehensive Addiction and Recovery legislation requiring all SEN's to have a plan of safe care.

Arizona's Plans of Safe Care for Infants and Families for Infants Prenatally Substance Exposed (IPSE)

DCS Office of Prevention has continued to co-chair the Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs, which is housed at DHS and was first developed at the request of Arizona's governor more than a decade ago. The most recent strategic plan for the Task Force, 2015-2020, along with additional resources and tools, can be located [online](#).

The Executive Summary for this plan outlines the problem: substance use by pregnant women is the leading preventable cause of mental, physical, and psychological problems in infants and children. The number of infants prenatally exposed to substances (IPSE) diagnosed with Neonatal Abstinences Syndrome continued to grow, even with a significant underreporting and lack of coordinated care for the child across the life span. The goals of this plan include: working closely with providers and stakeholders to appropriately identify newborns prenatally exposed to substances; raise awareness and understanding of risks and effects of prenatal exposure; create optimal opportunities for early identification and engagement with all women of reproductive age; promote successful outcomes for those affected by prenatal substance exposure; and strengthen the Task Force in order to better carry out its mission. This group meets bimonthly and provides educational opportunities, community education and collaboration for professionals working with families impacted by substance abuse. There are taskforces throughout the state that continue to address infants prenatally exposed to substances and their families. These task forces include:

- The Southeast Regional Polysubstance Abuse in Pregnancy and the Newborn (PAPN) taskforce meets quarterly and has engaged at least one medical professional from each birthing hospital. Advancements for this taskforce include recognition that two hospitals in Pima County are paving the way for Arizona. The Eat Sleep and Console method, first implemented in Pima County, is now being taught at other hospitals across the state, and other hospitals within Pima County are developing their own strategic plans in order to improve their practices.
- MATFORCE, the regional taskforce from Yavapai County, held their fourth annual conference virtually on substance use and intervention. The focus of the conference was on the pressing

issues Arizona is currently facing, actions currently being taken to address this issue on a statewide level, and efforts on prevention of prenatal substance exposure.

- Maricopa County's Safe, Healthy Infants & Families Thrive (SHIFT) Collaborative started through Maricopa County's Juvenile Court Program, Cradles to Crayons, with the in-depth technical assistance of the National Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) grant. The work of the SHIFT collaborative focused on plans of safe care for pregnant women to improve outcomes for parents and children postnatal. The Maricopa County SHIFT Collaborative transferred leadership from the Courts to the Maricopa County Department of Health and is supported through the State Opioid Response grant.
- The 2020 Practice and Policy Academy – Improving Outcomes for Pregnant and Post-Partum Women with Opioid Use Disorders and their Infants, Parents and Caregivers – sponsored by the Children's Bureau and SAMSHA selected Arizona to put together a team to continue the great work already existing in Arizona. The Arizona team developed three goals for the state: establish the use of information sharing protocols to improve outcomes and service delivery to families; provide a roadmap for providers and parents/caregivers to increase supports and services for pregnant people and/or those caring for newborns with substance exposure; and increase the use of Infant Care Plans prenatally and post-partum. The statewide plan was be piloted in Yavapai County in 2021.

Safe Sleep and Baby Box Campaign

In response to identifying the unsafe sleep trend, DCS started the Safe Sleep Campaign and Baby Box Program in November 2016. The Safe Sleep Campaign focuses on training DCS Specialists and contracted providers to help them address safe sleep practices with families. In addition to training, DCS purchased baby boxes that can be used as a portable crib. These baby boxes are offered to any parents, including pregnant and parenting teens involved with DCS, who need a safe place for their infants to sleep. The training curriculum used is aligned with recommendations for a Safe Infant Sleeping Environment from the American Academy of Pediatrics. The main message taught during training is the ABC's of Safe Sleep; baby sleeps safest Alone, on their Back, and in a Crib. DCS has also developed policies that require an Infant Care Plan be developed with the parents, to include information about safe sleep. Several non-profit agencies that are contracted with DCS for In-Home Services were also provided baby boxes.

One way to share the Safe Sleep training throughout the state is the recorded computer based training (CBT) that the DCS Office of Prevention created. This CBT was completed by 650 individuals consisting of DCS staff this year. DCS also obtained a gubernatorial proclamation declaring October as Safe Sleep Month. In 2021, baby boxes were offered to DCS parents, including pregnant and parenting teens involved with DCS, who need a safe sleeping environment for their infants. In FFY2020, baby boxes were also

offered to the community, providers, DCS parents and families in tribal communities that needed a safe sleep environment for their infants.

Other Services

On-going services administered by DCS include:

- ***Parent Aide Services*** – Through a range of support services, the purpose of a parent aide is to enhance the parenting skills and abilities of the parents/caregivers of children involved with DCS. The provision of services is aimed at addressing the identified safety threats, risks and behavioral changes specified by DCS staff. The program provides a range of support services, instruction and assistance to parents to improve their skills and ability to fulfill parenting roles and responsibilities. Supervised visitation between children in out of home placements, siblings and parents/caregivers may be requested to promote a continued relationship. Services are referral driven and are for children and their families who have an open DCS case due to a report of child abuse or neglect.
- ***Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together)*** – The Arizona Families F.I.R.S.T. program helps parents address substance abuse issues that are affecting their ability to care appropriately for their children or to get and keep employment. It provides the opportunity for families to overcome the barrier of substance abuse in order to reach the outcomes of permanency for children, family reunification and self-sufficiency. The goal of the program is to reduce or eliminate abuse of and dependence on alcohol and other drugs and to address other adverse conditions related to substance abuse.

In SFY 2020, 11,117 referrals came from DCS/DES Jobs. From those referrals: 96% received an assessment; 7,157 accepted services; and 2,089 completed treatment. Twenty-three percent (23%) of the referrals successfully completed AFF services and closed during SFY20 and 163 clients received Substance Abuse Awareness Services. The substance abuse population often faces extreme barriers such as incarceration, relapse and homelessness. Across the three-year period, both program completers and non-completers showed lower percentages of subsequent substantiated maltreatment reports after case closure.

For the past three years, over 80% of children whose parents completed the AFF program have achieved permanency compared to slightly more than 70% of children whose parents did not complete the AFF program. Furthermore, on average, over the past three years, 79% of children

whose parents completed the program have been reunified with their biological parents compared to 41% of children whose parents who did not complete the AFF program. The program's annual evaluation can be found <https://dcs.az.gov/news-reports/dcs-reports>.

- ***DCS MercyCare Comprehensive Health Plan (CHP)*** – The integrated health services model for children in foster care was implemented in April 2021. The functions of Mercy Care include: develop and maintain 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.

FIRST THINGS FIRST

First Things First (FTF) was created to enhance school readiness for children 5 and younger. 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 2021 (SFY21), FTF-sponsored programs screened 17,491 children in order to detect vision, hearing and developmental issues in young kids and prevent learning challenges later on. In addition, 3,765 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 SFY21, 1,098 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 SFY21, the Helpline answered 5,239 inquiries from families of children 5 and younger and from professionals working with infants, toddlers and preschoolers.

- ***Arizona Parent Kit*** – Extensive parenting information – including resources and tools for families of newborns to support their child’s health and learning – is published on the FTF website, where parents can quickly search for information specific to their child’s age or the specific parenting issue they are dealing with. The information is available in English and Spanish. Through a partnership with Arizona’s birthing hospitals, information about the Parenting Kit is given to the parents of newborns so they know how to support their baby’s safety, health and brain development. In SFY21, information about how to find the online parent kits was distributed to the families of 48,384 newborns statewide.

- ***Parenting Information and Resources*** – Since 2017, FTF has been working to engage its system partners in connecting families to the 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. In 2021, some additional collaborations included:
 - The FTF community outreach team, who work in communities throughout the state, often partnered with local DCS staff throughout the year. For example, they trained a Phoenix-area DCS unit as well as a group of DCS Team Decision Making facilitators on effective messaging about the importance of early childhood and how to share FTF information and resources with the families they serve.
 - A Phoenix-area DCS program specialist was named an FTF Regional Champion of the Year in 2019. Since then, she has continued to remain active, sharing FTF information and materials with case managers and investigators so that they could in turn share with families.
 - In Pima County, the outreach staff has partnered with a Court Appointed Special Advocate coordinator who distributes kits packed with FTF information and early childhood resources

- such as bilingual children’s books and developmental milestone growth charts - through judges and other court officials who work with families.
- FTF continues to collaborate with the DHS as part of a multi-agency collaboration to improve safe sleep practices statewide, (including the content of crib cards that are provided to the labor and delivery nurses at hospitals to reinforce the importance of safe sleep environments with new parents. In October, FTF joined DCS, the Arizona chapter of the American Academy of Pediatrics and other partners in promoting Safe Sleep Awareness Month. (See *additional information on Safe Sleep on Pages 19-20.*)
- Finally, FTF has provided information to be placed in welcome packets for new Child Abuse Prevention Council members. This includes an overview of FTF, and ways that CAP councils can connect with FTF for additional information, outreach materials and opportunities for collaboration. (See *additional information on Regional Child Abuse Prevention Councils on Pages 9-10.*)
- ***Building Awareness of the Impact of Abuse or Neglect on Young Children*** – FTF continues to be a primary sponsor of the statewide Child Abuse Prevention Conference, which was offered virtually due to the pandemic. Hundreds of professionals, including child welfare and community organizations working with at-risk children and families, attended the virtual conference, which offered national expert keynotes and three days of 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, address and meet their needs and provide a nurturing and stimulating home environment.

FTF is the leading funder of home visitation in Arizona (see *pages 28-29 for additional information on inter-agency collaboration*), providing funding for programs in 20 regions across the state. In

SFY21, FTF supported the implementation of three evidence-based models: Healthy Families, Nurse Family Partnership and Parents as Teachers. In SFY21, 4,669 families participated in FTF-funded home visitation programs. In addition, almost 400 families graduated from home visiting programs in SFY21.

In-person visits have continued to be difficult during the ongoing COVID-19 pandemic, but that hasn't stopped home visitors from supporting children and families they serve. Based on guidance from national program offices, phone calls, emails and virtual meetings have served to keep families engaged. Although families and staff are meeting in person whenever safely possible, virtual contact helps keep home visitors and families connected, keeps their relationships strong and keeps everyone moving forward in a positive way.

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

- Programs are enrolling children early; NFP (as required) enrolled 100% of children prenatally and HF and PAT enrolled a large percentage of children before age 1 (84% and 40%, respectively).
- All programs are reaching a higher proportion of families with low education levels (17%-28% compared to 13% statewide) and significantly more low-income families (64%-78% compared to 38% statewide).
- Both HF and NFP are reaching a much higher percentage of teen parents (11-32% compared to 6% statewide) and proportionate numbers of single-parent families (35-46% compared to 35% statewide).
- Programs are reaching a diverse group of families, with participants' racial makeup largely mirroring the state's. All three programs also reached a large percentage of Hispanic families (56%-64% compared to 31% in the state).
- Data also demonstrate that families participating in these programs have demonstrated 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.

Also in SFY20, FTF received a grant from AHCCCS which expanded our state's capacity to provide Early Childhood Mental Health Consultation (ECMHC) to 40 additional home visitation teams. Early Childhood Mental Health Consultation is a problem-solving and capacity-building intervention implemented within a collaborative relationship between a mental health consultant and home visitation providers to help build the capacity and skills to recognize and respond to the mental health needs of children and families. Mental health consultants have a master's degree

in therapy or counseling, and/or are a licensed mental health professional and/or have a mental health endorsement. ECMHC is a critical service to home visitors, expanding their knowledge and skills supporting families at risk for opioid use, as well as those experiencing mental health challenges. Services can be provided in-person or virtually, and can be individualized based on the needs of each home visitation team. Currently, the service is being provided to 39 teams statewide, with an additional team to be added soon.

- **Quality First Scholarships** – FTF’s signature program, Quality First is Arizona’s child care and preschool quality improvement and rating system. (See pages 30-31 for additional information about Quality First.) Quality First includes a limited number of scholarships that help young children in low-income working families access early learning programs. The scholarships (available to families at or below 200% of the Federal Poverty Level) may only be used at state licensed or certified child care or preschool programs that have shown a commitment to quality improvement or have achieved quality standards. In SFY21, child care scholarships helped 5,920 infants, toddlers and preschoolers access safe, reliable child care in learning environments committed to quality.
- **Support for Parents of Children with Special Needs** – The intent of the evidence-informed Family Support for Children with Special Needs strategy is to promote healthy physical, social and emotional developmental support to children and their families. The expected result is children and their families will gain knowledge about developmental concerns they may have and that the child’s development will progress as a result of the supportive interactions. The target population for this strategy is children with mild to moderate developmental concerns and their families, who do not qualify for services through the Arizona Early Intervention Program (AzEIP) for ages birth to 3, or preschool special education services for ages 3 to 5 provided through public school districts. These programs are also known as Individuals with Disabilities Education Act (IDEA) Part C and Part B programs, respectively. In SFY21, 392 families received this crucial support.
- **Family Resource Centers** – Located throughout Maricopa and Santa Cruz counties, this network of 46 centers offer families a one-stop shop to find the 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 SFY21, 15,012 families attended parenting activities or received referrals to needed services through family resource centers.

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^{iv} (see figure below).

	Improved Outcome	HFAz	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
Intermediate 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. DCS, DHS, FTF, AHCCCS, the Arizona Department of Education (ADE), Early Head Start and Native American Connections are partners in Arizona's prevention and early intervention community. This partnership has worked effectively toward ensuring that families of vulnerable children in Arizona have options when it comes to getting needed information and resources to support their children's safety and learning. In July 2020, the following priorities were established for IALT's workgroups and agenda:

- I. Collaborative Outreach and Coordinated Referrals to Home Visiting Services
- II. Improve Completed Maternal and Child Health Screenings, Assessments and Follow-Up
- III. Provide Professional Development Opportunities to Home Visitors throughout the State
- IV. Improve Access and Expand Home Visiting Services in Communities that Serve Identified Priority Populations
- V. Research & Continuous Quality Improvement
- VI. Supporting the Home Visitor Professional by Implementing System-Wide Strategies
- VII. Statewide Home Visiting Data Management

For the past six years, DCS has collaborated with FTF and DHS to provide professional development for supervisors through a Home Visitor Supervisor Institute (HSVI). Due to the COVID-19 pandemic, this year's conference was held on a virtual platform. The HSVI is provided to all evidenced based and evidenced informed home visitor program supervisors. The HSVI held in summer 2021 was attended by 112 supervisors and topics included the power of storytelling, transforming defensiveness to collaboration, the five domains of wellbeing, and a parent panel discussion. Feedback received from the supervisors was that 98% "agreed" or "strongly agreed" they learned something new and 100% "agreed or "strongly agreed" they can apply what they learned to their work.

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.^{v.vi} 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.^{vii,viii}

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. In 2020, 79% of 1,016 participating rated providers met or exceeded quality standards.

The COVID-19 pandemic has had a devastating impact on the child care system statewide. Many providers closed; virtually all who remained open are serving far fewer children due to on-going health concerns and staff shortages. Still, FTF and DCS continue their commitment to helping more vulnerable children access quality care. As noted on Page 16, DCS has worked to ensure that birth families and foster families receiving child care subsidies have information with which to choose quality child care. Although the ongoing pandemic means that fewer children are accessing early learning, data demonstrate that children in DCs care continue to access quality care at a rate of about 53%, which is higher than the general population of young children on subsidy accessing quality care (50%).

Building on this success is a priority as the child care system emerges from the pandemic. In December 2020 and March 2021, more than \$1.1 billion was allocated to Arizona by the federal government to further support the stabilization and the re-building of the child care system. The funding, which is being

be administered by DES, includes support to almost double the reach of the Quality First program – expanding access for 800 providers over the next two years. Through a collaboration among FTF, DES and DCS, there is an emphasis on recruiting providers who are 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 SFY20, 350 child care and preschool providers in 15 regions received consultation proven

to enhance teachers' confidence in dealing with students' social-emotional needs, improve teacher-child relationships and prevent expulsions. In addition, 45 referrals were given to children for services to address their mental health needs.

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 in this chapter, FTF regional councils support ECMHC in 15 regions of the state for provider 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. (*See Page 17*). Both these efforts will get a much-needed boost through federal child care relief dollars being administered by DES. Under a new agreement, FTF will expand ECMHC to all providers statewide who a) are currently in Quality First and serving children in DCS but do not have ECMHC offered in their area; and b) are newly enrolled in Quality First under the expansion noted on Pages 30-31 and serving children in DCS care.

Through this 3-agency collaboration, more vulnerable children will have access to safe, nurturing and stimulating early learning environments, including teachers to be supported in meeting their unique social-emotional needs.

ⁱ Centers for Disease Control and Prevention. (2016). *About the CDC-Kaiser ACE study*. <https://www.cdc.gov/violenceprevention/acestudy/about.html>.

ⁱⁱ 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

ⁱⁱⁱ Child and Adolescent Health Measurement Initiative (n.d). National Survey of Children's Health 2018-2019. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA),

Maternal and Child Health Bureau (MCHB). Indicator 6.13: Has this child experienced one or more adverse childhood experiences from the list of 9 ACEs? Retrieved on 27 September 2021 from www.childhealthdata.org

^{iv} US Department of Health and Human Services, Home Visiting Evidence of Effectiveness. Retrieved from <https://homvee.acf.hhs.gov/>

^v 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>

^{vi} 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.

Retrieved from http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/EarlyLearningLaterSuccess_1999.pdf

^{vii} Peisner-Feinberg, E. S., Burchinal, M. R., Clifford, R. M., Culkin, M.L., Howes, C., ... & Zelazo, J. (2000). *The children of the cost, quality, and outcomes study go to school* [Technical report]. Chapel Hill, NC: University of North Carolina at Chapel Hill, Frank Porter Graham Child Development Center. Retrieved from http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/NCEDL_CQO_technical_report.pdf

^{viii} 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