



CHILD AND FAMILY SERVICES

**Annual Progress and Services Report
for FFY 2019**

Department of Child Safety
STATE OF ARIZONA

Submitted to:
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Section I

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

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

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

Central Office Operations

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

- Field Operations
- Support Services (formerly Business Operations)
- Office of Child Welfare Investigations
- Office of Quality Improvement
- Office of Communications
- Office of General Counsel
- Human Resources & Child Welfare Training Institute
- Information Technology
- Ombudsman's Office
- Safety Analysis Review Team (Child Fatality and Near Fatality Review)
- Protective Services Review Team

Field Operations include:

- Five regions providing direct services for children and families
- Arizona Child Abuse Hotline
- Office of Prevention
- Placement Coordination

Support Services include:

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

The Office of Quality Improvement includes:

- Practice Improvement
- Field Resources and Policy Unit

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Regional Operations

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

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

Each region provides:

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

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

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

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

Organizational Values:

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

Section II

Collaboration with Stakeholders

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The Department's framework for collaboration with stakeholders includes four components: a strategic plan, the Community Advisory Committee, targeted engagement activities, and continuous engagement initiatives. These components provide access to stakeholders, forums for consultation, and a method to articulate the Department's strategic vision, mission, goals, objectives, and tactics so that improvement initiatives are supported and sustainable.

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

The Department engaged stakeholders during CY 2016 and 2017 as part of a 'report consolidation' effort pursuant to Arizona Laws 2014, 2nd Special Session, Chapter 1, Section 160. Stakeholders and the Department worked together to identify capacity, process, and outcome metrics to inform the continuous improvement of services and practice throughout the child welfare system. As a result, a monthly report is now published on the DCS internet site and available to all stakeholders and the general public. In the Spring of 2018, SB 1518 was passed and signed by Governor Doug Ducey. This bill was the outcome of recommendations made by the Department and the stakeholders involved in this ongoing collaboration. The bill combined two major semi-annual reports and one quarterly report into one semi-annual report. It also consolidated three annual reports specific to program outcomes into one annual report. These efforts have reduced redundancy in reporting and streamlined the process. Although the Department was already posting the proposed consolidated report to its website, SB 1518 codified this as a required report. The report includes several outcomes that align with APSR objectives and indicators (e.g. safely reduce the number of children in out-of-home placement by achieving faster permanency while preventing re-entry, as measured by: of all children who entered care in the period and discharged within 12 months to reunification, live with relative, or guardianship; the percentage who re-entered care within 12 months of their discharge). The Department will continue to hold stakeholder meetings to discuss metric outcome data.

Strategic Plan

The Arizona Department of Child Safety is committed to becoming a national leader for child safety through a well-run, efficient, and effective organization that uses evidence-based, evidence-informed, and promising practices. The strategic plan outlines five-year strategic priorities, objectives, initiatives and key actions that guide the Department's work and progress carrying out the Department's mission.

The following five-year priorities are identified in the Department's SFY2019 Strategic Plan.

- Goal 1: Improve timeliness of permanency
- Goal 2: Increase the placement of children in a family-like setting
- Goal 3: Improve employee retention through improved supervision
- Goal 4: Develop and implement the agency IT infrastructure
- Goal 5: Implementation of an Integrated Health Plan

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The Department's strategic plan was developed with consideration of the state Practice Improvement Case Reviews (PICR) and federal Child and Family Services Review (CFSR) findings pertaining to child and family outcomes and systemic factors, which are generated through case reviews and interviews with stakeholders and families. In addition, DCS considered the advice and insights of numerous internal and external stakeholders during the initial development and annual update of the strategic plan. Court partners, American Indian Tribes, advocacy groups, DCS staff, Casey Family Programs, ACTION for Child Protection, and the Children's Bureau are among the stakeholders and national child welfare organizations that the Department consulted to inform the selection of goals and strategic initiatives.

The Department values communication with stakeholders, and has dedicated resources to promote transparency and the continued inclusion of internal and external stakeholders in the Department's continuous improvement activities. The Department's Communications Director continues to ensure communication occurs with internal and external stakeholders. Internal communication to staff now includes periodic and timely messages from the Director, as well as an intranet site. External communication includes issuing regular press releases and social media engagement. The public website now includes the option to read the information in Spanish, and primary navigation has been restructured to focus on stakeholder needs. Communication during SFY 2018 focused on employee engagement, caseworker recruitment, and foster parent recruitment.

Community Advisory Committee

In May 2014, Arizona Revised Statute 8-459 was signed into law, establishing requirements for a DCS Community Advisory Committee. This Committee provides an opportunity for the Department and community stakeholders to collaborate so that together we accomplish our mission to successfully engage children and families to ensure safety, strengthen families, and achieve permanency. The makeup of the committee, pursuant to A.R.S. § 8-459, is comprised of representatives from the following:

- Child welfare agencies that directly provide contracted services to children and their families;
- Child advocacy organizations that deal with child welfare system policy issues;
- Current or former foster or adoptive parents;
- Medical providers, with a preference for pediatricians, who have experience in diagnosing and treating injuries related to abuse and neglect;
- Volunteers with the foster care review board or court appointed special advocate program;
- Persons with an academic appointment to a state university who conduct research in child welfare services, child maltreatment or child abuse or neglect;
- The courts - the representative must be involved in child welfare issues;
- A rural area in this state who has experience in the child welfare system;
- A Native American tribe or nation who has experience in the child welfare system;
- A child advocacy organization that advocates for or represents children who are victims of crime;
- Persons who have experience with children with special needs and the child welfare system;
- A law enforcement agency - the representative must have experience with the Department on cases that involve criminal conduct allegations;
- Schools - the representative must have experience in the child welfare system; and
- A faith based organization - the representative must have experience in the child welfare system.

The Community Advisory Committee annual reports can be viewed at <https://azdcs.gov>.

Targeted Engagement Opportunities

As specific topics and initiatives arise, the Department may require input from a particular group of subject matter experts in the community. The Department has an extensive group of stakeholders who are willing

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to participate in consultation activities to inform Department initiatives. These stakeholders include tribal representatives, community health center employees, court personnel, service providers, former client parents, former foster children, foster parents, legislators, child advocates, educators, and others subject matter experts as applicable.

Continuous Engagement Initiatives and Feedback Loops

The Department benefits from a large and diverse stakeholder community available for continuous consultation and collaboration. Consultation occurs at both the Central Office and regional levels through advisory groups, oversight committees, provider meetings, and collaborative groups. Regularly scheduled meetings held with specific stakeholder groups such as contracted service providers, courts, tribes, behavioral health representatives, youth, and internal staff provide the opportunity to assess daily field operations and child outcomes. This has proven to be an effective way to identify potential areas of concern and share best practices. When areas needing improvement are identified, a plan may be established to research the issues in depth and recommend solutions to the larger group. Outcomes from these meetings are shared with Department leadership.

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

- *The SAFE AZ Steering Committee* – The SAFE AZ Steering Committee is comprised of staff from DCS, the Attorney General's office, the Administrative Office of Courts, ACTION for Child Protection, Public Consulting Group, and Casey Family Programs. The committee continues to meet on a monthly basis to share information and gather input from internal and external stakeholders related to the continued implementation of the DCS safety model.
- *The Arizona Citizen Review Panels* – The fundamental role of the CRPs is to evaluate the extent to which state and local child protection systems/agencies are effectively discharging their child protection responsibilities in accordance with the State's Child Abuse Prevention and Treatment Act (CAPTA) Plan, child protection standards set forth in law, and any other criteria that the panel considers important to ensure the safety, permanency, and well-being of children. Activities may include: (1) examining the policies, procedures and practices of State and local child protection agencies, and reviewing specific cases, where appropriate; (2) reviewing the extent to which the State and local child protection system is coordinated with the title IV-E foster care and adoption assistance programs of the Social Security Act; and (3) examining specific or relevant cases as determined appropriate by the panel, including child fatalities and near fatalities in the State. An annual CRP report detailing the CRP activities and recommendations to improve the child welfare system is submitted to the Department and made available to the public. The Department, in turn, drafts a formal response to the CRPs' recommendations.
- *The DHS Child Fatality Review Team* – Arizona's Child Fatality Review was created in 1993 (A.R.S. § 36-342, 36-3501-4) and data collection began in 1994. Every time a child dies in Arizona, the death is scrutinized by one of the eleven local child fatality teams located throughout Arizona. Teams include experts such as pediatricians, social workers, attorneys, advocates, law enforcement, representatives from the county medical examiner's office, and others. Teams also must include local representatives from DCS. The DCS representatives bring expertise on the causes and signs of child maltreatment; answer questions regarding DCS policy, protocol, and practice; and provide information about prior DCS involvement with the family, when applicable to the case. The state team provides oversight to the local teams and produces an annual report that is submitted to the Governor of Arizona, the President of the Arizona State Senate, the Speaker of the Arizona State House of Representatives, and the public. The annual report summarizes review

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findings, and makes recommendations regarding the prevention of child deaths. These recommendations have been used to educate communities, initiate legislative action, and develop prevention programs. The Arizona Department of Health Services (ADHS) provides professional and administrative support to the state and local teams and analyzes review data. The goal of the Child Fatality Review is to reduce preventable child fatalities through systematic, multidisciplinary, multi-agency, and multi-modality reviews of child fatalities in Arizona. The teams accomplish this objective through interdisciplinary training and community-based prevention education, and through data-driven recommendations for legislation and public policy.

- *Prevention Advisory Collaborative (PAC)* – The Prevention Advisory Collaborative (PAC), funded by the Community-Based Child Abuse Prevention (CBCAP) grant, was developed to increase parent leadership and provide feedback to the Department related to initiatives and improvement activities. The collaborative is made up of parents from the community, a former foster youth, kinship providers, and parents who are former DCS clients. The insights provided by PAC members will increase DCS’s understanding of how the community reacts to various prevention efforts and allow the Office of Prevention to adjust strategies accordingly. Future activities of the group will be to review the CBCAP report and application, provide feedback as to the activities that would be best supported by CBCAP funds, and attend the RCAP Councils’ semiannual meeting.
- *Youth Advisory Boards* – The State Youth Advisory Board (SYAB) has historically been comprised of current and former foster youth, DCS Specialists, and other agency and community professionals. The Board is scheduled to meet quarterly to discuss challenges facing youth as they prepare for adulthood, and provide input on the program goals and objectives in the state plan on independent living. The board is currently being revised to strengthen participation and training for youth on the board. The new SYAB will be launched during the inaugural Leadership day of the 2018 Statewide Youth Conference in Prescott, Arizona. The DCS is also developing a Director’s Advisory Council, which will be comprised of youth from the SYAB and foster care alumni to focus on policy review and agency initiatives supporting experiences for older youth in care. Across the state, youth continue to participate in ongoing local Youth Advisory Boards that discuss and problem-solve local system and resource issues. The local boards provide a forum for youth to review and have input into child welfare policy development or revision; foster and adoptive family recruitment; and training for caregivers, stakeholders, and DCS Specialists. For more information on the Youth Advisory Boards and other consultation activities with youth, see *Section XI, Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report*.
- *The Children’s Action Alliance Child Welfare Committee* – This committee’s membership includes representatives from Arizona’s behavioral health system, the courts, community-based agencies, the Arizona State University (ASU) Center for Child Well-Being, foster and adoptive parents, citizen advocates, attorneys, and the Department. Thus, the Child Welfare Committee reflects a wide spectrum of perspectives that build a foundation of inter-disciplinary knowledge. The Committee's work informs policy makers, the public, and the Children's Action Alliance about the Arizona child welfare system's laws, policies, resources, and practices.
- *The Arizona Council of Human Service Providers Child Welfare Committee* – The Arizona Council of Human Service Providers, in existence since 1964, is a 501(c)6 organization that represents agencies throughout Arizona providing behavioral health, substance abuse, child welfare, and juvenile justice services. The Arizona Foundation for Human Service Providers is a 501(c)3 organization that serves as the education and training arm of the Arizona Council. Many of the services provided by the Council's member agencies are carried out in conjunction with the

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Department, including adoption services, crisis/shelter care, group home care, foster care, counseling, and other child welfare and behavioral health services. The Council's Child Welfare Committee provides guidance on child welfare issues and policies. The Department provides information to the child welfare committee upon request. Department staff participate in quarterly community forums attended by Council members to update the members on ongoing issues and initiatives. The Arizona Council includes 99 member agencies located throughout the state who employ over 23,000 staff, operate over 700 facilities, and serve over one million people annually. Arizona Council staff and members worked with DCS staff during SFY 2017 on foster care licensing rules, report consolidation, and their legislative policy agenda. The Arizona Foundation for Human Service Providers has entered into a three-year partnership with Dr. Bruce Perry from the Child Trauma Academy to create a webinar series and an online resource library for foster parents and kinship families based on the Neurosequential Model in Caregiving. This program provides monthly webinars for caregivers such as foster parents, kinship, and adoptive families to train them to parent children who have experienced trauma. The webinars are archived for viewing at any time. The program is also training 35 child welfare and behavioral health staff who will become trainers in the Neurosequential Model. These trainers will be available to train foster parents and kinship families in this model in the future.

- *ICWA Liaison Meetings and the Inter-Tribal Council of Arizona* – These meetings provide a forum through which tribal input is gathered. For complete information on the Department's consultation activities with the state's American Indian Tribes, see *Section VIII Consultation and Coordination with Tribes*.
- *The Court Improvement Advisory workgroup* – The Court Improvement (CI) Advisory Workgroup and the CI Strategic Plan provide much of the structure for collaborative improvement activities between the courts and the Department. Department personnel continue to participate in the CI Advisory Workgroup, through which court improvement activities are identified, facilitated, and monitored. The Advisory Workgroup also includes juvenile court judges, court administrators, an attorney general, a child and family policy advocate, and others. The CI Program Manager and others from the Administrative Office of the Courts' Dependent Children's Services Division are involved in many joint projects with the Department. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Department and the courts through the CFSR, the title IV-E state planning process, and the child and family services state planning process. The Department provided input into the Court Improvement Program's strategic plan and continues to collaborate with CI to achieve its objectives for improving outcomes for children and families involved in dependency cases.
- *The Committee on Juvenile Courts* - The Committee on Juvenile Courts (COJC) is a standing committee of the Arizona Judicial Council and helps to develop and implement policies to improve the quality of justice, and access to and efficiency in juvenile court operations. The COJC meets quarterly and its membership includes the Presiding Juvenile Judge from each Arizona County Superior Court. DCS is invited to provide updates and discuss with the committee areas of strength and concern in the processing of child welfare cases throughout the state.
- *The ICWA Committee* - The ICWA Committee is a sub-committee of the *State, Tribal, and Federal Court Forum* and includes representatives from the Court and the Department. The last statewide summit, *Connecting Legacies: Collaboration and Innovation with ICWA*, occurred in August 2017, and involved close to 200 judges, attorneys, and child welfare professionals from the State and Arizona Tribes. The committee plans to hold another summit in 2019. The Committee has supported the planning and implementation of several ICWA related classroom and webinar

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trainings throughout the year. Representatives from the Committee are working with the State CASA Program to make online ICWA training available to CASAs. The Committee has initiated a website, www.azicwa.org, which contains reference materials including the *Arizona ICWA Guide*, which is undergoing revisions based on changes to ICWA Guidelines.

- *Court Teams for Infants and Toddlers* – Court Teams for Infants and Toddlers (known in Arizona as Best for Babies) is a partnership between Prevent Child Abuse Arizona and juvenile courts throughout the state. Juvenile court judges provide leadership for system changes aimed at improving outcomes for maltreated infants and toddlers, through greater judicial oversight of cases, assuring timely services, and addressing the unique needs of infants and toddlers in their courts. Locally in each county, a team made up of infant and toddler specialists, child welfare providers, mental health representatives, attorneys, DCS representatives, and Court Appointed Special Advocates (CASA) meets monthly to address system issues, learn about local resources, and gain greater knowledge of the unique needs of maltreated infants and toddlers. In July 2018, Prevent Child Abuse Arizona and the Administrative Office of the Courts will co-host the annual Best for Babies Statewide meeting for all 15 Arizona counties and their court team members. Faculty will include Judge Constance Cohen with the Safe Babies Court Teams program Zero to Three. These annual trainings for all Arizona courts implementing the Best for Babies approach have been occurring continuously since 2006. No other state in the country has achieved statewide implementation of best practices for maltreated infants and toddlers in out-of-home care recommended by ZERO TO THREE/Safe Babies Court Teams.
- *Fairness Workgroup* - The Juvenile Justice Steering Council’s (JJSC) Fairness Workgroup was formed in February 2017 by combining the efforts and goals of the Maricopa County Disproportionate Minority Contact (DMC) Workgroup and the Crossover Youth Practice Model (CYPM). The membership of the Fairness Workgroup includes representatives from DCS, Maricopa County Juvenile Court, and community partner agencies and organizations. The purpose of the Fairness Workgroup includes identification of processes that may contribute to disproportionate numbers of youth entering juvenile justice; implementation of policies and practices that further engage families in programs, decision-making processes, and multi-team meetings; and development of cross-system trainings.
- *Home Recruitment Study and Supervision (HRSS) Semi-Annual Executive Meetings and Quarterly Statewide HRSS Services Meetings* – The purpose of the HRSS meetings is to provide relevant information and updates to the provider community, including DCS data as it relates to the strategic plan and other initiatives or improvements being made. Topics of discussion include a new online orientation for foster parents, changes to the DCS website that provides information to foster and adoptive parents, agency resource communication with foster parents, and foster parent training opportunities. The HRSS Executive meetings participants include the DCS Director, DCS Deputy Director, and executive level staff of the HRSS agencies. The Quarterly HRSS meetings participants include DCS managers and HRSS management team representatives.
- *The KIDS Consortium (Maricopa County) and FACT (Pima County)* – The KIDS Consortium and FACT are comprised of groups of foster care and adoption agencies that work together to educate their communities about the need for high quality, caring, foster and adoptive parents.
- *Collaboration with University Partners* – The Department has worked closely with the Arizona State University (ASU) School of Social Work since 1978. This partnership is governed through an Interagency Services Agreement that incorporates a variety of components into an integrated system of comprehensive child welfare training, social work education, system assessment, and research for the continuous improvement of services to children and families involved in Arizona’s public child welfare system.

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DCS also partners with Northern Arizona University to provide staff training and service evaluation.

For additional information on the Department's collaboration with Arizona State University, see the *DCS Staff and Provider Training Plan*.

- *The Healthy Families Arizona Program Advisory Board* – This community based group was formed in 1993 and serves in an advisory capacity to the Department and to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination, and advocacy/public awareness. The primary responsibility of the advisory board is to seek expansion, diversification, and stability in the program's funding. Participants include community partners, service providers, and government agency representatives.
- *FosterEd* - The FosterEd initiative focuses efforts to increase the number of foster care youth who graduate from high school and experience a positive education experience. During SFY 2018, FosterEd Arizona expanded from a pilot program serving youth in Pima County to also serving youth in Maricopa County. Future plans include further expansion to the Northern region during the second half of 2018.
- *The Substance Abuse Epidemiology Work Group (EPI Work Group)* – The EPI Work Group is a sub-committee of the Arizona Substance Abuse Partnership (ASAP), which is the Governor's statewide council on substance abuse prevention, treatment, enforcement, and recovery efforts. The EPI Work Group is composed of representatives from state governmental agencies, universities, tribes, and community organizations, and seeks to develop the capacity of community coalitions, policy advisors, and other key stakeholders to make data informed substance abuse policy and programming decisions.
- *The Behavioral Health Planning Council* – Required for the Community Mental Health Services (CMHS) Block Grant, this community-based group advises the State in planning and implementing a comprehensive community-based system of behavioral health and mental health services. The Council has approximately 20 members including parents of children who have a severe emotional disturbance (SED), seriously mentally ill (SMI) consumers, and representatives from the Department of Education, Department of Corrections, DCS, and tribes. Its mission is to serve as an advocate for adults with a serious mental illness and children who are seriously emotionally disturbed. The council monitors, reviews, and evaluates the allocation and adequacy of mental health services in Arizona and participates in improving services within the State.
- *Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs (The SEN Task Force)* - This task force meets monthly and reports to the governor's office. The goal of this task force is to strengthen practice by OB/Gyn doctors, hospitals, AHCCCS, and perinatologists in addressing substance exposed newborns and their parents. Task force members include DCS staff, CMDP staff, and community stakeholders representing Department of Health Services, hospitals, and pediatricians. Current work by the task force includes an update to the SEN Guidelines, which are procedures to be followed by DCS and community providers to identify and provide services for SENs. The Task Force also developed a Provider/Client Drug Information Toolkit, Guidelines for Practitioners related to Neonatal Abstinence Syndrome (NAS), and a NAS Awareness Campaign designed for women of child bearing age. The task force is collaborating with the Department to implement the Comprehensive Addiction and Recovery Act (CARA) and related best practices.

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- *The Interagency Leadership Team (IALT)* – This team is a collaboration between the Department of Health Services, First Things First, DCS, AzEIP, and the Department of Education to monitor and strengthen the Maternal Infant Early Childhood Home Visitor (MIECHV) prevention program. The IALT collaborates to provide professional development to home visitors by assisting with a statewide home visitor annual conference and Home Visitor Supervisor Institute.
- *Home Visitor Services Collaborations* - DCS collaborates with the Department of Health Services to discuss and coordinate services related the nursing components of the SENSE program, and to ensure DCS referred families receive timely nurse home visitor services. DCS also meets every other month with the Department of Health Services to discuss and coordinate home visitor programs such as Smooth Way Home, Healthy Start, Healthy Families, and Nurse Family Partnership. These collaboration opportunities allow for discussions related to how the agencies can best serve the families of Arizona, and reduce or prevent child maltreatment.
- *DCS/CMDP Service Delivery Workgroup* - This workgroup is a joint effort between DCS, CMDP, and AHCCCS providing ongoing collaboration to identify and address systemic issues identified by key stakeholders. While this group addresses all health care issues, the behavioral health needs of children in DCS became a central focus with the passage of Jacob’s Law in 2016, which among other things allows foster care providers more direct involvement to initiate behavioral health services, and provides specific requirements for quality assurance by AHCCCS. This workgroup identifies key policy, procedural, and/or training needs and works jointly to implement them as appropriate.
- *The Arizona State University (ASU) Morrison Institute Child Welfare Leadership Advisory Board* – This advisory board was developed in October 2017 after the ASU Morrison Institute evaluated the prevalence of neglect reports made to DCS during calendar years 2013 through 2015. The Advisory Board will identify future statewide prevention efforts to decrease the occurrence of childhood neglect. The board is made up of community members, ADHS, ASU, homeless shelters, child care administrators, social service providers, and DCS staff. In May 2018, the Advisory Board reviewed findings from community meetings across the state and began looking at service gaps and coordination and collaboration obstacles; and delved more deeply into the multiple issues facing Arizona families including affordable housing, domestic violence, and substance abuse. The focus in the next year will be to identify evidence-based and evidence-informed programs currently being offered in Arizona and developing options for Arizona’s decision makers including DCS, state and local legislators, and community social service providers.

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

The Department engages with community partners in a cycle of continuous improvement to successfully implement the goals and strategies of Arizona’s *Child and Family Services Plan (CFSP)* and *Annual Progress and Services Report (APSR)*. Meaningful engagement with internal and external stakeholders occurs throughout the continuous improvement cycle, including definition of strengths and areas needing improvement, assessment, intervention planning, intervention implementation, and evaluation of results.

Arizona’s CFSP 2015 – 2019 goals and objectives were initially developed using input and recommendations provided by then Governor Janice K. Brewer’s independent Child Advocate Response Examination (CARE) Team, and additional information gathered from stakeholders after the CARE Team issued its report. The Department of Child Safety’s Director, Gregory McKay, was appointed in February 2015, and since then has led the Department’s continued engagement with stakeholders to identify improvement priorities and interventions. The Department published a strategic plan in July 2015, with consideration of input gathered from more than 300 internal and external stakeholders through interviews,

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focus groups, and surveys. Additionally, the Department thoughtfully reviewed and incorporated a number of recommendations from national and local child welfare organizations. The Department has relied on the advice, evaluation, and consultation of leading national child welfare organizations, including Casey Family Programs, Chapin Hall at the University of Chicago, and the Children's Bureau. The strategic plan for SFY 2018 is available on the Department of Child Safety's internet site, at <https://dcs.az.gov/>. In June 2016, June 2017, and again in May 2018, the Department reviewed progress and data to update the objectives and activities in the strategic plan. The Department's strategic plan for SFY 2019 is described in Section VI of this APSR.

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

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

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

Collaboration in the implementation of strategies and key activities is described throughout this report. For example, committees and workgroups include stakeholders where appropriate to the topic area; new policies, procedures, and practice guidelines are often provided to stakeholders for input; and provider agencies have been engaged to work side-by-side with DCS employees to reduce the total number of open

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reports for investigation and to conduct reviews of children in out-of-home care in order to expedite permanency.

Section III

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

1. Child Abuse and Neglect Prevention Services

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

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

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

In 2018, the Department's Office of Prevention participated in many resource fairs including the Pinal County Community Resource Fair, the Pomeroy Elementary School Fair, and the Phoenix Dream Center Health & Wellness Fair. Additionally, the Office of Prevention was a sponsor of the Avondale KIDFEST, and was the primary planner for both the El Pueblo Activity Center Fair in Pima County and the Arizona Thrive Prevention Fair - Swag and Sweets at North High School in Phoenix. The intended audience of the Office of Prevention events were Department staff as well as community members. These events were gatherings of leaders, stakeholders, child advocates, and members of the community who united for a common purpose of preventing child abuse. The events featured booths with information for children and families, pinwheel bouquets, an interactive spinning wheel of prevention, and Prevention Bingo.

During SFY 2018, the Office of Prevention focused on the expansion of the DCS Prevention Website and the creation of the **AzCommunityResourcePage on Facebook**. Several links were provided to resources that support meaningful and measurable change in children's well-being, and engage families and communities in the prevention of child maltreatment. The Protective Factors were promoted via informational pamphlets at various events, by embedding them within services, and during parent activities. The Protective Factors are: 1) social connections; 2) knowledge of parenting/child development; 3) concrete supports in times of need; 4) children's social/emotional development; and 5) parental resilience & nurturing attachments. The Department is promoting the Protective Factors by educating Department staff and integrating the concept across the service array for families. Five years ago, DCS introduced the Protective Factor Survey into the In-Home Services (IHS) Program to facilitate family assessment and the development of service plans to strengthen the Protective Factors. Three years ago, DCS integrated the Protective Factors into a new service for low risk families, known as Building Resilient Families (BRF).

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IHS and BRF providers received Protective Factor training via two webinars, and personal presentations were delivered in each region. Additionally, DCS integrated the Protective Factors into the Regional Child Abuse Prevention Council Scope of Work and promoted Parent Cafés.

Also during SFY 2018, Department Staff created a Protective Factors Coloring Cook with child friendly desert animals to increase awareness of the Protective Factors. Additionally, in collaboration with the Regional Child Abuse Prevention Councils, the Department created a Protective Factors Video - Public Service Announcement about parent resilience. The video and the coloring book are available on the DCS website <https://dcs.az.gov/services/office-prevention>.

In a new project for FY2019, DCS will develop a plan and hire a consultant to assist in conducting a community prevention needs assessment to help guide RCAPC activities. Specifically, the needs assessment will identify the primary and secondary prevention needs and gaps to assist the RCAPC's planning of prevention activities. In developing the parameters of the needs assessment, DCS will consult with the FRIENDS National Resource Center and DCS leadership. Data will be gathered from various sources including the ASU Morrison Institute Child Welfare Leadership Advisory Board, St. Luke's Annual Health Survey of AZ residents, and a survey of RCAPCs and key community stakeholders, such as the ACE Consortium members. The data will be analyzed and used to create a logic model that will guide prevention activities of the RCAPCs.

Adverse Childhood Experiences (ACE) Consortium

The Department further promotes child abuse prevention through continued participation in the ACE Consortium. Arizona's ACE Consortium is working to enhance public awareness about the issue of childhood trauma and evidence-based prevention policies and programs. The Consortium is comprised of professionals from Phoenix Children's Hospital, child advocacy organizations, community service providers, Eight-Arizona PBS, the Department, and other public agencies. The Consortium's vision is that Arizona has safe, stable, and nurturing families and communities that contribute to a prosperous society. The ACE Consortium is committed to getting the word out to doctors, psychologists, patients, parents, teachers, and other adults who work with children so that our community can become well-versed in how to heal the effects of abuse, prevent it from happening, and create stronger communities in which everyone understands the implications of abuse on the emotional and physical lives of all, especially children. Arizona's ACE Consortium just celebrated its 10-year anniversary. Much of its cumulative work of presentations, pamphlets, studies and TV interviews can be found at www.asset.asu.edu/strongkids/, which is sponsored by the one of the state's Public Broadcasting System Stations, Arizona PBS.

In 2018, the Office of Prevention used the materials generated from the ACE consortium, along with information from Strengthening Families and other sources to create and conduct two updated ACE/Protective Factor train-the-trainer workshops for new RCAPC members and DCS staff. Two additional workshops are planned for the second half of 2018 and will be an on-going in-service education program in the years to come. The new workshops, along with the new Facebook page, Coloring Book and PSA strengthens the Office of Prevention's ongoing multi-media campaign. The Department has also partnered with Physician Services, Inc. (PSI), a drug testing company serving Phoenix and Tucson, to develop a 20 to 30 minute prevention presentation to be played on TV monitors in the waiting rooms of the PSI offices in Arizona. The loop will contain unique Arizona footage, using a peer mentor model that will encourage people to engage in healthy Protective Factor practices to strengthen their families.

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

Another ongoing effort is the "Who Do You Trust with Your Child?" campaign, which was initially launched in 2012. Complete with posters, a brochure, presentations, and a dedicated website, the campaign

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was created with a team that included the Arizona Broadcasters Association, Casey Family Programs, Child Crisis Center, ChildHelp, the Department of Child Safety, the Department of Health Services, Eight-Arizona PBS Educational Outreach, Phoenix Children's Hospital, Prevent Child Abuse Arizona, and Southwest Human Development. This campaign helps parents choose a safe caregiver and prevent child maltreatment. Although most caregivers give loving attention to children and keep them safe, some children are abused and suffer tragic circumstances at the hands of an unsafe caregiver. For additional support, parents and other primary caregivers are provided with the ChildHelp Hotline, which is staffed 24 hours per day with highly qualified counselors. DCS sites throughout the state display posters and have ChildHelp Hotline brochures available. Community members and organizations also distribute brochures and posters, and are urged to place a link to the campaign website on their homepage and display the posters and brochures in locations where parents and caregivers will see them. Additional information is available at <https://www.childhelp.org/story-resource-center/trust-child/>.

Prevention Advisory Collaborative

DCS recognizes the importance of parent leadership in prevention efforts, especially with the RCAPC program. To increase parent leadership and input, DCS developed a quarterly parent advisory group called the Prevention Advisory Collaborative (PAC). This pilot project is based on extensive research with the Annie E. Casey Foundation and a local organization that specializes in parent involvement, coupled with RCAPC experience with parent engagement. Based on that research, the PAC members receive a stipend, a meal during the meeting, and reimbursement for childcare and travel for their participation. Further development of the collaborative will include recruitment efforts to ensure a culturally diverse group of parents are included.

During the first meeting, members received a welcome packet, an overview in the basics of a prevention council, and were presented with several materials on Safe Sleep and the Social Emotional Competence of Children. In a focus group fashion, the members were asked to provide verbal and written feedback on the impact these materials had on them. During this initial meeting, the parents recommended presenting information in a variety of ways in order to meet individual learning styles and making resources available when people are receptive. In addition to using electronic media, this can be accomplished by building resource networks within communities among trusted helpers such as school counselors, faith leaders, shelter staff, medical/mental health providers, family resource centers, peer mentors, etc.

The Safe Sleep Campaign

According to the Arizona Child Fatality Review, unsafe sleep environments claimed the lives of 79 Arizona infants in 2016. Of those sleep-related deaths, over 93% were deemed preventable. The Office of Prevention continued the Safe Sleep campaign to promote safe sleep practices and reduce the number of sleep-related deaths.

The Safe Sleep Campaign promotes the ABC's of Safe Sleep: baby sleeps safest alone, on their back, and in a crib. The Office of Prevention is involved in various activities that help to spread this message. In collaboration with Arizona Department of Health Services, the Office of Prevention engages in the Safe Sleep Taskforce that involves hospitals and other community stakeholders. The Office of Prevention is also engaged in the Collaborative Innovation Networks (COINs) Safe Sleep Action Period calls that involves collaboration with other states. Other activities include the creation of a statewide resource list for cribs as well as the creation of a Safe Sleep training that the Office of Prevention has shared with DCS field staff and community providers across the state. Safe Sleep posters and flyers were also created by the Office of Prevention, and these materials have been provided to community stakeholders, internal staff, and parents in the community.

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The Department also continues the DCS Baby Box program for parents involved with the Department. The baby box is intended for use as a portable crib for infants, and all parents involved with DCS are eligible for this program. In addition to providing baby boxes, DCS includes educational information and has a system to collect data. DCS hopes these boxes will help Arizona families keep their infants sleeping safely. Each family that receives a baby box will also receive a health care kit, along with donated baby items such as electrical outlet covers, pacifiers (which help reduce the risk of SIDS), hygiene items, and sleep sacks. Each box also contains a parent information folder that includes brochures and flyers for important topics such as Early and Periodic Screening, Diagnostic and Treatment (EPSDT), developmental charts, tips for soothing a fussy baby, and other important parent information.

The Office of Prevention is working to train all DCS Specialists and Supervisors, as well as in-home service providers, on safe sleep practices. Once a DCS staff member is trained about safe sleep practices, they can offer baby boxes to families. Prior to receiving a baby box, parents must complete a safe sleep training, facilitated by a DCS staff member and sign a commitment form stating they have been trained on safe sleep practices and are committed to properly using them.

During the second half of 2018, DCS will join the nationwide initiative that will supply baby boxes to the Department free of charge. This initiative also offers the parent the option to use an on-line baby box training curriculum. The curriculum includes information about safe sleep, breastfeeding support, parenting tips for fathers, car seat safety, postpartum depression, and other important topics. Community-Based Child Abuse Prevention funds will be used to pay for the health kits and prevention materials that will be included with the baby boxes. The Department has also started a collaboration with the Arizona Department of Health that will lead to more advocacy for systemic changes in hospitals. This collaboration will include the promotion of safe sleep practices and advocacy of hospital policy change to include safe sleep.

“Did you know?” Emails

To provide DCS Specialists with resources and prevention information, the DCS Office of Prevention sends out monthly “Did you know?” emails on various resource topics. Recent topics include employment resources for people with a felony history, Neonatal Abstinence Syndrome, water safety, free food programs, Birth to Five Helpline, Teen Resources, Domestic Violence Resources, Home Visitor Programs, Safe Sleep, Regional Child Abuse Prevention Councils, Child Abuse Prevention Awareness, Baby Boxes, and Nurse Home Visitor Programs. These emails include information about prevention topics, resource lists for counties across the state, statistics, and tips that can help DCS Specialists learn more about prevention resources. These emails have also been shared with community providers and Regional Child Abuse Prevention Council members. Resources and information from these emails are also shared via social media ([AzCommunityResourcePage](#) on Facebook).

Healthy Families Arizona

The Healthy Families Arizona (HFAz) program is a nationally credentialed, community-based, family-centered, voluntary home visitation program serving at-risk prenatal families and families with children birth through five years of age. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of parents. Program services are designed to strengthen families during the first five years of a child’s life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness. In SFY 2017, 12 HFAz sites and 42 teams provided services to families living in 13 counties and 254 zip code areas in Arizona.

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

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

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

The Healthy Families America® Program has been designated an “effective” program by the Office of Juvenile Justice and Delinquency Prevention. In Arizona, the HFAz Program is committed to continuous improvement. Site evaluations and quality assurance activities ensure fidelity in practice, and more than two decades of annual program evaluations have consistently demonstrated that HFAz is a highly effective program. According to the *Healthy Families Arizona Annual Evaluation Report FY2017*, HFAz reached 4,466 families in FY2017. This represents all families in the program, regardless of how long they have been in the program. The average length of time that families continued in the program was just under twelve months. The evaluation highlights both prenatal and postnatal services. Outcomes in 2017, for families after twelve months in the program, include the following:

- Child Abuse and Neglect: 98% of participating families had no substantiated DCS reports.
- Substance Abuse: 93.2% of parents received a substance abuse screening.
- Child Development: More than 94% of children received timely developmental screens in their first year of life.
- Child Health: 90.7% of children received immunizations in the first year.
- Child Safety: 98.5% of parents lock up household poisons, 99.8% use car seats, and 92.9% use smoke alarms at 24 months.
- Maternal Life Course: 27% of mothers were employed full time at the time of their child's birth. Two years later, 46% of mothers were employed full time.
- Maternal Stress: Depression, parent/child behavior, parenting efficacy, personal care, mobilizing resources, problem solving, home environment, and commitment to parent role.
- Father of the Baby Involvement: At 12 months, 75.1% of fathers were assisting with childcare, and 71% of fathers were living in the home with baby.

Positive Parenting Program Initiative

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

During Child Abuse Prevention Month and throughout the year, DCS and its provider network distribute the Triple P top 10 tips. Additionally, at the urging of DCS, some of the In-Home Services, Parent Visitation, and RCAPC providers offer Triple P in their communities.

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Other Prevention Workgroups

In 2017, DCS, in collaboration with Maricopa County Juvenile Court, won the “Taking Action for Children Everyday Heroes Award” from Prevent Child Abuse Arizona for its creative efforts in the Safe Reduction Work Group. This work group engaged with the community in prevention focused conversations, starting with two zip codes in Maricopa County, which have the highest number of child abuse and neglect reports and removals. Significant progress continues to be made to develop multi-year plans to ensure sustainability. Both groups were awarded local community grants to develop their models by using strategic planning processes. The two communities are building strong alliances modeled after the Magnolia Project to increase utilization of local resources that provide warm hand-offs of families from one resource, such as a school, to another resource, such as food banks and parenting programs. Based on the success of these pilot programs, efforts will be made to duplicate the process in other Arizona communities.

The Arizona Substance Abuse Partnership (ASAP)

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

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

- Compile and summarize information and data on substance misuse and abuse and associated consequences and correlates, including mental illness and emerging trends, through a collaborative and cooperative data-sharing process. Identify and address data gaps in order to provide Arizona with a comprehensive picture of substance misuse and abuse in the state.
- Utilize evaluation and research reports to promote the most effective and evidence-based programs, policies, and practices across the state and make recommendations for modification as needed.
- Encourage state and local partnerships to engage in shared planning processes and build the capacity of local communities to meet identified needs and maximize resources.
- Identify and share effective practices to integrate strategies across systems that will leverage existing funding and increase access to services at the community level.
- Analyze current state and federal laws and programs governing substance misuse and abuse prevention, treatment, and enforcement, and recommend any changes that would enhance the effectiveness of these laws or programs.
- Recommend specific drug and alcohol related policy and budget line-items for consideration by Arizona state agencies and/or the Arizona Legislature.

National Strengthening Families Network

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

The Care Portal

An example of a faith based prevention collaboration is the Care Portal, which is an initiative coordinated by the Office of Prevention in three Arizona counties. The Care Portal connects DCS families to the local churches who want to serve their communities by providing basic goods and services to families in an effort to keep families together, reunify families, and support kinship placements. This is a secondary and tertiary prevention program, in as much as it serves all DCS families as well as young adults who are aging out of foster care. The Care Portal addresses a large range of needs, such as cribs, beds, furniture, home or car repairs, and assistance eliminating lice. The Care Portal program was expanded this past year and currently provides services and goods to families in Pima, Maricopa, and Yuma Counties.

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

The Arizona Child Abuse Hotline

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

The Hotline uses standard work and a tiered visual management system in order to track, monitor, and respond to quality and service level trends. Quality and service trends are tracked and monitored at the individual specialist level, and up to the Hotline enterprise level. The implementation of this management system has allowed the Hotline to better recognize and identify when either quality or service levels are not within the target ranges and take corrective action. In SFY 2017, the Hotline's average speed of answer was 28 seconds, and the call abandonment rate was 2.58%. This data indicates continued progress compared to the average speed of answer of 34 seconds and call abandonment rate of 2.96% during SFY 2016.

Family Functioning Assessment, Safety Assessment, and Safety Intervention

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

DCS Specialists investigate abuse and neglect allegations and conduct family assessments, including assessments of child safety, need for emergency intervention, and evaluation of information to support or refute that the alleged abuse or neglect occurred. Joint investigations with law enforcement are required when the allegations or investigation indicate that the child is or may be the victim of a criminal conduct allegation, which if deemed true may constitute a felony offense. Such allegations include death of a child, physical abuse, sexual abuse, neglect, and certain domestic violence offenses. The joint investigations are conducted according to protocols established with municipal and/or county law enforcement agencies and procedures for investigation of criminal conduct allegations by the Office of Child Welfare Investigations (OCWI).

The Department's policies and procedures provide DCS Specialists with a framework for assessing present and impending danger of serious or severe harm to children and determining the need for protective action to ensure child safety. The Department utilizes ACTION for Child Protection's Safety Assessment and Family Evaluation (SAFE) model for family functioning assessment, safety assessment, and safety intervention decisions. The initial Family Functioning Assessment assists DCS Specialists to explore pertinent domains of family functioning and identify present or impending threats of danger to a child, and is completed within 45 days of case opening. The first Family Functioning Assessment-Ongoing is to be completed by the DCS Specialist within 60 days of the child's removal or the opening of the case for ongoing services for any child indicated as unsafe. Reassessments are required at least every 90 days, and at other times in the case such as when considering unsupervised visitation, reunification, or case closure. The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides interview questions that engage and motivate family members while gathering information to assess family functioning and protective capacities. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in identification of their unique strengths and needs. The resulting comprehensive family-centered assessment serves as a basis for case decisions and case planning.

Based on the results of the Family Functioning Assessment and the assessment of the family's protective factors, the Department determines the level of intervention required, including whether to close the case, offer voluntary in-home services, file an in-home intervention or in-home dependency petition, or file an out-of-home dependency petition. This decision is primarily based on the following factors: existence or absence of present danger, impending danger, or future risk of harm to any child in the family unit; the ability of the family unit to manage identified child safety threats; the protective capacities of the family unit to mitigate identified threats; and/or the ability of services and supports to mitigate the identified risks. The DCS Specialist considers the family's recognition of the problem and motivation to participate in services without DCS oversight, the family's willingness to participate in voluntary child protective services, the existence of grounds for juvenile court intervention, and the agency's knowledge of the family's whereabouts. In-home services are offered to families to enhance diminished caregiver protective capacities, strengthen family protective factors, and reduce the likelihood of future abuse or neglect. If

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there are safety threats to a child in the home, a safety plan must be implemented. State policy *does not* identify report substantiation as a factor in determining the level of required intervention.

Office of Child Welfare Investigations

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

The OCWI jointly investigates criminal conduct reports with law enforcement. Just as with DCS Specialists, OCWI investigators have the authority to protect children by taking temporary custody when safety cannot be guaranteed. During SFY 2018, OCWI investigators began conducting the entire child welfare investigation process, including all child welfare functions following any removal, such as placement, filing dependency petitions, and court reports.

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

Multi-Disciplinary Approach in Child Abuse and Neglect Investigations

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

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

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

There are 18 advocacy centers in Arizona, serving Maricopa, Pima, Pinal, Navajo, Coconino, Yavapai, Mohave, Cochise, and Yuma Counties. In addition to the 18 centers, Yuma County has a satellite office in San Luis and Navajo County has a satellite office in Holbrook. La Paz County is in the process of developing a satellite office in Parker. These satellite sites allow the victims to receive services without having to travel long distances. Gila County is served by a mobile unit that travels to the county when needed. The mobile unit offers the same services as the 18 advocacy centers. Santa Cruz, Greenlee, and Graham Counties utilize the centers in Cochise or Pima Counties. Conversations are being held related to the possible development of a center in Santa Cruz County in the future. Two additional advocacy centers are scheduled to open during 2018, one in the city of Maricopa and the other in Chandler. Both of these locations are within Maricopa County. There are also advocacy centers in Arizona that have signed memos of understanding with Arizona Tribes to allow tribal law enforcement and child welfare to utilize the centers as needed.

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

Protective Services Review Team (PSRT)

Accuracy of findings is necessary for identifying perpetrators of child abuse and neglect in the central registry. The state's appeal process, including PSRT, is designed to ensure due process for alleged perpetrators and accuracy of findings. In FFY 2017, PSRT processed proposed substantiated findings and proposed substantiated findings pending dependency adjudication for 18,644 alleged perpetrators. Each alleged perpetrator is provided notice of the proposed finding via letter. Alleged perpetrators with a standard proposed substantiated finding (findings that are not pending dependency adjudication) may request an administrative hearing on the proposed finding within a specified timeframe. Alleged perpetrators with a proposed substantiated finding pending dependency adjudication are not eligible to request an administrative hearing because their due process rights are met through the juvenile court process.

In SFY 2018, PSRT examined and refined the processing to propose findings in cases where a dependency action did not occur. The process was mapped to identify barriers and clarify workflow. PSRT management held information sessions with field staff to share information about the role of PSRT and provide information related to entering proposed substantiated findings. Plans for SFY 2019 include continued efforts to incorporate visual management to the entire appeal process to better identify and address barriers.

In September 2017, the language contained in the legal notice sent by PSRT to caregivers was incorporated into dependency petitions statewide drafted by the Arizona Office of the Attorney General. This change is the result of the statute change originally sought in SFY 2017, and will improve notification to parents, reduce expenses, and reduce the time it takes staff to mail and process returned mailings.

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

In-Home Family Support, Preservation, and Reunification Services

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

Services provided through the Department's Family Support, Preservation, and Reunification Services contract, known as the In-Home Service Program, are available statewide. This integrated services model includes 1) high risk intensive, 2) moderate, 3) low risk family support (replaced by Building Resilient Families in Maricopa County), 4) reunification and placement stabilization, and 5) clinical assessment services provided in accordance with the needs of the child and family (replaced by psychological consults with contracted psychologists in Maricopa County). All five types of in-home services are available within all of the regions across the state. The model is provided through collaborative partnerships between the Department, community social service agencies, family support programs, and other community and faith-based organizations. The contract provides an array of in-home services and service coordination and better ensures the appropriate intensity of services is provided.

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

The following elements are fundamental to the In-Home Service Program and contract:

- Families are served as a unit.
- The needs of the children are identified and addressed.
- Services take place in the family's own home or foster home.
- Some services are crisis-oriented, thus initial client contact is made within twelve hours of receipt of the referral for an intensive case and within two consecutive days for a moderate case.
- Initial client contact is made within five working days for potential or low risk cases.

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- In-home services are available to clients twenty-four hours per day, seven days per week, based on the needs of the family.
- The assessment and treatment approach is based on family systems theory.
- Emergency assistance may be provided for items or resources not otherwise available and deemed essential to family functioning through the use of flexible funds.
- The service emphasizes teaching the family the necessary skills to achieve and maintain child safety and well-being.
- Each family's community and natural supports are quickly identified and continue to be developed for the entire life of the case.
- Aftercare plans are in place before the case is closed.

The Department has several methods to monitor in-home service quality and outcomes, including annual site visits, additional site visits as needed, technical assistance, random review of documentation, quarterly outcome data reports, customer satisfaction surveys, and DCS Specialist satisfaction surveys. Providers are responsible for achieving the following outcomes:

- 90% of families have signed the Interim Plan and agreed to services.
- 90% of families reflect an overall improvement in areas identified in the DCS prescribed pre- and post-test.
- 95% of family satisfaction surveys returned shall express satisfaction with service deliver upon case closure.
- 85% of DCS satisfaction surveys shall express satisfaction with service delivery based on an annual survey.
- 100% of families who accepted services will have a Comprehensive Assessment and Service Plan entered into CHILDS within ten business days of Service Plan completion.
- 90% of families will have the SENSE Program Health Consultant Nursing Assessment completed with the family in their home.
- 90% of families will have a completed SENSE Service Plan during the 10 day staffing, and the plan will be e-mailed to all SENSE team members and provided to the family.
- 90% of families will have the 60-Day Step-Down Meeting results entered into CHILDS timely.
- 80% of families will have a completed Discharge Summary entered into CHILDS within ten business days of termination of service.
- 100% of contractors will meet the required background clearance, fingerprint cards, and driver's license requirements.
- 100% of contractors will meet the required training requirements for employees.

The contracted providers and Department staff compile this outcome data quarterly, except for the satisfaction data, which they compile annually. The Department continually works to enhance and upgrade

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its database in order to produce statewide outcome data, measured through a variety of data sources. This data is shared with all the contracted providers and Department leadership.

Family client and DCS Specialist satisfaction surveys give the providers feedback about service quality. Service providers give a satisfaction survey to every family that receives in-home services, at the time of program closure. The survey measures the family's level of agreement with questions such as "My ideas were included when deciding what my family needed," "This program helped my situation improve," and "Overall, my family is satisfied with the services we received from the In-Home Service Program." The survey also provides an opportunity for families to comment on what they liked or disliked about the program, and what the family felt was most helpful. Each provider reports family client survey results quarterly to the Department. The DCS Specialist satisfaction survey is administered annually to measure satisfaction with the responsiveness of the provider to the Department and the family, the provider's ability to meet the needs of the family while addressing the safety and risk factors identified by DCS, and overall service delivery. This survey also provides an opportunity for Department employees to give qualitative feedback to the providers.

Substance Exposed Newborn Safe Environment (SENSE) Program

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

The SENSE program continues to expand across Arizona. The SENSE program started in Maricopa County, the largest county in Arizona, in 2006. The SENSE program is now implemented in Pinal, Pima, Yuma, and Yavapai Counties, and most areas of Pima County. As of June 1, 2018, the SENSE program began in Cochise, Mohave, and Coconino Counties. DCS also expanded the SENSE partnerships to include Health Start and the Parents as Teachers (PAT) home visitor program in order to serve families in areas where Healthy Families is not available. See *Section VII: Progress Implementing the Goals, Objectives, and Interventions* for additional information about the expansion of the SENSE program.

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

DCS collaborated with Arizona Health Care Cost Containment System (AHCCCS) to utilize the Opioid State Targeted Response grant to fund the nurse home visitor component of the Substance Exposed Newborn Safe Environment (SENSE) program. This grant will provide a minimum of two home nursing visits per family to ensure the substance exposed newborn (SEN) is healthy, developmentally on track, all appropriate referrals have been made, mother is receiving post-partum care and the family is utilizing the primary care provider as their medical home. A trend identified based on the SENSE nursing assessment

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evaluations is the high rate of postpartum depression (PPD). Feedback from the nurse home visitors and the evaluator from Northern Arizona University (NAU) indicates a need for more focus on PPD. The Office of Prevention has begun to engage community partners providing PPD support and services in an effort to enhance access to services for mothers with PPD.

Over 750 babies have been born with Neonatal Abstinence Syndrome in Arizona since real-time data collection began on June 5, 2017. The Department has enhanced collaboration with SEN and Medication Assisted Treatment (MAT) providers to deliver best practice services to those working with families affected by Neonatal Abstinence Syndrome. This collaboration will be the focus of one workshop during the upcoming Statewide Child Abuse Prevention and Strong Families Conference. Topics covered at the conference will focus on the importance of partnerships with home visitors and MAT providers to best serve families struggling with addiction to both legal and illegal substances and their substance exposed newborns.

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

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

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

Parent Aide and Case Aide (Supervised Visitation Only) Services

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Both Parent Aide and Case Aide services are available statewide. In SFY 2017, the Department provided parent aide services to approximately 3,300 families, and case aide services to approximately 4,500 families. These services are available to parents and caregivers whose children have been placed in the Department's physical custody, after being referred by the DCS Specialist. Parent aide services provide a range of supports, instruction, and assistance to parents and caregivers. Services are provided in a culturally appropriate manner and can include, but are not limited to, parenting skills training in the residence of the client; education and training in activities related to home management tasks; education on accessing emergency assistance, supports, and community resources; and arrangement and supervision of parenting time between children and their parents, guardians, and/or siblings to promote a continued relationship and to practice parenting skills. Parent aides use modeling and individual or group training to educate parents in areas such as child development, child nurturing, behavior management, discipline, problem solving, decreasing social isolation, positive coping, home maintenance and care, meal planning and preparation, budgeting, clothing care, personal care and hygiene, securing housing, obtaining basic provisions (food and clothing), child health and safety, obtaining documents (such as identification cards), and job search and training. The case aide services provide transportation and supervision of visits between parents/guardians and their children, or visitation between siblings. Parent aide services incorporate the concept of parental protective capacity, which focuses on the enhancement of a parent's behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with the ability to care for and keep a child safe.

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

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

AFF provides an array of structured interventions statewide to reduce or eliminate abuse of, and dependence on, alcohol and other drugs, and to address other adverse conditions related to substance abuse. Contracted community providers use modalities that include Substance Abuse Awareness, Outpatient, Intensive Outpatient, Residential treatment, and Recovery Maintenance services. Some factors contributing to the programs' success include an emphasis on face-to-face outreach and engagement at the beginning of treatment, concrete supportive services, and the Recovery Maintenance phase to manage relapse occurrences following treatment. Data from the most recent program evaluation indicates that AFF received 5,143 new referrals in SFY 2018. More than 84,645 individuals have been referred to the AFF program since its inception in March 2001 through June 2017.

The following data demonstrate the effectiveness of the AFF program in meeting the legislative goal of increasing the availability, timeliness, and accessibility of substance abuse treatment. AFF contractors were successful in making some form of contact with 97.9% of the individuals referred in SFY 2017, with 93.8% of the individuals receiving outreach within one day of the referral. Sixty-seven percent of all SFY 2017 referrals resulted in clients providing a Release of Information, signifying their voluntary acceptance of AFF services. The reasons cited for the 33% of individuals who did not accept AFF services include inability of the provider to locate the client for initial or subsequent outreach and incorrect data entry by providers. The Department has enhanced oversight of the AFF evaluation process to increase data accuracy. Of those who participated in AFF services during SFY 2017, 22% successfully finished treatment, 41.4% were still in treatment at end of the SFY, and 36.6% unsuccessfully closed out of treatment. There was a four percent increase of clients completing AFF services as compared with SFY2016. (Data source: ASU contracted evaluation)

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In order to ensure continued quality of coordinated services, DCS program staff participate in quarterly meetings with AFF providers and conduct Quality Assurance site visits in collaboration with local DCS offices. The Department trains DCS field staff on the AFF outreach, engagement, and referral processes in a collaborative effort to increase parental involvement and secure their acceptance of services. In addition, DCS designated a program staff member to oversee all aspects of the AFF evaluation process, including initiating a new external evaluator for SFY 2019.

Housing Assistance

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

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

The maximum amount of money available to each family for an incident may not exceed \$1,800 in a six month period. In SFY 2017:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 700 children within 277 families throughout Arizona, which is an increase of 17 children and an increase of 17 families compared to SFY 2016.
- The total amount expended statewide was \$383,506.97, about \$22,084 more than in SFY 2016.

In SFY 2017, the average length of stay in out-of-home placement prior to reunification was 291 days (9.57 months). An estimated \$5,091,616.53 would have been expended by the Department for foster care maintenance if the 700 children who benefitted from Housing Assistance during SFY 2017 had entered or remained in foster care. Based on the SFY 2017 Housing Assistance Program expenditures of \$383,506.97, there was a cost avoidance of \$4,708,109.56.

4. Permanency Planning and Placement Support Services

Permanency Planning

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

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

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

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

The Department and the courts implement concurrent planning for children placed in out-of-home care with a permanency goal of family reunification when the prognosis of achieving family reunification within 12 months of the child's initial removal is assessed as being unlikely. When concurrent planning is implemented, the DCS Specialist will work toward the family reunification goal and the identified concurrent goal simultaneously. The Department implements concurrent planning activities to ensure alternate caregivers are identified and prepared to care for the child on a permanent basis, if reunification cannot occur. Concurrent planning focuses the family and team on permanency from the outset of the case, so that reunification is given the greatest chance to succeed and another permanency option is ready to be finalized if reunification cannot be achieved. The Department's policy and training emphasizes the need to implement concurrent planning *activities*, as opposed to simply identifying a concurrent permanency *goal*. These activities include thorough kinship search and assessment, selection and placement of the child with the caregivers who will adopt or obtain guardianship of the child if reunification is not possible, and preparation of the permanent home (such as early completion of home studies, certification requests, and adoption subsidy applications). Early selection and placement of the child in the permanent home improves placement stability and may increase placement of siblings together by avoiding situations where siblings are initially placed separately and team members become reluctant to move the children to a permanent home that can care for the sibling group.

A permanency goal of adoption or guardianship may be considered if reunification is not successful within the timeframes identified in federal and state law. Agency preference for permanency goals places adoption

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

The Department must fully consider all other permanency options before implementing a permanency goal of independent living as another planned permanent living arrangement (APPLA). Department policy was changed in February 2016 to prohibit a permanency goal of independent living, which is the state's version of APPLA, for children younger than sixteen. Many regions also require management approval for a goal of independent living. Although independent living is not the preferred goal, these youth often live in a stable setting with relatives or foster parents. The CHILDS system does not allow the assignment of the APPLA goal to a child younger than sixteen. DCS Administration monitors data related to the number of children in out-of-home care under the age of sixteen with a permanency goal of APPLA.

Placement and Placement Support

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

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

Placement types include licensed or court-approved kinship homes, non-relative licensed foster homes, group homes, residential treatment centers, and independent living subsidy arrangements. By court order, a child may be placed with an unlicensed person who has a significant relationship with the child. Arizona statute confirms the preference for kinship placement and requires specific written findings in support of the decision whenever the Court finds that placement with a grandparent or another relative (including a person who has a significant relationship with the child) is not in the child's best interest.

Identification of potential kinship foster caregivers is to begin at the time of initial assessment/investigation. Within thirty days of a child's placement in out-of-home care, the Department must make efforts to identify and notify all adult relatives and persons who have a significant relationship with the child. When a child in out-of-home care is not placed with an extended family member, or is placed with an extended family member who is unable or unwilling to provide a permanent placement for the child, the DCS Specialist must initiate searches for extended family members or other significant persons prior to key decision points during the life of the case and no less than once every six months. If current contact information about

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certain relatives is unavailable, the DCS Specialist can initiate a referral through the Department's Family Locate program.

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

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

The Department promotes stability for children in out-of-home care by minimizing placement moves and, when moves are necessary, providing services to make placement changes successful for the child. To achieve the permanency goal and support the child and caregiver, a case plan specifying the necessary services and interventions is developed by the child, family members, out-of-home care provider, service providers, attorneys, and DCS. Among other information, the written case plan should identify the child's educational, medical, and behavioral health needs, and services to the child or caregiver to address those needs. DCS Specialists further support placement stability by:

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

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

- to be treated with dignity and respect;
- to be included as a valued member of the team that provides services to the foster child;
- to receive support services that assist the foster parent to care for the child;

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

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

Behavioral health and other services are available to assess and treat the mental health and placement support needs for every child in out-of-home placement. For more information on behavioral health services, see *Section III Programs and Services to Achieve Safety, Permanency, and Well-Being*.

Kinship Caregiver Identification, Assessment, and Support

Consistent with national best practice standards, the Department gives placement preference to relatives and others who have a significant emotional connection to children who require out-of-home care. The Department promulgates practices that recognize kinship connections are not limited to blood relationships, and has policies and procedures in place requiring staff to identify and pursue all of a child's important emotional connections. Kinship placements often provide a means to maintain connections to neighborhood, community, faith, family, tribe, school, and friends. On June 30, 2017, there were 7,171 children placed in 4,175 kinship foster homes; 1,145 children were placed in licensed kinship homes and 6,026 were placed in unlicensed kinship homes. Of the 4,175 kinship homes, 597 were licensed and 3,578 were not licensed (source: AFCARS Report 110).

The Department has focused on identifying and engaging kin as early as possible in the life of a case, increasing the percentage of children placed with kin, and increasing the financial and emotional supports provided to kinship caregivers, including licensure. Aside from the many advantages for the children involved in kinship placements, there are advantages to the child welfare agency. Primarily, use of kinship placement dramatically reduces the need for non-relative licensed family foster homes. On September 30, 2017, 43.4% of children in out-of-home care in Arizona were in kinship placements, reducing the need for licensed family foster home beds by 6,868 children (source: Child Welfare Reporting Requirements Semi-Annual Report).

Arizona's percentage of placements with kin, which is above the current national average of 32%, indicates effective practice that is grounded in clear policy and procedural guidance (Source: The AFCARS Report <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf>). Additionally, Arizona juvenile court rules require that at the preliminary protective hearing the court order the parent or guardian provide the names, types of relationship, and all available information necessary to locate persons who are related to, or have a significant relationship with, the child. The court must further order the parent or guardian to inform the Department immediately if the parent or guardian becomes aware of new information related to the existence or location of a relative or person with a significant relationship to the child.

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

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

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

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

Team Decision Making Meetings are another helpful resource for locating and engaging kin. From July 2017 through April 2018, 6,556 TDMs were held throughout Arizona. 85.8% of these TDMs were attended by at least one parent, and 53% of these TDMs were attended by at least one relative associated with the case. The total number of children discussed at these meetings was 10,414. Of those children, out of home placement (including 90 day voluntary foster care agreements) was recommended for 4,263 or 41% of the children. Of the total number of children recommended for out of home placement, a relative was identified during the TDM for 79.7% of them. Of the total number of children discussed during all meeting types (10,414), relative placements were identified for 33% (source: TDM database).

Department policy indicates that the assessment of a relative or significant person who asks to be a placement option must be initiated within ten working days of the request. The assessment begins with a discussion of the child's needs and the potential caregiver's interest and intentions towards the child now and in the future, a preliminary determination of the potential caregiver's ability to meet the child's placement needs and support the case plan, and a preliminary determination that the potential caregiver can pass criminal and child abuse background checks. Based on the results of this discussion, a formal home study may be initiated. In the Phoenix area, kinship home studies are conducted by Southwest Human Development (SWHD) through a contract with the Department. Approximately 200 home studies are conducted per month. SWHD staff visit the kinship homes early in the placement process to conduct the home studies and provide information on resources available through DCS and community based agencies (including licensing, financial, social and educational resources). Kin are encouraged to pursue licensing

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and must meet the same licensing standards as non-kin foster parents, with the exception of certain non-safety standards that may be waived. On a case-by-case basis, the Department works with the Office of Licensing and Regulation and contracted licensing agencies to grant waivers of non-safety related licensing standards that would prevent kinship caregivers from becoming licensed. The waivers most often relate to some aspect of the sleeping arrangements to accommodate sibling groups. A smaller number relate to income requirements or certain flexibilities needed to complete necessary training. During this reporting period, 161 waivers were granted to allow 389 children to remain in kinship homes that became licensed. Sixty-two of these waivers were granted to grandparents or great-grandparents. Thirty-five of the waivers were for single child placements, with the remaining 126 waivers provided to kin caring for sibling groups.

The Department recognizes that the relationships between kinship caregivers, the children in their care, and the birth parents present special issues that require sensitivity, knowledge, and skill among DCS Specialists and service providers. The Department continues to develop the knowledge and skills of staff in relation to these special needs and to identify services and supports to promote permanency and stability with kinship caregivers. State fiscal year 2018 activity included the following:

- Partnering with Foster Parents – This course is focused on resource parenting and includes information related to non-relative and kinship providers. Topics include motivation to foster, training (PS MAPP/shared parenting), resources and needs, licensing tips, and how to best support this essential part of the child welfare system including a discussion about resilience in foster families. A fundamental theme is viewing foster parents as partners in the collective mission to ensure child safety. This course is mandatory for all new ongoing and in-home Specialties. During the current reporting period, 106 staff were trained.
- The Statewide Kinship Specialist provides training to DCS staff members at section and unit meetings, and ASU MSW and BSW stipend students throughout the year. This training provides an overview of the activities required to secure and finalize a kinship placement, and the delivery of support services; emphasizes the importance of understanding the kin perspective; and builds sensitivity regarding the involvement of child welfare with the family and other issues.
- The Department distributed information on kinship placement resources and supports to approximately 300 participants at the 2017 Statewide Supervisor Summit.

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

- medical, dental, and mental health insurance for the child through the Comprehensive Medical and Dental Program (CMDP);
- child Care, parenting skills, and assistance with transportation for necessary appointments;
- monthly clothing and personal allowance and other “special” allowances (supplemental tuition, emergency clothing, high school graduation, etc.);
- respite care of up to 144 hours per year (provided through a licensed agency);
- TANF “child only” cash assistance benefits, with no benefit “cap” for kinship providers caring for children in DCS custody;

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- the “Kinship Stipend” for unlicensed grandparents or great-grandparents who meet an income threshold was expanded through the 2017 legislative session to include all income eligible unlicensed kin placements caring for children in DCS custody;
- kinship resource and family support centers in the urban areas, offering services to strengthen kinship families, access to community professionals who can help in a variety of areas, and information on topics such as discipline, attachment and bonding, brain development, legal, and other issues; and
- community based agencies such as Aid to Adoption of Special Kids (AASK), Duet, Benevilla, Child Crisis Arizona, and Arizona’s Children Association (AzCA) that continue to provide an array of services and supports to kin caregivers across the state.

Department staff conduct outreach activities through phone calls, mailings, and in-person information sessions to inform kin about their role as a foster caregiver, and provide critical information on meeting the needs of the children in their care. CMDP continues to reach out to all caregivers within seven days of placement, to ensure they are aware of timeframes for required health care checkups, immunizations, etc., and to encourage caregivers to contact CMDP Member Services with questions. CMDP continues to make available a quarterly statewide newsletter to all kinship caregivers. In addition, the Kinship Foster Care booklet continues to be distributed and is available in English and Spanish. The booklet was revised in 2017 and provides extensive information for kinship caregivers, including, DCS expectations for the care and supervision of children in DCS care, benefits and services available to children in their care, licensing process and waivers, and information about other pertinent subjects.

In addition to the training and outreach noted above, the Statewide DCS Kinship Specialist provides direct support to kin caregivers, through participation in Kinship Information Sessions and responding to phone calls and inquiries submitted to the Kinship@azdcs.gov general delivery mailbox. Assistance is typically sought to resolve payment issues, contact the assigned DCS Specialist, and gain general program information and guidance. The Statewide Kinship Specialist also participates in the Central Arizona Kinship Care Coalition, which is an advocacy and information group consisting of kinship caregivers and Phoenix area community agency staff who provide services to kinship caregivers. This group meets monthly to exchange resource information and identify kinship caregiver needs and issues. The Statewide Specialist also monitors efforts and provides support through technical assistance and training to Northern, Pima, and Southeast regions. Current efforts include the following:

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

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caregivers to help resolve barriers to maintaining children in their homes. The Statewide Placement Administration includes two Kinship Specialists to provide outreach and support to kinship caregivers in Maricopa County and plans to expand to other counties as positions become available.

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

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

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

The Safe and Timely Interstate Placement of Foster Children Act of 2006 encourages timely home studies. A home study is considered timely if within sixty days of receiving a request to conduct a study "of a home environment for purposes of assessing the safety and suitability of placing a child in the home," the state completes the study and sends the other state a report, addressing "the extent to which placement in the home would meet the child's needs." Arizona received 1,465 ICPC requests for a home study of an Arizona family as a potential placement resource in FFY 2017, 316 more than the 1149 requests in FFY 2016. Arizona completed 95% of the home studies requested during FFY 2017 within the required 60 days. In FFY 2017, Arizona made 2203 requests to other states for home studies, which is 422 more than the 1,781 requests in FFY 2016.

5. Adoption Promotion and Support Services

Adoptive Home Identification, Placement, and Supervision Services

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

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

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placements for sibling groups, teens, children whose ethnicity is over-represented in the foster care system, and children with special needs. The Department and its contract providers continue to collaborate on addressing disproportionality by specifically targeting recruitment within African American, Hispanic populations, and American Indian populations. Targeted recruitment also focuses on homes for teens. The Department requests that the agencies recruit homes in specific geographical areas and provide GIS maps to contractors to assist in focusing recruitment strategies to specific communities in which the need is high. The maps show the number of removals per county, the ages of children removed, and the ethnicity of children removed.

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

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

According to the Children's Bureau report dated 9/30/2017, DCS received \$104,411 under the Adoption Incentive Program for earned year FFY2016. This amount represents 9.5% of the approximate \$1,100,000 earned. Arizona has no planned changes for the use of adoption incentive funding next year. This funding supports adoptive home recruitment, and assists adoptive families who are having challenges navigating the behavioral health system so they can continue to care for their children with special needs who are at risk of re-entering the foster care system.

Adoption Subsidy

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

The number of children eligible and receiving adoption subsidy continues to increase. The number of children served in the adoption subsidy program grew from 29,908 on July 31, 2017, to 31,657 on March 31, 2018, with 2,988 new special needs adoptions being subsidized in SFY 2017. The Department reimbursed \$5,588,168 of nonrecurring adoption expenses in FFY 2017. Of the 2,988 children who were adopted during SFY 2017, approximately 83% were covered under a title IV-E adoption agreement, and the remaining 17% were covered under a state agreement. An executed adoption assistance agreement is required for reimbursing adoptive parents for their one-time non-recurring legal fees for adoption, and is required for the child's coverage through AHCCCS, therefore nearly all adoptions of children with special needs from foster care have an executed adoption assistance agreement.

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

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

Services for Children Adopted from other Countries

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

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

6. Subsidized Guardianship and Independent Living Services

Subsidized Guardianship

Guardianship subsidy is a state funded program providing a monthly reimbursement to caretakers appointed by the court through a title 8 guardianship. Most of the permanent homes supported by the state Subsidized Guardianship program were kinship placements while the child was in out-of-home care. The children for

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whom the subsidy is provided, are required to be in the care, custody, and control of the Department at the time the guardianship is granted. One year after the guardianship is granted, the court completes a paper review of reports submitted to the court to verify the child is still residing with the guardians. As of March 31, 2018 there are 2,747 children receiving guardianship subsidy with 1,682 families.

Independent Living and Transitional Independent Living

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

Youth who do not have a goal of reunification, adoption, or guardianship are assisted to establish another planned permanent living arrangement by participating in services, opportunities, and activities through the Arizona Young Adult Program, which is Arizona's state Chafee Program. The Arizona Young Adult Program provides training and financial assistance to children in out-of-home care who are expected to make the transition from adolescence to adulthood while in foster care. Youth served under the Arizona Young Adult Program are currently in out-of-home care, in the custody of the Department. Of children in out-of-home care on September 30, 2017, 9.8% had a permanency goal of independent living. The number of youth served by Arizona's Young Adult Program decreased from 1,931 in CY 2016 to 1,701 in CY 2017.

Department policy allows youth to continue to receive Department services and supports to twenty-one years of age through voluntary foster care services and/or the Transitional Independent Living Program. Young adults served under the Transitional Independent Living Program are former foster youth, eighteen through twenty years of age, who were in out-of-home care and in the custody of the Department while age sixteen, seventeen, or eighteen. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During CY 2016, 228 former foster youth received assistance from this program. During CY 2017, 253 youth were served.

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

In 2014, Arizona Governor Doug Ducey signed orders moving the responsibilities and functions of the Division of Behavioral Health Services to the Arizona Health Care Cost Containment System (AHCCCS). This transition was complete by July 2016. This Administrative Simplification did not represent a reduction in services or funding for services. The AHCCCS Medicaid Director has assumed direct responsibility for behavioral health service delivery. AHCCCS has created a new Division of Health Care Advocacy and Advancement, which includes the Office of Individual and Family Affairs. The Department of Child Safety and AHCCCS continue to respond to the need for timely and accessible services to address the unique needs of families with teenagers by providing and developing services specifically geared toward

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teenagers. Examples include the following:

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

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decisions.

- The Department has provided guidance through various stakeholder meetings for DBHS in its implementation of the State Youth Treatment Grant from SAMHSA, which focuses on workforce development. The State is in its third year of this grant, which targets youth of transition age who are experiencing substance abuse, with the use of evidence-based outpatient treatment and workforce development as the primary interventions. The qualitative evaluations of workforce development has identified the following structural themes:
 - Most organizations have designated staff cross-trained to accommodate clients with alcohol and other drug problems and co-occurring disorders, who work in ad-hoc teams, rather than employing separate specialists.
 - Reliance on evidence-based practices is increasingly the norm across the multiple types of care programs. However, such decisions about how many and which EBPs to utilize are most commonly made at the upper administrative level, with only occasional input from all levels of relevant staff.

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

Young Adult Transitional Insurance (YATI)

Young adults who reached the age of eighteen while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn eighteen years of age. This program provides continuous health coverage until the age of twenty-six, regardless of income. Over 850 youth who reached the age of eighteen while in foster care or who exited care at age 18 or older during the last year will benefit from the YATI program due to the continued support of the Medicaid expansion to age 26.

Education and Training Vouchers

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

- was in out-of-home care in the custody of the Department when age sixteen, seventeen, or eighteen;
- is eighteen to twenty-one years of age and was previously in the custody of the Department or a licensed child welfare agency, including tribal foster care programs;
- was adopted from foster care at sixteen years of age or older; or
- was participating in the state ETV program at twenty-one years of age.

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

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

Family-Centered Case Management

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

Family members are encouraged to participate in the development of a behavioral case plan to address diminished protective capacities, threats to child safety, or risks of future abuse or neglect, that necessitate DCS involvement. The case plan communicates to all parties the permanency goal, the reason why DCS is involved with the family, the desired behavior changes, and the services and supports that will be provided to enable behavioral changes. When applicable, the document describes child specific medical, educational, and independent living plans, a concurrent permanency goal and plan, and a visitation plan. The case plan includes documentation of family and service team involvement in case plan development. The case plan must be reassessed and revised by the family and team no less frequently than every six months. Progress and services can be reviewed and modified between formal case plan staffings to avoid ineffective and wasteful service provision, and improve outcomes for families. DCS Specialists are to monitor that the parents are engaged in services, and that the services and supports identified in the case plan are bringing the desired behavioral changes.

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

- The Department partnered with Arizona State University during SFY 2016 to develop a Family Engagement Training, which continues to be required for all DCS Specialists during their first year of employment. This course covers practice skills and strategies for improving engagement with the families served. The course is a review of strength-based child welfare practice, engagement skills and strategies, connecting the engagement process with appropriate application of protective authority, engagement practice for difficult conversations, and how to avoid trauma fatigue.
- In partnership with Casey Family Programs and Seneca Family of Agencies, the Department began to train staff during SFY 2016 on family finding techniques through the Fostering Sustainable Connections, A Family Finding Model training. These efforts are part of the Department's title IV-E waiver demonstration project, which continues to expand within the state. The goal of Fostering Sustainable Connections is to identify and locate relatives and kin for children in congregate care to allow these children to achieve permanency more timely, develop important connections, and experience more positive emotional and social outcomes.
- Arizona's case planning policies and procedures require full disclosure about the reasons for DCS involvement, the reason for a child's removal, the permanency planning process, and permanency

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related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her, to provide a response to the allegation, and to be verbally informed of the child's removal and the reason for the removal. State procedures require that the DCS Specialist discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve permanency, and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the court may order, that the permanency goal be changed from family reunification to another permanency goal, such as adoption or guardianship.

- Children age twelve years or older are to be included at critical decision points in the life of their case to ensure each child is: 1) informed of his or her role and rights in participating in the case plan and court proceedings; 2) informed about the Department's goal of achieving permanency for the child in a safe home; 3) informed of all available alternatives to achieve permanency, including family reunification through the parents' successful participation in services, consent to adoption, consent to guardianship, and adoption through termination of parental rights; 4) made aware that individualized services addressing the reasons for Department involvement are made available to families; 5) informed about his or her parents' activities and progress toward reunification, unless returning home is not a possibility; 6) helped to identify significant adults with whom relationships can be maintained; and 7) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.
- State statute and Department policy require an exhaustive search for all adult relatives (grandparents, great-grandparents, adult siblings, parent who has custody of any sibling, aunts, uncles, and first cousins) of each child in care and assessment of relatives who request to be considered for placement of the child or to otherwise be involved in the child's life.
- Parents, children twelve years of age or older, and people who are a support to the family are encouraged to attend case plan staffings, CFT meetings, TDM meetings, court hearings, and FCRB hearings to provide ongoing input into the case plan.
- Content on family engagement is currently included in DCS Specialist core training, as well as parent aide/case aide core training. DCS Specialist core training has an emphasis on engaging fathers. The Department's Field Training Activities Guide also includes opportunities for new staff to practice family engagement and family-centered practice techniques.
- The Department's current supervisor core training has three modules that include strength-based supervision concepts. The training material includes coursework on best practices in group and individual clinical supervision, modeling strength-based family-centered practice and engagement skills, and use of the parallel process during supervision.
- Attachments to the resource family HRSS contract define requirements for shared birth and resource family parenting of children in out-of-home care. These requirements are trained through the PS-MAPP training (initial foster parent training curriculum) for resource parents, and will also be included in the new foster parent training program called the Foster Parent College.
- The Department developed a series of Practice Guidelines that includes information on a specific topic along with ways to engage parents and youth in conversations and information sharing. Practice Guidelines describe current best known skills, techniques, and knowledge to guide individualized practice and achieve positive outcomes. Examples of Practice Guidelines developed

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during SFY 2018 include engaging parents during the investigation process, assessing a child's medical and dental health needs, and assessing for the general needs of children in OOH care.

Team Decision Making

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

The Department utilizes several types of TDM meetings to meet the needs of the family situation. TDM meetings may occur when a child is found to be in present danger and has been removed from his or her family home, when a child has been found to be in impending danger, when there is potential for placement disruption or an unplanned placement change occurs, when a child's permanency goal may need to change or a child may begin the reunification transition to their family, when a child has been in care for an extended period of time and life-long connections have been identified, when a youth is in need of a discharge plan upon their exit from care (including youth reaching the age of majority), or when a youth has reached adulthood and wants to voluntarily remain in the Department's care until up to age 21. Trained TDM Facilitators guide the teams to identify the current present or impending danger condition; explore opportunities and resources to prevent removal, re-entry, or to preserve a placement; discuss permanency options and transition planning; and plan for adulthood. In many cases, the family and team are successful in identifying a sufficient in-home safety plan.

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

TDM meetings continue to be held statewide, in all regions and counties. During 2017, 2,795 or 34% of TDMs were present danger TDMs, 2,875 or 35% were safety planning TDMs, 410 or 5% were placement stabilization TDMs, 1,374 or 17% were permanency planning TDMs, 303 or 4% were reunification TDMs, and 504 or 6% were age of majority TDMs.

The Department continues to collect and disseminate data with regard to TDMs, including the number of meetings by type, attendees, and child specific outcomes. During 2017:

- 98.6% of present danger TDMs were attended by one or more parent and 80% were attended by a youth age 12 or older or another family member,
- 96.6% of safety planning TDMs were attended by one or more parent and 79% were attended by a youth age 12 or older or another family member,

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- 98.6% of reunification TDMs were attended by one or more parent, and
- 95% of age of majority TDMs were attended by the youth.

TDM management began monitoring the use of TDMs during the investigation phase of casework at the end of the first quarter of 2018 to identify trends and improvement opportunities. The information will be used to help ensure TDMs are held as required during the investigation phase.

The Department continues to use the revised Team Decision Making training curriculum for newly hired TDM facilitators, and provide refresher seminars with field staff to review the roles and responsibilities associated with TDMs. The Department has created regional lead positions that are dedicated to the support and supervision of TDM facilitators statewide. Additionally, the Department has created a statewide coordinator position that focuses on technical support, refining data elements and collection, leading statewide TDM initiatives, and mentoring each of the regional leads individually and collectively. The Department has also developed standard work for TDM staff to improve model fidelity, ensure program consistency, and maintain effectiveness statewide. The standard work includes clearly defined roles of staff, work product timeframes, quality assurance processes, and data collection and dissemination procedures. See *Section V: Assessment of System Performance* for additional information.

Case Manager Contacts with Children

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

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

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

At the state and regional levels, the Department monitors the frequency and quality of contacts with children and parents using the data available on a data dashboard and the Practice Improvement Case Reviews (PICR). Supervisors can track summary statistics by unit and DCS Specialist on the data dashboard, and data related to the frequency of child and parent contact with the assigned DCS Specialist is monitored using monthly scorecards. This data helps supervisors to ensure every required contact occurs,

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documentation is updated, and sufficient efforts are made to locate missing parents. The PICR instrument includes items to evaluate the frequency and quality of DCS Specialist contacts with children and parents. The Practice Improvement Specialists give individualized feedback to DCS Specialists and DCS Program Supervisors based on the case review findings. The PICR provides an ongoing opportunity to clarify practice expectations, such as the requirement to meet alone with the child for part of at least one visit each month.

The Department is working to ensure the total number of monthly DCS Specialist visits to children in foster care is not less than 95% of the total visits that would be made if each child were visited once per month. Prior to April 2016, the percentage of children receiving their monthly DCS contact was consistently 85% to 90%. Since April 2016, the monthly contact rate has been above 90% every month, including the goal of 95% being reached in nine of the most recent ten months (Source: CPSS Monthly Contact tableau dashboard, as of June 16, 2018). Please see Sections IV, VII, and X for more information about Department improvement efforts that have contributed to this increase in monthly child contacts.

During SFY 2018, DCS used the federal Monthly Caseworker Visit Grant to fund DCS Specialist training, including training related to the implementation of the SAFE AZ Renovation. The Monthly Caseworker Visit Grant was also used to provide incentive compensation to DCS Specialists in an effort to reduce turnover and retain staff responsible for child safety assessments, family engagement, and permanency planning activities.

Case Manager Contacts with Parents

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

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

Family Locate Efforts

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

If the DCS Specialist is unable to locate a family member, a referral for a search can be sent to the Family Locate Team. Referrals are also initiated through the Attorney General's Office and the Adoptions Unit (in select locations only). The Family Locate unit conducts extensive searches in an effort to locate missing parents, guardians, and relatives. The unit utilizes the Children's Information Library and Data Source System (CHILDS), Arizona Tracking Locator Automated System (ATLAS), Arizona Technical Eligibility

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Computer System (AZTECS), Arizona's General Unemployment Insurance Development Effort System (GUIDE/BG01), Motor Vehicle Division records, Juvenile Court Records (ICIS), and internet search sites including correctional facilities, the Social Security death index, and social media including, but not limited to, Facebook and Google. The Department also utilizes a robust investigative tool, Accurint, that is capable of searching databases such as national driver's license bureaus, birth and death records, criminal records, social networking sites, phone information (cell and land line), and other appropriate resources. Additionally, the Family Locate Team collaborates with Foreign Consulates, U.S. Immigration and Customs Enforcement (ICE), and the Federal Bureau of Prisons in an effort to strengthen search efforts and results. From July 2017 to February 2018, the Family Locate Unit attempted to locate 4,288 people and obtained location information for 1,507 (35%) of the individuals.

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

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

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

Educational Services

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

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

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law also allows a surrogate parent, when needed, to be appointed by a court or the Arizona Department of Education, thereby making the appointment process easier and faster and reducing delays to assessment and service provision.

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

Activities to support educational outcomes for foster youth continued across Arizona during SFY 2018, including the following examples:

- FosterEd is an initiative of the National Center for Youth Law aimed at improving the educational experience and outcomes for foster youth. In May 2016, HB 2665 was signed by the Governor, and included provisions to establish and fund a statewide expansion of FosterEd. Maricopa County was the first targeted area of the expansion in August of 2017. To support the statewide expansion, FosterEd Arizona's team has grown from a team of five based in Pima County to a team of 15, including ten Education Liaisons located Pima and Maricopa Counties. Three Education Liaisons are co-located in high schools within the Phoenix Union High School District, working with students with a high level of need, and three Education Liaisons are co-located in DCS offices working with students in kindergarten through 12th grade who have an emergent need for educational support. As of October 2017, FosterEd Arizona Education Liaisons had served 541 students in Foster care. FosterEd is continuing to expand to additional regions of Arizona. Co-location agreements and key partnerships in the Northern region were developed during the first half of 2018, with service provision beginning later in the year.
- The Every Student Succeeds Act (ESSA), federal legislation designed to improve educational stability for children in foster care by removing barriers to remaining in the school of origin and other issues, became effective December 10, 2016. Arizona Department of Education (ADE) and DCS have assigned state level "Point of Contacts" (POC) in addition to Regional Liaisons who assist to resolve issues related to school of origin, transportation, and other services. The Department's POC has joined with counterparts within ADE to reach out to local educational agencies to assist in facilitating the statewide implementation of ESSA. DCS POCs meet regularly to discuss needs surrounding ESSA.
- The Department's Education Specialists participated in ongoing communication and consultation with various school representatives, administrators, counselors, and teachers to form alliances to better meet and address the educational needs of youth in the child welfare system. Education Specialists also updated and distributed the State Reference Guide to Arizona scholarship, grant, and financial aid information, specifically created for current and former foster care youth, foster care providers, and community partners.

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- “College Goal FAFSA” events were held throughout Arizona by the Arizona Commission for Post-secondary Education during the month of October 2017. Financial aid professionals and volunteers assisted high school seniors, families, and returning adults to complete the Free Application for Federal Student Aid (FAFSA) for the 2018-2019 academic school year. FAFSA is the first critical step in applying for federal and state grants, loans, and scholarships; however, foster youth often struggle filling out the FAFSA due to unknown information regarding their parents. The Department’s Education Case Management Unit was available to provide assistance where necessary.
- The Education Specialists attended the three-day Transition Conference in August 2017. The Arizona Department of Education's Exceptional Student Services, along with the Arizona Department of Economic Security's Vocational Rehabilitation Program and Division of Developmental Disabilities, sponsored the event to collaborate and provide information for young adults with disabilities. This interagency collaboration was designed to improve post-secondary opportunities for young adults with disabilities by providing information related to employment, education, training, and adult living.
- The Education Specialists are members of the Arizona College Access Network / College Success Arizona, comprised of 225 member organizations statewide. The vision is that every Arizona student has the knowledge and resources necessary to successfully attain a post-secondary education, in order to succeed in life and contribute to the Arizona economy.
- In April 2018, Off Campus Jams (OCJ) Kids held the OCJ Kids Adulting Summit at DeVry University for foster youth living in group homes in Maricopa County. One of the Department’s Education Specialists participated by offering information on financial aid opportunities specific to current and former foster youth. Foster youth participated in the fair and were able to talk with various trade school and college representatives.
- In April 2018, Pima County Juvenile Court collaborated with one of the Department's Education Specialists for the annual Youth Career Day held at Pima Community College. Young adults took a tour of the campus and learned about the center for training and development, financial aid, and scholarships.
- The Department’s Education Specialist, who covers Maricopa county and the Northern portion of Arizona, helped youth achieve educational outcomes by:
 - Assisting and collaborating with staff at Northern Arizona University (NAU) to support NAUs "Fostering Success" program, which provides current foster care students and students who are aging out of foster care a transitional pathway from high school to NAU, and provides personalized assistance while attending NAU to increase graduation rates;
 - Participating as a member of the Arizona State University Nina Mason Pulliam Advisory Council, a scholarship program dedicated to providing educational opportunities for individuals who would not typically receive traditional academic scholarships, and whose personal commitments and financial circumstances would preclude their attendance without substantial long-term scholarship support;
 - Participating as a member of the Bridging Success Advisory Council, which offers resources and guidance to assist current and prior foster care youth successfully transition from secondary to post-secondary education programs at both Arizona State University and Maricopa County Community College;

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- Providing information about college financial aid at the June 2017 Kiwanis Club of Phoenix three-day event entitled “Living on Your Own,” held at the American Indian College for current foster youth and foster care alumni; and
- Assisting and collaborating with staff and administrators at the Keys to Success Program through Arizona Friends of Foster Children Foundation to support their intensive, individualized career planning, education, and employment services. This Program empowers youth aging out of foster care to become thriving, self-sufficient adults.

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

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

The majority of children in Arizona’s foster care system receive health care coverage through the Department’s Comprehensive Medical and Dental Program (CMDP). In an effort to maximize federal funding, CMDP operates as an acute care health plan under contract with Arizona’s Medicaid Agency, the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding.

CMDP, in partnership with DCS Specialists and foster caregivers, ensures the provision of appropriate and quality health care services for the well-being of Arizona’s children in foster care. CMDP provides full coverage of medical and dental care to each child placed in out-of-home care by the Department, the Arizona Department of Juvenile Corrections, or the Arizona Office of the Courts/Juvenile Probation Offices. CMDP serves eligible children in foster care placed in Arizona, and serves those placed out-of-state until they are Medicaid enrolled in that state.

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

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

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

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

Department policy requires all known information pertaining to a child's medical history be documented in CHILDS and provided to out-of-home care providers. Data regarding immunization types and dates, well-child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events are downloaded from the CMDP data system into CHILDS through an electronic interface. This data is thereby included in the medical summary report that summarizes significant medical, educational, and developmental history and status information. The DCS Specialist is able to provide the medical history information to the courts and out-of-home caregivers through the medical summary report. Furthermore, since the latter part of 2012, the data interface maps appropriate diagnoses to the corresponding AFCARS element in an effort to improve accuracy of reporting and eliminate manual data entry for out-of-home cases.

For FFY 2017, the average number of children enrolled in CMDP was 18,520. CMDP continues to maintain very low member to Primary Care Physician (PCP) ratios and member to dentist ratios for most counties throughout Arizona.

CMDP maintains a system of outreach and reminder notifications for medical and dental services. Outreach activities conducted by CMDP rely on written and verbal communication with the member and all responsible parties, such as the DCS Specialist, out-of-home caregiver, and PCPs. CMDP outcome data suggest that these intensive outreach efforts are very effective.

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

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

Child Behavioral Health Services

Meeting the behavioral health needs of children served by DCS continues to be the shared responsibility of DCS and AHCCCS. Prior to July 1, 2016, behavioral health services for title XIX eligible children in foster care were delivered through the Arizona Department of Health Services, Department of Behavioral Health

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Services (ADHS/DBHS), who contracted with three Regional Behavioral Health Authorities (RBHAs) for the delivery of behavioral health services for title XIX eligible clients. As of July 1, 2016, ADHS/DBHS transitioned to AHCCCS, and the RBHAs directly contract with AHCCCS to provide services for the majority of children in out-of-home care. Services provided, and DCS oversight of behavioral health services provided to children in out-of-home care, have remained the same.

Five Tribal Regional Behavioral Health Authorities (TRBHA) that have Inter-Governmental Agreements (IGAs) with the Department of Health Services to serve American Indian children. The Gila River Indian Community, the White Mountain Apache Tribe, the Navajo Nation, and the Pascua Yaqui Tribe each have an IGA for both title-XIX (Medicaid) and State Subvention Services, and the Colorado River Indian Tribe has an IGA for State Subvention Services. Services to other American Indian Tribes are provided and covered by the RBHA serving the tribe's geographic area. Tribal members continue to have the choice of receiving their care through their TRBHA, tribally operated behavioral health program, Indian Health Services, or the local RBHA.

AHCCCS also contracts with a statewide Children's Rehabilitative Services Managed Care Organization (CRS) to deliver partially integrated services for children with a qualifying CRS condition, including behavioral health services. CMDP retains the responsibility for medical and dental services that are not associated with the CRS condition. For these children, CRS is considered the RBHA. Beginning October 1, 2018, the CRS services for the children in out-of-home care will be assumed by CMDP. CMDP and DCS are currently preparing for this transition, under the guidance of AHCCCS.

The Department's CMDP provides coverage for behavioral health services for children in foster care who are not eligible for AHCCCS coverage.

In March 2016, HB 2442, also known as Jacob's Law, was signed into law by Governor Doug Ducey. This legislation amended several statutes related to child welfare and the provision of behavioral health services in Arizona. DCS, foster parents, AHCCCS, local RBHAs, services providers, and other key stakeholders worked jointly to implement several key components of this law. Key among these provisions are 1) the DCS placement packet must be provided to the OOH placement provider immediately and must include, a designated point of contact with the RBHA, the telephone number to the AHCCCS customer services line, and access to a list of AHCCCS registered providers; 2) the OOH placement of a title XIX or XXI eligible child may contact the RBHA directly to request a screening and evaluation of the child; 3) the OOH placement of a title XIX or XXI eligible child may access services directly from any AHCCCS registered provider regardless of whether the provider is contracted with the RBHA; and 4) if a title XIX or XXI eligible child in the custody of DCS moves to a different county because of the location of the child's OOH placement, the placement may choose to have the child continue any current treatment in the previous county. Additionally, it requires AHCCCS to track several key data metrics, including but not limited to the number of times the RBHA coordinated crisis services because a crisis services provider was unresponsive, and the number of times services were not provided within the 21 day time frame.

These changes are critical because it affords the foster parents and group home staff more direct involvement in the provision of behavioral health services and provides for several key requirements of accountability for behavioral health providers as well as the department to provide caregivers behavioral health information about the child.

Arizona has a full array of covered behavioral health services for children in out-of-home care, including treatment services, case management, psychosocial rehabilitation, emergency behavioral health services, behavioral management, medical and pharmacy services, support services, crisis intervention, inpatient services, residential services, and behavioral health day programs. Decisions are made about necessary behavioral health services through the Child and Family Team (CFT) process in Arizona.

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

Children in foster care receive ongoing behavioral health services for a minimum period of six months unless services are refused by the guardian or the child exits out-of-home care. The child's behavioral health services are monitored and coordinated through the CFT. CFTs provide a family-centered, individualized, and strength-based "wrap-around" process, including complete review of the family situation and the issues that brought the family to the attention of DCS. The CFT model is used statewide to develop an Individualized Service Plan (ISP) for behavioral health services for each child.

The DCS Behavioral Health Unit (BHU), a unit within CMDP, provides consultation and technical assistance to DCS staff and other key stakeholders, and facilitates collaboration between DCS and the Behavioral Health system when barriers are present. The goals of the BHU include ensuring all CMDP members are provided with accessible, comprehensive behavioral health services.

DCS also provides services to treat behavioral health issues that contribute to safety threats or risks to children. DCS's in-home services program provides therapeutic support for families with in-home dependencies. The Arizona Families F.I.R.S.T. program provides expedited access to substance abuse assessment and treatment services. DCS also provides specialized psychological evaluations or other services on a case-by-case basis.

Psychotropic Medication Prescribing Oversight

In recent years, there has been increasing federal and state oversight of the psychotropic prescribing to children in foster care to ensure psychotropic medications are used appropriately and safely. There has also been increasing concern related to the use of antipsychotic medications in children due to the potential short and long term side effects.

AHCCCS published a report in 2016, which included data on the number of children, both those in foster care and those not in foster care, prescribed psychotropic medication, the number of medications prescribed, the oversight of the medications, and cost. The report can be found at <https://www.azahcccs.gov/Members/Downloads/Foster/June/BHNeedsofChildrenInvolvedwithDCSPsychotropicPrescribingUpdateMay2016.pdf>. The AHCCCS report indicated:

- the percentage of children in foster care receiving psychotropic medications decreased from 20.3% in 2008 to 14.9% in 2014;
- the percentage of children in foster care receiving antipsychotic medication decreased from 10.9% in 2008 to 6.2% in 2014; and
- the percentage of children receiving prescriptions in each of the other categories of medication declined, except for the percentage of children receiving ADHD medication, which remained the same.

Efforts to reduce inappropriate prescribing of psychotropic medication include:

- AHCCCS has required the RBHAs have oversight over psychotropic medication prescribing by Psychiatric providers.

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- Implementation of informed consent /assent for psychotropic medication.
- ADHS/DBHS implemented the practice guideline, *Psychiatric Best Practice for Children Birth to Five Years of Age*, on October 2, 2009.
- Adoption and dissemination of practice guidelines to providers as required by the AHCCCS Medical Policy Manual, Chapter 1020.
- AHCCCS requires
 - prior authorization for antipsychotics for children age 0-5,
 - prior authorization for concomitant antipsychotics, and
 - Review of prescribing trends by medication category at the RBHA level Pharmacy and Therapeutics Committee.
- AHCCCS practice guidelines encourage the use of psychotherapeutic interventions for young children with psychiatric diagnoses prior to a psychopharmacologic trial.
- AHCCCS requires the RBHAs to implement a credentialing mechanism, which reviews the level of skill, training, and scope of practice of behavioral health staff who are prescribing psychopharmacological treatments to children age 0-5.

As part of psychotropic medication prescribing oversight, CMDP conducts monthly retrospective review of records to assure the appropriate psychotropic medication prescribing by the Primary Care Physicians (PCPs). This process monitors PCPs who prescribe psychotropic medication for ADHD, anxiety, and depression.

Collaboration with the Behavioral Health System

Collaboration between the Department, AHCCCS, and the RBHAs is an important factor supporting achievement of child mental health outcomes, which in turn affects achievement of safety, permanency, and other well-being outcomes. Collaboration occurs on multiple levels including statewide system planning and coordination, and individual child or family coordination. For additional information, see the *FFY 2019 Arizona Health Care Oversight and Coordination Plan*.

Populations at the Greatest Risk of Maltreatment

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

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

The Department assigns a high priority response time for allegations of abuse or neglect involving children age five or younger. Children age five or younger are defined as highly vulnerable, which is considered by Child Abuse Hotline staff when determining the response time for a report. Reports alleging a substance exposed newborn require a two-hour response, or a response within 24 hours if the child will remain in the hospital until the DCS response occurs. As of February 1, 2016, reports alleging a victim child age three or younger require a response time no longer than 48 hours, and victim children age four or five require a response time no longer than 72 hours. In addition, child vulnerability, including the child's age, is one of the five safety threshold criteria considered by DCS Specialists when determining if a safety threat is present. Age is one of five vulnerability factors considered when assessing the priority response time when

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a concern of abuse or neglect is screened in as a DCS report for investigation. The Department defined vulnerable as:

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

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

- The Healthy Families Arizona (HFAz) program is a nationally-credentialed, community-based, family-centered, voluntary home-visitation program serving at-risk prenatal families and families with children age newborn through five. The infant must be under three months of age at enrollment into the program as services are focused primarily on prevention through education and support in the homes of new parents. Program services are designed to strengthen families' capacity during the first five years of a child's life, when vital early brain development occurs. The program is designed to prevent child abuse and neglect and promote positive parenting, child development, and wellness.
- Arizona's specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program continues to be available for families who come to the attention of DCS due to having a substance exposed newborn. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety threats and risks of future abuse and neglect. The SENSE team includes the family, an in-home service DCS Specialist, a nurse consultant, Healthy Families Arizona, the In-Home Service Program, and Arizona Families F.I.R.S.T. (substance abuse) programs. The SENSE program is currently active in Maricopa, Pinal, Yuma, Yavapai, and Pima Counties. As of June 1, 2018, the SENSE program began in Cochise, Mohave, and Coconino Counties.

Services for Children under the Age of Five

The number of children who were under the age of five and in out-of-home care decreased from 6,523 on September 30, 2016, to 5,555 on September 30, 2017, representing a 15% decrease. The children under the age of five represented 38% of the total out-of-home population on September 30, 2016 and 37% of the total population on September 30, 2017 (age birth through seventeen). (Source: *Child Welfare Reporting Requirements Semi-Annual Report*)

Of children who were under the age of one and entered care for the first time in CY 2016, 28% exited to reunification within twelve months of entry and 35% exited to reunification by December 31, 2017. Of children who were age one through five and entered care for the first time in CY 2016, 39% exited to reunification within twelve months of entry and 49% exited to reunification by December 31, 2017 (Source: AZ Chapin Hall Data Profile, December 2017). Services are provided to maintain the parent-child relationships and achieve reunification when a child's safety can be maintained. Reunification services include visitation to maintain secure attachments for the child. Arizona's Best for Babies initiative has resulted in greater attention to the need for young children to have frequent visitation with their parents.

Of children who were under the age of one year at the time of first entry into out-of-home care in CY 2014, 50% had exited to adoption by December 31, 2017. Of children who were age one through five at the time

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of first entry in CY 2014, 29% had exited to adoption by December 31, 2017 (Source: AZ Chapin Hall Data Profile, December 2017). Most of these children are adopted by their kinship caregivers or foster parents. Adoptive home recruitment activities identify permanent placements for young children with no identified adoptive home. See the Foster and Adoptive Parent Diligent Recruitment Plan, submitted with this report, for a description of these general and targeted recruitment activities.

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

Services have been designed to meet the developmental needs of young children, including needs for placement stability and early permanency, such as the following:

- The Arizona Health Care Cost Containment System (AHCCCS)) continues to maintain protocols regarding infant and toddler mental health, including Practice Tools - "Working with the Birth to Five Population" and Practice Guidelines - "DBHS Practice Guideline Psychiatric Best Practice for Children Birth to Five Years of Age." These guidelines and tools address practice points such as medication taper for children who have had a positive response to medication; use of medications only for children with moderate to severe psychiatric symptoms that significantly interfere with their normal development and result in impairment that persists despite the use of clinically appropriate psychotherapeutic interventions; and requirements for consultation and re-consultation of a child psychiatrist by non-child psychiatric providers.
- Most counties have specially trained "Baby CASAs," who advocate for the unique needs of maltreated infants and toddlers. Baby CASAs consult with each other and the larger CASA program staff to share challenges with their cases and get information about systems issues and community resources helpful in their advocacy role.
- Children age birth to five in Apache and Navajo Counties are referred to a program called Healthy Steps, which is funded by First Things First and works with families to help them learn more about child development, and specifically their own child's development. All families of children born at Summit Healthcare Regional Medical Center in Show Low are automatically referred to this program.
- Staff training includes instruction on the needs of young children. DCS Specialist core training teaches new employees about child development, the vulnerability of young children as a factor increasing the likelihood of safety threats, and the process for obtaining evaluations through the Arizona Early Intervention Program and Regional Behavioral Health Authorities.
- The Best for Babies program facilitates monthly meetings in counties across the state, all of which are attended regularly by DCS staff, as well as a broad range of community providers. Systems issues and a 'topic of the month' are presented and discussed by those present. The meetings allow for collaboration and consultation for current and upcoming projects concerning the birth to five population. DCS staff have presented information during these meetings related to DCS in-home

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services, the Safe Reduction Workgroup, and the SENSE Program.

- The CMDP Chief Medical Officer provides trainings to judges, attorneys, medical students, and other groups on child abuse and neglect, substance exposed newborns, Adverse Childhood Experiences, toxic stress, and trauma, and the effects on development and subsequent behaviors of the child.

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

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

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

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

The Maricopa County Juvenile Court implemented SBCT on July 1, 2011, under the title Cradle to Crayons (C2C). Judges are encouraged to order more frequent hearings in an effort to expedite permanency. After the initial hearing, families are generally back in the court within six to eight weeks. Birth to five assessments are ordered to assess children's developmental needs, and judges are encouraged to review the assessment reports. The judge determines if clinical services from C2C would be appropriate, and if so, the parent is referred for a clinical intake. If there are allegations of substance abuse, the judge will refer the parent to observe a session of Family Treatment Court (FTC). The referral process to FTC has changed to allow parents to self-refer and parents' attorneys to make referrals as well.

The Maricopa County Juvenile Court is the leader of supporting best practices and evidence-based services into the SBCT core component framework. The goal of the community coordinator in C2C is to facilitate ongoing communication, advocate for timely and high-quality services, and identify and resolve system barriers. The majority of referrals for children's services include age appropriate behavioral health, education assessment, medical and dental services, and early intervention. A hybrid position was developed in 2016 in an effort to strengthen mediation services, particularly during the pre-hearing conference phase. This position is referred to as a conciliator, and blends the community coordinator position with the role of mediator. Maricopa County initiated enhanced mediation pilots at each of its two C2C locations. The pilots assisted in the creation of a mediation practice model that can be consistently applied and that renders

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

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more robust agreements between parties, saving time in the court and freeing up calendars. Mediation has now moved past the pilot stage to full implementation. C2C Clinical Services offer recommended SBCT components including: assessment of the parent child relationship, which identifies existing trauma between the parent and child and the trauma caused by the child's removal; visit coaching that includes teachable moments; and individual appointments for parents for psychoeducation, child-parent psychotherapy, Triple P parenting program, individual trauma therapy, and resource coordination.

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

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

The Maricopa Community Court Team Topic of the Month discussions for SFY 2018 included the following:

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

The AZ PS-MAPP curriculum is the Department's pre-service training for foster parents and includes activities, lecture, and assignments that define the needs of children of all ages, including infants and toddlers. The training includes activities to review symptoms of and basic care for, young children who

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were exposed to substances in utero. Participants are also provided with written information about fetal alcohol syndrome and effect. The curriculum is designed to expose participants to the specific needs and experiences of children in foster care, and to offer information, suggestions, and interventions regarding how:

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

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

Supplemental information related to services and activities provided to address the developmental needs of all vulnerable children under age five, including children in foster care, as well as those being served in-home or in a community-based setting will be submitted to the Children's Bureau by August 15, 2018 as allowed by the May 31, 2018 Program Instruction ACYF-CB-PI-18-06.

Section IV

Assessment of Outcome Achievement

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

- *CFSR Data Profiles* – These data profiles are generated from the state’s AFCARS data files. According to the CFSR Arizona Final Report, Reissued 2017, the Children’s Bureau suspended the use of all states’ performance on the national standards for the seven statewide data indicators in conformity decisions due to syntax errors found in the calculations made by the Children’s Bureau. Data reported from CFSR Data Profiles and contained in this APSR describe the State’s risk-Standardized Performance. The Children’s Bureau implemented risk-standardized performance data to control for differences in outcomes due to factors such as the number of children served and age distribution of these children, in order to provide a more fair comparison of state performance against the national performance. The most recent CFSR Data Profile was provided to the state in May 2017.
- *Child Welfare Reporting Requirements Semi-Annual Report* – This report was published by the Department for the periods of October through March and April through September. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *The Monthly Operational, Staffing, and Financial Report* – This report consists of data tables that track frequently used operations, workforce, and financial metrics. The Monthly Operational Report includes key metrics for monitoring agency process improvement, including metrics from the program areas of intake, investigations, out-of-home care, permanency, prevention, and support services.
- *Business Intelligence Dashboard* – The Department uses a data dashboard to track performance on several key indicators, including but not limited to timeliness of initial response to reports; timeliness of investigation finding data entry; the number of open and closed initial assessments; in-person contacts with children; parents and out-of-home care providers; child removals and returns; time to reunification; and time to adoption. This data is current as of the most recent weekly refresh from CHILDS. Since this data changes weekly to reflect new data entry and corrections, the date of retrieval from the dashboard is provided along with all such data in this report.
- *Chapin Hall Foster Care Data Archive* – Arizona is a member of the Foster Care Data Archive (FCDA). Arizona provides data on children in out-of-home care to the Chapin Hall Center for Children at the University of Chicago for inclusion in a multistate data repository. Chapin Hall organizes the data into a longitudinal database and provides a web tool to access data and generate a variety of reports. In addition to the multistate database, Chapin Hall provides a state specific database with data elements defined by the state.
- *Practice Improvement Case Review (PICR)* – Information is generated by reviewing investigation, in-home, and out-of-home care cases using an instrument that evaluates practice in many of the

same practice areas evaluated during the CFSR. The PICR is an important source to identify areas of relative strength and need in Arizona's child welfare outcomes and generate qualitative information on factors contributing to practice strengths and needs. This information helps the Department to target areas for further analysis and improvement. However, the number of cases reviewed is not sufficient to generalize the data to the entire population of children or parents served, and percentages of cases rated strength can fluctuate substantially from year to year due to small sample sizes, sampling error, changes to policy and procedure, and changes to rating standards. In addition, each PICR item includes several practice standards and evaluates whether *all* practice standards were met, for *all* areas, for *all* applicable case participants, and during the *entire* period under review. Cases needing improvement will have met some or most of the practice standards and cannot be interpreted as entirely failing to meet the child's or family's need. Given these limitations, percentages cannot be interpreted as indicative of actual performance or trends over time with statistical confidence and are therefore not provided in this report. More information about the Practice Improvement Case Review is located in *Section V Assessment of System Performance*.

The Department's reports are available to the public on the Department's internet site. Additionally, the Department publishes numerous reports required by Arizona statute. The reports include, but are not limited to, data on Independent Living, housing, kinship care, financial, staffing, title XIX expenditures, and benchmarks reducing the backlog. Data is also distributed to stakeholders within committees, at topical meetings, and upon request. The data and statistical information provided through the Department's semi-annual reports are used by community advocates, legislators, and other policy makers and partners to advocate for system improvement. The Department has also engaged with stakeholders to consolidate data reports and identify metrics that inform outcome and performance measures, based on a recent legislative requirement. These consolidated reports improve the clarity, usability, and timeliness of DCS data reporting.

1. Case Volume and Workforce Resources

During SFY 2018, the Department has continued to implement strategies to reduce DCS Specialist workload and thereby improve capacity for high quality safety assessments and services for children, parents, and caregivers. The Department has worked diligently to safely reduce the number of open reports for investigation and the number of children in out-of-home care, while increasing the number of filled DCS Specialist and Supervisor positions. These and other efforts have had a demonstrably positive effect on workload.

Following the introduction of a more objective Hotline screening tool during SFY 2016, and changes in SFY 2017 to the statutory definition of DCS reports for investigation, DCS observed a reduction in the monthly volume of new reports for investigation. During SFY 2018, the number of new reports and the number of open reports continued at the new lower levels. The decrease in investigation workload has allowed investigative specialists to respond more timely to new reports and spend more time with families conducting safety and needs assessments. The decreased workload is believed to have improved morale among investigation case managers, creating less turnover. From May to August 2016, approximately 66 employees separated per month during the high turnover months in the summer, compared to an average of 62 employees during the same months in 2017. An average of 54 employees separated per month during May and June 2018.

According to the DCS Quarterly Benchmark Progress Reports, during SFY 2018 improvement continued in reducing caseload size for all types of cases, including investigation, ongoing, and in-home cases. For example, in the Central Region, during the first quarter of SFY 2017, the approximate number of investigation reports assigned per worker was 64, in-home cases per worker was 23, and the number of out-

of-home children per worker was 51. During the third quarter of SFY 2018, these caseloads were 13.5, 11, and 30 respectively. The DCS Quarterly Benchmark Progress Reports can be viewed on the DCS website.

Arizona has historically had a high rate of children removed per 1,000 in the state's population compared to other states, and the number of children in out-of-home care grew from 2009 through 2015. However, data continues to show that the out-of-home care population has significantly reduced. As a result of the various DCS improvement strategies, ongoing workload has reduced, allowing staff to provide a higher quality of casework to those families being served and to feel more accomplished and successful in their work, which encourages job satisfaction and staff retention. The zero to 17 year old out-of-home care population decreased from 18,917 children on March 31, 2016; to 16,931 children on March 31, 2017; to 14,084 on March 31, 2018 (source: Monthly Operational Outcomes Report). During SFY 2016, Casey Family Programs provided funding for a contract with Southwest Human Development to assist with administrative and process tasks to complete and close investigation cases in Maricopa County. Once the investigation caseloads were reduced to a manageable level, the contracted services were shifted to assistance with ongoing cases, again in Maricopa County. During SFY 2017 and SFY 2018, Southwest Human Development staff began supporting ongoing case managers by completing supportive activities such as organizing case files, identifying accurate contact information for all parties in the case, scheduling and modeling the facilitation of case plan staffings, initiating requests for records, and submitting referrals for services. This assistance and support has benefited the families served as well as the DCS Specialists assigned to the cases, and contributed to higher job satisfaction. For additional information about the efforts made to safely reduce the number of children in out-of-home care, see *Section VII Progress Implementing the Goals, Objectives, and Interventions*.

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

- As of June 2018, the Department had filled 95% of the 1,406 funded Specialist positions. The agency has implemented various process improvements to streamline the hiring and selection process for DCS Specialists. A project team consisting of field supervisors, managers, and human resources reviewed and updated the DCS Specialist candidate qualifying prescreening questions, revised the competency-based interview questions, and enhanced the written assessment required. These process improvements are intended to provide hiring supervisors with the standard resources to interview and select the right talent who have the desired competencies and attributes required to be a successful DCS Specialist not only within their unit, but also the agency. The improvements have decreased the interview time from 1 hour and 30 mins to 45 minutes per candidate. A customer satisfaction survey of the new hiring and interview questions indicated 100% of those surveyed felt the revised interview questions were better aligned with the actual skills and competencies needed for the DCS Specialist position. Human Resources is now tracking the retention rate of those hired under the new process to see if there is a positive impact to the agency. Plans for SFY 2019 include conducting this review and revision for other positions within the agency such as Hotline Specialists, Case Aides, Program Specialists, and Program Supervisors.
- DCS Human Resources has made changes within their organizational structure to implement the HR Generalist and HR Business Partner operating model. These HR positions serve as the single point of contact for assigned client groups. This organization shift has led to process improvements such as standardizing the hiring and onboarding process and reducing the time to fill positions. The HR Generalists are responsible for understanding their assigned clients' hiring and candidate

requirements and recommending talent acquisition strategies to attract and recruit top talent to the agency.

- DCS continues to offer case aides with five or more years of experience to promote to DCS Specialist positions, which brings staff already familiar with the child welfare system to areas of need.
- The Department began the implementation of a new predictive performance tool, the Predictive Index (PI) assessment, during SFY 2017. The PI assessment is a reliable resource for predicting performance for potential new hires. This assessment became a part of the hiring process in March 2017 for all DCS Specialist applicants (including the Hotline) participate in the assessment prior to their interview panel. At this time, the result of the assessments do not affect the hiring decision of the candidate. Instead, the information from the assessments will be used, in conjunction with the success level of the candidate in the position, to help determine strong job fit indicators and how to influence the culture and workplace environment to encourage the retention and engagement of high performing employees.
- During the summer of 2018, certain DCS staff were provided an incentive compensation based on a percentage of the employee's base salary, to recognize the employees for the agency's continuous improvement and sustained performance.

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

2. Safety Outcomes 1 and 2

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

Safety Outcome Progress Measures

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

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

The percentage of investigations initiated within state policy timeframes will be 95% or more (Source: Business Intelligence Dashboard, CHILDS, extract date 6-9-18 for the FFY 2017 data)

FFY 2013:	54.9% (of 43,653 reports)
FFY 2014:	60.3% (of 47,387 reports)
FFY 2015:	76.7% (of 51,204 reports)
FFY 2016:	86.3% (of 48,568 reports)
FFY 2017:	92.7% (of 47,112 reports)

The Department's report response rate has been consistently improving over the past five years, increasing from an on-time response rate of nearly 55% of reports in FFY 2013 to over 92% of reports in FFY 2017. The most recent data indicates continued improvement. From January through May 2018, the monthly timely response rate has ranged from 92.9% to 94.7% (Source: Business Intelligence Dashboard, CHILDS extract date 6-9-18). The Department expects that this trend will continue because of the improvements at the Hotline and reductions in investigation caseloads.

The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 1 has not yet been met. Continued improvement could be made by ensuring timely initial responses to all reports of maltreatment, follow-up efforts to see children timely when the first attempt is unsuccessful, and mitigating the report response time when safe to do so.

CFSR Measure: Repeat maltreatment

Of children who were victims of substantiated maltreatment during a 12-month period, the percentage who were victims of another substantiated report within 12 months will be 9.5% or less (Source: CFSR Data Profile, May 2017, Risk-Standardized Performance)

FFY 2013: 6.9%

FFY 2014: 7.3%

FFY 2015: 6.2%

DCS data indicates 7.3% of victims of substantiated maltreatment during SFY 2016 were victims of another substantiated report within 12 months (source: DCS Context Statistics and Outcome Data report, June 2018). This DCS data is not risk-standardized and is the actual observed data. According to the CFSR Arizona Final Report published in December 2015 and reissued in 2017, the Department performed better than the national CFSR standard that 9.5% of children or less have a substantiated report of abuse or neglect within twelve months of a substantiated report in a base year. The Department's risk-standardized performance was 6.9%.

CFSR Measure: Absence of maltreatment in out-of-Home Care

Of children in out-of-home during a 12 month period, the rate of children with a substantiated report per 100,000 days of out-of-home care will be 8.50 or less (Source: CFSR Data Profile, September 2016, Risk-Standardized Performance)

FFY 2013: 3.36

FFY 2014: 3.83

FFY 2015: 2.37

DCS data indicates the rate of children with a substantiated report per 100,000 days of out-of-home care was 3.9 for SFY 2016 and 4.2 for SFY 2017 (source: DCS Context Statistics and Outcome Data report, June 2018). This DCS data is not risk-standardized and is the actual observed data. The Department performed better than the national CFSR standard that the rate of children with a substantiated abuse or neglect report per 100,000 days of out-of-home care is 8.50 or less. The Department's risk-standardized performance for FFY 2015 was 2.37 victimizations per 100,000 days in care.

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

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

The percentage of cases in which the agency took least intrusive actions to control present or impending danger (and therefore prevent removal or re-entry, and serve children in the home when safe to do so) will be 95% or more (Initial Assessment PICR Questions Jan-Sep Question 25D, Sep-Dec Item 1F and Item 7C)

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

PICR results indicate that when a child is determined to be unsafe in the parents' home, sufficient safety plans are usually developed. The PICR also evaluates the quality of the safety actions and written safety plan. Together, these two elements indicate that DCS is acting to keep children safe, but additional efforts can be made to confirm in-home safety plans are considered and utilized when appropriate. For example, this would include thorough efforts to assess non-custodial parents and extended family who might be able to control the safety threats so that the child can remain in, or return to, his or her home. The Department's strategies to improve consistent decision making in investigations, including the state's renovation of the safety assessment model, are described in *Section VII: Progress Implementing the Goals, Objectives, and Intervention*.

CFSR Item 3: Risk and Safety Assessment and Management

The percentage of initial assessment cases in which the agency took sufficient actions to control present or impending danger will be 95% or more (Initial Assessment PICR Questions Jan-Sep 25C, Sep-Dec Item 1E and Item 7B)

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

The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 3 was met as of February 2018.

In order for a case to be rated as a strength on In-Home and Out-of-Home PICR Item 1, all of the following must be true during the entire three-month review period, if applicable:

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

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

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified strategies to improve safety related processes and safety outcomes. During SFY 2017 and SFY 2018, the Department implemented improvement strategies as described in the Arizona CFSR PIP and Department strategic plan. In addition, Arizona's efforts to renovate the Department's safety assessment process and implement ACTION for Child Protection's safety assessment model (SAFE AZ) is aimed at improving this area of practice. See *Section VII: Progress Implementing Goals and Objectives* for information about the Department's current activities to improve safety outcomes and processes.

3. Permanency Outcomes 1 and 2

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

Permanency Outcome Progress Measures

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

CFSR Item 4: Placement Stability

Of all children who enter care in a 12-month period, the rate of placement moves per 1,000 days of out-of-home care will be 4.44 or less (Source: CFSR Data Profile, May 2017, risk-standardized performance)

FFY 2014: 3.69

FFY 2015: 3.93

FFY 2016: 4.05

DCS data indicates children who entered care in SFY 2016 experienced a placement move rate per 1,000 days of out-of-home care of 3.00, and 2.90 for SFY 2017 (source: DCS Context Statistics and Outcome Data report, June 2018). This DCS data is not risk-standardized and is the actual observed data. Arizona is performing better than the CFSR national standard for placement stability. According to the May 2017 CFSR data profile, Arizona's risk-standardized performance is that of all children who entered care in FFY 2016, the rate of placement moves per 1,000 days of out-of-home care was 4.05, which is better than the national standard of 4.44 or less. This data indicator counts all placement changes, including moves necessary for clinical treatment to address a child's medical or mental health needs, and moves to a less restrictive setting, to a kinship placement, to an adoptive home, or to be placed with siblings.

The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 4 has not yet been met. Continued improvement could be made by ensuring children are always placed in the right level of care to meet their needs, sharing comprehensive information about the children's functioning with the child's placement, and supporting placements to better meet the needs of the children in their care. During SFY 2018, the Department implemented several strategies to improve the placement stability of children in out-of-home care and support foster parents. A Target Campaign toolkit was provided to HRSS providers in an effort to recruit families for youth ages 13 to 17, and the Department developed a standardized process for the placement of children into family foster homes and congregate care facilities. Also, the Office of Licensing and Regulation implemented a strategy to meet with providers on a quarterly basis for monitoring and increased communication, and the Fostering Sustainable Connections program has expanded to 28 sites in four counties across the state. See *Section VII: Progress Implementing Goals and Objectives* for more information about the Department's current activities to improve permanency outcomes and processes.

CFSR Item 5: Permanency Goal for Child

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

The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 5 was met as of June 2018. This data will be submitted to the Children's Bureau in July 2018 for confirmation.

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

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

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

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

CFSR Measure: Timeliness of Permanency

Of children who entered care in the year shown and remained in care for eight days or longer, the percentage who discharge to permanency within 12 months of removal will be 42.1% or more (Source: CFSR Data Profile, May 2017, risk-standardized performance)

FFY 2012: 31.3%

FFY 2013: 31.0%

FFY 2014: 30.7%

DCS data indicates 34.2% of children who entered care in SFY 2016 and remained in care for eight days or longer, discharged to permanency within 12 months, and 33.8% of children who entered in SFY 2017 (source: DCS Context Statistics and Outcome Data report, June 2018). This DCS data is not risk-standardized and is the actual observed data.

Of children in care on the first day of the year shown who had been in care between 12 and 23 months, the percentage who discharge to permanency within 12 months of the first day will be 45.9% or more (Source: CFSR Data Profile, May 2017, risk-standardized performance)

FFY 2014: 52.5%
FFY 2015: 51.7%
FFY 2016: 51.9%

DCS data indicates 57.8% of children who were in care on the first day of SFY 2016 and had been in care between 12 and 23 months discharged to permanency within 12 months, and 60.6% for SFY 2017 (source: DCS Context Statistics and Outcome Data report, June 2018). This DCS data is not risk-standardized and is the actual observed data.

Of children in care on the first day of the year shown who had been in care for 24 month or more, the percentage who discharge to permanency within 12 months of the first day will be 31.8% or more (Source: CFSR Data Profile, May 2017, risk-standardized performance)

FFY 2014: 39.2%
FFY 2015: 40.4%
FFY 2016: 39.5%

DCS data indicates 47.8% of the children who were in care on the first day of SFY 2016 and had been in care for 24 months or longer discharged to permanency within 12 months, and 47.1% for SFY 2017 (source: DCS Context Statistics and Outcome Data report, June 2018). This DCS data is not risk-standardized and is the actual observed data. Arizona is exceeding the two CFSR national standards on permanency within twelve months for children in care at the start of the year. According to the May 2017 CFSR data profile, Arizona's risk-standardized performance is that of all the children in care on the first day of FFY 2016 who had been in care between 12 and 23 months, 51.9% had discharged to permanency by the last day of the following year, exceeding the national standard of 45.9% or more. Of children in care on the first day of FFY 2016 who had been in care for 24 month or more, 39.5% discharged to permanency by the last day of FFY 2016, exceeding the national standard of 31.8% or more. Many of the children who have been in care for 24 months or more exit to adoption.

The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 6 was met as of February 2018.

Practice Improvement Case Reviews reveal there are opportunities to improve the timely achievement of permanency for children within 12 months of removal, including having in-person contact with each parent monthly, initiation of parent locate searches for parents whose whereabouts are unknown, and efforts to ensure parents are consistently provided with timely services to meet their identified needs.

CFSR Measure: Foster Care Re-entries

Of all children who entered care in the year shown and discharged to reunification, live with relative, or guardianship, the percentage who re-entered out-of-home care within twelve months from the date of discharge will be 8.4% or less (Source: CFSR Data Profile, May 2017, risk-standardized performance)

FFY 2012:	7.3%
FFY 2013:	8.7%
FFY 2014:	7.7%

DCS data indicates 10.9% of the children who discharged to reunification, live with relative, or guardianship during SFY 2016 re-entered within twelve months from the date of discharge. Of the children who discharged in SFY 2017 to reunification, live with relative, or guardianship, 9.1% re-entered within twelve months. (Source: DCS Context Statistics and Outcome Data report, June 2018). This DCS data is not risk-standardized and is the actual observed data. Arizona has achieved the CFSR goal for re-entry within 12 months of exit to reunification, live with relative, or guardianship in two of the last three data reporting years. According to the May 2017 CFSR data profile, Arizona's risk-standardized performance is that of all the children who entered care in FFY 2014, and exited to reunification, living with a relative, or guardianship, 7.7% re-entered care within twelve months. The national standard is 8.4% or less.

CFSR Item 7: Placement with Siblings

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

9/30/13:	65%
9/30/14:	66%
9/30/15:	63%
9/30/16:	66%
9/30/17:	65%

Of cases with at least two siblings in out-of-home care, the percentage in which at least two siblings are placed together will be 85% or more.² (CHILDS ad hoc report)

9/30/13:	76%
9/30/14:	76%
9/30/15:	73%
9/30/16:	77%
9/30/17:	76%

On September 30, 2017, 65% of sibling groups in care had all siblings placed together, and 76% had at least two siblings placed together. This measure is limited in its ability to describe the experience of children in out-of-home care because a case is identified as "siblings placed together" if two children are placed together on the given day, even if the children spent other days in separate placements. This data indicator includes all sibling groups, including those who require separate placements to meet a child's needs, such as to meet a child's behavioral health needs while keeping a sibling in a family setting, or to place half-siblings with relatives that they do not have in common, or when placement together would be unsafe. The target goals are set at 75% and 85% in recognition that placement of siblings together is not always in the children's best interest.

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

² This percentage includes cases in which all siblings are placed together, and those in which at least two but not all of the siblings are placed together.

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

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

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

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

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

CFSR Item 9: Preserving Connections

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

FFY 2013:	92%
FFY 2014:	91%
FFY 2015:	92%
FFY 2016:	94%
FFY 2017:	93%

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

FFY 2013:	37%
FFY 2014:	40%
FFY 2015:	44%
FFY 2016:	43%
FFY 2017:	43%

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

The Department monitors data on maintenance of family connections for American Indian children. The Department has maintained its performance on exits of American Indian children to permanency before age 18, and the percentage of American Indian youth living with a relative or parent has increased from 37% in FFY 2013, to 43% in FFY 2017 (Source: AFCARS Report 43).

Case reviews indicate that compliance with the ICWA requirements is typically occurring. Of the cases reviewed in 2017, sufficient inquiry to determine whether the child may be a member of, or eligible for membership in, an Indian tribe; timely notification to the tribe; *and* child placement in accordance with ICWA placement preferences or concerted efforts occurred in 72% of cases reviewed.

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

CFSR Item 10: Relative Placement

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

Of children in out-of-home care on September 30, 2017, 43.4% were placed with a relative (Child Welfare Reporting Requirements Semi-Annual Report). The Kids Count data center website (<https://datacenter.kidscount.org/>) indicates that nationwide, only 32% of foster children were placed with relatives in 2016. In the last several years, case reviewers have found that the child was placed in a stable relative placement, or that sufficient efforts to identify and assess maternal *and* paternal relatives had been made, in roughly 70% of cases reviewed. Nearly all cases have some efforts to locate and assess relatives. Practice could improve through identification of *all* relatives, particularly paternal relatives.

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

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

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

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

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

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified strategies to improve permanency related processes and permanency outcomes. During SFY 2018, and continuing in SFY 2019, the Department is implementing improvement strategies as described in the Arizona CFSR PIP and Department strategic plan. See *Section VII: Progress Implementing Goals and Objectives* for information about the Department's current activities to improve permanency outcomes and processes.

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

This section describes administrative data and case review measures on child and family well-being, and the information resulting from these measurement methods. Many of the Department's measures match those used in the CFSR process. To integrate the CFSR process and the Child and Family Services Plan, the target percentage for many goals is 95%, which is the level used by the U.S. Department of Health and Human Services for case review items when determining whether a state must enter into a PIP for continuous improvement following a CFSR On-Site Review. States are expected to have a CFSR PIP unless there is virtually no room to improve. To date, all states have had a PIP following their CFSR On-Site Review. Improvement goals included in a CFSR PIP measurement plan are set to ensure positive

progress, but achievement of 95% is not required to successfully complete the PIP. The 95% target percentage is therefore a long-range goal representing a very high standard of practice.

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

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

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

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

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

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

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

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

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

The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 12 was met as of February 2018.

CFSR Item 13: Child and family involvement in case planning

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

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

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

During the 2017 PICRs, reviewers continued to find that fathers were less likely to be involved in case planning than either mothers or children age six or older. Cases rated strength in relation to a parent or the child had evidence that the mother, father, and/or child was invited to participate in CFT and TDM meetings held during the period under review and had periodic substantive conversation with the assigned DCS Specialist, or the DCS Specialist made concerted efforts to have these conversations.

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

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

The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 13 was met as of May 2018. This data will be submitted to the Children's Bureau in July 2018 for confirmation.

CFSR Item 14: Caseworker visits with children

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

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

Of the 237 cases reviewed during CY 2017, 82% showed concerted efforts to have sufficient frequency of in-person visit with the child. At times, other DCS Specialists, DCS Supervisors, Program Specialists, and Case Aides conducted in-person contacts with children. These contacts are helpful toward ensuring the children's safety and well-being, but are not counted as case manager contacts during the PICRs.

Data retrieved from the Department's Business Intelligence Dashboard (data current as of June 9, 2018) shows that the statewide average contact rate by the assigned DCS Specialist or another person (such

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

Case reviewers have observed opportunities to improve the quality of the case manager's contact with the child. Contact quality could improve through increasing the percentage of verbal children who are seen alone for part of at least one contact per month.

The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 14 was met as of April 2018. This data will be submitted to the Children's Bureau in July 2018 for confirmation.

CFSR Item 15: Caseworker visits with parents

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

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

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

The Department's CFSR PIP case review data from cases reviewed during CYs 2017 and 2018 indicate the PIP improvement goal for CFSR Item 15 was met as of February 2018.

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

CFSR Item 16: Educational needs of the child

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

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

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

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

CFSR Item 17: Physical health of the child

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

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

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

The PICR evaluates whether the Department’s specific practice standards for physical and dental health assessments were met (for example, that the child had a comprehensive physical examination within thirty days of entering care and at least annually thereafter). Case reviewers observed that children who had been in care for more than twelve months typically had a comprehensive physical health examination in the most recent twelve months, but fewer of the children who had been in care for less than twelve months had an examination within thirty days of removal. Case reviewers also observed that practice can improve through timely provision of preventive dental care.

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

The Department’s CFSR PIP does not require case reviews related to CFSR Item 17.

State Medicaid audits continue to indicate CMDP’s maintenance of high performance in all health care performance measures, with CMDP rating among the highest performing health care plans in the state. CMDP exceeded the statewide average in all of the nine performance measures. CMDP is evaluating health care data to determine accuracy of the data and programming fidelity.

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

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

Measure	Minimum Performance Standard (MPS)	Denominator	Numerator	CMDP Performance	All Arizona Medicaid Average
Children's Access to Care (12 - 24 months)	93%	949	933	98.3%	92.1%
Children's Access to Care (25 months - 6 years)	84%	3,045	2,838	93.2%	85.4%

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Children's Access to Care (7 - 11 years)	83%	1,067	1,024	96%	90.6%
Children's Access to Care (12 - 19 years)	82%	1,261	1,209	95.9%	88%
Well Child Visits (3-6 years)	66%	2,344	1,657	70.7%	61%
Adolescent Well Care Visits	41%	2,730	1,864	68.3%	39.2%
Annual Dental Visits (2-20 years)	65%	8,419	5,721	68%	58.6%
Plan All-cause Readmission	TBD	0	0	n/a	11.2%
Developmental Screening in the 1 st 3 Years of Life	TBD	2,178	654	30%	23.7%
Chlamydia Screening in Women	63%	327	172	52.6%	47.4%
Use of Multiple Concurrent Antipsychotics in Children and Adolescents	TBD	51	1	2%	0.8%
Well Child Visits in the 1 st 15 Months of Life	65%	719	349	48.5%	57.7%
Ambulatory Care: ED Visits	TBD	212,467	9,002	42 (per 1,000 MM)	56 (per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Total Inpatient	TBD	212,467	2,871	13.5 (days per 1,000 MM)	27.6 (days per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Maternity	TBD	76,159	158	2.1 (days per 1,000 MM)	8 (days per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Surgery	TBD	212,467	972	4.6 (days per 1,000 MM)	11.9 (days per 1,000 MM)
Inpatient Utilization-General Hospital/Acute Care-Medicine	TBD	212,467	1,741	8.2 (days per 1,000 MM)	10.5 (days per 1,000 MM)

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

CFSR Item 18: Mental/behavioral health of the child

The percentage of cases in which the mental health needs of the child(ren) are assessed, services to address identified needs are provided, and the agency

provided appropriate oversight of prescription medication will be 95% or more (In-Home and Out-of-Home PICR Item 14)

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

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

The Department of Child Safety's vision is that children thrive in family environments free from abuse and neglect. In order to achieve this vision, the Department has identified strategies to improve child and family well-being related processes and child and family well-being outcomes. See *Section VII: Progress Implementing the Goals, Objectives, and Interventions* for information about the Department's activities to improve child and family well-being outcomes and processes.

Section V

Assessment of System Performance

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1. Statewide Information System Capacity

Statewide Information System Description

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

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

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

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

The Department has completed the first year of the Comprehensive Child Welfare Information System (CCWIS) design and initial implementation, to replace CHILDS with a modern system. In August 2017, the Department launched the mobility application first release that allows case managers to access and update certain case information while in the field. The second release launched in December 2017, and allowed DCS Specialists to access certain forms while in the field. This mobile application is available to all ongoing and investigation DCS Specialists. The system platform was installed during the third quarter of CY 2017, and the Department will build the functional modules over the following two years. These modules will include intake, assessments, case management, permanency, provider management, eligibility, and financial management.

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Statewide Information System Assessment

System Requirement: Statewide Information System

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

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

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

CHILDS was found to be SACWIS compliant in November 2006. CHILDS was determined to meet federal SACWIS requirements at the time, which includes the collection and retention of the information included in CFSR item 19. CHILDS was also found to be in substantial conformity during the CFSR Round 3, according to the December 2015 CFSR Arizona Final Report. The Department is working to replace CHILDS with a new system, which will be CCWIS compliant.

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

The Statewide Assessment Item 19 requires states to have in place a statewide information system to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care. The FFY 2018A data quality report provided the following error rates on AFCARS elements that are pertinent to Statewide Assessment Item 19:

FC-06 Date of Birth:	0 missing records
FC-07 Sex:	3 missing records of 20,748 (0.01% failing)
FC-08 Race:	0 missing records
FC-09 Hispanic Origin:	0 missing records

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FC-18 First Removal Date:	0 missing records
FC-20 Last Discharge Date:	0 missing records, 19 internal consistency errors of 20,748 (0.01% failing)
FC-21 Latest Removal:	0 missing records, 20 internal consistency errors of 20,748 (0.01% failing)
FC-41 Current Placement:	501 missing records of 20,748 (2.41% failing)
FC-42 Out of State:	804 missing records of 20,748 (3.87% failing)
FC-43 Most Recent Goal:	208 missing records of 19,466 (1.07% failing)

“Missing records” means that the data is not entered in the field from which the AFCARS data is extracted; it does not mean that the data is unknown to the Department. For example, every child’s placement is known to the Department; 501 children did not have current placement data entered into the placement fields in CHILDS, but the placement information can be found in the case file and CHILDS narrative documentation.

2. Case Review System

Case Review System Description

The Department’s policies and procedures require written case plans that address all the federally required elements be developed for all children who are the subject of a case open for more than sixty days, and that these case plans be developed with family and child input. Case plan staffings, TDMs, CFTs, and other meetings provide facilitated opportunities to engage family members in decisions and other aspects of case planning.

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

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

Periodic review requirements are met through juvenile court hearings and FCRB meetings. FCRBs are comprised of citizen volunteers whose primary role is to advise the juvenile court on progress toward achieving a permanent home for children involved in a dependency action and placed out-of-home. FCRB hearings invite all interested parties to participate and provide input into the progress of the case and their involvement. FCRB reports and recommendations are sent to the juvenile court judge, who reviews the reports and considers the recommendations at the time of the next review hearing on the case.

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

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this finding. As permitted in state law, permanency hearings are at times consolidated with review hearings for effective workload management, and findings of reasonable efforts to finalize the permanent plan are made at these consolidated hearings.

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

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

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

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

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

Case Review System Assessment

System Requirement: Written Case Plan

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The State provides a process that ensures that each child has a written case plan, to be developed jointly with the child's parent(s), that includes the required provisions.

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

The Department's PICR generates statewide data on the timely development of written case plans and the involvement of mothers, fathers, and children in the development of those plans. See *Section IV: Assessment of Outcome Achievement*, CFSR Item 13 for state case review information related to involvement of children and parents in case planning. Cases are reviewed each month in each region, statewide. PICR results and practice trends are distributed agency-wide, and are discussed with DCS Specialists and Department of Child Safety Supervisors throughout the year to gather information related to barriers and issues contributing to the measured practice, and generate ideas and momentum for improvement.

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

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

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

Timely development of the initial case plan is monitored using the DCS Management System through the region scorecards. The monthly regional timely completion rate has ranged from 83% to 100% between July 2017 and May 2018. The timely completion rate is typically 92% or higher.

The region scorecards also track the total percentage of timely case plan development, including the initial case plan and subsequent case plans. Most recently, the timely completion rate was typically 89% or higher.

The Department has identified timely case plan development and involvement of parents and children in case plan development as areas for improvement. Child and family involvement in case planning was also rated as an area needing improvement during the Arizona 2015 CFSR Round 3. See *Section IV: Assessment of Outcome Achievement* for PICR data related to parent and child involvement in the case planning process. Also see *Section VII: Progress Implementing the Goals, Objectives, and Interventions* for information related to improvements made in the area of improving ongoing workload, and *Section VI: Update to the Continuous Improvement Plan* for information regarding family engagement activities included in the Department's Program Improvement Plan.

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System Requirement: Periodic Reviews

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

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

DCS monitors compliance with the periodic review requirement using AFCARS data. An AFCARS file is extracted from CHILDS every month, and includes the date of the most recent periodic review hearing within the removal episode for children who had been in out-of-home care for more than seven months at the time of discharge or the period end date. The hearing date is only extracted for periodic review hearings (report and review hearing, initial permanency hearing, permanency hearing, and FCRB). This data shows that of all the children in care on September 30, 2017, who had been in care more than 7 months, the percentage who had a periodic review hearing in the six months prior was 87%. (Source: AFCARS Report 43)

Data quality issues include lack of complete or timely data entry. Furthermore, the AFCARS data extraction program only identifies the date of the hearing types that are clearly periodic review hearings. If a review hearing is held jointly with another hearing type (such as when a report and review hearing is held jointly with an initial dependency hearing), and the employee documents the hearing as a type other than one of the periodic review types, the hearing date will not populate to the AFCARS file. These data quality issues reduce the percentage of children with a timely hearing recorded in CHILDS. Given the AFCARS data confirms that 87% of children had a periodic review hearing and the data quality issues can only result in underreporting, the Department is able to confidently report that more than 87% of children in care for seven months or more have had a periodic review hearing in the past six months.

System Requirement: Permanency Hearings

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

The occurrence of permanency hearings for each child no later than twelve months from the date the child entered foster care and no less frequently than every twelve months thereafter was rated strength during the Arizona 2015 CFSR Round 3. The Arizona Administrative Office of the Courts (AOC), Court Improvement Program provided the following data based on the Round 6 Operational Review completed from March 2015 to May 2016 on a sample of 425 cases statewide:

- 89.2% of the children who were under the age of three at the time of removal had a court hearing within six months of removal, and
- 90.4% of the children who were age three or older at the time of removal had a court hearing within

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12 months of removal.

The Round 7 Operational Review is currently in process. The AOC's Court Improvement staff reported that there are no known data quality issues. County courts are known to enter permanency hearing data routinely, based on court minute entries.

System Requirement: Filing for Termination of Parental Rights

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

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

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

To improve the timely filing of TPR motions and the documentation of compelling reasons, these topics are often discussed with field staff during Practice Improvement Case Review feedback meetings. As part of the SFY 2017 PIP activities, the Department developed Practice Guidelines entitled *Exploring Adoption for Timely Permanency*, and held a Quality Conversation to begin to address the need for staff training related to TPR and compelling reasons. The new CCWIS system, which will replace CHILDS, will include improved functionality of the case plan window, prompting documentation of a compelling reason in all applicable cases. Please see *Section VI: Update to the Continuous Improvement Plan* for information related to efforts included in the PIP to affect improvement in this area of practice.

System Requirement: Notice of Hearings and Reviews to Caregivers

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

Notice being provided to foster parents, pre-adoptive parents, and relative caregivers of children in foster care related to upcoming hearings and their right to be heard was an area needing improvement during the Arizona 2015 CFSR Round 3. This rating was based on information shared during stakeholder interviews that a uniform process is needed in order to provide the required notification.

The Department's PICR instrument includes a question to assess whether the out-of-home caregivers were given notice of, and invited to attend, court hearings and FCRB hearings that occurred during the period under review. Eighty-six percent of the 187 applicable cases reviewed during CY 2017 were rated strength in relation to this question.

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

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

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

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

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

- Determine whether notification was effectuated to foster parents, shelter care facility, receiving foster home, pre-adoptive parents or a member of the child's extended family with whom the child has been placed.
- Allow foster parents, shelter care facility, receiving foster home, pre-adoptive parents or a member of the child's extended family with whom the child has been placed and/or identified as a possible placement an opportunity to be heard.

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- Enter orders requiring DCS, if a party, to ensure foster parents, shelter care facility, receiving foster home, pre-adoptive parents, and a member of the child's extended family with whom the child has been placed are notified of any future proceedings.

3. Quality Assurance and Quality Improvement Systems

Quality Assurance and Quality Improvement Systems Description

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

- *The Office of the Ombudsman* – The Office of Ombudsman receives and addresses complaints from family members, foster parents, and other concerned citizens. In addition to the quality assurance function in individual cases, the Ombudsman contributes to CQI by aggregating complaints to identify and define problems that may need to be systemically addressed.
- *The DCS Safety Analysis Review Team* – The Safety Analysis Review Team is responsible for tracking all child fatality and near-fatality reports made to DCS for the purpose of releasing information to the public as governed by A.R.S. § 8-807 (F.2.). This involves research to determine if the fatality or near-fatality meets the criteria for posting on the Department's website. Additionally, this unit reviews all critical incident cases (which include fatality and near fatality reports) received by DCS in order to identify and analyze systemic issues and generate recommendations for improvements. The Systemic Critical Incident Review is a formalized process comprised of a robust analysis of the case including a thorough review of CHILDS documentation, the hard file, staff debriefings, mapping of systemic influences on case decisions, and utilization of a scoring tool to identify trends and formulate considerations to DCS leadership. This unit also participates in the Arizona Child Fatality Review Program, and tracks and monitors other high profile cases, to assist with agency coordination, communication, and decision making, as well as to provide support for department personnel in situations that generate a high level of public visibility. Members of the unit conduct training and feedback to field staff regarding identified problem areas. Additionally, this unit contributes to continuous improvement by identifying problems and gathering information on specific cases so that trends can be systemically addressed.
- *The Practice Improvement Unit* – This unit leads the Child and Family Services Review and conducts qualitative Practice Improvement Case Reviews of investigation, in-home service and out-of-home cases, and processes at the Hotline. These activities assess the quality of services and the effectiveness of processes and systems by measuring achievement of safety, permanency, and child and family well-being outcomes, and implementation of related practices. Practice Improvement (PI) Specialists are located in all of the Department's five Regions, and conduct feedback meetings to coach staff and gather information about root causes of identified problems. The unit also identifies problems and gathers information to inform the analysis of those problems.
- *The Field Resources and Policy Unit (FRPU)* – This unit develops program and administrative policies and procedures for the Department based on state and federal laws and rules, as well as best practice standards. FRPU is also responsible for the development of agency administrative rules. FRPU coordinates with others within the Department to ensure rules, policies, and

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procedures are updated, provides information sessions to staff when a significant policy change is made, and is available to answer questions and provide guidance to the field related to policy and procedures. The policy team also provides program expertise for kinship services and supports, Team Decision Making, the Young Adult Program, Healthy Families Arizona, and tribal relations. FRPU supports and informs the development of the Department's service array through research, input into the development of scopes of work to define service delivery, and analysis of output and outcome data to assess the effectiveness of these programs.

- *The Protective Services Review Team (PSRT)* – The Protective Services Review Team provides notification to persons who have been alleged to have abused or neglected a child and about whom the Department proposes to substantiate a finding in the DCS Central Registry. The PSRT receives and processes questions and appeal requests from parents, guardians, or custodians who disagree with a proposed substantiated finding of abuse or neglect. The PSRT unit conducts a quality assurance review of the proposed substantiated findings to ensure the incident fits the statutory definition of abuse or neglect, and ensures the related documentation needed to support the finding has been gathered and is contained within the file. After a parent's due process is complete, PSRT enters the finding, which may result in the person being placed on the DCS Central Registry. The PSRT unit is also available to DCS staff to provide assistance as needed. PSRT staff are considered subject matter experts when testifying at administrative hearings on behalf of the agency.
- *The Office of Continuous Improvement* – The Office of Continuous Improvement contributes to process improvement efforts using Lean Practitioners that install DCS Management System elements, coach to increase proficiency in standard tools, and support Kaizen events to help improve the Department's functioning. More information related to these efforts is provided later in this section.

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

DCS sustains improvements using tiered accountability and visual management tools, including data charts, scorecards, huddle boards, A2's (a problem solving tool), and counter-measure sheets. These tools include aggregate data and target goals. DCS monitors its performance using the data charts, scorecards, and huddle boards. When an issue or problem arises, such as performance below a target goal, the issue or problem is identified in a counter measure sheet and an action to be taken is developed. It also identifies an owner assigned to address the issue or problem and a due date schedule to track the actions being taken to address the issue or problem.

Standard processes and procedures are necessary elements of a working environment that promotes accountability and continuous improvement. Standard investigation and case management processes are

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tested in Model Field Offices where they are refined and then rolled out to offices statewide. A single, tested, statewide process will increase consistency of outcomes. Standard processes and procedures are developed in teams that can solve problems and adapt to the daily challenges through the utilization of standard tools, process adherence, performance management, and leadership at all levels.

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

The Department has a quality improvement system to collect, analyze, and disseminate quantitative and qualitative outcome and process data, so that stakeholders and decision-makers can make informed decisions, develop effective change initiatives, and monitor the results of system change. The Department's current quality improvement system meets each of the five CQI functional components described in ACYF-CB-IM-12-07.

- *Foundational Administrative Structure* - Administrative oversight of the Department's Quality Improvement System is provided by the Office of Quality Improvement. The Department's policy and procedures manual describes statewide practice standards. The Department's implementation of key practices and achievement of related outcomes are measured statewide through administrative data reports, scorecards, and the Department's PICRs. The state has no plans to use the federal Onsite Review Instrument (OSRI) as part of the state's ongoing CQI process, although the PICR is closely aligned with the OSRI, with the majority of the questions and rating standards being identical. The PICR has additional items related to supervisory decisions and functions, and the period under review for the state reviews is three months, which allows the Department to monitor current practice and observe practice changes more timely. The inclusion of the supervisory item allows the Department to monitor clinical supervision practices, as these are seen as critical to supporting consistent application of the Department's practice standards across regions and units.

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

- *Quality Data Collection* – Administrative data is collected through CHILDS. Instructions for data entry are included in the Department's *Policy and Procedures Manual* and CHILDS user guides. CHILDS includes edits and notifications to prevent data errors and remind staff about data entry requirements. The Central Office Reports and Statistics Unit provides AFCARS and other error reports to the Regional Automation Liaisons so they can identify and correct data errors. The Information Technology Administration, including the Reports and Statistics Unit, provides technical assistance to region and Central Office personnel to increase data accuracy. Automation Liaisons in each region identify and facilitate correction of data errors.
- *Case Record Review Data and Process* - The PICR provides a method to identify strengths, areas needing improvement, and contributing issues in Arizona's child welfare system. Central Office staff from the Practice Improvement Unit review a random sample of initial assessment, in-home

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service, and out-of-home cases from each region throughout the year to measure the rate of outcome achievement and gauge current practice related to the Department's safety, permanency, and well-being standards and goals. Review of initial assessment cases focuses on the documentation of a thorough safety assessment. Review of in-home and out-of-home cases is limited to Department goals that cannot be measured through CHILDS or other quantitative data, and areas requiring improvement for which qualitative information is needed. Using the PICR process, the Department:

- identifies practices and systemic factors that enable or hinder positive safety, permanency, and well-being outcomes for children and families;
- provides management, committees, and workgroups with information to identify and initiate improvement activities;
- provides an opportunity for direct service and management staff to learn from peers; and
- identifies training needs for direct service and management staff.

Randomly selected cases are reviewed from each region each month, with the exception of some of the smaller regions. Regions carrying a higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample. During the first half of CY 2018, the number of PICRs was reduced from two cases from each active case-carrying unit in the state to one case per unit. This change will allow the Practice Improvement Unit to support field staff in additional ways. Approximately 100 initial assessment cases, 130 in-home and out-of-home cases, and 250 hotline communications are scheduled to be reviewed during calendar year 2018. The Department has eight dedicated Practice Improvement Specialist positions responsible for conducting the various case reviews, as well as other tasks to monitor, inform, and support practice.

Out-of-home cases involving youth 16 years of age or older and children free for adoption are included in each annual sample by reviewing cases from all specialized units who serve these children. Additional cases representing these special populations appear in the full random sample of out-of-home cases in regions that do not have specialized units. The sample includes in-home cases from all specialized in-home units, and from units in regions that do not have specialized in-home units.

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

Reviewers must make concerted efforts to gather all necessary information so that each review measures the family's experience and outcomes, not simply the thoroughness of the documentation. Reviewers must read all pertinent information in CHILDS and review the hard copy record if it might contain information to clarify or fill gaps in the CHILDS documentation. During the preliminary review, the reviewer seeks to fill gaps in the information documented in CHILDS by reviewing the case file and communicating with the assigned DCS Specialist or Supervisor. The PI Specialists must make a concerted effort to complete interviews with the out-of-home caregiver, at least one parent, and youth age 14 or older involved in an in-home case, or who is identified as the target child for review. Additional interviews are conducted when necessary to fill gaps in the information or to obtain a complete understanding of the family's experience and case outcomes.

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The Central Office Practice Improvement Unit maintains PICR Reviewer's Guides that provide comprehensive instructions for completing the PICR instruments. All reviewers must refer to and follow the instructions in the guides when conducting case reviews. The PI team consults with policy, training, and field staff to clarify unclear practice standards that contribute to the lack of inter-rater consistency. The Practice Improvement Unit updates the PICR Reviewer's Guides as indicated once clarification is received.

Case review accuracy is a prerequisite for effective improvement planning. The Department's *Practice Improvement Internal Operating Procedures* describes procedures to ensure the accuracy of case review processes. A member of the Practice Improvement management conducts a second level quality assurance review of a sample of the cases reviewed by each PI Specialist. The second level review includes a review of the CHILDS documentation of the selected cases to confirm the results of the initial review, and could include a conversation with the initial reviewer and/or the assigned DCS Specialist or Supervisor for additional information when needed. If the quality assurance review indicates that cases are not being accurately reviewed, the second level reviewer meets with the PI Specialist to discuss methods for ensuring all the cases are accurately reviewed. Additional training on accurately conducting case reviews is provided if a need is identified.

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

Region and Central Office staff also analyze data through administrative data reports relevant to the Department's safety, permanency, and well-being goals. These data reports include key performance indicators on the business intelligence data dashboard, databases on a data server (accessible by all regions), and hard copy reports. Data in these reports is typically available at the region, county, section, unit, worker, and child or case level. Pre-designed tables and charts are available to track results over time, where applicable. Examples of current reports include:

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

The Department continues to be a Chapin Hall Multistate Foster Care Data Archive (FCDA) member. Chapin Hall at the University of Chicago provides a State Data Center web tool with longitudinal data. In addition to the multistate data website, Chapin Hall provides a state specific website with elements defined by the state. This allows the state to view the data with definitions familiar to the state, and more similar to AFCARS definitions and categories. Department staff use

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the FCDA's web tool to produce statewide and county level longitudinal permanency and placement data on children served in out-of-home care.

The Office of Quality Improvement (OQI) conducts data analysis related to the CFSR outcomes and issues identified by the Department's executive administrators. Each region employs one or more Automation Liaisons who analyze practice and outcome data, and create reader-friendly reports for staff and stakeholders.

The Reports and Statistics Unit also publishes the *Semi-Annual Child Welfare Reporting Requirements* report and the Monthly Operational Report that are available to the public on the Department's internet site. These reports contain data about the number and type of child abuse and neglect reports received, the number and type of reports assigned for investigation, the number of DCS investigations that are open at the time of the report, the number and findings (substantiation decision) for completed investigations, the number of children entering care, the number and placements of children in out-of-home care, the number and type of exits from out-of-home care, the number of foster home licenses and closures, the number and characteristics of children with a permanency goal of adoption, and time in care to reach milestones in the adoption process.

- *Feedback to stakeholders and decision-makers and adjustment of programs and process* - Distribution and discussion of quality improvement information, including case review results and quantitative data about practice trends and outcomes, occurs within all regions. At the region level, the PI Specialist meets with DCS Specialists and Supervisors from the units whose cases were reviewed to share observations and practice trends, and discuss methods for improvement. The PI Specialist may provide individualized case specific feedback to field staff when a need is indicated by the case review results or when requested by the DCS Specialist or DCS Program Supervisor. PI Specialists also attend region management and/or supervisor meetings to discuss practice and outcome trends.

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

Department leadership uses field staff input, data analysis, PICR results, and external evaluations to inform the selection of improvement goals and strategies. Department leadership may form a program or process improvement team to further analyze the area needing improvement, identify improvement strategies, and monitor the completion and effects of those strategies. These teams use a continuous quality improvement approach and usually include field staff and specialists in the program area. When appropriate to the area being addressed, external stakeholders are included in the team or consulted during the information gathering and analysis phases. Such stakeholders might include youth, parents, resource parents, tribal social service organizations, juvenile court judges or administrators, contracted provider agencies, other State agencies, and local community leaders. The Department seeks to engage a broad array of partners in program and process improvement.

In May 2014, the Arizona Legislature and Governor Brewer approved into law a new Community Advisory Committee, which has broad membership including, but not limited to, representation from the following: child advocacy, individuals with experience in child welfare, medical

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providers, law enforcement, schools, American Indian tribes, FCRB, faith-based organizations, and the Courts. The Committee continues to be active, and is required:

1. to inform the Department, analyze current law and policy, and make recommendations to improve the ability of the Department to increase the safety of children, respond to child maltreatment, and ensure the well-being of and timely permanency for children who are referred to and involved in the child welfare system;
2. for collaboration among state, local, community, tribal, public, and private stakeholders in child welfare programs and services that are administered by the Department; and
3. to improve communication between mandatory reporters and the Department.

Quality Assurance and Continuous Quality Improvement Systems Assessment

Systemic Requirement: Quality Assurance System

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

The Department of Child Safety's quality assurance (QA) and continuous quality improvement (CQI) system received an overall rating of strength during the 2015 CFSR Round 3. This system meets the five systemic factor requirements in the following ways:

Operating in the jurisdictions where the services included in the CFSP are provided

The Department's QA and CQI system is centrally administered and operates in all jurisdictions of the state. The Department's CQI functions are administered by the Office of Quality Improvement, described above. As stated above, the Practice Improvement Unit performs essential CQI functions, including qualitative case reviews. Cases are reviewed from almost every region monthly, according to a schedule that ensures cases are reviewed from each field unit annually. In 2017, the Practice Improvement Unit reviewed 177 initial assessment, 264 in-home service or out-of-home care cases, and 432 Hotline communications.

Adherence to the standards set by statute, rule, policy, and procedure is also monitored through internal and external quality assurance processes, such as:

- quality assurance review of all hotline communications about child maltreatment that are not categorized as Department of Child Safety reports for investigation;
- Protective Services Review Team (PSRT) review of proposed substantiated findings of abuse and/or neglect to ensure the incident fits the statutory definition of abuse or neglect and the related documentation is accurate and sufficient to meet the legal standard for substantiation;
- in-depth PSRT review of appealable reports when the alleged perpetrator requests a hearing;
- court hearings, especially periodic reviews and permanency hearings, which allow juvenile court judges to review all aspects of the service plan to ensure that reasonable efforts are being made and to resolve issues that prevent the child from living at home or achieving permanency;
- FCRB hearings conducted within six months of out-of-home placement and at least every six months thereafter to determine whether reasonable efforts have been made and to recommend actions that need to be taken by the DCS Specialist and other members of the service team;
- worker and case specific CHILDS data reports provided to supervisors, managers, and administrators, statewide, to provide information on case specific application of standards, such as timely entry of after-investigation findings and monthly case manager contacts with children;

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- supervisory case reviews conducted to monitor compliance with policy, ensure accurate data entry, and improve employee performance; and
- review of AFCARS data quality reports to identify and correct missing data and other data entry errors affecting the state's AFCARS submissions.

Has standards to evaluate the quality of services

Practice and service standards from intake to permanency are defined through federal law, state law, and DCS policy. These standards are compiled in the Department's policy and procedure manual, available at <https://dcs.az.gov>. Department process and outcome measures are based on federal requirements (such as the federal CFSR data indicators) and state policy. For example, the Department's data dashboard includes a measure of timely entry of investigation findings, which is measured against the timeframes set by Arizona statute. In addition, PICRs are conducted using standardized instruments with detailed instructions based on the standards described in law and policy. PICRs of initial assessment cases evaluate the collection of information to inform safety assessments; child safety decisions; the sufficiency of safety planning to control safety threats; and the accuracy of decisions related to substantiation, service provision, and case closure. PICRs of in-home service and out-of-home care cases evaluate safety, permanency, and well-being outcomes using an instrument that is closely based on the federal CFSR on-site review instrument.

Identifies strengths and needs of the service delivery system

The Department identifies strengths and needs through the PICRs, analysis of administrative process and outcome data, and other means. PICR results are aggregated to identify strengths and areas for improvement at a state and local level. Administrative data on the data dashboard shows performance variance across time and jurisdictions. Data is shared and discussed with internal and external child welfare partners to identify priorities for improvement and root causes.

Strengths and needs in the service delivery system are also identified through process improvement projects. The Department recognizes the importance of identifying best practices that eliminate inefficiencies and redundancies to continually increase the quality and timeliness of the agency's work. The Department continues to develop staff to assist all areas of the agency in:

- identifying and implementing process improvements using Lean and other methodologies to develop consistent, measurable, efficient processes and standards;
- implementing a management system to maintain and oversee ongoing compliance to improved processes and standards; and
- creating a culture of innovation and waste elimination throughout the workforce.

The Department provides for the safety and well-being of vulnerable children in Arizona while maximizing the resources allocated to the Department by using process improvement methodologies. Such process improvement methodologies have already yielded significant benefits in the Department's intake operations, in reducing the number of open investigations, and reducing the number of children in out-of-home care. The Department's Office of Continuous Improvement is continuing the process improvement efforts using Lean Practitioners who facilitate Kaizen events to help improve the Department's functioning. A Kaizen event is a gathering of people, including front-line staff, who map current processes, identify process waste (re-work, wait time, over-processing, etc.), and design improved process work flow. Kaizen events allow those who know the work best to participate in process mapping and process improvement design and implementation, which yields the highest value improvements and enhanced employee engagement. Recent or upcoming Kaizen workgroups include:

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- Placement Service Authorization Kaizen - A Kaizen event was held during SFY 2018 to develop and implement a process to uniformly enter service authorizations for placements across the state. This change will reduce delays in payment to entities such as behavioral health homes, group homes, foster care providers, and kinship providers.
- Victim Services Kaizen - The Department of Child Safety did not have a dedicated unit to provide assistance and support to children in DCS custody that are identified as victims of a crime. In March 2018, the Department was awarded a grant to support children who were victims of crime. A Kaizen event was held to develop and implement a sustainable standardized process for new and existing children in DCS care, custody, and control that have been deemed by AZ law as child victims of a crime.
- Supporting Child Placement - A Kaizen event was held to develop a standardized assessment process of the child's needs to ensure best possible placement decisions. A placement practice guide to assist with placement decisions and train new personnel was also developed.

Provides relevant reports

Reports to inform QA and CQI processes are published and distributed internally and externally. For example:

- Annual statewide PICR results are aggregated and distributed following verification. PICR results are also distributed to local field units and sections each month during feedback meetings facilitated by employees of the Practice Improvement Unit.
- Data dashboard reports are available to administrative and supervisory staff statewide, and are updated weekly.
- Safety and permanency outcome data reports are available to internal staff and external partners at <https://dcs.az.gov>.
- Many data reports are available to internal staff and external partners at <https://dcs.az.gov>. Reports on this site include the Child and Family Services Plan (CFSP), the Child and Family Services Annual Progress and Services Reports (APSR), the Semi-annual Child Welfare Reporting Requirements reports, annual Housing Assistance Program reports, annual Kinship Foster Care reports, annual Arizona Citizen Review Panel reports, and several others.

Evaluates implemented program improvement measures

The Department evaluates the success of its implemented program improvement measures through the federal CFSP process, the CFSR, review of administrative data, continual review of practice through the Practice Improvement Case Reviews, and program-specific quality assurance processes. The Department's progress is also measured through external evaluations and oversight. For example, Office of the Auditor General (OAG) conducts evaluations/performance audits to assess programs that are of particular interest to legislators and the public to determine their effectiveness, evaluate whether desired outcomes are being achieved, and make recommendations to improve agency operations. During SFY 2018, the OAG completed an evaluation of the Department's substance abuse treatment program, Arizona Families F.I.R.S.T. (AFF), to compare the AFF program to best or recommended practices, including the role of various supportive services provided as part of the program to help address potential barriers to treatment. In addition, the report addressed the prevalence of wait lists for program treatment, as well as the

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Department's oversight of the AFF program. The report was published on March 22, 2018 and included the findings that the "AFF program design incorporates best practices for substance abuse treatment and child welfare" and that the "Department has implemented AFF program oversight."

The Department also uses administrative and case review data to evaluate progress in rapid CQI cycles within particular projects. For example, in the Central Regions the Department has recently conducted reviews of cases involving children who have been in care nine months or longer to identify possible barriers to timely permanency. As the reviews are completed in each section, the information obtained identifying barriers to permanency are documented. A Pareto Analysis is completed with the Unit Program Supervisors, Program Manager, and Program Administrator and a plan is implemented to address the barriers. The team uses problem solving techniques to develop counter measures to address the barriers with a target date for implementation. A review of children who have been transferred to the Adoption Section found that 36% of the barriers identified to complete the adoption could have been solved prior to the parental rights being severed. A counter measure was developed, including review of the applicable procedures with staff and follow-up coaching within 30 days of the identification of the barrier.

4. Staff and Provider Training Description

See the *Arizona Staff and Provider Training Plan for FFY 2019* submitted separately with this APSR.

5. Service Array and Resource Development

Description of the Child and Family Services Continuum

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

- Healthy Families Arizona Program
- Child safety assessment, risk assessment, case management, and permanency planning
- In-home service continuum
- Parent aide
- Parent skills training
- Arizona Families F.I.R.S.T. substance abuse treatment program
- Housing assistance
- Behavioral health services, including referral to the title XIX behavioral health services
- Family team meetings, such as Team Decision Making and the behavioral health system's Child and Family Teams
- Out-of-home placement and placement supervision
- Kinship caregiver identification, assessment, and support
- Subsidized Guardianship
- Adoptive home identification, placement, and supervision
- Adoption Subsidy

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- Independent Living and Transitional Independent Living services, including skills development, subsidy, young adult transitional insurance, and educational vouchers
- Comprehensive Medical and Dental Program for youth in out-of-home care
- Referral to community and faith-based resources
- Psychological evaluations
- Supervised visits
- Transportation
- Building Resilient Families
- SENSE
- Drug testing

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

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

- Arizona Families F.I.R.S.T.,
- Women, Infants, and Children (WIC),
- Licensing and contracting stakeholder meetings,
- Partnerships with state universities,
- The Court Improvement Program, and
- The Pima County Model Court.

The Department coordinates title XIX medical eligibility with the Arizona Health Care Cost Containment Administration and title XIX behavioral health service provision with the Department of Health Services/ Division of Behavioral Health Services. The Department coordinates its child welfare services with many other federally funded programs administered within the Department of Economic Security (DES). Title IV-E eligibility and TANF child-only eligibility for children placed with permanent guardians or relatives is coordinated with the TANF program. The DES/Division of Child Support Services assists the Department to locate missing parents and is sometimes able to provide documentation of paternity. Child care services for child welfare clients and certain foster parents are coordinated with the Department of Economic Security's Child Care Administration, as is the referral process to the State's Part C program under IDEA, the Arizona Early Intervention Program for children involved with the Department. The Department also coordinates with WIC representatives to collaborate and improve services to DCS involved families. Coordination has included clarification that all children in DCS custody under the age of five qualify for WIC, resource information sharing, and the development of a pilot in Tucson that prioritizes initial appointments for kinship care providers.

Extensive and continual collaboration occurs between the Department and AHCCCS/DBHS. The Department has also partnered with Arizona's Department of Education to develop educational services for youth in out-of-home care and to coordinate for potential Early Head Start and Head Start placement for children involved with the Department. More information about collaboration to support child mental

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health assessment and treatment services and child educational services is located in Section III of this report.

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

- DCS Specialists or OCWI staff are co-located with law enforcement and other agencies in child advocacy centers in Maricopa, and Pima counties, and a unit of OCWI staff is co-located at the Peoria Police Department.
- Regional Behavioral Health Agencies (RHBA) and Arizona Families F.I.R.S.T. (AFF) contract with service providers to provide services to DCS families in the community. The co-locations include behavioral health high needs case managers (HNCM) who assist DCS staff with coordinated service delivery to families served. In all counties of the state, field staff may contact dedicated RBHA liaisons who can assist and advocate for children and parents if barriers or problems with services surface.
- Maricopa and Pima Counties have Department staff co-located at their county court buildings. One court liaison and one clerical position are placed at the Pima County Juvenile Court. DCS liaisons are placed in each of the Maricopa County Juvenile Courts, and are part of a team comprised of liaisons from juvenile probation, juvenile court administration, and the RBHA. Their goal is to reduce the number of dependencies and delinquencies filed in Maricopa County. Two Cradles to Crayons units are located very near one of the court houses in Maricopa County, allowing frequent communication and coordination with court staff, and convenience for families being served by both the Department and the court.
- Staff from DCS and the DES/Division of Developmental Disabilities (DDD) are co-located in some areas. In Pima County, DDD staff are co-located at the Multi-Service Center in central Tucson to allow for greater collaboration on cases where DCS and DDD are both working with a family and/or child. This Multi-Service Center also houses Adult Protective Services, Child Support Services, Attorney General, Jobs Program, FAA, and Vocational Rehabilitation Services. DCS and DDD staff are also co-located in one office within the Southwest Region, six offices in the Northern Region, and four offices in the Southeast Region, with an additional office next door to a DDD office. Many of these offices house staff from other state agencies as well.
- Since its inception in 2001, the Family Drug Court (FDC) in Pima County provides intensive case management and judicial oversight to serve dependency-involved parents affected by substance abuse and their children. FDC uses a coordinated, trauma-informed, family-centered, evidence-based, multi-system approach in attaining lasting permanency by ensuring child safety, providing comprehensive treatment through which improved parenting capacity, family functioning, and child well-being are achieved. A fundamental aspect of FDC's operation is the successful incorporation of peer support through staff Recovery Support Specialists who have the unique role to provide additional support and accountability for the parents. FDC collaborates with DCS to co-locate DCS ongoing case managers at the Pima County Juvenile Court Center alongside the FDC team. Having a co-located specialized DCS unit promotes positive outcomes for the families that FDC serves. Family Drug Court graduates have experience high reunification rates with their children while maintaining a low re-entry rate.
- Pima County has partnered with Tucson Medical Center and University Medical Center-Banner to co-locate one DCS Specialist at each facility to allow for immediate response to reports of abuse or neglect, and improved communication and information sharing between medical staff and the

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Department. DCS has a dedicated work space at the Phoenix Children's Hospital for staff to work when at the hospital responding to reports.

Service Array Assessment

System Requirement: Array of Services

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

The state provides an array assessment, treatment, safety, and permanency services as described in *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being Outcomes*.

The Department's Office of Quality Improvement and recently-established Fidelity & Compliance Services Unit assess the sufficiency and outcomes of the Department's contracted service array. Together, these units oversee the design, implementation, and maintenance of services and programs in order to continuously improve service participation and effectiveness increasing caregiver protective capacity, stability of children's living arrangements, and child well-being. The Department has been working with the Harvard Kennedy School of Business - Government Performance Lab and the Capacity Building Center for States to implement an active contract management process to focus on key success metrics, and closely align expectations of providers and their success criteria with the desired child welfare outcomes. Active Contract Management principles have been implemented to monitor, review, observe, and measure that practice is aligned with the intended purpose of the program and service model. Monthly, quarterly, or semi-annual meetings are held with each contract's service providers to review fidelity and outcome data, and identify actions to improve the accessibility and benefit of services to families. The Fidelity & Compliance Services Unit conducts fidelity and outcome monitoring of new and existing programs to generate data that is shared with providers to guide for quality improvement. The Office of Quality Improvement analyzes fidelity and outcome data, identifies evidence-based programs and promising practices, and recommends adjustments to program design when indicated to improve engagement rates and outcomes.

The Department has expanded its services to enable children to remain safely with their parents. The Department is expanding the availability of the SENSE and Building Resilient Families in-home service programs to allow more children to remain safely with their parents or support least restrictive settings while in out-of-home care. Updates to the Department's safety assessment and safety management model (SAFE AZ) provide a decision-making framework for developing in-home safety plans to achieve reunification as soon as it is safe, feasible, and sustainable. The Department is also expanding its title IV-E waiver demonstration project, Fostering Sustainable Connections, to increase the number of children who can be safely served in-home or in a relative's home by engaging with children in congregate care and their families. During SFY 2017 2,781 new intensive in-home service referrals, 1,185 new moderate in-home services, and 1,173 new reunification referrals were initiated (source: Monthly Operational Outcomes Report).

System Requirement: Individualizing Services

The service array can be individualized to meet the unique needs of children and families served by the agency.

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Arizona provides a wide array of services, as described above and in *Section III, Programs and Services to Achieve Safety, Permanency, and Well-Being Outcomes*. The majority of services are provided based on an assessment of the children's and family's unique needs. As described above the Department is improving data collection on the sufficiency of the service array, to identify opportunities and methods for improvement, including greater ability to individualize services.

6. Agency Responsiveness to the Community

System Requirement: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

In implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 31: how well is the agency responsiveness to the community system functioning statewide to ensure that the state engages in ongoing consultation with tribes, consumers, service providers, foster care providers, juvenile court, and other agencies. See Section II for a description of the collaborations and the types of participants with whom the Department regularly engages and consults.

System Requirement: Coordination of CFSP Services with Other Federal programs

The State's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 32: how well is the agency responsiveness to the community system functioning statewide to ensure that the state's services are coordinated with services or benefits of other federal or federally assisted programs serving the same population. See Section III for a description of the Department's coordination of CFSP services with other federal programs.

7. Diligent Recruitment of Foster and Adoptive Homes

The Department continues its long history of active and diligent recruitment, including general recruitment, child-specific recruitment, targeted recruitment, and collaboration with community and faith-based organizations. Examples of efforts made during SFY 2018 include the following.

- In line with the Department's strategic plan related to increasing the number of children in family-like settings, an ambitious goal of recruiting 300 new foster homes dedicated to caring for teens was set. In order to meet this goal, the Department released a 56-page toolkit on recruiting homes for teens in January 2018, including homes for American Indian children. HRSS Contractors were invited to submit recruitment proposals. Included in the toolkit was the Foster Home Recruitment Calculator, produced from a model designed by the Annie E. Casey Foundation and modified by the Department of Child Safety for recruitment purposes, and a sample letter that can be sent to leaders of tribes to assist with recruitment efforts.

Proposals were evaluated by a five-person panel comprised of DCS Recruitment Staff, a member

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of the DCS Communications team, a DCS Young Adult staff, and the head of the Casey Family Program's Phoenix office. DCS received total of 44 recruitment proposals from 14 contractors, and funded 25 of the 44 proposals. The remaining 19 proposals did not rise to the level of specificity required for funding.

- Another effort to recruit families who are willing and able to care for teens was the implementation of the *Change Two Lives* Campaign, an online and digital campaign to increase interest and awareness of the need for foster homes for older youth. In an effort to increase the number of African American foster homes, an African American adoptive family was featured in the campaign materials.
- The 2016 partnership between the Department, the Department of Public Safety, and Fieldprint for fingerprinting services continues to provide more convenient printing locations and more than 32 printing locations statewide. Not only are prospective foster and adoptive parents much more able to find a convenient location at which to be fingerprinted, the use of Fieldprint has also resulted in a significant reduction in processing time, from up to six weeks to three to five days. Further, the error rate for manually processed fingerprint clearance cards has dropped from 20% to less than 1%.
- Following the recommendations from 2016 foster parent focus groups and the 2017 foster family satisfaction survey, DCS developed an online orientation for prospective foster, kinship, and adoptive parents. The roll out began with five pilot in-person orientations conducted in June and July 2017 in urban, suburban, and rural settings. Leaders of this pilot included those who participated in the development of the material, as well as DCS staff. Following these orientation sessions, prospective parent participants were also asked to complete a short survey. The information was utilized to develop the final online orientation, which is comprised of a series of five videos featuring a foster and adoptive parent. The online orientation was launched in March 2018 and received more than 1,000 views in the first month, substantially surpassing the number of people who attended an in-person orientation during the same period the prior year. The new online orientation helps build capacity by delivering the initial orientation in a more convenient and user friendly manner. In person orientations remain available for those individuals who prefer an in-person group setting. A Spanish version of the online orientation was developed and implemented on the website in April 2018.
- The 1-877-Kids-NeedU phone line continues to support prospective families by offering additional supports for those just beginning the process of becoming a foster and/or adoptive parent. The number of emails and calls received are tracked weekly.
- DCS revamped the Foster Care and Adoption portions of the DCS website, providing additional information in a more user-friendly manner.
- The Children's Heart Gallery, which was developed by Department staff and is currently completely maintained within the Department, features children and youth who are the most challenging to place and brings together many community volunteers, including photographers, hairstylists, and others in support of these children by providing makeovers and professional photos to be displayed at recruitment events and online via the Children's Heart Gallery website. Since 2016, the Department has offered licensed foster parents two hours of training credits for volunteering at the Children's Heart Gallery photo shoots. Foster parents spend the day with children who are free for adoption with no identified placement. This allows foster parents to spend time with children who may be outside of their current licensing parameters, thus encouraging parents to expand their licensing preferences. It also allows foster parents and children to meet in

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a lower stress setting with the hopes that a connection may be made or that the parents may know of someone else who may be interested in adopting the child.

- In January 2018, the Department partnered with Arizona 1.27 and iCare About Orphans, a ministry of Focus on the Family, to host a *Wait No More: Finding Families for Arizona's Waiting Kids* event in Prescott, Arizona. This was Arizona's second Wait No More event. Approximately 250 people attended the four-hour event.
- DCS staff attend the ICWA Placements Project Workgroup, which includes monthly meetings and membership from five Arizona tribes and Casey Family Programs. The purpose of this workgroup is to increase recruitment and to retain American Indian homes, as well as work with OLR to reduce barriers to tribally licensed families and reduce duplication of foster home licensing studies.
- The Department continues statewide child specific recruitment efforts. There are currently three Child Specific Recruitment providers, whose combined efforts cover the entire state of Arizona.
- *The Foster and Adoptive Oversight Workgroup* was established in April 2016. The workgroup continues to meet on a quarterly or semi-monthly basis, and participants include community members, Casey Family Programs, Southwest Human Development, the Children's Action Alliance, foster parents, adoptive parents, mental health providers, and the Arizona Senate Liaison. The workgroup was established to provide guidance and expertise on the needs of, and preferred communication methods to, foster/adoptive/kinship families and group homes on the provision of behavioral health services to children involved with DCS who are served by Mercy Maricopa Integrated Care, a behavioral health service provider in Maricopa County.
- The number of newly licensed foster homes statewide has remained consistent during the past three years. There were 774 newly licensed foster homes during the six month period ending July 31, 2015; 985 in the six month period ending July 31, 2016; and 853 in the six month period ending September 30, 2017. The Department had 4,881 licensed homes as of the end of September 2017. There were 11,092 bed spaces in these homes. The Department continues to improve the processes to identify bed capacity and availability. Various plans are in development to provide support for existing foster parents and recruit new foster parents. It is notable that a large portion of the foster home closures are due to finalization of adoption or guardianship. In August 2017, 83 out of 191 licenses closed due to adoption or guardianship of the child by the foster parent.
- The Department is continuing active efforts in supporting kinship foster caregivers so foster children placed in their care thrive. DCS is also enhancing efforts to inform kinship foster caregivers about the option of becoming licensed as foster parents. The Arizona Legislature has expanded the "Grandparent Stipend", now called the "Kinship Stipend" for unlicensed grandparents or great-grandparents who meet an income threshold to include all kinship families. The Arizona Legislature also increased the annual appropriation for this stipend from \$1 million to \$2 million so that more kinship foster caregivers could benefit from receiving this monthly stipend. As of April 30, 2018, families caring for 2,773 children are receiving this monthly stipend of \$75 per child.

Policies that Limit, Ban, or Restrict the Recruiting of Diverse Foster and Adoptive Families

The Department has no bans, restrictions, or limitations related to licensing of foster or adoptive families based on race, ethnicity, religion, or sexual orientation. The Department recognizes that children enter foster care with their own cultural background, which influences their behavior, beliefs, and world views. Because children benefit when foster parents respect and are supportive of their cultural differences, the

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Department has developed a well-rounded approach to recruit foster and adoptive families who reflect the ethnic and racial diversity of the children in the state for whom foster and adoptive homes are needed. DCS staff continue to work with Harvest of Hope to recruit African American families. Other foster home recruitment campaigns have been completed through contracted agencies, under the approval and supervision of DCS. Approved activities to promote diversity among resource families included:

- multiple campaigns aimed at recruiting LGBTQ parents, including events with three gay comedians preceded by a presentation by current foster/adoptive parents;
- several campaigns directed to recruiting the American Indian population, including events at powwows and rodeos; and
- outreach promoting children free for adoption through Vacation Bible School activities at all Southern Baptist Churches across Arizona.

The following chart provides information related to the race/Hispanic ethnicity of children in out-of-home care who are not in a kinship placement and the race/Hispanic ethnicity of existing foster homes. This data provides the number of licensed foster families, not the total child caregiving capacity within those homes.

	African American	American Indian	Asian	Caucasian	Hispanic	Other	Total
Arizona Foster Families	543	57	55	2,871	945	13	4,484
	12%	1%	1%	64%	21%	<1%	
Arizona Children in OOH Care	1,558	707	88	3,004	2,820	498	8,675
	18%	8%	1%	35%	33%	6%	

Data sources: OOH Database 6/30/18 and Quick Connect 5/31/18.

For additional information, see the *Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan for FFY 2019*.

Section VI

Update to the Continuous Improvement Plan

The Arizona Strategic Plan

The Arizona Department of Child Safety is committed to becoming a national leader for child safety through a well-run, efficient, and effective organization based on best practices. Creating and maintaining a world-class child welfare agency is a journey that cannot be accomplished alone. A key focus of the Department has been to strengthen communication and engagement across the state in an effort to identify areas where the Department and its partners can collectively move towards improved child safety, permanency, and well-being outcomes.

The Department's SFY 2019 strategic plan is a continuation of recent efforts, and includes the following five goals that either resemble the themes for improvement that were identified through the CFSR, or address critical underlying conditions:

- Goal 1: Improve timeliness to permanency
- Goal 2: Increase the placement of children in a family-like setting
- Goal 3: Improve employee retention through improved supervision
- Goal 4: Develop and implement the agency IT infrastructure
- Goal 5: Implementation of an Integrated Health Plan

Due to the significant improvements in workload and workforce capacity during SFYs 2017 and 2018, the SFY 2019 strategic plan has a focus on assessment consistency, service quality, and family engagement.

The Arizona SFY 2019 Strategic Plan includes performance measures and objectives to guide and measure improvement related to the five goals. The performance measures and objectives are as follows:

Goal 1: Improve timeliness to permanency

Performance Measures

1. Increase the percentage of children achieving permanency in less than 12 months
2. Of children in foster care for 12 months or more at the start of the year, increase the percent achieving permanency by the end of the year

Objectives

- Standardize referral and delivery of in-home case management
- Implement a standardized Ongoing Case Management Practice Framework
- Increase successful transition to adulthood of all children 14 and older while in foster care
- Develop and implement a process to monitor performance of court authorized removals

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

Performance Measures

1. Decrease the number of placement moves per 1,000 care days and
2. increase the percentage of care days spent in a family like setting

Objectives

- Improve supports to kinship families
- Improve the system-wide placement array for children in foster care (traditional, medically

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- fragile, DDD, behavioral health, and detention)
- Expand the Fostering Sustainable Connections IV-E waiver demonstration project

Goal 3: Improve employee retention through improved supervision

Performance Measures

1. Reduce agency employee turnover
2. Reduce supervisor turnover

Objectives

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

Goal 4: Develop and implement the agency IT infrastructure

Performance Measure

1. Complete 100% of IT implementation plan

Objectives

- Implement Guardian deliverables for SFY 2019 on time and on budget
- Implement Separation project on time and on budget

Goal 5: Implementation of an Integrated Health Plan

Performance Measures

1. Percent of identified services delivered
2. Percent of identified services delivered on time
3. Integration of an Administrative Services Organization (ASO) model

Objectives

- Develop and implement organization and processes that support improved deliver of EPSDT services
- Finalize and launch RFP for behavioral health ASO model integration

Child and Family Services Review Program Improvement Plan (PIP)

The Arizona draft PIP was submitted to the Children’s Bureau on April 5, 2016, and finalized in January 2017. The Department has completed all of the key activities listed in the PIP, and has engaged with the Children’s Bureau to identify additional activities to achieve the PIP goals. See Section VII for a description of the strategies and activities included in the PIP, and progress completing these activities.

The PIP Measurement Plan includes the following indicators, all of which began to be measured in January 2017 through the review of 65 cases annually, using the federal On-Site Review Instrument. Initially, the Department reviewed 65 cases during CY 2017 to establish a baseline. This baseline was used by the Children’s Bureau (CB) to establish improvement goals. As of the end of the first quarter of CY 2018, Arizona has met four of the nine case review data goals. Case review data indicates two additional items were met in April and May 2018, pending confirmation by the Children’s Bureau.

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- Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment
- Item 3: Risk and Safety Assessment and Management - Goal met
- Item 4: Stability of Foster Care Placement
- Item 5: Permanency Goal for the Child - Goal met June 2018, pending CB confirmation
- Item 6: Achieving Reunification, Guardianship, Adoption, or OPPLA - Goal met
- Item 12: Needs and Services of Child, Parents, and Foster Parents - Goal met
- Item 13: Child and Family Involvement in Case Planning - Goal met May 2018, pending CB confirmation
- Item 14: Caseworker Visits with Child - Goal met April 2018, pending CB confirmation
- Item 15: Caseworker Visits with Parents - Goal met

Title IV-E Improvement Requirements

In an effort to ensure timely Central Abuse and Neglect Registry background checks for all newly hired direct service staff at group homes, the Department of Child Safety (DCS) developed a process, and informed all contracted group homes, to complete all registry background checks through the automated DCS Quick Connect system. In addition, DCS met in person with group home providers and discussed the importance of timely registry check requests and timely responses to these requests from DCS. Staff in the DCS Office of Licensure and Regulation confirm they are now receiving requests for registry checks through the DCS Quick Connect system for new group home staff. Licensed foster homes have utilized the DCS Quick Connect system for many years, and there have been no issues with foster home licenses being issued prior to the completion of registry background checks.

NYTD Improvement Requirements

The Department participated in an on-site NYTD review during February 2018. During the NYTD review, the Federal review team reviewed 30 case files and provided information and education related to how the documentation in the case files met or failed to meet service and outcome data reporting requirements. DCS received the NYTD General Requirements and Data Elements-Preliminary Ratings and Findings in March 2018. DCS will negotiate a Performance Improvement Plan (PIP) with the Children's Bureau to address the areas requiring improvement based on the NYTD review. Technical Assistance will be provided by the Capacity Building Center for States related to youth engagement and NYTD data.

AFCARS Improvement Requirements

The Department's most recent AFCARS audit was in 2009. Areas for improvement were identified at that time, therefore the state initiated an AFCARS improvement plan (AIP) with the Children's Bureau. The Department has an open AFCARS Assessment Review Improvement Plan and will resolve pending AFCARS issues with the development of the new CCWIS, Guardian.

Section VII

Progress Implementing the Goals, Objectives, and Interventions

Child and Family Services Review (CFSR) Program Improvement Plan (PIP) Progress

The Department completed all of the CFSR PIP activities by the end of the 2017 calendar year. The following describes the Department's implementation of each strategy.

1. Strategies and Key Activities to Improve Child Safety Assessment

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

See strategy 3.1 for information on how the Department will refer families to the right services at the right time to help them succeed, so that waitlists are further reduced and services are available when needed to prevent removal and reentry.

1.1 Reduce average investigation caseload so that DCS Specialists have more time to complete comprehensive safety assessments

- 1.1.1 Continue to use a contracted staff augmentation model to complete and close investigations, so that the investigation backlog is reduced.
Projected Completion Date: January 31, 2017
- 1.1.2 Implement a data monitoring process that includes at least quarterly review of the total number of open reports for investigation, the percentage of reports that close within 60 days of receipt at the Hotline, and the percentage of reports that close within 90 days of receipt at the Hotline.
Projected Implementation Date: February 28, 2017 (two completed quarters)
- 1.1.3 Develop and implement a protocol on preparation and transfer of caseloads when a DCS Specialist separates from the Department, so that completed activity is documented and investigative work does not need to be redone.
Projected Implementation Date: September 30, 2016
- 1.1.4 Develop and implement procedures for assigning an ongoing caseworker at the time of the preliminary protective hearing in dependency cases, so that work related to case planning and placement stability is completed by the ongoing DCS Specialist rather than the investigating DCS Specialist, so that investigators are available to respond to new incoming Hotline reports.
Projected Completion Date: December 31, 2016

All activities for strategy 1.1 are complete and the strategy has been fully implemented. Contracted staff assisted with the completion of open investigations. The data monitoring process has been occurring for over a year, and continues. Protocols for early transfer of cases to an ongoing unit, and for transferring cases when an employee leaves the Department have been implemented. Due to these activities, and the persistent efforts of DCS Specialists and Supervisors, the number of open reports reduced from a high of over 33,000 to 5,632 on June 19, 2017. The number of open reports continues to hover around 6,000 open reports.

1.2 Implement a policy and/or procedure that defines a specific time frame for completing face-to-face contact with children who are the subject of a report of child abuse or neglect

- 1.2.1 Obtain information from the Capacity Building Center for States about best practices and common practices related to face-to-face contact timeframes during investigations.

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Projected Completion Date: September 30, 2016

- 1.2.2 Develop and review draft procedures with staff and stakeholders to gain consensus and support for the new procedures.

Projected Completion Date: February 28, 2017

- 1.2.3 Communicate the procedures through addition to the policy and procedures manual, discussion at supervisor meetings, and inclusion in supervisory case record review guides.

Projected Completion Date: March 31, 2017

All activities for strategy 1.2 are complete and the strategy has been fully implemented. A policy related to face-to-face contact timeframes with victim children during investigations was developed and implemented to ensure timely assessments of child safety are completed. The Administrative Case Record Review-Investigations supervisor guide was updated to ensure supervisory oversight of this new policy.

1.3 Develop and implement practice guidelines, tools, and/or training to improve application of the Department's safety and risk assessment model, so that there is greater consistency in decisions about when in-home services can be provided and when safety threats require removal

- 1.3.1 Modify the state SACWIS/CCWIS data system to more thoroughly guide and document safety and risk assessments.

Projected Completion Date: July 31, 2017

- 1.3.2 Develop and implement standard procedures on when a Considered Removal (pre-removal) Team Decision-Making (TDM) meeting can be held rather than an Emergency (post-removal) TDM.

Projected Completion Date: June 30, 2017

- 1.3.3 Enhance and implement policy and procedure for the use of short-term protective action plans or safety plans as an option to control safety threats pending a Considered Removal TDM.

Projected Implementation Date: June 30, 2017

- 1.3.4 Update Arizona's safety assessment procedures, forms, supporting documents and initial core training using technical assistance from the Capacity Building Center for States, child welfare peers from other jurisdictions, and/or Action for Child Protection (for example, revise policy and procedure to better define present danger versus impending danger, and to better describe circumstances where an in-home safety plan is appropriate to control safety threats and prevent removal).

Projected Completion Date: September 30, 2017

- 1.3.5 Finalize and train staff on the *Child Safety Intervention Discussion Guide*, designed to lead the supervisory consultations about safety at key decision points during the life of the case.

Projected Completion Date: September 30, 2016

- 1.3.6 Make available an advanced skill-based workshop/training for supervisors and APMs on conducting thorough safety and risk assessments.

Projected Completion Date: June 30, 2017

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- 1.3.7 Implement coaching on safety assessment and safety intervention, for designated staff, to build a cadre of experts within DCS.
Projected Implementation Date: September 30, 2017
- 1.3.8 In consultation with court and legal system partners, develop and provide educational opportunities to judges and attorneys on the Department's safety and risk assessment model as it applies to removal, reunification, and other permanency decisions, so that Department employees, judges, and attorneys have a shared understanding of safety assessment and safety intervention (for example, definitions of unsafe, conditions for in-home safety interventions, and conditions for reunification).
Projected Completion Date: September 30, 2017

All activities for strategy 1.3 are complete and the strategy has been fully implemented. DCS has initiated modifications to the state SACWIS/CCWIS data system to more thoroughly guide and document safety and risk assessments. Policy has been updated to include standard procedures on when a Considered Removal (pre-removal) TDM meeting can be held rather than an Emergency (post-removal) TDM. Policies, procedures, forms, training, and supporting documents were updated and finalized through the SAFE AZ model renovation efforts, with technical assistance from Action for Child Protection. All investigative case managers and supervisors received a five-day training, and all ongoing case managers and supervisors are received a two-day and a four-day training related to the SAFE AZ model renovation. This training was activity-based in order to develop advanced skills, building upon the safety and risk assessment knowledge already possessed by staff. Program Managers also received the training to ensure consistent knowledge of and application of the safety model. Safety Practice Experts (SPEs) received an advanced two-day training in November 2018, and monthly SPE calls occur on a regular basis to continue advanced training and support. Collaboration has occurred with court and legal partners related to the SAFE AZ Model renovation to ensure consistent knowledge of and application of the safety model. The Arizona Juvenile Courts have received technical assistance from the Capacity Building Center for Courts, and selected the SAFE AZ Model renovation as their primary improvement project. The courts have implemented a SAFE AZ training plan for judges, attorneys, and other court personnel such as CASAs to ensure all court partners are aware of and support decisions made using the revised safety assessment model.

1.4 Implement improved and/or expanded kinship search and foster family recruitment processes, so that more children are placed immediately or quickly in kinship or foster homes, so that children do not stay in DCS placement centers

- 1.4.1 Implement a process to monitor statewide data on the number of children who stay in DCS placement centers or offices for more than 24 hours.
Projected Implementation Date: June 30, 2017 (two completed quarters)
- 1.4.2 Through support from Casey Family Programs, provide training and coaching on Family Finding to the Department's Family Engagement Specialists and others to be determined.
Projected Completion Date: September 30, 2016
- 1.4.3 Implement procedures for kinship search using Family Finding techniques, to be conducted by Family Engagement Specialists and others to be determined.
Projected Implementation Date: September 30, 2016
- 1.4.4 Implement Life Long Connections Team Decision Making meetings for children in shelter care and non-behavioral health group homes; so that children currently in shelter or group home placements move to a parent, kinship, or foster home; so that shelter and group home

placements are available when children need them; so that children do not stay in DCS offices.

Projected Implementation Date: September 30, 2016

- 1.4.5 Receive technical assistance from the National Resource Center for Diligent Recruitment on data tracking, market segmentation, geo-mapping, and foster family engagement to increase foster parent recruitment and retention, and implement at least one strategy recommended by the final report.

Projected Implementation Date: July 31, 2017

All activities for strategy 1.4 are complete and the strategy has been fully implemented. DCS Administration monitors the number of children who stay at DCS placement centers and DCS offices for more than 24 hours prior to being placed in a relative, foster, or group home. This information is shared with the Children's Bureau via the quarterly PIP report. TDM facilitators, Family Engagement Specialists, permanency case managers, PI Specialists, ASU staff, Casey Family Program staff, and DCS Program Development staff participated in an eight-hour overview training on family finding presented by Bob Friend from Seneca Family Agencies. Additional skill building and consultation was provided to Family Engagement Specialists and permanency case managers. Procedures were implemented for kinship searches using Family Finding techniques. Kinship searches continue to be conducted by Family Engagement Specialists located at title IV-E waiver demonstration sites across the state. Life Long Connections TDM meetings for children in shelter care and non-behavioral health group homes have been implemented at the title IV-E waiver demonstration sites so that children currently in shelter or group home placements move to a parent, kinship, or foster home quickly. This will decrease the use of congregate care, and allow shelter and group home placements to be available for children who have not been matched with a relative or non-relative family-like placement. DCS received technical assistance from the National Resource Center for Diligent Recruitment, and began the implementation of an enhanced foster parent orientation and training.

2. ***Strategies and Key Activities to Improve Family Engagement***

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

In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that DCS Specialists have more time to spend with parents, children, and other family members to engage them in the planning and decision-making that affects them.

2.1 **Develop and implement practice guidelines that describe family engagement techniques at key practice points from the first knock on the door through permanency, so that there is system-wide consensus on the practice standards, and written guidance for reference and training**

- 2.1.1 Conduct research on evidence-based, evidence-informed, and best practices to improve family engagement in each of the areas listed in 2.1.3.

Projected Implementation Date: January 31, 2017

- 2.1.2 Engage with stakeholders to develop the practice guidelines listed in 2.1.3, so that there is a shared understanding of the practice guidelines among child welfare system partners (parents, youth, state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).

Projected Completion Date: February 28, 2017

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- 2.1.3 Develop and distribute practice guidelines on the following topics: involving incarcerated parents, conducting quality contacts with parents, parenting time (parent-child visitation), preserving the child's connections, and maintaining the relationship of the child in care with his/her parents.
Projected Completion Date: April 30, 2017
- 2.1.4 Complete the first series of *Quality Conversations* webinars to review the practice guideline topics listed in 2.1.3 with staff, answer questions, and receive feedback to improve the practice guidelines documents.
Projected Completion Date: June 30, 2017
- 2.1.5 Incorporate each of the practice guidelines listed in 2.1.3 into initial or advanced DCS Specialist training (which includes the family engagement training referenced in 2.2.1 and 2.2.2), and into Supervisory Case Progress Discussion Guides to an appropriate degree.
Projected Completion Date: June 30, 2017
- 2.1.6 Develop and distribute a practice guideline pertaining to initial assessments that includes family engagement techniques.
Projected Completion Date: December 31, 2017

All activities for strategy 2.1 are complete and the strategy has been fully implemented. DCS has developed and distributed practice guidelines related to involving incarcerated parents, conducting quality contacts with parents, parenting time (parent-child visitation), preserving the child's connections, maintaining the relationship of the child in care with his/her parents, and family engagement techniques during initial assessments. The practice guidelines provide best practice tips and suggestions related to the specific topic with a focus on family engagement techniques. At least one Quality Conversations webinar has been held for each practice guideline topic to review the practice guideline and allow staff to discuss and ask questions about the implementation of the practice areas. Each practice guideline has also been incorporated into DCS Specialist and/or supervisor new hire training.

2.2 Provide training on family engagement techniques to DCS Specialists

- 2.2.1 Continue to implement a full day family engagement training during the Ongoing Case Manager Academy.
Projected Completion Date: September 30, 2016 (Established for more than 6 months)
- 2.2.2 Expand the family engagement training to current ongoing and investigation field staff.
Projected Completion Date: March 30, 2017
- 2.2.3 Develop and provide training on case planning for ongoing DCS Specialist field staff, including how to engage parents and youth in the development of the case plan.
Projected Completion Date: December 31, 2017

All activities for strategy 2.2 are complete and the strategy has been fully implemented. Family engagement training has been developed and incorporated into DCS Specialist new hire training. This training is also provided to current ongoing and investigative DCS Specialists. The family engagement training focuses on engagement skills to be used with parents who are involved with the Department. A training related to case planning, including information related to engaging children and parents in the case planning process, has been developed and incorporated into DCS ongoing Specialist new hire training. Policy and procedures related to case planning were updated to incorporate SAFE AZ concepts, including family engagement

strategies. Ongoing case managers participated in a four-day SAFE AZ training during the first quarter of CY2018. This training included family involvement in case planning and engagement skills.

2.3 Develop advanced family engagement skills among a cadre of employees that will include, at minimum, TDM Facilitators, Family Engagement Specialists, Placement Coordinators, Practice Improvement Specialists, and trainers; so that they can model and coach these skills for DCS Specialists, Supervisors, and other DCS employees

- 2.3.1 Through support from Casey Family Programs, provide training and/or coaching on family engagement (with parents, youth, and other family members) to the Department's Family Engagement Specialists, Placement Coordinators, Team Decision-Making Facilitators, Practice Improvement Specialists, and trainers.
Projected Completion Date: September 30, 2017

The activity for strategy 2.3 is complete, and continues through and beyond the PIP completion date. Family Engagement Specialists have received training and coaching from a family engagement expert. Coaching sessions continued on an as needed basis. During SFY 2018, DCS worked with a family engagement expert to develop family finding training curriculum and transfer the training of new Family Engagement Specialists to DCS. TDM facilitators and PI Specialists also attended a two-day training on family engagement during SFY 2017.

2.4 Implement procedures to 1) require that a TDM meeting is held for cases where a child's removal has occurred or is being considered, and 2) increase the percentage of considered removal (pre-removal) TDMs, so that parents are involved early in a meeting facilitated by a DCS employee who is trained in family engagement techniques, and family engagement practice is modeled for DCS Specialists

- 2.4.1 Implement new or updated procedures and standard processes for considered removal and emergency removal TDMs.
Projected Implementation Date: January 31, 2017
- 2.4.2 Develop and implement a tracking mechanism to monitor the number and type of TDMs held.
Projected Implementation Date: December 31, 2016
- 2.4.3 Develop and implement methods to measure fidelity of TDM delivery to the established procedures and to measure family engagement outcomes such as family member attendance rates and family member satisfaction.
Projected Implementation Date: December 31, 2016

All activities for strategy 2.4 are complete and the strategy has been fully implemented. Updated procedures and standard processes for considered removal (safety planning) and emergency removal (present danger) TDMs have been developed. Standard work was developed for TDM staff that includes monitoring and fidelity of the process. DCS developed and implemented a tracking tool to monitor the number and type of TDMs held, and the TDM manager drafts monthly reports that includes this information. DCS has developed and implemented methods to measure fidelity of TDM delivery to the established procedures, and to measure family engagement outcomes such as family member attendance rates and family member satisfaction.

3. *Strategies and Key Activities to Improve Quality Assessment of Needs*

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

In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that DCS Specialists have more time to spend with parents and children, to engage with them in a comprehensive assessment of needs.

See strategy 1.3 for information on how the Department will improve application of the Department's safety and risk assessment model, so that families' needs are accurately assessed, so that individualized case plans are developed based on the identified safety threats and risks.

3.1 Develop and implement practice guidelines and service approval procedures so that families are referred to the right services at the right time to help them succeed, and so that waitlists are further reduced and services are available when needed to prevent removal and reentry

- 3.1.1 Develop and implement service approval procedures for Supervisor, Assistant Program Manager, or Program Manger approval by service type, level, or timeframe.
Projected Completion Date: September 30, 2016
- 3.1.2 Conduct research on evidence-based, evidence-informed, and best practices to guide the most effective use of the services listed in 3.1.4.
Projected Completion Date: January 31, 2017
- 3.1.3 Engage with stakeholders to develop the service-related practice guidelines listed in 3.1.4, so that there is a shared understanding of the practice guidelines among child welfare system partners (state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).
Projected Completion Date: February 28, 2017
- 3.1.4 Develop and distribute practice guidelines on the following topics, to describe standards for referring families to the right services at the right time and family engagement techniques to encourage parents' success: drug testing, parenting time (parent-child visitation), parent aide services, psychological evaluations, after-care planning, and parent readiness for change.
Projected Completion Date: April 30, 2017
- 3.1.5 Complete the first series of *Quality Conversations* webinars to review the practice guideline topics listed in 3.1.4 with staff, answer questions, and receive feedback to improve the practice guidelines documents.
Projected Completion Date: June 30, 2017
- 3.1.6 Incorporate each of the practice guidelines listed in 3.1.5 into initial or advanced DCS Specialist training and/or Supervisory Training, as appropriate to the topic.
Projected Completion Date: June 30, 2017

All activities for strategy 3.1 are complete and the strategy has been fully implemented. DCS has developed and implemented a service approval matrix, which standardizes the procedures for service approval at the Supervisor, Program Manager, or Program Administrator level, based on the service type, level, or timeframe. Practice guidelines related to drug testing, parenting time (parent-child visitation), parent aide services, psychological evaluations, after-care planning, and parent readiness for change have been developed and published. The practice guidelines describe standards for referring families to the right services at the right time, and family engagement techniques to encourage parents' success. At least one Quality Conversations webinar has been held for each practice guideline topic to

review the practice guideline and allow staff to discuss and ask questions about the implementation of the practice areas. Each practice guideline has also been incorporated into DCS Specialist new hire and/or supervisor training.

3.2 Develop practice guidelines related to DCS Specialists' evaluation of children's general needs

- 3.2.1 Conduct research on evidence-based, evidence-informed, or best practices to improve the evaluation of children's general needs.
Projected Completion Date: May 31, 2017
- 3.2.2 Engage with stakeholders to develop practice guidelines related to the evaluation of children's general needs.
Projected Completion Date: May 31, 2017
- 3.2.3 Develop and distribute practice guidelines on the evaluation of children's general needs.
Projected Completion Date: June 30, 2017
- 3.2.4 Incorporate the practice guidelines referenced in 3.2.2 into initial or advanced DCS Specialist training and/or Supervisory Training and/or Supervisory Case Progress Discussion Guides, as appropriate to the topic.
Projected Completion Date: July 31, 2017

All activities for strategy 3.2 are complete and the strategy has been fully implemented. DCS has developed and published a practice guideline related to the assessment of children's general needs. This practice guideline assists and prompts the DCS Specialist to evaluate if the child in out-of-home care has needs other than those pertaining to medical, dental, educational, and behavioral health, which may contribute to poor well-being outcomes. The practice guideline was incorporated into DCS Specialist and/or supervisor new hire training during July 2017.

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

- 3.3.1 Conduct research on evidence-based, evidence-informed, and best practices for DCS Specialist assessment and monitoring of children's medical needs and services, including prescription medications, annual medical exams, and semi-annual dental exams.
Projected Completion Date: September 30, 2017
- 3.3.2 Engage with stakeholders to develop practice guidelines related to the assessment and monitoring of children's medical needs and services.
Projected Completion Date: September 30, 2017
- 3.3.3 Develop and distribute practice guidelines on DCS Specialist assessment and monitoring of children's medical needs and services.
Projected Completion Date: October 31, 2017
- 3.3.4 Update the monthly child contact field guide and documentation template to prompt DCS Specialists to ask about children's prescribed medications and oversight by a medical professional.
Projected Completion Date: January 31, 2017

All activities for strategy 3.3 are complete and the strategy has been fully implemented. DCS has developed and published a practice guideline related to the assessment of children's medical needs and services. DCS updated the monthly child contact guide and documentation template to prompt DCS Specialists to inquire about children's prescribed medications and oversight by a medical professional on a regular basis.

4. Strategies and Key Activities to Improve Permanency Planning

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

In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that DCS Specialists have more time to spend with parents, children, and other family members to engage them in permanency planning and decision-making that affects them; and so that DCS Specialists, Supervisors, and the court system are more able to be attentive to each child's progress toward timely permanency.

See the strategies and key activities in areas 1 and 2 for information on how the Department will improve safety assessment, safety intervention, and family engagement, so that accurate safety assessments are made and applied to permanency planning decisions, and so that family members are engaged in permanency planning and the decision-making that affects them, so that safe permanency is achieved more quickly.

See strategy 3.1 for information on how the Department will refer families to the right services at the right time to help them succeed, so that waitlists are further reduced, so that services are immediately available to families, so that permanency is achieved more quickly.

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

- 4.1.1 Engage with stakeholders to develop the practice guidelines listed in 4.1.2, so that there is a shared understanding of the practice guidelines among child welfare system partners (state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).
Projected Completion Date: March 31, 2017
- 4.1.2 Develop and distribute practice guidelines on timely filing of TPR motions and compelling reason assessment and documentation.
Projected Completion Date: April 30, 2017
- 4.1.3 Hold a *Quality Conversations* webinar related to timely filing of TPR motions and compelling reasons assessment and documentation, to review the practice guidelines with staff, answer questions, and receive feedback to improve the practice guidelines documents.
Projected Completion Date: May 31, 2017
- 4.1.4 Incorporate the practice guidelines referenced in 4.1.2 into initial or advanced DCS Specialist training and/or Supervisory Training and/or Supervisory Case Progress Discussion Guides.
Projected Completion Date: June 30, 2017

All activities for strategy 4.1 are complete and the strategy has been fully implemented. DCS developed and distributed a practice guideline related to timely filing of TPR motions and compelling reason

assessments and documentation. This practice guideline reminds and prompts DCS Specialists to consider concurrent planning activities when the prognosis for reunification is poor, and provides guidance on timeframes and situations in which it may be appropriate to consider an alternative permanency goal for the child. A Quality Conversations webinar was allowing a review of the topic and staff discussion. The practice guideline has been incorporated into DCS Specialist new hire and/or supervisor training.

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

- 4.2.1 Review ongoing caseloads to identify cases where the children can return home now, cases that would benefit from a targeted permanency staffing (see 4.2.2), and cases with complex issues that are delaying permanency.
Projected Completion Date: December 31, 2016
- 4.2.2 Hold targeted permanency staffings for children in out-of-home care who are identified through the case review described in 4.2.1 as likely to benefit from this staffing, to develop action plans to achieve reunification or another permanency plan as quickly as safely possible.
Projected Completion Date: September 30, 2017 (practice established for more than six months)
- 4.2.3 Employ a permanency expert to review cases with complex issues that are delaying permanency, develop plans to achieve permanency in these cases, and identify systemic barriers to timely permanency.
Projected Completion Date: September 30, 2016 (employment established for more than three months)

The activities for strategy 4.2 are complete, and continue through and beyond the PIP completion date. DCS staff conducted a review of all ongoing caseloads to identify cases where children could safely return home at the time of the review, cases that would benefit from a targeted permanency staffing, and cases with complex issues that were delaying permanency. DCS staff held a number of targeted permanency staffings to facilitate a discussion about, and develop a plan to, ensure timely permanency for children in out-of-home care. DCS staff trained contracted staff from Southwest Human Development to facilitate the meetings in Maricopa County. DCS hired a permanency expert in March 2016 who continues to be employed with the Department to review cases identified as having complex issues that are delaying permanency, and develop a plan including efforts that to achieve permanency for the children.

Department of Child Safety SFY 2018 Strategic Plan Progress

In addition to the improvement efforts and accomplishments documented above as part of the CFSR PIP, DCS also made improvements implementing all five SFY 2018 strategic plan objectives. These strategic objectives were selected with a goal of being responsive to immediate needs while continuing to build systems to ensure sustainability and success over the long term.

The Arizona SFY 2018 Strategic Plan included performance measures and objectives to guide and measure improvement related to the five goals. The performance measures and objectives, and progress made, are as follows:

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Performance Measure

1. Increase the percentage of children achieving permanency in 12 months

Objectives

- Complete training for investigations and ongoing; implement SAFE AZ tools
- Implement statewide field standardization
- Targeted permanency activities to reduce the number of children in out-of-home care
- Expansion of prevention and intervention services and supports

Investigation and ongoing field staff received multi-day classroom training introducing the SAFE AZ model and its application to safety assessments and service provision to Arizona's families. Safety Practice Experts (SPEs) were identified across the state to provide additional support and coaching to field staff in the implementation of the safety assessment and safety management model. Many guides and tools were developed to further assist the field in ensuring thorough information gathering and accurate safety decisions. The guides and tools are accessible to staff via the DCS intranet web page. The Department continues to receive technical assistance and expert consultation to install coaching, quality assurance processes, and improve fidelity of practice to the model.

DCS has implemented standards for field operations across the state, including providing DCS Management System and Problem Solving training, installation of visual performance management for all leadership tiers and functions for weekly accountability, initiating standards related to the investigation process and the transfer from investigations to ongoing, and installation of visual process adherence related to victim safety assessments and report investigation.

Targeted permanency activities during SFY 2018 included the use of private contractors in field offices to support ongoing field staff in the areas of paper file record maintenance, case plan staffing coaching, and clinical supervision. Standard work and processes for ongoing casework were created and tested. The Department will use these experiences and resources to assist with the development of a holistic Ongoing Practice Framework to be finalized and tested in five model offices during SFY 2019.

Many prevention and intervention services and supports were developed, expanded, or enhanced during SFY 2018. The SENSE program was expanded to include nine counties across the state and the Care Portal was expanded to three counties. The Prevention Advisory Collaborative was developed, an internal needs assessment was conducted using the Annual DCS Prevention Survey, an Office of Prevention social media page was developed, and professional development opportunities were provided to the supervisors of community prevention home visitation programs.

Performance Measures

1. Decrease the number of placement moves
2. Increase the percentage of care days spent in a family like setting

Objectives

- Refine and implement improved foster family recruitment process
- Implement a standardized statewide placement process
- Improve supports to foster care providers
- Refine and implement improved partnerships with foster care providers
- Further expand Fostering Sustainable Connections IV-E Waiver Project

The Foster Care and Post Permanency Supports Team has worked to improve the recruitment and retention of foster parents, as well as support provided to out-of-home caregivers. The unit created a Target

Campaign toolkit that was provided to HRSS providers in an effort to recruit families for youth ages 13 to 17. Part of this toolkit was the creation of a recruitment calculator, based on a calculator developed by Anne E Casey Foundation, which identified the specific need by county. An on-line foster parent orientation was implemented during SFY 2018, which allows prospective foster parents access to the DCS website where a five-part video series can be viewed to learn more about becoming a foster parent. The foster and adoptive materials on the DCS website were also updated, and a monthly e-newsletter called AZ Families Thrive was initiated. DCS will hold the 2018 AZ Families Thrive Conference Series for licensed foster families and unlicensed kinship caregivers, at no charge, to allow caregivers and DCS staff the opportunity to hear from regionally and nationally recognized speakers who are subject matter experts in relevant topics such as: self-care for foster and kin parents; navigating the DCS system; mental health; trauma informed care; suicide prevention; financial literacy for youth in care; and internet safety. The team has also worked on refining and improving the process of adoption recruitment by updating and streamlining forms to improve accuracy and ease of the information reported. In addition, the Department has requested one of its Citizen Review Panels to review and provide input into the Adoption Subsidy Program, specifically to review the benefits of a tiered system that would provide greater supports to children that have higher special needs.

During SFY 2018, the Department developed a standardized process for the placement of children into family foster homes and congregate care facilities, when a family or kin placement has not yet been identified. A statewide operating procedure was implemented, including the centralization of the service authorizations process. Visual performance management and visual process adherence procedures were established and qualitative reviews have been implemented to monitor the decisions to place children in a group home setting.

During SFY 2018, the Office of Licensing and Regulation (OLR) developed and implemented a strategy to meet with providers on a quarterly basis for monitoring and increased communication. OLR has received positive feedback from providers as they become more familiar and comfortable with increased contact from OLR. Monitoring visits benefit the providers by having an opportunity to have regular contact and discuss their needs with their assigned Team Lead. The monitoring visits allow OLR to complete a variety of monitoring tasks including file audits, facility inspections, review of investigations and concerns associated with the provider, and unusual incident reporting. OLR also finalized and published seven policies, and implemented an internal training for OLR staff.

The Fostering Sustainable Connections program has expanded to 28 sites in four counties across the state. The Department has three DCS Family Engagement Specialists and ten Family Engagement Specialists through a contracted provider that will work with the offices. Please see *Section IX: Child Welfare Waiver Demonstration Activities* for additional information related to Fostering Sustainable Connections.

Performance Measures

1. Reduce agency-wide employee turnover

Objectives

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

Beginning in SFY 2017, and continuing throughout SFY 2018, Learning & Development began to provide for the training needs for all DCS staff. Since April 2017, the Department has continued to utilize the on-boarding and welcome course, DCS 101 New Employee Orientation, for all new DCS employees. The

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course goal is to welcome and introduce new employees to DCS on their first day of employment and provide basic information about DCS including the mission, the population served, and what new employees can expect from the Department.

During SFY 2018, a Kaizen event was held with various agency's supervisors, to identify leadership competencies. The information gathered from the Kaizen event is being utilized to define and implement a "Day 1 as a new supervisor" training that will be provided to new supervisors. The agency also piloted a succession planning initiative within the business services organization to identify high potential talent within the agency and opportunities for career growth.

In January 2017, DCS fully implemented the Systemic Critical Incident Review (SCIR) process when reviewing critical incidents, using safety science principles and concepts. All staff have completed trainings with consultants from Collaborative Safety, and all incoming staff are required to take a safety science computer-based training. On average, four critical incidents are chosen each month for a SCIR. Data and trends are tracked and monitored to promote systemic changes within the agency. Additionally, Collaborative Safety has helped to develop Leadership Labs for section and regional management to support the concepts of safety science in their everyday management of staff. These Leadership Labs will continue to occur throughout 2018.

DCS initiated the Workforce Resilience-Peer Support team in mid-May 2018. This team consists of DCS employees from all areas of the state, and from a variety of position types. The team members serve on the team on a voluntary basis and have received specialized training in trauma exposure, stress management, and peer support. The team provides a confidential and timely resource to debrief with a peer who completes the same type of work, and can uniquely appreciate the impact of the work and effect it can have on our personal and professional lives. The team is trained to provide supportive responses, upon request, when an employee experiences a difficult case circumstance, the accumulation of workplace stress, and personal and family stress. In addition, the team is advised to reach out to co-workers in situations likely to require a supportive response. From May 14 through 31, 2018, 52 peer support responses were initiated by the team.

During SFY 2018, the agency established the DCS Spirit Committee, which is comprised of employees who represent the various departments and regions across the state. The committee has sponsored various employee engagement events and worked to increase the agency's participation in the State's annual employee engagement survey. The agency increased participation from 47% in 2017 to 93% in 2018.

Performance Measures

1. Complete 100% of IT implementation plan

Objectives

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

During SFY 2018, the DCS IT team provided over 1,200 tablets to field staff. Applications were provided on the tablets to allow field staff to conduct criminal background checks, enter case notes, and gain access to certain case information and necessary forms while in the field. The data quality plan for Guardian is in the process of being implemented. Requirements are currently being gathered to design safety assessment documentation tools and many other aspects of Guardian to support the work of field and support staff.

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Performance Measure

1. Implement an Integrated Health Care Plan

Objectives

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

During SFY 2018, AHCCCS, with DCS participation, hired Mercer Government Human Services Consulting to perform an independent analysis to identify the operational and ongoing infrastructure requirements of an integrated health plan administered through DCS/CMDP. This analysis, released in February 2018, proposed an Administrative Services Organization (ASO) model. The model is based on the premise that DCS/CMDP will directly provide case management, care coordination, clinical operations, and patient care advocacy through an AHCCCS governed, DCS/CMDP-implemented program, while being paired with a private sector entity charged with optimizing the network development and provider management infrastructure established to serve children in foster care.

Beginning October 1, 2018, children in foster care who previously received services through Children's Rehabilitative Services (CRS) will transition to CMDP for their complete physical care, including their CRS specialty care. Beginning October 1, 2020, the responsibility for the provision of behavioral health services for children in foster care will transition from the RBHAs to DCS. To meet these timelines, efforts are already underway to address infrastructure needs noted in the report; conduct transition planning to ensure seamless service delivery; and garner stakeholder input.

Staff Training, Technical Assistance, and Evaluation

See the Department's *Staff and Provider Training Plan for FFY 2019* for information on training in support of the goals and objectives in the CFSP, and an explanation of how the training activities are designed to support the goals and objectives in the plan.

The Department has implemented the Fostering Sustainable Connections project, which is the state's title IV-E waiver demonstration project and includes an evaluation component. The Department has partnered with Arizona State University to conduct this evaluation of the impact of Fostering Sustainable Connections on reducing the use of congregate care. The Center for States provided technical assistance during SFY 2018 in the form of group and individual coaching sessions with a change management subject matter expert to assist the waiver team in conducting readiness assessments, building communication plans, attending to facilitative and adaptive leadership needs, and staging the rollout of the intervention. The Center for States has now completed their assistance with the title IV-E waiver and will not be providing technical assistance for this project during SFY 2019.

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

DCS will receive technical assistance from the Capacity Building Center for States during SFY 2019 related to the DCS practice framework in the form of a brief service. The Center will assist DCS in developing a brief document that provides a visual depiction of the agency's practice framework and philosophy regarding family engagement. Staff would use the document to help illustrate the key components of desired practice and to help make connections to the desired practice across agency units. The Center will also share effective communication strategies to help support successful dissemination of the document and messaging with staff at all levels.

Since 2016, the Department has been receiving technical assistance from the Capacity Building Center (CBC) for states to improve tribal relations, ICWA related data, ICWA training for DCS field staff, and ICWA policy development. Historically, the technical assistance has been in the form of bi-monthly conference calls, bi-monthly on-site consultation, research, and other forms of support. During SFY 2018, the CBC has collaborated with DCS to produce a strategic goal oriented plan, which includes the development of a tribal advisory board, guidance in establishing a template for Inter-Governmental Agreements with Arizona's 21 tribes, and support in developing a tool to measure the level of competency of DCS staff in regards to ICWA for future training purposes. CBC technical assistance will continue during SFY 2019.

DCS will receive technical assistance from the Capacity Building Center for States during SFY 2019 related to family engagement and NYTD database outreach in the form of an intensive project. The Center will guide the state through a review of its current parent partner and youth engagement programs, including identification of areas where parent and family engagement and integration in state programs could be enhanced. This review will be informed by four key domains: Assessing Needs, Readiness, and Capacity; Program Design; Program Management; and Engagement and Partnerships. The Center will help DCS to support its NYTD efforts through development of parent partner and youth engagement strategies. The Center will also utilize its Youth Engagement Blueprint Series to assist DCS in creating strategies to locate and engage youth, and effectively integrate youth participation into the state's efforts to create a positive youth development framework. A successful youth engagement plan includes a blueprint for recruitment, youth and adult training and support, and evaluating and enhancing approaches to youth engagement.

DCS will receive technical assistance from the Capacity Building Center for States during SFY 2019 related to coaching and transfer of learning in the form of an intensive project. The Center will assist in building knowledge and skills on how to infuse transfer of learning (TOL) activities into foundational curricula for frontline workers, supervisors, and leadership. The Center will provide guidance on incorporating TOL techniques into the revision of the Supervisor Curriculum. This would include providing direct coaching to instructional designers/writers on developing their expertise in how to infuse TOL activities into training. A "training-for-trainers" will be provided to support supervisors, managers, and leadership on coaching techniques and the Center will provide direct coaching to supervisors, managers, and leaders to assist in their development and integration of these techniques.

DCS will receive technical assistance from the Capacity Building Center for States during SFY 2019 related to performance-based contracts in the form of an intensive project. The Center will assist DCS in developing an infrastructure to create and monitor contracts grounded in a CQI cycle. The Center will provide coaching and consultation to staff to assist them in creating fidelity tools for contract monitoring; increase staff knowledge about performance-based contracting and fidelity monitoring; enhance practice and support effective alignment across units and enhance their CQI efforts to monitor their contracts; and provide guidance on how to partner with the provider community to help enhance DCS's existing contracting process.

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

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DCS will receive continued support from the Children's Bureau around successful completion of the CFRP PIP, the NYTD PIP, and interpretation of federal law and policy during FFY 2019.

Section VIII

Consultation and Coordination with Tribes

Arizona's Five Year Plan (2015-2019) identified the following five objectives related to the Indian Child Welfare Act:

ICWA Objective 1: Increase ICWA Units or Specialized DCS Specialists throughout the state to consistently use best practices when working with American Indian children and families.

ICWA Objective 2: Update ICWA initial training and develop advanced ICWA training for DCS Specialists statewide.

ICWA Objective 3: Increase and improve data collection on American Indian children placed out-of-home and subject to ICWA, including the ability to report quarterly data on the number of children identified as American Indian, the number of children subject to ICWA, the number of agency notices sent to Tribes, and the number of children placed per placement preference.

ICWA Objective 4: Maintain updated department policy and forms related to elements of ICWA: Identification, Notice to Tribes, Placement Preferences, QEW, and Active Efforts.

ICWA Objective 5: Develop mechanisms of Quality Assurance for ICWA cases.

The Department's progress in addressing all of the above objectives is provided throughout the following narrative.

Coordination and Collaboration with Tribes

Department staff work closely with Arizona's tribal counterparts throughout the year. Communication and consultation between the state and tribes are essential, especially in the areas of contract management, policies and procedures, Inter-Governmental Agreements, training, and Indian child welfare case-related issues.

The Arizona Department of Child Safety (DCS) meets quarterly with the tribal nations of Arizona and in cooperation with the Inter Tribal Council of Arizona (ITCA), to obtain input on DCS efforts in reference to the CFSP and APSR. The Inter Tribal Council of Arizona is a non-profit organization that represents 20 of the Arizona tribes, not including the Navajo nation. These meetings include a variety of topics and are considered by the Department to be official tribal consultation. All Arizona tribes are invited to participate, and a conference call line is available for those unable to travel to the meetings, located in Phoenix. In January 2017, DCS hired an Intergovernmental Tribal Liaison, and since that time, the Liaison has been responsible for developing a strategic plan for tribal outreach, training, ICWA compliance, and other special projects. In October 2017, DCS hired an ICWA Specialist, whose role is to work with both DCS field staff and Tribal Social Services Departments to ensure the agency is in full compliance with ICWA.

During SFY 2018, DCS met with the Arizona tribes and the ITCA quarterly to discuss a variety of topics including, but not limited to, policies and procedures, Indian child welfare case related issues, training opportunities, and other matters deemed important by the tribes, other state agencies, and the Department. Typically, ten to twelve tribes are represented at these meetings, either in person or by telephone.

In addition to the official quarterly tribal consultation meetings, the Department regularly meets with the Urban Indian Coalition, which is hosted by the Phoenix Indian Center. Phoenix, Tucson, and Flagstaff combined have one of the largest urban Indian populations in the United States, with individuals and families representing well over a hundred different tribes. These meetings occur monthly and the Department has participated in several over the past year.

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Section VIII: Consultation and Coordination with Tribes

On a yearly basis, the DCS Intergovernmental Tribal Liaison conducts site visits to all 21 tribes in Arizona. The purpose of these site visits is to maintain a strong relationship between DCS and tribes, share information and updates, and discuss any specific cases that involve tribal members. The Department is committed to ensuring that all of Arizona's tribes have equal access to the Department, despite the challenge posed by travel and geographical challenges. This diversity includes one tribe located at the bottom of the Grand Canyon, the Havasupai tribe, which is only accessible by helicopter, mule, or via a 16 mile hike, and tribes located on the Utah, Nevada, California, New Mexico, and Mexican borders. Between January 2017 and May 2018, the DCS Intergovernmental Tribal Liaison met with all 21 tribes in Arizona, in their communities, at least once.

In the past year, DCS has made significant improvements to the way the Department collaborates with Arizona's 21 tribal communities. The Department recognizes the importance of tribal collaboration and has worked diligently to fulfill the obligations that were outlined in Executive Order 2006-14 that states in part that "All Executive Branch agencies shall develop and implement tribal consultation policies to guide their work and interaction with federally-recognized Tribes in Arizona" and "shall designate a member of their staff to assume responsibility for the Department's implementation of the tribal consultation policy and to act as the principle point of contact for tribal issues." Pursuant to this Executive Order, the Department finalized the Arizona DCS Tribal Consultation Policy on May 17, 2017.

The Department also has an Inter-Governmental Agreement (IGA) with the Navajo Nation. The IGA specifies that DCS will meet quarterly with the Navajo Nation to discuss items of mutual interest. This quarterly contact was made.

The Department also has 16 contracts with tribes for various reunification, prevention, or support services including eight contracts for Family Support, Family Preservation and Family Reunification Services; four contracts for Specialized Substance Abuse Treatment services; one contract for Comprehensive Services Development; one title IV-E IGA; one ICWA IGA; and one consultation contract. The Department has contracts for Family Preservation, Family Support and Family Reunification Services with the following tribes: Colorado River Indian Tribes, Gila River Indian Community, Navajo Nation, Quechan Indian Tribe, Pascua Yaqui Tribe, San Carlos Apache Tribe, Salt River Pima Maricopa Indian Community and the White Mountain Apache Tribe. The Department has contracts for substance abuse treatment services with the following tribes: Fort Mojave Indian Tribe, Pascua Yaqui Tribe, White Mountain Apache Tribe, and the San Carlos Apache Tribe.

The Department has continued to discuss with other tribes throughout Arizona the possibility of establishing a formal IGA or Memorandum of Understanding (MOU) that would include, but not be limited to, investigation protocols, data and information sharing, and compliance with ICWA. Currently there are five tribes working with DCS on an IGA or MOU. These five agreements are scheduled for completion by January 2019.

Additional tribal collaboration activities that occurred during FFY 2018, and continue into FFY 2019 include the following:

- The Department contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance, and liaison services to twenty tribal governments in Arizona. The ITCA disseminates information to tribal leadership, facilitates a forum for public comment, and provides policy analysis to promote tribal leadership's awareness of child welfare matters and understanding of federal and state policies.

- The DCS Tribal Liaison and ICWA Specialist continue to provide ongoing training for DCS Field Staff and tribal programs on a regularly scheduled basis. DCS also continues to collaborate with ITCA to provide a bi-annual ICWA academy for tribal and DCS staff. The DCS Tribal Liaison and DCS Learning and Development staff are in the process of creating an ICWA competency training for all DCS field staff.
- In addition to the quarterly meetings facilitated by ITCA, the Department continues to hold quarterly Tribal/State ICWA Liaison Workgroup meetings. These meetings are geared towards individuals in tribal communities that are responsible for ensuring ICWA compliance for their tribal community. All tribes are invited to participate as well as other relevant state agencies, community programs/agencies, and DCS staff.
- The Department continues to participate in the Arizona State, Tribal, and Federal Court Forum and the Indian Child Welfare Act Committee of the Arizona State, Tribal, and Federal Forum that are chaired by Judge Kathleen Quigley of the Pima County Juvenile Court and Judge Kami Hart of the Gila River Children's Court. The Department will participate in the annual State, Tribal, Federal Court Forum conference to be held during SFY 2019.
- The Department continues to collaborate with the Urban Indian programs located in Phoenix, Tucson, and Flagstaff. Coordination projects include community presentations, the recruitment of Native American foster homes, training of staff related to working with tribal communities, and ongoing training to DCS staff about the services and resources each agency provides to better comply with ICWA's active efforts requirement.
- Tribal social workers continue to be invited to and participate in TDM, case plan, and CFT meetings during which case specific consultation and decisions are made.

The Department will make available, upon request, a copy of the 2019 APSR to all 21 tribes of Arizona. A letter will be sent out, upon completion and submission of the 2019 APSR, to all tribal leadership notifying them of the availability of the document. The annual APSRs are also posted on the DCS public website for tribes, and any other community members to view.

Monitoring ICWA Compliance

The Department monitors ICWA compliance in several ongoing ways. The Department funds and supports three full-time dedicated ICWA related positions, the Intergovernmental Tribal Liaison, an Indian Child Welfare Specialist position, and a Qualified Expert Witness (QEW) Coordinator. The Indian Child Welfare Specialist position is dedicated to ICWA policy and practice compliance, and the QEW Coordinator provides technical assistance throughout the state and ICWA case monitoring functions.

The Department's Tribal Liaison meets regularly with tribal communities and leadership to consult and review the progress made toward ICWA compliance, and the timely and appropriate delivery of Indian child welfare services. In addition to the regularly scheduled meetings referenced above, the Tribal Liaison is available to speak and consult with tribal communities at any time.

The Department utilizes data reports to track tribal identification and placement preferences. In addition, the Office of the Attorney General provides the Department with ICWA case data from their automated system on a monthly basis. Reconciling the data from both agencies allows both systems to increase ICWA compliance and the ICWA element of "identification."

The Department continues to set goals for improving ICWA compliance based upon recommendations made in a previously conducted study by Casey Family Programs entitled *Indian Child Welfare Examination of State Compliance in ICWA*. Additionally, DCS is receiving technical assistance from the Center for States related to capacity building and ICWA compliance. Goals for improving ICWA compliance also continue to be derived from ongoing discussions and recommendations from the Tribal/State Indian Child Welfare Workgroup, and a review of the Indian Child Welfare Act by the Office of the Attorney General and the Department's Indian Child Welfare Specialist.

The Department continues statewide efforts to improve the collection of data necessary for monitoring ICWA outcomes for American Indian children. Collection of sufficient data will allow the Department to better analyze ICWA compliance and to identify best practices to achieve positive outcomes for American Indian children and families. Recently, and in collaboration with the Center for States, DCS reviewed the proposed AFCARS reporting requirements to plan for the Department's compliance. Additionally, the Tribal Liaison, ICWA Liaison, community stakeholders, tribes, and the Center for States provided input and guidance to the development of the Department's future CCWIS system.

As stated in the CFSP, the benchmarks associated with each objective will be updated every year with input from the tribes, the Department's DCS Specialists, and information gathered through the quality assurance process. Compliance with ICWA objectives and benchmarks has been given high priority by the Department. The Department continues to work toward implementing the goals and objectives contained in the report.

Identification

In June 2018, there were 1,182 American Indian children in out-of-home care. Of these children, 55% had a permanency goal of reunification or return to live with a relative; 29% had a permanency goal of adoption; 78% were in a family-like setting, with 54% of the family-like settings being relative placements (Source: OOH Database, run date 6-9-18).

The Department recognizes that "identification of tribal affiliation" is essential for providing legal notification and locating extended family members as potential out-of-home caregivers. The juvenile court assists by asking, at the beginning of certain court hearings, if any party has reason to believe that any child who is the subject of the proceeding is covered under the Indian Child Welfare Act.

Department policy directs staff to ask every family during the investigation of child abuse and neglect if the family or child has any American Indian heritage or descent. The Department's "Notice of Duty to Inform" and "Temporary Custody Notice" also prompt Department staff to inquire as to tribal identification.

Department challenges with identifying American Indian heritage include the following:

- Department staff indicate that some parents may be reluctant to disclose tribal information during their initial interviews as they do not want their tribe or their extended family to know that they are involved in an alleged child abuse or neglect investigation.
- There are times when Department staff do not document sufficient information regarding the family's tribal affiliation, and times when an immediate child enrollment inquiry with a tribe cannot be made.
- Many tribes require a birth certificate, social security card, and family tree to seek information regarding enrollment eligibility and extended family information. Since this information is many

times lacking in the initial stages of the child abuse and neglect investigation, the process for obtaining these documents results in a delay in verifying an ICWA case.

- The State SACWIS system does not identify all American Indian children because field staff do not consistently gather and enter the child's tribal affiliation into the designated data fields. The Department and the Office of the Attorney General are working closely to obtain the resources needed for cross-referencing ICWA case data (data matching), at minimum quarterly and ideally monthly.

Notification

The Office of the Attorney General initiates Arizona's notification process. When a case is identified as potentially ICWA eligible at the time the dependency petition is filed with the court, the dependency petition indicates this information. After the Office of the Attorney General receives the signed temporary custody order from the court, a notification to any identified tribe or the BIA is sent through certified mail, accompanied with the petition and the court order. The Department continues efforts to determine if ICWA applies to the case at the first court hearing. The Office of the Attorney General and the Department diligently work to determine if ICWA services are needed prior to the next court hearing.

The Office of the Attorney General's service matrix reminds the clerk of the court that the tribe, parent, and/or BIA must receive notices at least ten days before the court hearing. If that does not occur, the clerk advises the Office of the Attorney General to seek a continued hearing so that the parent, tribe, and/or BIA has adequate time to prepare for the hearing. After court hearings, attorneys provide their support staff with a "post-hearing sheet" so that any service or other follow-up matters are handled after the court hearing without waiting for the court to issue the minute entry.

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor timely notification to the tribe. The percentage of cases reviewed in CY 2017 where the tribe was provided timely notification was 90% (of 30 applicable cases).

Through the notification process, tribes are made aware of their right to intervene and assert their jurisdiction. Additionally, the Department held two training sessions on the new ICWA updates for tribes and DCS staff. During these trainings the right of tribes to intervene and assert their jurisdiction was highlighted.

Placement preferences of American Indian children in foster care, pre-adoptive, and adoptive homes

ICWA requires placement be considered and selected in a specific order of preference. When an identified American Indian child is removed from a parent, every effort is made to follow the placement preference criteria. Placement with a maternal or paternal family member and extended family member who is willing and able to provide care for the child is always a priority when working with American Indian children. The biggest challenge continues to be the lack of available American Indian homes in state and tribal communities compared to the number of American Indian children needing placement.

In December 2016, the BIA issued new guidelines for implementing ICWA, including the 2016 updates. These guidelines included information on placement preferences. A review of the guidelines revealed that no significant changes were needed to DCS policy in reference to making ICWA placements. Prior to placing an American Indian child in a non-American Indian foster home, the Department gives placement preference for an American Indian child as follows (unless the child's tribe has a different order of placement preference established): placement with child's extended family; a foster home licensed, approved, or specified by the child's tribe; an American Indian foster home licensed or approved by an

authorized non-American Indian licensing authority; and an institution for children approved by an American Indian tribe or operated by an American Indian organization. With regard to an adoptive placement for an American Indian child, unless the child's tribe has a different order of adoptive placement preference, the Department gives placement preference to a member of the child's extended family, with other members of the child's American Indian tribe, or with other American Indian families. As described in the AZ Foster and Adoptive Parent Diligent Recruitment Plan, efforts have been made and continue to be made to recruit and retain ICWA qualified foster and adoptive homes.

The Department's Practice Improvement Case Review (PICR) in-home and out-of-home instrument continues to be used to monitor ICWA placement preferences. The tool contains questions, which mirror the CFSR review instrument, related to placement of the child in accordance with ICWA placement preferences. Data from CY 2017 shows roughly three out of four applicable cases reviewed indicated the American Indian child was placed or concerted efforts were made to place the child in accordance with ICWA placement preferences.

According to the FFY 2017 AFCARS file, 43% of all American Indian children served were placed with a relative foster family or on a trial home visit with a parent.

Active efforts

The BIA 2016 Guidelines define active efforts as "affirmative, active, thorough, and timely efforts intended primarily to maintain or reunite an Indian child with his or her family." The Department makes every effort to ensure that case managers actively pursue all available resources and services for children and families identified as applicable to ICWA. Examples of resources and services include substance abuse assessments, mental health services, and child care. Additionally, the Department's Tribal Liaison provides resource information to all DCS staff for culturally appropriate care and services, which include, but are not limited to:

- Phoenix Indian Center,
- Native Health,
- Native Connections,
- Native Americans for Community Action (Flagstaff),
- Tucson Indian Center,
- Indian Health Services, and
- Various contacts within tribal communities for traditional medicine.

The Department policy manual includes the same definition of active efforts used by the BIA 2016 Guidelines. DCS policy further indicates, "Active efforts to reunify an Indian child with his or her family must involve assisting the parent or parents or Indian custodian to access and participate in services necessary to achieve the behavioral goals in the case plan. Active Efforts must be tailored to the needs of the parents and child." Active efforts are to be tailored to the circumstances of the case and may include:

- conducting a comprehensive assessment of the circumstances of the Indian child's family, with a focus on the safe reunification as the most desirable goal;
- identifying appropriate services and helping the parents overcome barriers, including actively assisting the parents in obtaining such services;
- identifying, notifying and inviting representatives of the Indian child's Tribe to participate in providing support and services to the Indian child's family and in family team meetings, permanency planning, and resolution of placement issues;
- conducting or causing to be conducted a diligent search for the Indian child's extended family

- members and contacting and consulting with extended family member to provide family structure and support for the Indian child and the Indian child's parents;
- offering and providing available and culturally appropriate family preservation strategies and facilitating the use of remedial and rehabilitative services provided by the child's Tribe;
 - taking steps to keep siblings together whenever possible;
 - supporting regular visits with the parents or Indian custodians in the most natural setting possible as well as trial home visits of the Indian child during any period or removal, consistent with the need to ensure the health, safety and welfare of the child;
 - identifying community resources including housing, financial, transportation, mental health, substance abuse, and peer support services and actively assisting the Indian child's parents or, when appropriate, the child's family, in utilizing and accessing those resources;
 - monitoring progress and participation in services;
 - considering alternative ways to address the needs of the Indian child's parents, and when appropriate, the family, if the optimum services do not exist or are not available; and
 - providing post-reunification services and monitoring.

The Department continues to have two dedicated ICWA case management units in Maricopa County, the largest county in the state, that provide case management to ICWA families exclusively, which helps to ensure ICWA compliance by focusing on providing support and services to ICWA families.

Arrangements made with tribes related to responsibility to provide child welfare services

In general, when a report is received at the Arizona Child Abuse Hotline related to an American Indian child living on a reservation, the Hotline forwards the reported abuse or neglect information to the appropriate tribe for assessment and service provision. If the alleged abuse is related to an American Indian child who resides off a reservation, DCS is responsible for the assessment and service provision. If the child is taken into DCS custody, or a dependency petition is filed, DCS provides notification to the tribe, allowing the tribe to intervene, if desired. If the tribe chooses to take jurisdiction of the dependency matter, it is the tribe's responsibility to provide child welfare services and protections for the children. If the tribe declines to take jurisdiction, DCS continues to provide these services.

The DCS policy and procedure manual directs the DCS Specialist to determine if the Department has jurisdiction to complete the investigation by considering the following:

- If the child is an Indian child and resides and is currently located on the reservation, the Department does not have jurisdiction and the case must be referred back to tribal social services.
- If the child is not an Indian child or does not reside/is not domiciled on the reservation but is currently located on the reservation, contact the tribe to allow access to the child to complete the investigation.
- If the child resides or is domiciled on the reservation but is currently located off the reservation, the Department may have jurisdiction. Continue assessing the immediate health and safety of the child unless an immediate removal is necessary to prevent severe harm to the child.

Update regarding discussions with Indian tribes regarding Chafee Foster Care Program for Successful Transition to Adulthood

Arizona tribes continue to work with local contracted Independent Living Program (ILP) providers to access foster care and ILP services for eligible American Indian youth. ILP teams present information to

tribes throughout the state and provide services to tribal youth, both on and off reservation.

See Section XII, Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report, “Consultation with Tribes,” for additional information related to the Independent Living Program’s Tribal Community Engagement activities.

Title IV-E of the Social Security Act

The Department continues to assist and mentor Arizona tribes in developing their own Title IV-E Programs. The Department provides tribes with documents needed when determining Title IV-E financial eligibility. The Department also shares with tribes processes the state has in place to facilitate Title IV-E eligibility determinations.

Three Arizona tribes currently have their own Title IV-E Programs approved by the Children’s Bureau. These tribes are the Navajo Nation, the Salt River Pima-Maricopa Indian Community, and the Pascua Yaqui Tribe. The Department has a case transfer policy in place for children who are initially determined Title IV-E eligible while under placement and care responsibility of the State and subsequently transfer jurisdiction to the tribe. DCS will forward all eligibility documents to the tribe, allowing the tribe to continue Title IV-E for those children initially determined eligible by the State.

Arizona tribes who do not wish to have their own Title IV-E Programs may enter into an Intergovernmental Agreement with the Department for pass-through Title IV-E funding providing the Tribe can assure compliance with all required Title IV-E eligibility criteria. These criteria include financial, non-financial, judicial determinations, foster home and congregate care licensure, and AFCARS requirements.

Update on planned changes to laws, policies, procedures, communications strategies, or trainings to improve compliance with ICWA that the state has developed in partnership with tribes

The BIA’s updates to ICWA were published in December 2016. There were no DCS policy changes or Arizona law changes required by these updates.

In January 2018, the Department’s Intergovernmental Tribal Liaison attended the Indian Nations and Tribes Legislative day at the Arizona State Capitol. During future legislative days, the Department plans to have a greater visibility and presence, possibly in the form of a training, public forum, or information sharing.

In April 2018, the DCS Tribal Liaison attended the National Indian Child Welfare Association (NICWA) conference in Anchorage, AK. The conference focused on improving the compliance of ICWA and child welfare in general, and was attended by both state and tribal agency representatives.

Section IX

Child Welfare Waiver Demonstration Activities

Arizona's title IV-E waiver demonstration project, Fostering Sustainable Connections, seeks to reduce length of stay in congregate care settings, and length of stay in out-of-home care overall, for children who are placed in congregate care settings at the start of the demonstration or who enter congregate care during the demonstration. To do so, the Department strives to improve engagement with these children and their families through family/fictive kin searches, engagement activities, and by conducting a targeted Team Decision Making (TDM) meeting called Life Long Connections. In addition, Arizona supports the action plans created in partnership with the family/fictive kin through the availability of in-home reunification, placement stabilization, or other needed services. Recognizing congregate care can be an important time-limited therapeutic service for some children, the intention of the demonstration project intervention is to reintegrate children into a family setting as soon as appropriate. In consideration of each child's safety and well-being, this may include reunification with a parent, placement with kin or fictive kin, or placement with a licensed foster family.

The title IV-E waiver demonstration project includes: (1) DCS Family Engagement Specialists who identify and locate relatives and kin who are important to the children for emotional support and possible placement, (2) expansion of the current TDM process to identify and transition youth who are placed in congregate care into family-like settings, and (3) increase in the availability of in-home, behavioral health, and other community services to assist with transitioning the children to less restrictive placements and support any kinship placements identified.

The desired outcomes of Fostering Sustainable Connections are as follows:

- increased number of family/fictive kin available;
- improved engagement and connections fostered to support the children;
- enhanced involvement of family/fictive kin in decision making;
- expedited identification of needs and strengths for children/family;
- increased children and family/fictive kin supports through natural and in-home services;
- increased percentage of children in congregate care settings who are placed in family settings;
- decreased length of stay in congregate care;
- increased rates of exit from congregate care;
- increased reunification and legal permanency;
- improved stability with life-long supports and connections; and
- improved child social/emotional well-being.

Arizona's title IV-E waiver demonstration project supports the state's achievement of the Child and Family Services Review outcomes related to timely permanency, placement with relatives, preserving connections, family involvement in case planning, and providing for the social/emotional well-being of children.

Initial implementation began on July 1, 2016, in two Maricopa County DCS offices that have some of the largest concentrations of children in congregate care. Since that time, expansion has included thirteen other sites, three in Pima County, seven in Maricopa County, one in the Northern Region, and two offices in Pinal County. Furthermore, the Department's three DCS Family Engagement Specialists and ten Family Engagement Specialists through a contracted provider, will work with the offices. Expansion to additional offices is planned to occur through FFY 2019.

From July 1, 2016, through February 28, 2018, the Family Engagement Specialists have worked with 190 children in Maricopa, Pima, and Pinal counties; 97 have been closed from Fostering Sustainable Connections while 93 remain actively open. Of the 97 children that have been served and closed, 29 (36 %) have been placed with relatives, seven (8%) were placed in a less restrictive family-like setting and six (6.2 %) are pending placement with relatives. Innovative Family Finding activities have included 148 interviews with the children, 44 connectedness maps, two eco maps, nine genograms, 95 mobility maps, 31 safety circles, one Three Houses, one All about Me Book, and 26 trees of life. Database searches have been

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conducted through the DCS Family Locate Unit, Lexis Nexis, Seneca, White pages, Zaba Search, and social media. These activities also identified an additional 845 family members and other individuals as supports for the children. Upon working with the children and their family/fictive kin, services put in place included 19 referrals for behavioral health services, five referrals for contracted in-home services, and 18 referrals to community-based services.

Together with the title IV-B funding that Arizona maximizes each year, flexible title IV-E dollars from the demonstration project will help Arizona support the goals of:

- keeping families together;
- protecting and promoting the welfare of all children;
- preventing the neglect, abuse, or exploitation of children;
- supporting at-risk families through services that allow children, where appropriate, to remain with their families or return to their families in a timely manner;
- promoting the safety, permanence and well-being of children in foster care and adoptive families; and
- providing training, professional development, and support to ensure a well-qualified workforce.

Arizona is currently working towards developing a sustainability plan, which would enable Fostering Sustainable Connections to continue after the IV-E waiver demonstration project ends. Arizona is exploring the continued use of contracted Family Engagement Specialists, continued expansion of the Fostering Sustainable Connections program, and providing additional resources to case managers to more easily locate more family and kin. Arizona recognizes the need to work with children who are in congregate care and move them into a family setting, as well as the importance in the continuation of identifying relatives and kin who are able to provide emotional support and potential placement of children in foster care.

Section X

Child Abuse Prevention and Treatment Act State Plan Update

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Section X: Child Abuse Prevention and Treatment Action State Plan Update

Use of CAPTA Funds to Support the Purposes of the Program

The State's Child and Family Services Plan identified the following program areas for improvement:

- improving the intake, assessment, screening, and investigation of reports of abuse and neglect, and
- improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

During SFY 2018, the Department used a portion of Arizona's five-year CAPTA Basic Grant to fund:

- the Arizona Citizen Review Panels, which examined agency policies and procedures and provided recommendations to improve screening and investigation of reports of abuse and neglect;
- the annual Leadership Summit for all supervisors and DCS Program Managers across the state, which improved the skills of supervisors of individuals providing services to children and families;
- the salaries of two Policy Specialists whose focus has been the development, implementation, and oversight of updated DCS safety assessment policies and procedures to improve investigation of reports of abuse and neglect; and
- a portion of the Arizona Child Abuse Hotline salaries, which assists the Department to improve intake and screening of reports of child abuse and neglect.

Arizona Citizen Review Panels (CRPs)

Arizona continues to support citizen review panels. During CY 2017, the panels continued to evaluate:

- the screening and identification of Substance Exposed Newborns (SEN) and their mother/parents when calls come to the AZ DCS Hotline,
- the screening and identification of medical neglect when calls come to the AZ DCS Hotline, and
- parent/child visitation for children birth through three years of age placed in non-relative foster care, and the impact on child well-being.

The Arizona Citizen Review Panel published the 2017 Annual CRP Report in December 2017. The Department submitted a written response to the CRP report in June 2018.

The Department created a Statewide Committee Coordinator position to support the expansion of stakeholder engagement committees to include the Citizen Review Panel, a Youth Advisory Board, a Birth Parent Advisory Board, and the Community Advisory Committee; and in November, 2017, the Department discontinued the contract with Arizona State University to coordinate the CRP. The DCS Statewide Committee Coordinator is responsible for support and coordination of DCS stakeholder committees. Job duties include:

- Plans, supports and attends stakeholder committee meetings at regular intervals
- Identifies dates, venue and coordinates with the committee chair and/or members to develop an agenda
- Schedules presenters, prepares meeting materials and ensures meetings are posted in accordance with public meeting law, if applicable
- Assists in documenting the meeting and encourages the committee to appoint a secretary who will keep track of action items
- Ensures committees have clearly identified charge and assists them with execution
- Identifies focus areas or topics on which DCS needs feedback
- Ensures there is no unintentional redundancy among the different stakeholder committees

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Section X: Child Abuse Prevention and Treatment Action State Plan Update

- Determines whether intra-committee collaboration is necessary and facilitates collaboration
- Assists committees with tracking and meeting reporting deadlines
- Researches training and educational opportunities that may be attended by committee members to enhance the members' ability to serve on the council or committee and offers meaningful insight to DCS and the child welfare community
- Actively recruits members on an as-needed basis and engages in continuous retention

In 2018, the Citizen Review Panels changed from regional panels that addressed topics of local interest, to state panels that address topics of importance to the Department's strategic improvement initiatives. Current panels include the Community Advisory Board, a panel exploring methods to support adoption of high needs children through the adoption subsidy program, and a panel exploring methods to provide normalcy for children in out-of-home care. Each panel is comprised of external stakeholders from various backgrounds and perspectives, and each panel elects a chair from its membership. DCS employees attend the meetings to present requested information and answer questions, but are not panel members.

The Department recommended topic areas for two of the three panels, based on data and community input about the needs of children served by DCS. The topic of normalcy was recommended after hearing directly from youth about matters of importance to them. DCS recommends broad subject areas for the panels, so that the work of the panels is based on identified needs, aligned with the Department's current strategic initiatives, and influential. The Department provides information such as DCS policies, other state policies, best practice information, and subject matter expert presentations upon request of the panel. Each panel determines how it will explore the topic, and each will issue independent recommendations. The recommendations of all three panels will be compiled into a single annual report.

The Community Advisory Board meets every other month. Meetings were held in August, October and December 2017; and in February, April, June and August 2018. The Adoption Subsidy Panel held its first meeting in March 2018, and met in April, May and July 2018. A subcommittee of this panel met in September 2018, and the next full meeting is scheduled to occur in October 2018. In the first quarter of 2018, the Department convened a CRP to review fatality and near fatality case information. Although members were identified and confirmed interest, the Department was unable to find meeting dates that could be attended by the members. Because these efforts were unsuccessful, the Department formed a new panel and recommended the topic of normalcy. The Normalcy CRP held its first meeting on September 18, 2018, and the next meeting is scheduled to occur in November 2018.

State's Continued Efforts to Support and Address the Needs of Infants Identified as Being Affected by Substance Abuse (P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 [CARA])

CMDP continues to identify and provide case management and tracking for children diagnosed as a substance exposed newborn. CMDP, along with other community stakeholders, collaborates with Arizona Department of Health Services via participation in the Arizona Prescription Drug Misuse and Abuse Initiative Health Care Advisory Team. The goal of this team is to address the opioid epidemic and discuss possible approaches at a statewide level.

CMDP also participates in Arizona's Statewide Task Force on Preventing Prenatal Exposure to Alcohol and other Drugs. This taskforce continues to update SEN Guidelines and Insurance Plans Best Practice Guidelines, as well as champion Neonatal Abstinence Syndrome (NAS) prevention through the collection of NAS data related to the opioid epidemic. The task force also fosters a community of professionals who are available to provide education and continue prevention efforts.

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Section X: Child Abuse Prevention and Treatment Action State Plan Update

DCS continues to utilize the Infant Care Plan form, and DCS policy remains aligned with CARA. The DCS policy mandates:

- DCS shall investigate all reports alleging that a newborn has been prenatally exposed to alcohol or a controlled legal or illegal substance;
- DCS shall collaborate with health care professionals and local substance abuse assessment and treatment providers, to assist in the investigation, assessment, and delivery of quality services for infants who have been prenatally exposed to alcohol or a controlled legal or illegal substance, and their families;
- DCS shall develop an Infant Care Plan for newborns who were prenatally exposed to alcohol or substance use by the mother, and children up to one year old diagnosed with Fetal Alcohol Spectrum Disorder.

The DCS procedures further direct DCS Specialists to conduct a Family Functioning Assessment, which includes gathering information about the medical condition of the newborn, discharge instructions, recommendations for follow-up medical care, and observations of health care professionals regarding the parental responsiveness to the newborn. This information is to be used to assist in the safety assessment decisions and the development of the Infant Care Plan. Procedures also direct the DCS Specialist to contact the child's health care professional to verify all follow-up medical appointments have been scheduled and/or attended and potential impacts of breast feeding.

DCS procedures require the DCS Specialist to develop an Infant Care Plan by actively involving the parents/caregivers, the infant's health care professionals, the parent/caregiver's substance abuse treatment services providers, out-of-home care providers, and supportive adults identified by the parent/caregiver. The Infant Care Plan describes the services and supports that will be provided to ensure the health and well-being of the infant, and addresses the substance abuse treatment needs of the parent/caregiver. Each plan addresses the following areas:

- substance abuse treatment needs of the parents/caregivers;
- medical care for the infant;
- safe sleep practices;
- knowledge of parenting and infant development;
- living arrangements in the infant's home;
- child care; and
- social connections.

If a case involving a substance exposed newborn is opened for ongoing services, the DCS Specialist will oversee the implementation of the Infant Care Plan by observing, discussing, and assessing the child's status indicators and participation with the health care providers during monthly in-person contacts with the child and the child's caregiver. If a parent has been referred to substance abuse treatment or other services, the DCS Specialist will oversee the sufficiency of the services by observing, discussing, and assessing the parent's progress and participation in services during monthly in-person contacts with the parent and through communication with the parent's service provider(s).

DCS procedures direct the DCS Specialist to review and reassess the Infant Care Plan during case plan staffings, Child and Family Team meetings, and whenever there is indication that the child's health or health care needs resulting from prenatal substance exposure have changed. The DCS Specialist will update the Infant Care Plan if indicated and distribute the parent/caregiver and other team members.

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If a case involving a substance exposed newborn closes at the investigation phase, the DCS Specialist is to review the Infant Care Plan with the protective parent, guardian, or custodian; the child's health care provider; the parent's substance abuse assessment or treatment provider (if applicable); other services providers (e.g. Home Visitors); and any other adults who have a role in the plan to determine that each person is able and willing to consistently and reliably implement the actions described in the Infant Care Plan. During the aftercare planning discussion with the parents and caregiver's, the DCS Specialist will discuss and provide a copy of the Infant Care Plan.

In order to further support the implementation of CARA, an internal focus group was held during SFY 2018. Based on the feedback received, DCS added prompts to the supervisory review tools to ensure Infant Care Plans are developed and updated by DCS Specialists as necessary. A supervisory review and discussion of the case is required between the assigned Specialist and Supervisor monthly for children with permanency goals of reunification and remain with family, allowing an opportunity for the Supervisor to monitor the use and quality of Infant Care Plans regularly.

DCS held a Quality Conversation webinar for DCS staff in August 2017 regarding Family Functioning Assessments involving Substance Exposed Newborns. The webinar included a review of CARA and policy changes made as a result of the legislation, including the implementation of Infant Care Plans. The Quality Conversation was recorded and is available to DCS staff via the DCS intranet site. During the fall of 2017, members of the DCS Field Resources and Policy Unit provided in-person policy update presentations, which included CARA and the use of infant care plans.

Supplemental information related to prioritizing the use of the increased CAPTA State grant funding to enhance supports for plans of safe care for substance-exposed infants and their families will be submitted to the Children's Bureau by August 15, 2018 as allowed by the May 31, 2018 Program Instruction ACYF-CB-PI-18-06.

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Section XI

Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report

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The following information is submitted to serve as the annual progress report for state fiscal year 2018. This report contains information on services provided, as outlined in Program Instruction ACYF-CB-PI-18-01 dated March 5, 2018. Supplemental information related to changes to the Arizona Chafee Program as part of the Family First Prevention Services Act will be submitted to the Children's Bureau by August 15, 2018 as allowed by the May 31, 2018 Program Instruction ACYF-CB-PI-18-06.

The Department of Child Safety (DCS) is the responsible State agency administering the Title IV-E Program. The Department administers the Chafee Foster Care Program for Successful Transition to Adulthood under sections 471, 472, 474, 475, and 477 in Title IV-E of the Social Security Act; Title I, Improved Independent Living Program, Public Law 106-169, Foster Care Independence Act of 1999; and the Education and Training Vouchers Program (ETV) under purpose 6 of Section 477(a). Arizona's Chafee Foster Care Program for Successful Transition to Adulthood is hereafter referred to as the "Young Adult Program" or "YAP." The Department will cooperate with national evaluations of the effects of the programs implemented to achieve its purposes as required under Section 477(b)(2)(F).

SFY 2018 Accomplishments and SFY 2019 Planned Activities

Transition to self-sufficiency

- Reduce case manager workload through lower caseloads and increased number of specialized (YAP) case managers.
- Increase housing options through increasing youth participating in the Independent Living Subsidy Program (ILSP), and create short-term housing for 18+ youth who experience placement disruptions and increase the array of independent and semi-independent housing.
- Improve planning process by integrating an effective planning tool into the planning process (such as the "transitioning youth index", Foster Club Transition Plan, "passport" or other tool), and starting the transitional planning process earlier in a youths life (i.e. reviewing the schedule for use of the Team Decision Making-TDM model).
- Improve Community Education through involvement of foster and group homes in life skills training and educating community providers on the options and opportunities for older youth in care.
- Improve access to services by ensuring youth begin receiving formal skills training at age 16, enhance the array of supports and services available, and ensure youth with severe mental health needs receive a timely SMI determination.

The Department has worked and implemented strategies to assist in reducing workload for DCS Specialists. Efforts included simplifying and providing clarity on related policies, streamlining required procedures, and providing training and informational workshops. During CY 2017, the DCS YAP Specialists in Maricopa County continued to see a decrease in workload and caseload size.

Maricopa, Pima, and Pinal counties, as well as Northern Region, maintain specialized units of staff who serve only youth identified as "likely to age out," while the rural counties typically identify one or more DCS Specialists to manage the services for eligible youth in their counties. The Maricopa County YAP units are located in three separate offices across the county. This allows YAP units to interact with other specialized and ongoing units to encourage the exchange of program specific information to better serve all youth in the county. The units are also organized as members of a Permanency Section that includes other specialized units such as adoptions, Indian Child Welfare Act (ICWA), and permanency planning units that manage cases of children who have special challenges attaining permanency due to unique behavioral needs.

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The majority of youth age 18 and older who remain in out-of-home care (on a voluntary basis) are living on their own through participation in the Independent Living Subsidy Program (ILSP); however, some youth have more intense needs and require continued supervision through a group care living placement. According to the May 2018 DCS Monthly Operational Outcomes Report, an average of 153 youth age 18 or older reside in a group home placement, a 25% increase from the year prior. Based on this information and other analysis conducted, the Department is currently focusing foster home recruitment efforts on families willing and able to provide care for older youth. The ILSP has shown a slight decrease in participation over the last year. Comparing SFY 2017 to 2018, the number of youth participating in the subsidy program during the year decreased 7%, from 813 to 755.

Work continues to improve the “Age of Majority” (AOM) TDM process and the preparedness of facilitators, youth, and others to participate. The TDM facilitators have been trained on supports and services available through the young adult program, and provided with a YAP flyer for use during TDMs for older youth. The Department has additionally tailored the Foster Club Transition Toolkit to meet Arizona’s case planning needs and integrated this tool into the DCS Policy and Procedures manual. Training and education on the toolkit began in the spring of 2016 and continues to be an ongoing process. This includes emphasizing with stakeholders the importance of all team members being active in their role to assist and support youth in identifying transitional needs, and advocating for those needs by securing and monitoring necessary services. YAP supervisors, IL coordinators, and Chafee contracted providers are being invited to participate in AOM TDM’s whenever availability allows, in order to provide accurate information about Young Adult Program services in Arizona.

In an effort to improve the Behavioral Health services available to youth in care, a centralized Behavioral Health (BH) Unit continues to oversee and strengthen the coordination of care efforts for children in out-of-home care with mental health needs. The BH Unit ensures clinical decisions are made using a Trauma Informed Care approach that produces best outcomes for youth.

Financial incentives funded through the Chafee grant continue to be used to support youth involvement in necessary transition activities (as identified in the individual case plan) and to support activities and materials needed for the annual statewide youth conference and other local events, as determined by the YAP. Funding will also be used to support youth involvement in other activities identified by the State Youth Advisory Board (or a local regional board), which may include in-state or out-of-state travel to participate in transition conferences and region-based youth gatherings.

Related data:

- Comparing CY 2016 to CY 2017, the total number of youth participants in YAP decreased slightly from 1,931 in CY 2016 to 1,701 in CY 2017 (this number excludes the TILP).
- The number of eligible youth enrolling in Arizona’s Medicaid Program (Arizona Health Care Cost Containment System or AHCCCS) through the Young Adult Transitional Insurance (YATI) program decreased in CY 2017 to 532 from the previous year of 578. This decrease is due in part to youth who are on runaway status being unavailable to complete the enrollment process at age 18. Despite this decrease, over 850 youth who reached the age of eighteen while in foster care or who exited care at age 18 or older during the last year will benefit from the YATI program due to the continued support of the Medicaid expansion (to age 26).
- Program youth continued to benefit from the ILSP with the total number of participants decreasing from 892 in SFY 2016 to 755 in SFY 2017, a 15% decrease.

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- 47% (797 of 1,701) of youth served participated in independent living skills training through the state contract provider during the year. Youth additionally participate in skills training as a service of behavioral health and through school or community based programs.
- 45% (102 of 228) of discharged youth participated in independent living skills training prior to exiting care.

Education, training, and services necessary to obtain employment

- Improve skill development and enhance training opportunities by ensuring youth have appropriate educational assessments and are provided with opportunities to develop “soft skills” such as how to keep a job, respond to authority, rules and direction, and time management, etc. Ensure youth have the means to participate in workforce readiness and paid employment by supporting transportation including supporting more youth to participate in driver’s education programs.
- Increase the availability of practical applications such as internships (paid and unpaid), job shadowing / ride along opportunities, and engage employers willing to work with youth in foster care, providing incentives for volunteering.
- Increase support of employment through improved connections with local employment offices, childcare resources, vocational rehabilitation, and employers willing to work with youth who have criminal justice histories.

The Arizona Friends of Foster Children Foundation (AFFCF) continues their support of a career development program, Keys to Success (KTS), which began in 2014. The goal of the program is to provide youth with the opportunities to engage in meaningful employment that aligns with their short and long-term career goals. By providing individualized employment readiness activities and opportunities, youth will gain valuable work history and experience that will enable them to achieve financial stability.

KTS was designed to help youth aging out of the foster care system receive the career, education, and employment development services they need to achieve personal and financial stability. KTS provides youth entering the program with a qualified, professional career development specialist (CDS) who facilitates an in-depth career exploration and planning process. Since the goal for both the youth and the program is employment that leads to self-sufficiency, it is also important that the occupational goal relates to a need in the local labor market.

The youth and CDS evaluate wage and salary progression, job duties, career paths, and projected demand for various career choices. Through the exploration of workforce information, youth get a realistic view of the opportunities in Maricopa County, identify viable career paths, and gain an understanding of the cost of living within an area and how salaries compare in different locales. The youth and CDS evaluate wage and salary progression, job duties, career paths, and projected demand for various career choices. As employment is a primary component of programming, KTS Employment Development Specialists (EDS) provide individualized job readiness and job search assistance to youth. The EDSs also work with local employers to develop partnerships that offer program youth meaningful work experience and/or job opportunities. Once a youth is hired, the EDSs provide ongoing coaching to support employment retention and advancement. The CDSs and EDSs work with youth to develop an Individual Service Plan (ISP), which includes the development of goals in the five life domains of career, education, employment, independent living, and personal development.

The CDS, in partnership with the KTS Education Specialist, help youth identify and achieve educational goals by identifying needs and gaps, as well as resources. This work includes the following:

- planning, coordinating and implementing educational services and supports;

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- interviewing youth, care giver(s), and schools to develop a for education profile and researching missing records;
- reviewing transcripts to assist in identifying gaps in education and/or needed supports;
- ensuring education records are complete;
- assisting with transition to appropriate school placement, including vocational programs, high school, and college;
- maintaining communication with schools, school districts and agencies about individual student educational issues;
- advocating for individual youth's educational rights and responding to requests for information; and
- ensuring program activities and services are coordinated with partnering organizations and educational institutions.

The CDS and EDS work with the youth and their team in order to develop a career, education, and employment development plan. This is articulated in the youth's Individual Service Plan (ISP) and includes the following goals:

- long term career,
- education (short, intermediate, long term),
- employment (short, intermediate, long term), and
- independent living and personal development (short, intermediate, long term).

The ISP is a person centered process that outlines strategies and action steps that will be required for the youth to achieve goals and the individuals, services, and agencies that will be involved in assisting. Services are implemented in full partnership with each youth's team, which may include any combination of a DCS case manager, therapists or mental health counselors, Independent Living Specialists, CASAs, and GALs. This collaboration ensures youth are being provided all the resources and supports available to them and removes barriers to goal achievement. Youth are recruited directly from where they live in foster families, group homes or other facilities, through partnerships with a wide variety of organizations that provide services to this population, and through the program's partnership with DCS. Eligible youth are between the ages of 16 and 21, reside in Maricopa County, and do not have a documented serious mental health illness.

The results of initial and ongoing assessments help program staff assist youth with the creation of well-defined, achievable goals, which include steps for reaching them as well as measurable benchmarks along the way. This information is incorporated into the participant's ISP. The process of developing the ISP is led by the youth and is the written details of the supports, activities, and resources required for her or him to achieve personal goals. The ISP is developed to articulate decisions and agreements made during this person-centered process of planning and information gathering. The general welfare and personal preferences of the youth are the key consideration in the development of this tool. Individual goals are monitored through ongoing review and update of the ISP and are used to evaluate the success of the individual program participants and the program. This method of evaluation serves a dual role of program evaluation and youth empowerment.

In 2017, KTS focused on refining internal processes to enhance the delivery of services, growing the program by increasing staff positions, and enhancing services through collaborations with other organizations and programs that offer supports that complement the work of KTS.

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An example of a new and highly promising partnership is the Department's work with Foster Arizona. Through this collaborative, youth in the Keys to Success program are offered the opportunity to secure low cost housing. As the ability to set and work toward employment and education goals is tied intrinsically with safe and stable housing, the partnership eliminates barriers to self-sufficiency and provides youth the time they need to set in motion plans for long term success. To date, four youth from KTS have been placed in this housing and another six will be moving into apartments over the next two months. Foster Arizona has a goal to offer this support to 20 youth by the end of 2018.

In 2017, the goal was to enroll 120 new youth in the KTS program, and this goal was met. 122 youth were enrolled and 110 enrolled for one year or longer have met program graduation criteria by completing the career exploration process, gaining and maintaining employment for 30 days or longer, and attaining two or more milestone education goals. The goal for enrollment in 2018 is continuing to serve the 92 youth who rolled over from 2017 and engaging 145 new participants.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary employment activities, which may include the purchase of necessary tools, uniforms (or other work required clothing), and other items or incentives as determined by the YAP.

Related data:

- 36% of the youth currently in the Young Adult Program (age 16 and older) are employed or participating in employment related training.
- 49% (112 of 229 reporting employment statuses) of discharged youth were employed or participating in employment related training at the time of discharge.
- 17% (39 of 229) of discharged youth who were not employed at the time of discharge had been employed in the past.

Prepare for and enter post-secondary training and educational institutions and vouchers for education and training, including postsecondary education

- Maximize each youth's opportunity for success by ensuring the availability of supportive services such as study skills curricula, assistance obtaining part time jobs while in school, on campus mentoring/support programs, assistance in obtaining services necessary to achieve stability in housing and mental health services.
- Institute the use of assessments to target readiness, aptitude, and interest inventories to ensure youth are entering post-secondary programs appropriate to their abilities and interests.

The Department is an active participant in the Bridging Success Joint Community Advisory Council. The Council is comprised of various administrative staff from Arizona State University (ASU), the Maricopa County Community College District (MCCCD) and various supportive community agencies. The Advisory Council came together for the purpose of developing strategies and supports to assist youth transitioning into Community College and the University and to offer continuing support and resources to the youth to assist in retention and graduation.

The Bridging Success Initiative at the Maricopa Community Colleges and Arizona State University exists to ensure that students who have experienced foster care can access a college education and complete their degree or certificate program. These programs serve students by ensuring they have the resources and support needed for educational, interpersonal, and vocational success. The staff of these programs work

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directly with students to coach them through the process of degree attainment, and work with a variety of college staff and faculty to ensure students are connected with supportive personnel across campuses.

Since its inception in 2015, the Bridging Success program at the Maricopa County Community College District has grown to ensure the ten colleges are supportive learning environments for students, that young adults in foster care are aware of the opportunities at the colleges, and that non-academic needs are being met through partnerships and campus resources. This work has built a network of champions and advocates that students can access at the colleges to help them navigate successfully towards their degrees.

The Maricopa Community Colleges launched a pilot program at Phoenix College in the fall of 2016 that provided a high-touch coaching model for supporting students who have experienced foster care. Ten staff members from Phoenix College received training to be certified coaches in an evidence-based model for serving this population. The coaches meet with students regularly to ensure they are receiving the support and assistance needed to be successful at college completion, and to feel confident in their abilities outside the classroom. The pilot program served over 60 students during the first year. With the success of the program during the first year, plans are in progress to expand the program to Estrella Mountain Community College and Glendale Community College in the fall of 2018.

The ASU Bridging Success has had another eventful year, with a number of activities and events designed to:

- expose foster youth to the idea of a post-secondary education,
- educate adult support providers about higher education opportunities available to youth in foster care,
- facilitate the process of applying to and paying for college, and
- support students from foster care once they attended classes at one of the four campuses (or online).

In August 2017, ASU held its third Bridging Success Early Start with a cohort of 30 students from foster care. Bridging Success employed three MSW interns to act as coaches during the academic year and connected more than 500 students to resources and supports both on campus and with community partners. Students received coaching via one-on-one sessions, text, email, instant messaging and group events hosted by interns. At the beginning of the spring 2018 semester, ASU had enrolled approximately 600 students who identified on their FAFSA as having been in the child welfare system. Pending final analysis of the 2017-2018 school year, Bridging Success projects a retention rate of approximately 76% for Early Start students from the three cohorts. The goal for the 2018-2019 academic year is to expand the number of students in the next Early Start cohort to fill all 40 seats available.

In partnership with MCCCDC Bridging Success, ASU created a more formalized transfer process from community college to ASU that will be rolled out in fall 2018. The Bridging Success partnership has welcomed the addition of the University of Arizona's new Fostering Success program, which will work collaboratively with the already established processes developed in Maricopa County.

Community education events were very successful this year. This academic year, Bridging Success hosted three ASU campus tours that were attended by at total approximately 75 youth (ages between 12-19 years) from local group homes. Bridging Success also visited six group homes and provided small group info sessions to roughly 50 high school students. Additionally, Bridging Success provided training regarding the foster care alumni student population to approximately 200 adult care providers, including court appointed special advocates, high school counselors, ASU faculty and staff, and group home staff.

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During the last year, the efforts of the Maricopa County Education Service Agency (MCESA) have focused on the Opportunity Youth Initiative, to re-engage youth age 16 through 24 who are not currently enrolled in school or employed. Multiple opportunities exist for eligible youth to participate in support services. Advertised enrollment events are communicated to DCS Specialists and others working with eligible youth through an established listserve.

FosterEd has expanded from a pilot program in Pima County to being utilized statewide. In May 2016, HB 2665 was signed by the Governor, and includes provisions to establish and fund a statewide expansion. Maricopa County was the first targeted area of the expansion in August of 2017. To support the statewide expansion, FosterEd Arizona's team has grown from a team of five based in Pima County to a team of 15, including ten Education Liaisons located Pima and Maricopa Counties. Three Education Liaisons are co-located in high schools within the Phoenix Union High School District, working with students with a high level of need, and three Education Liaisons are co-located in DCS offices working with students in kindergarten through 12th grade who have an emergent need for educational support. As of October 11, 2017, FosterEd Arizona Education Liaisons had served 541 students in foster care. FosterEd is continuing to expand to additional regions of Arizona. Co-location agreements and key partnerships in the Northern region were developed during the first half of 2018, with service provision planned to begin later in the year.

Vouchers for education and training, including post-secondary education, are available through the Education and Training Voucher Program (ETVP) and Arizona Tuition Waiver (ATW). The ATW is limited to applicants attending one of the three state universities or one of the many community colleges throughout the state. The ATW is not available to students attending out of state schools or private schools including vocational programs. The ETVP provides vouchers for youth attending accredited universities, community colleges and post-secondary training programs, both in-state and out of state, as well as private, for profit and non-profit, schools and vocational based programs. Efforts continue to increase the number of students accessing the ETV. The ETV contract was improved, now requiring the contractor to have staff physically present in Arizona. The contractor has three staff hired, trained, and servicing eligible youth. Other highlights to the new contract include: two bi-annual information sessions regarding FAFSA and ETV, a mentoring program, and a personal support and academic enrichment program.

Financial incentives funded through the Chafee grant will continue to be used to provide materials, incentives and support youth involvement in necessary post-secondary preparation activities as identified by the YAP. Chafee funds are not approved for the costs associated with attending post-secondary education and training institutions, as funding for these costs may only be accessed through the ETVP.

Related data:

- 75% of youth age 18 and older participating in the YAP who were still in an out of home placement were enrolled in or completed a college or trade school after completing high school or obtaining a GED versus 12.5% of former foster youth participating in aftercare services.
- In school year 2016-2017, 510 students received ETVP vouchers. School year 2017-2018 showed an increase to 535 vouchers issued as of May 9, 2018.

Personal and emotional support through mentors and the promotion of interactions with dedicated adults

- Increase efforts to help youth identify persons with whom they may develop lifelong connection through the creation of community based activities such as community service/volunteer projects where youth may interact with positive adults in a “natural” setting.

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- Develop staff resources to dedicate time to engage, train and support alumni and community members as mentors/supports for youth.

The Community Advisor is an integral part of the Independent Living Subsidy Program. These persons are dedicated adults, drawn from each participating youth's natural support system. The Community Advisor provides information and ongoing support throughout the youth's participation in this program. When a youth is unable to identify an advisor, the youth may receive assistance from the DCS Specialist or an agency such as Aid to Adoption of Special Kids (AASK) and Arizona's Children Association.

The DCS contractor of life skills training and support, Arizona's Children Association, has worked to enhance their Mentoring program, "THRIVE." The THRIVE Mentor Program is a one-on-one mentor program that matches volunteer mentors to adolescents involved with Independent Living Services. Mentees are in the process of aging out of foster care and are in need of permanent connections with positive adults in their communities.

THRIVE recruits and trains mentors to be well versed in the needs of young adults who are in the process of transitioning out of foster care. A successful match positively contributes to the adolescent's personal, social, and educational growth. Youth are matched at 16 or 17 years of age and matches are maintained for up to two years. In CY2017, there were 90 mentee participants served across six counties, with 52 youth matched with a mentor. In 2017, THRIVE supported a total of 43 newly trained mentors.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary mentoring activities as identified by the YAP.

Related data:

- The number of youth reported to be involved with a community advisor or mentor decreased slightly from 829 CY 2016 to 755 in CY 2017.

Financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age.

- Increase affordable housing opportunities by creating/enhancing relationships with local public housing authorities, community housing programs, and transitional housing programs, and provide short term housing opportunities through the use of hotel vouchers and rapid rehousing programs.
- Improve access to behavioral health and peer support by involving representatives of adult behavioral health in transition planning and developing specialized providers for working with transitional age young adults and support groups for transitioning youth.

Through its contractor, Arizona continues to provide aftercare services and financial support for post-secondary pursuits through the TILP and ETVP. Any legal resident of Arizona under the age of 21, who was previously in any state, county, or tribal (federally recognized) foster care system at age 16 or older, may receive services. This includes youth who exited to kinship permanent guardianship, adoption and reunification at age 16 or older.

Arizona youth continue to be provided the option of continuous out-of-home care and supervision through the Department to age 21. These youth are currently case managed by DCS Specialists. Youth are strongly encouraged to participate in this voluntary service. Youth who choose not to participate at age 18, or choose

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to exit this service after age 18, may re-enter this service any time prior to the age of 21. The out-of-home care service may not extend beyond a young adult's 21st birthday.

DCS continues to make efforts in meeting the specific housing needs of older youth in care, including youth who are 18 and older, and who need semi-independent housing. Active efforts have been made to identify youth who would benefit from Family Unification Program (FUP) vouchers, and work with them to locate appropriate housing and provide supportive housing for up to five years to youth aging out of foster care. The DCS continues participation on the Continuum of Care workgroups in Maricopa and Pima Counties to continue to identify service gaps and housing resources available to young adults who experienced foster care. The DCS TILP contractor also has access to "flex funds" whereby immediate needs such as housing assistance, employment related clothing, and educational needs, may be purchased for a particular youth, based on the youth's needs and available resources. During SFY 2019, the City of Phoenix and UMOM homeless shelter plan to apply for additional FUP vouchers for vulnerable families and youth aging out of foster care.

As noted in Section I, efforts to improve Behavioral Health services offered to youth in care have been made through the establishment of a centralized Behavioral Health (BH) Unit. The BH Unit oversees and strengthens the coordination of care efforts for children in out-of-home care with complex mental health needs. The BH Unit ensures clinical decisions are made using a Trauma Informed Care approach that produces best outcomes for youth. Youth continue to experience difficulty accessing adult mental health services in a seamless manner. A number of workgroups are in progress to examine the issues and to review and improve existing protocols within the Regional Behavioral Health Authority (RBHA) system. Behavioral health transitions are also emphasized in the aforementioned Age of Majority TDM meetings as well as in the Child Family Team meetings.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in necessary transition activities and may include honorariums, gift cards, or other items necessary to promote positive transitions to adulthood, as identified by the YAP.

Related data:

- The number of youth age 18-21 participating in continued voluntary foster care on the last day of the FFY 2017 reporting period showed a decrease from 870 to 845.
- Of the 808 young adults age 18-21 who discharged in FFY 2017:
 - 18% remained in care to age 21
 - 8% exited care during their 20th year
 - 10% exited care during their 19th year
 - 65% exited care during their 18th year
- 253 former foster youth and tribal foster care youth (current or former) were served through the TILP contract provider in CY 2017, an almost 11% increase from CY 2016 at 228 to CY 2017. Efforts continue to identify youth eligible to participate in this service through outreach to homeless youth programs, post-secondary institutions and other community based programs where youth may apply.
- 510 students received ETVP vouchers in school year 2016-2017, which was a 27.5% increase from the previous year. School year 2017-2018 showed an increase to 535 vouchers issued as of May 9, 2018.

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- 77% of young adults were enrolled in a health plan by the end of the reporting period, versus 86% at the beginning of the reporting period, a decrease of 9%.
- 58% of young adults were living on their own (in independent housing) by the end of the reporting period, with an increase in young adult's living by themselves and a slight decrease in youth in rental arrangements with other people.

Services to youth who left foster care for kinship guardianship or adoption after turning age 16 or older.

Youth exiting foster care at the age of 16 or older to guardianship or adoption are eligible to receive services through the TILP, ETVP, and the ATW. Arizona's Children Association has identified they served 34 youth in TILP from July 1, 2016 to June 30, 2017 who were adopted or placed into a permanent guardianship at age 16 or older. The Department and the Arizona's Children Association are working together to increase stakeholder knowledge of the availability of this service to youth adopted or placed into a permanent guardianship, from the state foster care system, at age 16 or older.

Opportunities to engage in age or developmentally-appropriate activities

The 2017 Annual Statewide Youth Conference brought together 76 young people ages 16 to 20 from across Arizona. The conference theme was "Nothing's Impossible" with a focus on redefining permanency for older youth. Workshops over the three-day conference included how behavioral health impacts permanency, conflict resolution within the team and supportive adults, yoga as a stress management technique, as well as a focus group on Chafee funded services where youth provided their feedback on existing services. The youth worked together to present to child welfare leaders from across the state, including the Department of Child Safety Director, Dependency Judges, and Behavioral Health representatives. The presentation to the leadership panel prompted the development of the Department of Child Safety's Director's Advisory Council. The Council will consist of alumni of the Arizona Child Welfare system who will directly inform the Director of the agency. The Director and other Department leaders saw great value in the information learned from the panel and the feedback has sparked multiple initiatives within the Department to continue improving services for the young people served.

Program youth, including youth who identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ) are encouraged to participate in age and developmentally appropriate activities as part of their independent living case plan. The DCS understands and advocates the importance of normalcy for all youth in out of home care. In addition to the use of Chafee dollars, community agencies such as the Pima Prevention Partnership and Arizona Friends of Foster Children Foundation provide various program incentives and youth specific needs, as outlined in the youth's individual case plan. Funding and other resources are available for activities such as prom attendance, graduation celebrations, and school trips.

Special attention is paid to identifying and supporting opportunities tailored to the needs and interests of LGBTQ youth as few opportunities exist in many communities. In 2017, the Department partnered with the Southwest Center for HIV/AIDs and other community sponsors to organize a Standing Proud conference. Approximately 25 foster youth identifying as LGBTQ attended this inaugural event, held in May 2017. Workshops provided youth with education regarding safer sex, healthy relationships, and stress management, as well as community resources specific to the LGBTQ population with a celebration of LGBTQ culture. The YAP plans for Standing Proud to become an annual event and include youth who identify as "allies" in addition to youth identifying as LGBTQ. DCS is working with community partners to facilitate a Standing Proud conference in fall 2018.

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In October 2017, the Department of Child Safety, in partnership with Casey Family Programs and the Administrative Office of the Courts, participated in Georgetown University's Center for Juvenile Justice Reform, Supporting the Well-Being of System Involved LGBTQ Youth Certificate Program. The Arizona Capstone project will result in the implementation of uniform policies and practice across child serving agencies including child welfare, juvenile justice, and behavioral health to address the unique needs of LGBTQ youth by reviewing current policy, soliciting input, developing policy, and training stakeholders in partnership with the Administrative Office of the Court, Department of Child Safety, AHCCCS (Medicaid), Arizona State University, youth and community stakeholders. This project seeks to develop a statewide policy of LGBTQ non-discrimination so that youth involved in the child welfare or juvenile justice systems will be afforded equitable, effective treatment. The project will ultimately serve LGBTQ youth and families in the child welfare and juvenile justice systems including crossover youth who are in multiple systems. This will be accomplished by impacting the systems involved with the youth and the individuals employed by these systems including child welfare, juvenile justice, behavioral health, and physical health.

State policy contains policies and practice requirements to ensure youth who identify as LGBTQ have access to necessary services and supports, and to ensure DCS Specialists understand their responsibilities to ensure safety and necessary services and supports for LGBTQ youth in care. State policy specifically notes that the Department "shall make every effort to ensure a diverse array of services and resources are identified to assist teens to address their needs, including any special needs or concerns related to their sexual orientation and/or gender identity, and make efforts to determine if a youth has been or may be the subject to harm, discrimination, or any adverse act because of their perceived gender identity, gender expression, ethnicity, religious beliefs and/or sexual orientation." These policies were developed in consultation with CWLA, Lambda Legal, and the National Center on Lesbian Rights (NCLR) and integrated into the manual in 2008. Related information may be found in the following the DCS Policy and Procedures manual: <https://extranet.azdes.gov/dcyfpolicy/>

- Chapter 4 Out-of-Home Care, Section 4 Placement Needs of Children in Out-of-Home Care.
- Chapter 5 Permanency, Section 35 Independent Living Services and Supports.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in age and developmentally appropriate activities, as determined by the YAP.

Related data:

- 320 youth received funds for items to support their case plan in the areas of education, employment, vocational training and activities to build self-esteem and normalcy (age/developmentally appropriate activities).
- 70 youth additionally received a Savings Match at the time they exited care and services.

National Youth in Transition Database (NYTD)

DCS participated in the NYTD Federal Review process in February 2018. The review process provided an opportunity to have various programs within DCS collaborate and explore NYTD processes and procedures within the Department. The Review provided insight into several NYTD related needs moving forward and the Department will develop measures to improve NYTD data collection practices moving forward.

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Opportunities for informing and analyzing NYTD data with community partners including youth, tribes, courts, and other stakeholders has occurred primarily during the Statewide Independent Living Coordinators quarterly meetings, and various Regional and Statewide Dependency trainings, attended by judges, attorneys, CASAs, foster parents, and others. NYTD data, particularly the “snap shot” is presented in conjunction with other program information to update partners on the number of youth served, services provided, and outcomes of youth served. Discussions include identifying service gaps, barriers to achieving positive outcomes (i.e. educational attainment, employment, permanent connections), and recommendations for improvement. Recommendations from youth and other stakeholders have resulted in adjustments to the stipend rate schedule for the Independent Living Subsidy Program, expediting re-entry for eligible youth, improvement to enrollment processes for youth entering life skills training and transitioning into the Young Adult Transitional Insurance (Medicaid to Age 26), and incentives and supports for youth pursuing post-secondary education and training.

Department case management staff continue to receive automatic alerts at designated intervals directing them to complete the NYTD Federal Reporting window in CHILDS. If information is not entered by the initial deadline, a second alert is received and additionally addressed to supervisory staff. The State Independent Living Coordinator communicates regularly throughout the year through email and in-person trainings to remind field staff and managers of the importance of completing the NYTD Federal Reporting window. The Department’s Reports and Statistics unit continues to work closely with The State Independent Living Coordinator to monitor compliance with the data reporting. The need for further training of all DCS staff on NYTD has been identified and effective training strategies will be part of the NYTD Review process, post site visit planning.

The State Independent Living Coordinator continues to work directly with contract staff to ensure NYTD information is accurately collected and reported for youth receiving aftercare services, and with the Department Reports and Statistics staff to ensure record errors are identified and resolved prior to transmission. While efforts continue to collect outcome survey information from current and former foster youth, the Department has had difficulty reaching the required thresholds. Youth often do not respond in a timely manner, or cannot be located if they have exited care. The Department is considering options to improve the outcome survey return rate.

Involving the public and private sectors

The DCS involves the public and private sectors in helping adolescents in foster care achieve independence in a variety of ways. This includes ongoing partnerships with public agencies such as local workforce boards and federally funded Runaway and Homeless Youth Programs, as well as with private agencies such as the Arizona Friends of Foster Children Foundation, which provides funding for an array of items and activities for youth in foster care, in addition to a scholarship program. Additional partnerships include the FosterEd Program operating in Pima County, Maricopa County, and Northern Arizona; the Keys to Success program, an employment partnership; and an ongoing partnership with the national Jim Casey Youth Opportunities Initiative (JCYOI).

The JCYOI works in select states to improve policies and practices, promote youth engagement, apply evaluation and research, and create community partnerships to ensure that young people make successful transitions from foster care. Creating a range of opportunities for young people in transition to adulthood is the core work of the Arizona YAP and other public agencies. With the leadership and support of the Nina Mason Pulliam Charitable Trust, Arizona became a Jim Casey Initiative site in 2013. Children's Action Alliance (CAA) serves as the lead agency for the state's effort, titled the Arizona Youth Opportunity

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Initiative (AYOI). Subsequent to the forming of the Youth Adult Leadership Board, the Arizona Initiative adopted a new identity, "Fostering Advocates Arizona" or FAAZ.

Through the FAAZ and in partnership with the Community Advisory Board, the three-year Implementation Plan focused on improving outcomes for youth transitioning from foster care to independence. The plan targets efforts in the following areas: permanence, education, employment, financial capability, housing, physical and mental health, and social capital (mentors/dedicated adults). The FAAZ works not only to improve outcomes, but also to increase awareness of the needs of youth and young adults in foster care. In 2018 a "priorities and recommendations" document was published by FAAZ, outlining the following target areas:

- make the foster care tuition waiver program permanent,
- support continued participation in the Independent Living Program until age 21,
- provide permanent and healthy family home environments, and
- give young people a stronger voice in their behavioral health treatment plans.

Many of these areas are currently being addressed through training, such as the Ongoing Academy module on engaging youth in case planning, Chafee program workshops, and Reasonable and Prudent Parenting Standard-RPPS, and education to state staff and stakeholders. DCS will continue to work closely with FAAZ to implement recommendations throughout 2018. The following link provides more information on priorities and recommendations:

http://www.fosteringadvocatesarizona.org/wp-content/uploads/2018/03/2018_AdvocacyDoc-FINAL.pdf.

In 2017, FAAZ maintained the following:

- A diverse, Young Adult Leadership Board as the primary voices and critical advisors for the Initiative in Arizona.
- A Community Advisory Board to work in collaboration with the Young Adult Leadership Board on Initiative priorities.
- The Opportunity Passport™ match-savings program.
- Trainings and presentations for young adults currently in Arizona foster care, educators and other community stakeholders on topics such as leadership, educational resources, youth-adult partnerships, program supports and services available to young adults, etc.
- An Initiative outreach and communication plan.
- FAAZ Face Book page including a branding campaign and logo.
- A Health Care Toolkit that includes informational brochures and commonly asked questions and answers about health care coverage.

Accomplishments of the FAAZ Youth Leadership Board in CY 2017 also included:

- Hosted the FAAZ 2017 Day at The Legislature, including current FAAZ Young Adult Board Members participating in a panel dialogue and discussion with lawmakers and legislative staff on the needs of older youth in care and normalcy.
- Collaborated with community providers, licensing agencies and advocacy organizations to provide trainings, workshops and panel discussions on the needs of older youth in foster care (with members of the Young Adult Leadership Board as facilitators and co-presenters).
- Continued partnership with International Rescue Committee (IRC) to host the Opportunity Passport™ Program, providing financial literacy training, financial coaching and asset match purchases for youth in foster care.
- Partnered with IRC and Arizona Friends of Foster Children Foundation (AFFCF) to establish an on-going funding relationship to provide asset matching funds to young people 16-20 in the Opportunity Passport™ Program.

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- Launched an outreach and enrollment campaign for Young Adult Transitional Insurance (YATI) in partnership with Phoenix Day Healthlinks, a community health navigator, on outreach and navigation supports to increase enrollment of former foster care youth in YATI health insurance.
- Published a Policy Brief, *Health Insurance for Youth Formerly in Foster Care* that presents recommendations to improve access to YATI for former foster youth.
- Successfully advocated for the exclusion of former foster youth from the state's Medicaid agency's proposed waiver implementing work requirements for Medicaid recipients.

Additional accomplishments by FAAZ include:

- Worked in collaboration with the Young Adult Leadership Board to successfully advocate for passage of SB 1341; legislation that allows youth in foster care who are at least 16 years of age and have secured their driver's license to purchase their own motor vehicle insurance policy.
- Met with legislators and secured a bill sponsor for HB 2482 to make permanent during the 2018 Legislative Session, the Foster Care Tuition Waiver Pilot Program, which expires on June 30, 2018.
- 27 community trainings, workshops and presentations held.
- 11 youth participants at FAAZ Day at the Legislature.
- 7,500 YATI health care brochures distributed to 50 Department of Economic Security (DES) eligibility offices and 25 hospital partners.
- 2,191 potential and eligible YATI recipients reached through phone calls, flyer distribution, and enrollment events. More than 3,200 recipients reached through emails, blogs, and social media posts to promote YATI.
- 1270 young adults enrolled in YATI/AHCCCS as of December 2017; a 5% increase from January 2017.
- 2 legislative wins involving the FAAZ Young Adult Leadership Board including the passage of SB 1341- Foster Children; Motor Vehicle Insurance in 2017, and securing a legislative sponsor for HB 2482- - Tuition Waivers for Foster Youth to be considered during the 2018 legislative session.
- 26 new young adults trained and enrolled in Opportunity Passport™; a total of 137 young adults enrolled in 2017 .
- 40 asset purchases matched in 2017 totaling over \$44,000.

Coordination with Other Federal and State Programs for Youth

Success in the coordination of the YAP with other federal and state programs for youth, such as abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs, has largely been dependent on the availability of the service in a specific region or area and eligibility criteria for individual programs.

The state's IL Skills provider, as well as state staff, work together with the Arizona Workforce Connection to enroll youth in the programs offered. The YAP also informs state and contract staff on the availability of Rapid Re-Housing Young Adult Programs. Presentations from a variety of housing partners are provided to the YAP offices during the year.

Representatives of YAP continue to work with representatives of AHCCCS, the Department of Economic Security's Family Assistance Administration (DES-FAA), and community advocates to coordinate the implementation of the Patient Protection and Affordable Care Act (ACA)(P.L. 111-148). Representatives have identified and problem solved issues, as well as discussed strategies to locate, inform, and enroll former foster youth under the age of 26, including youth aging out of Tribal foster care programs, into a

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Medicaid health plan. A DCS representative participates in the Tribal Foster Youth & Medicaid Workgroup, facilitated by the Inter Tribal Council of Arizona, to develop an expedited enrollment process, similar to the YATI process, for eligible youth exiting a tribal child welfare program at age 18.

Arizona maintains the expedited enrollment process created under the YATI program, wherein eligible youth who reach the age of 18 while in the state foster care system are enrolled into a health plan of their choice the month in which the youth turns 18. Youth who exit care at 18 and older who have either never enrolled in a health plan or whose coverage lapsed can also be enrolled/re-enrolled using this process. Over 850 youth who reached the age of eighteen while in foster care or who exited care at age 18 or older during the last year will benefit from the YATI program. DCS and DES-FAA have completed a recent revision of the expedited enrollment form to include alternate mailing addresses and opportunities for youth to select alternate means of communication as a strategy for increasing enrollment and reducing lapses in coverage which occur when recipients do not respond to annual redetermination notices.

Homeless Prevention

The DCS does not currently contract with the Runaway Homeless Youth Act (RHYA) grantees in Arizona for transitional housing; however, the DCS has a long-standing relationship with the grantee agencies as group care contractors and as community providers of RHY services, transitional housing/living programs and/or behavioral health program providers. The DCS coordinates with grantees to identify Chafee eligible youth/young adults to refer to the aftercare service program (Transitional Independent Living Program). Department staff participate in both the Maricopa and Pima Continuums of Care (CoC). These CoCs oversee the administration of federal HUD housing dollars to Arizona's homeless programs. DCS continues a relationship with local housing authorities who are recipients of the Family Unification Program (FUP) housing choice vouchers and is in the process of updating existing MOUs. DCS is also currently working with the City of Tucson/Pima County PHA and City of Phoenix PHA to implement the new demonstration project (Family Self-Sufficiency Program extension to youth FUP recipients).

Pregnancy Prevention

Progress has occurred through YAP's work in collaboration with the ADHS Abstinence Education Programs. Grantees of the Abstinence Education Programs are required to provide services to foster care youth. This occurs through delivery of the programs in group homes, and through a partnership with the state's IL Skills contract provider. In 2017, the Tucson based Child & Family Resources agency hosted the *Redefining Safe* Conference to unite professionals working with systems-involved youth to ensure that "askable" adults are trained in trauma-informed approaches, positive youth development, and other topics. This conference covered what adults working in systems need to know to provide greater stability and help support continuity of care. The State IL Coordinator provided a workshop to educate professionals about the unique needs of youth experiencing foster care.

DCS in partnership with the Arizona Department of Health Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) established an annual event titled Parent University to provide education and training to pregnant and parenting foster youth. The 2017, events were held in September and featured a Parenting 101 and 102 facilitated by nurses and other health care professionals. Approximately 75 young people attended the workshops, which included training on co-parenting, life planning, age appropriate play, and accessing insurance. As the health plan for Arizona youth in foster care, CMDP facilitated discussions on when to go to the doctor versus the Emergency Room as well as proper at home medical care. In 2018, YAP and the DCS office of Prevention are currently exploring how to support a similar event to provide training and education to parenting youth within the Department.

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Collaborate with Governmental or Other Community Entities on Human Trafficking

The Department continues to collaborate with community entities to create consistency in supporting victims of trafficking and those at risk of being trafficked. Efforts over the last year include:

- Implementation activities within the Department such as:
 - Face-to-face contact and sex trafficking related questions are now required after a child has returned to care after running away.
 - Sex trafficking victims are identified and tracked in CHILDS.
 - All children in DCS care identified as being trafficked are reported to law enforcement immediately. Several cases identified during SFY 2018 had a record of ads placed on backpage.com. Many of the cases involved substance use, sexual abuse, multiple problems within the family, and family conflict. High mobility rate is a challenge with runaway youth.
- Trainings (of DCS Specialists):
 - Pre and post-test surveys are completed for all trainings.
 - In 2017, 130 online trainings were completed. Between June 2017 and May 2018, 275 online trainings were completed.
 - Analysis will be completed on the efficacy of in-person versus online trainings.
 - Generally, participant perspectives on trafficking changed after the training.
- Governor's Office implementation of Regional Multi-Disciplinary Teams:
 - Guidelines for regional response has been created. These guidelines include basic response and core values in responding to a sex trafficking situation.
 - The goal is to create a coordinated response effort, ideally with a coordinator in each county in Arizona, with a response team who can also train community members about trafficking.
 - Part of the purpose is to empower community members and provide tangible skills to use.
 - Continued collaboration is necessary to address guidelines for protocols and resources.
- Project STARFISH: A School Sex Trafficking Awareness Project (McCain Institute):
 - Training for principals and teachers.
 - Fall 2017: Brochure for parents including what to look for, how to prevent sex trafficking, and seven action steps for getting help.
 - Meets Common Core State Standards Initiative.
 - Includes the Starfish Squad, which promotes "see something, say something" as an innovative way to get kids involved.
- In SFY 2017, the Arizona Coalition to End Sexual and Domestic Violence trained 562 high school students about sexual violence and healthy sexuality. Phoenix 1st Step Drop-In event was held in April 2017. Many agencies were available to provide services for trafficked and prostituted persons. Services available included mental health, medical and dental, hot food and food boxes, clothing, showers, laundry, and HIV/AIDS testing.
- Starfish Place opened in October 2017 by the City of Phoenix, through HUD housing. The project provides 15 housing units for sex trafficking victims and their children, therapeutic services funded by ASU, medical services, holistic services, yoga, meditation, and a daycare center onsite.

The DCS contractor of life skills training and aftercare services, Arizona's Children Association, has also made efforts to support and provide services to sex trafficking victims.

- In the five Northern (NAZ) counties, AzCA continues to ensure that staff provide every client with sex trafficking awareness skills training prior to discharge. Materials such as the Chosen video and other materials have been purchased for use with the young adult population. The training staff received training to help to identify the risk factors and provide support and advocacy for the client.

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The Northern region continues work to improve the DCS/AzCA collaboration to provide needed and ongoing support for clients involved in sex trafficking.

- In Southeastern (SEAZ) and Pima counties, prompts are incorporated in the psychosocial assessment to address concerns of sex trafficking. Staff have tools and resources to utilize with youth to assist them in not only being able to identify when a youth may be in danger of being trafficked but also to educate youth so they are able to protect themselves and prevent being trafficked.
- Pima County staff maintain a relationship with local non-profit Sold No More, which specializes in sex trafficking education and prevention. Pima County staff are also part of Youth On The Rise, a community collaboration that focusses on efforts to engage Opportunity Youth.
- In the Central (CAZ) and Southwest (SWAZ) Regions, which include a portion of Maricopa County, Pinal, Yuma and La Paz counties, program staff are educated on the resources for homeless and marginally housed youth and priorities teaching sex trafficking prevention to the young adults. AzCA has a relationship with the Maricopa VICE squad who continues to provide staff with education about the “hot spots” such as group homes and malls within the greater Phoenix area. Additionally, AzCA maintains positive working relationships with Tumbleweed, Homebase, and Dream Center who support much of the homeless youth population. Materials about the Transitional Independent Living Program are regularly distributed to shelters and various group homes throughout Maricopa County. Maricopa County hosted an event in April 2018 where 30 young people attended a workshop facilitated by the Red Light Rebellion, whose mission is to educate and empower students to fight the injustice of child sex slavery.
- In Yuma, the DCS Program Supervisor has ongoing communication with the shelter director at the only homeless shelter in Yuma County, Crossroads Mission. Yuma staff maintain a relationship with local Border Patrol and they present Sex Trafficking information to youth as well.

Training to Address Issues Confronting Adolescents Preparing for Independent Living

Formal Training and informational workshops continue to be made available statewide to an array of community partners and stakeholders to educate on the issues confronting adolescents preparing for independent living. In 2017-2018 training/informational workshops were delivered to (and will continue in 2018-2019):

- caregivers including foster parents, group care staff, kinship providers;
- religious organizations planning outreach to older youth in care;
- court staff including judges, attorneys and Court Appointed Special Advocates (CASAs);
- DCS field staff and managers (Region, Section and Unit level as well as 1:1 assistance and case consultation); and
- agency partners including AJDC, County Probation, and education staff (high school and post-secondary level).

Members of the DCS Permanency and Youth Services (PYS) unit, including the state Independent Living Coordinator, Projects Specialist and Education Case Managers, continue to host informational workshops in Arizona’s five regions on a continual basis throughout the year. These workshops are attended by care providers including foster parents, CASAs, attorneys, judges and others, as well as DCS staff. The DCS PYS unit has also worked with the DCS Child Welfare Training Unit and Arizona State University to create a full day’s curriculum on engaging youth in the case planning process. This curriculum is part of the DCS

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Ongoing Academy and delivered four times per year to an audience that is comprised of 75% new case specialists and 25% seasoned specialists. The reception to the training has been positive, with staff reporting a better understanding of the needs of adolescent youth, as well as how to better communicate, for more successful case planning.

On July 18th and 19th of 2017, the Arizona Department of Health Services provided a two day professional training for DCS Case Specialists working with adolescent youth with several workshops scheduled such as: Suicide Prevention (incorporating "13 Reasons Why"), Cultural Humility when Working with LGBTQ Youth, Beyond Binary: Current Opinions in the Care of Gender Variant Children and Youth, Teen Dating Violence, How you talk about what you do matters, Understanding social media in the context of adolescent development, Injury Prevention & Adolescents, and "Crews'n Healthmobile: Serving Homeless and Runaway Youth.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in training activities and may include honorariums, gift cards or other items necessary to support youth involvement, as determined by the YAP.

Involve youth and young adults in the Chafee program, CFSR, NYTD, and other related agency efforts

Youth and young adults remain involved in agency efforts to improve services and supports primarily through involvement in the State Youth Advisory Board and local, Regional Youth Advisory Boards. These boards have been instrumental in securing youth participation in focus groups targeting efforts to improve communication (internal and external), as well as in the current CFSR cycle. Additionally, the FAAZ Youth Leadership Board is available for consultation and has provided review and input into practice guidelines developed for DCS Specialists. Other strategies such as surveys, and small and large group youth forums, occur each year in conjunction with the statewide Youth Conference and regionally as needed.

The DCS contracted life skills and TILP provider, Arizona's Children Association, invited young adults to participate in group learning opportunities. By utilizing peer group settings, AzCA would highlight topics young adults were interested in for additional information and provided them in a peer setting for socialization and opportunities for future peer growth.

The Young Adult Services program hosted a career fair for 55 of young adults from Maricopa and Yuma Counties on October 9, 2017. The three-hour event allowed youth to speak with over 20 professionals and explore possible career paths for themselves in the future. Workshops on resume building, applying for jobs, mock interviews, and haircuts were offered to help prepare youth for their potential job search. A community partner, Dress for Success, also provided professional clothes for the attendees to take home from their mobile boutique.

In Pima County, six separate groups were held to highlight the importance of post-secondary education and how it increases a person's salary. Enrollment included an average of nine participants that consistently attended the sessions. Various professionals were invited to present on different schools and training programs, their enrollment process and specialty programs offered through their institutions. The presenters included Pima Community College, The University of Arizona, Job Corps, and Pima County Joint Technical Education District (JTED). Information about applying for FAFSA and ETV was provided by the Education Specialist with the Department of Child Safety. Career assessments were completed with the young adults to help them identify their unique fields of interest.

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An education workshop was held in Eastern Maricopa County and consisted of a four part series held every other week. Presentations included: scholarships and personal statement writing, Mesa Community College presentation on enrollment and financial aid, Bridging Success/ Nina Mason Pulliam Scholarship presentation on resources to assist when getting enrolled, as well as discussion with a current recipient of the Nina Mason Scholarship. The final session was a foster care alumni panel speaking on their personal experience, resources they used to succeed, obstacles they faced, and their college experiences. Enrollment varied between the sessions and ranged between 15-20 participants.

The state Independent Living Coordinator assists in coordinating youth forums (upon request) at the state and regional level. Youth input was utilized in finalizing the YAP formal program rules, which became effective in January 2016, and in related policy and procedure guidance. The boards and the annual youth conference will also be accessed for assistance in designing strategies to improve youth response to the NYTD. Arizona has struggled with meeting required survey thresholds in part due to an inability to locate youth, as well as to youth being unresponsive to survey requests. The NYTD Federal Review in 2018, included participation of 12 youth who were currently in care and they had the opportunity to provide information and feedback regarding NYTD services. The DCS also had a Young Adult Ambassador who participated in the NYTD Review and will be attending the 2018 Children's Bureau Annual Chafee Grantee Meeting in July to further their support of DCS's NYTD implementation.

Financial incentives funded through the Chafee grant will continue to be used to support youth involvement in agency oversight and improvement and may include honorariums, gift cards, transportation assistance or other items, as determined by the YAP.

Consultation with Tribes

Benefits and services under the YAP and ETVP are available to Indian youth in the state on the same basis as to other youth in the state. Tribal child welfare staff refers youth age 16 and older who have been identified as likely to reach the age of majority while in out of home care, directly to the contract service provider. Services available include life skills training and support, financial assistance to support specific transition needs outlined in the youth's individualized case plan and the ETV. Youth age 18 and older who were formerly in out of home care under tribal jurisdiction may self-refer to the Department contract provider for services through the aftercare program, which is the same process used by youth formerly in state foster programs. Department staff contacts tribal foster care staff directly to verify eligibility for services for all applicants. Tribal youth apply for the state ETVP in the same manner as other applicants, through the online application at www.statevoucher.org.

During the NYTD Review Process in February 2018, the DCS invited members from Navajo Nation, Salt River Pima Maricopa Indian Community, and Fort McDowell Yavapai Nation to participate in the Stakeholder Interview process. Members from the Navajo Nation and Fort McDowell Yavapai Nation responded to the request and participated in Stakeholder interviews. The findings from the NYTD Review were shared via email after the review was complete and an invitation was given to discuss any questions or needs that may have arisen during the interviews.

The Department remains available to negotiate with any tribe that requests to develop an agreement to administer or supervise a Chafee program or an ETV program. To date, no tribe has made such request. The Department's Tribal Liaison actively works to engage tribes and facilitate meetings with the state YAP. The DCS PYS unit presented to the Inter Tribal Council of Arizona and leadership from the Navajo Nation in March 2018. Program information was presented, followed by a brief question and answer session. A follow up presentation was requested and will be held in June 2018.

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Over the last year, Arizona's contract provider had contact with tribal communities for the purpose of developing relationships, explaining Independent Living Services and coordinating service referrals for eligible youth. Outreach efforts were provided to Members from the following tribes: Ak-Chin Indian Community, Cocopah Tribe, Colorado River Indian Tribes, Ft. McDowell Yavapai Nation, Fort Mojave Indian Tribe, Gila River Indian Community, Havasupai Tribe, Hopi Tribe, Hualapai Tribe, Kaibabe Band of Paiutes, Navajo Nation, Pascua Yaqui Tribe, Quecha-Fort Yuma Tribe, Salt River Pima Maricopa Indian Community, San Carlos Apache Tribe, San Juan Southern Paiute, Tohon O'Odham Nation, Tonto Apache Tribe, White Mountain Apache Tribe, Yavapai-Apache Nation, Yavapai Prescott Indian Tribe. During a presentation to the Inter Tribal Council of Arizona in October 2017, the contractor discussed The Young Adult Transitional Insurance (YATI), including the availability of the insurance for tribal young adults and information on how to access and enroll as needed. Efforts will continue over the next year to maintain, strengthen and build relationships with Arizona's Tribal communities. The YAP will continue to work with the DCS Tribal Liaison and the Inter Tribal Council of Arizona for assistance in engaging communities.

Arizona's Children Association regularly attempts to engage tribal communities and ensure that they are aware of the services available to youth and young adults involved with tribal foster care. Annually, AzCA sends a letter and referral information to all of the tribes in Arizona and those who have tribal lands near the Arizona State line. In addition to their annual outreach efforts, AzCA has provided the following updates of their engagement with tribal communities and tribal youth:

Northern Region: Coconino, Navajo, Apache, Mohave, and Yavapai counties.

In 2017, the Northern AZ team worked with youth with the following tribal affiliations:

- Navajo Nation (7)
- Yavapai-Apache Nation (2)
- Hopi Tribe (2)
- Sioux Nation (3)
- Dual: Navajo Nation and San Carlos Apache Indian Tribe (1)
- Dual: Salt River Pima-Maricopa Indian Tribe and San Carlos Apache Indian Tribe (1)

AzCA has maintained a relationship with the Hopi tribe and they are aware of the services available for the youth currently in a Tribal Wardship. The Hopi tribe is also aware of TILP services for any young adults who previously discharged Tribal Social Services but may not have been involved with AzCA skills training services. AzCA received two tribal referrals from the Hopi tribe in 2017. Additionally, an AzCA Supervisor presented service information to Navajo Nation Social Services in Tuba City. The Tribal Social Workers reported not being aware of the inclusive nature of service eligibility, and initially assumed it was limited to youth placed in a licensed foster home. Navajo Nation has new referral information and is aware of skills training services available to youth in Tribal Wardship, and after-care services for tribal young adults through TILP.

Navajo and Apache County: AzCA maintains contact with the Ft. Apache tribe but did not receive referrals in 2017, AzCA plans to schedule a time to present additional materials on services in 2018 to continue to maintain the relationship with the Ft. Apache tribe, and will be planning to provide more service information to the Navajo Nation in the Window Rock area. Presently, NAZ staff in Navajo and Apache County are serving:

- Navajo Nation (1)

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Mohave County: AzCA continues to maintain contact with the Ft. Mojave tribe but did not receive any tribal referrals in 2017. Another meeting will be scheduled with the tribe in the coming year. Presently, NAZ staff in Mohave County are serving:

- Sioux Nation (1)
- Navajo Nation (1)

Yavapai County: AzCA has engaged with Yavapai-Apache Nation and provided information on service eligibility to Tribal Social Services about the programs. AzCA received two (2) referrals from Yavapai-Apache Nation in 2017 and continues to maintain regular contact with Yavapai-Apache Nation. Presently, NAZ staff in Yavapai County are serving:

- Yavapai-Apache Nation (2)
- Dual: Navajo Nation and San Carlos Apache Indian Tribe (1)

Pima & Southeastern Region: Gila, Graham, Greenlee, Santa Cruz, Cochise, and Pima counties.

In 2017, the Southeastern Arizona and Pima teams worked with youth with the following tribal affiliations:

- Navajo Nation (1)
- Tohono O'odham (1)
- Pascua Yaqui (2)

In Pima County, emails to the Pascua Yaqui Social Services Supervisor have been sent. Business cards have been dropped off and requests to present at a team meeting have been sent out. Flyers and information for Young Adult Services and aftercare supports have been posted at the Pascua Yaqui Community Recreation center.

In Southeastern, collaboration continues with Tribal social workers and Mary's Mission Group Home for Tribal engagement and outreach.

Central & Southwest Regions: Maricopa, Pinal, Yuma, and La Paz counties.

In 2017, the CAZ and SWAZ teams worked with youth with the following tribal affiliations:

- Apache (1)
- Cocopah (2)
- Fort McDowell Yavapai Nation (1)
- Salt River Pima (1)
- Tohono O'odham (2)
- Navajo (1)

AzCA has successfully engaged the Salt River Pima community and program information was presented about services for living skills training and the TILP. The Central Region continues to have a positive working relationship with Ak-Chin, Gila River and Salt River Tribes.

The Yuma team has ongoing communication with Cocopah Social Services. The Cocopah Tribe has prioritized reunification and guardianship and this has decreased the number of Cocopah affiliated youth served. The team met with the Tribe in March to provide information regarding the program and eligibility.

Previously, outreach has been unsuccessful with the Quechan Tribe; however, a new ICWA specialist has been seeking resources for older teens and was provided information and referral forms. A meeting was

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held and referral processes were discussed. Many youth involved with the social service program are not eligible as they are living at home, or are not wards of the court/tribe.

Regional Leaders for the AzCA Young Adult Services Program will continue to build relationships with their area ICWA Coordinators in an effort to educate Tribal members and youth about opportunities available to them. Written materials will be disseminated to entities such as the Phoenix Indian Hospital, Indian Center, and each individual tribal community.

Education and Training Voucher Program

Establish, expand, or strengthen the state's postsecondary educational assistance

Arizona makes vouchers available to residents of Arizona who were in foster care in any state or federally recognized tribe at the age of 16 or older, including youth who have aged out of foster care or who, after attaining age 16, have left foster care for adoption or kinship guardianship.

The Department contracts with the Foster Care to Success to operate the state's ETV Program. Current and former foster youth apply directly for the voucher by submitting an application online at www.statevoucher.org. Designated Department staff provides verification of former foster care status for all initial applicants. Verification is obtained through the electronic case file and for youth from other states and tribes, through direct contact with (other) state and tribal child welfare staff. Contract staff work directly with youth to ensure all necessary documentation is submitted prior to authorizing funding. Funds for tuition, school room and board, and fees are paid directly to the institution. Funding for living expenses are distributed monthly directly to the student, based on the approved application and budget.

The Department contract further provides ongoing support to students through one-on-one contact with Foster Care to Success staff, care packages, and involvement in supplemental support services (for struggling students). Department staff hold a teleconference with contract staff on a monthly basis (or as needed) to discuss progress and resolve issues/barriers to student success, and review and approve invoices on a monthly basis, monitoring the number and types of assistance provided to students. Efforts to increase the number of students accessing the ETV have been successful and will continue.

Supplemental information related to changes made to the Arizona ETV program will be submitted to the Children's Bureau by August 15, 2018 as allowed by the May 31, 2018 Program Instruction ACYF-CB-PI-18-06.

Changes in how the ETV program is administered

There have been no changes to the core eligibility in how the Arizona ETV program is administered; however, there have been some aspects added to the contract in an effort to provide a better service and improve outcomes for the recipients of the services. The new contract requires staff be physically present in Arizona. The Arizona ETV continues as a contracted service with Foster Care to Success, which has three staff hired, trained, and servicing eligible youth in Arizona. Other highlights to the new contract include two bi-annual information sessions regarding FAFSA and ETV, a mentoring program, and a personal support and academic enrichment program.

Performance Measures

YAP/ETVP Goal 1: The percentage of youth age 18 and older in the Young Adult Program participating in the Independent Living Subsidy (ILS) Program will increase 5% or more annually.

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- SFY 2016: 816 of 917 or 89%
- SFY 2017: 755 of 845 or 89%

YAP/ETVP Goal 2: The number of former foster youth participating in the Transitional Independent Living Program services will increase 10% or more annually.

- CY 2016: 228 youth served
- CY 2017: 253 youth served (11% Increase)

YAP/ETVP Goal 3: The percentage of participants in the Independent Living Program (ILP) and Transitional Independent Living Program (TILP) who were enrolled in or completed a college or trade school after completing high school or obtaining a GED will increase 10% or more annually.

- CY 2016: ILP: 280 of 526 or 53%, TILP: 16 of 94 or 17%
- CY 2017: ILP: 270 of 471 or 57%, TILP: 41 of 112 or 37%

YAP/ETVP Goal 4: The percentage of participants in the Independent Living Program and Transitional Independent Living Program age 17 and older who are employed will increase 10% or more annually.

- CY 2016: ILP: 511 of 1,462 or 35%, TILP: 94 of 228 or 41%
- CY 2017: ILP: 585 of 1,462 or 40%, TILP: 124 of 253 or 49%

SECTION XII

Updates to Targeted Plans within the 2015 – 2019 CFSP

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Foster and Adoptive Parent Diligent Recruitment Plan – Changes are reported in the separate document entitled *Arizona Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention Plan FFY 2019 Update*.

Health Care Oversight and Coordination Plan – Changes are reported in the separate document entitled *Arizona Health Care Oversight and Coordination Plan FFY 2019 Update*.

Disaster Plan - There were no disasters in SFY 2018. There were no changes to the Disaster Plan submitted with the FFY 2017 APSR.

Training Plan - Changes are reported in the separate document entitled *Arizona Staff and Provider Training Plan FFY 2019 Update*.

Section XIII

Statistical and Supporting Information

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CAPTA Annual State Data Report Items

Information on DCS Specialist Workforce

The Department of Child Safety (DCS) series positions are responsible for intake, screening, assessment, and investigation of child abuse and neglect reports.

The Agency uses a full spectrum of staff recruitment activities, including establishing relationships with educational institutions offering social work and related degree programs, and posting employment opportunities on Arizona's employment website, azstatejob.gov. Candidates apply online through the State's online job board website. As part of the online application process candidates are asked a series of pre-qualifying questions and are asked to watch the DCS Specialist realistic job preview video. Information related to candidates who wish to continue and successfully answer the pre-screening questions is then forwarded to a hiring manager for review. The hiring authority may schedule an onsite interview with qualified candidates. Candidates who pass the onsite interview will complete the State's application process and background check, which includes obtaining a fingerprint card and Department of Motor Vehicle verification. Candidates must successfully pass all the background requirements before an offer of employment is extended.

Education and Qualifications

DCS Specialist Trainee: Master's or Bachelor's Degree from an accredited college or university; or five years of experience as a DCS Case Aide II in Arizona State Service

DCS Specialist: Master's or Bachelor's Degree from an accredited college or university and 22 weeks as DCS Trainee experience or Master's degree in Social Work (MSW)/Bachelor's degree in Social Work (BSW) acquired through the DCS-ASU/NAU Title IV-E program

DCS Specialist: Master's or Bachelor's Degree from an accredited college or university and one year of experience as a DCS Specialist

DCS Program Specialist: Master's Degree or Bachelor's Degree from an accredited college or university and three years of DCS experience as a DCS Specialist

DCS Program Supervisor: One year as a DCS Program Specialist, Master's or Bachelor's Degree from an accredited college or university and four years of DCS experience, or ASU/NAU Title IV-E MSW/BSW Degree and three years of DCS experience; or Master's or Bachelor's Degree from an accredited college or university and one year of DCS experience and three years of professional supervisory experience

DCS Program Manager: Master's or Bachelor's Degree in social work or closely related field from an accredited college or university and experience, appropriate to assignment, as a unit supervisor in a Child Protective Services agency

DCS Program Administrator: Master's or Bachelor's Degree in social work or closely related field from an accredited college or university and experience, appropriate to assignment, as a Program Manager in a Child Protective Services agency

Data on Education, Qualifications, and Training of Personnel

The following table provides the educational degrees for DCS Specialists and Supervisors who were employed on September 30, 2017, and for whom this data is entered into CHILDS.

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Degree	DCS Specialists	DCS Program Supervisor	Total Degrees	Percentage of Total
MSW	55	27	82	8.8%
Masters/Related	32	12	44	4.7%
Masters/Non-Related	14	8	22	2.4%
BSW	95	40	135	14.5%
BA/Related	441	96	537	57.7%
BA/Non-Related	81	29	110	11.9%
TOTAL	718	212	930	100%

Data source: EINSTEIN Data Warehouse, run date 3-15-18

Demographic Information of Personnel

The following table provides the ethnicity, gender, age, and tenure of CPS Specialists and Supervisors who were employed on March 15, 2018 (Source: Human Resources Information Solution {HRIS} maintained by ADOA).

ETHNICITY	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
American Indian	3	21	2	26
Asian/Pacific Islander	1	2630	2	33
African American	25	162	19	206
Hispanic	35	313	52	400
Caucasian	75	513	126	714
Unspecified	15	113	25	153
TOTAL	154	1152	226	1532

GENDER	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Female	118	911	195	1224
Male	36	241	31	308
TOTAL	154	1152	226	1532

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AGE	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
Under 30 yrs.	64	428	20	512
30-39 yrs.	36	314	89	439
40-49 yrs.	32	211	61	304
50-59 yrs.	17	141	42	200
≥60 yrs.	5	58	14	77
TOTAL	154	1152	226	1532

TENURE³	DCS Specialist Trainee	DCS Specialist	DCS Program Supervisor	TOTALS
<5 yrs.	154	915	53	1122
5-10 yrs.	0	169	106	275
11-20 yrs.	0	54	53	107
21-30 yrs.	0	12	13	25
>30 yrs.	0	2	1	3
TOTAL	154	1152	226	1532

Juvenile Justice Transfers

In some cases, it is determined that the youth’s needs are best met through a juvenile probation agency or the Department of Corrections and that services through the Department of Child Safety are no longer necessary. During FFY 2017, 14 children were transferred to the custody of the Arizona Department of Juvenile Corrections, Arizona Department of Corrections, or another state's correctional department at the time of exit from the foster care system.

These children were identified by creating, from the State’s FFY 2017 AFCARS data, a list of all children who were age eight or older at the time of their most recent entry into out-of-home care and had a removal end reason of “transfer to another agency.” A review of narrative case information identified the agency to which each child transferred. All of these children were in the care and custody of the Department for at least one day during FFY 2017 before transferring to the sole custody of the juvenile justice or correctional agency.

Sources of Data on Child Maltreatment Deaths

The number of child deaths reported in NCANDS and the CFSR Child Safety Profile includes the number of children with an after investigation substantiated finding of child death that was entered into CHILDS during the FFY (regardless of the date of the report or the date of the child’s death). For example, if the child’s death and the DCS Child Abuse Hotline report occurred in FFY 2014, but the substantiated finding was not entered into CHILDS until FFY 2015, the child would be counted in the Child Safety Profile data or NCANDS in FFY 2015, rather than 2014.

Child fatalities reported to NCANDS come through the Child Abuse Hotline call center and are recorded in the Arizona SACWIS. Arizona uses information received from the state’s Department of Vital Statistics,

³ This is tenure in the classification not tenure in state service.

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Child Fatality Review Teams, law enforcement agencies and the Medical Examiners' offices when reporting child maltreatment fatality data to NCANDS. The Child Fatality Review Committee reviews all child deaths in the state, including deaths that would be identified through the sources listed above. If a local Child Fatality Review Team identifies an unreported child fatality believed to be due to maltreatment, that information is communicated to DCS. Through this process, DCS receives information on all child deaths that may have been caused by abuse or neglect.

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

Education and Training Vouchers

See *Section XI, Chafee Foster Care Program for Successful Transition to Adulthood and Education and Training Voucher Program Annual Progress Report* for information related to education and training vouchers.

Inter-country Adoption Act of 2000 (ICCA)

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

Case information was reviewed for each child who entered out-of-home care during FFY 2017 and was identified in CHILDS as having been previously adopted. This review identified two children who entered out-of-home care in FFY 2017 and were the subject of an inter-country adoption.

One child was adopted from Ethiopia. The agency who handled the adoption is not known. The youth entered care due to his behaviors and mental health issues. The youth was removed for two days and was returned to the parents care with contracted in-home services, which were successfully completed.

The other child was adopted from Guatemala by a single mother who is now deceased, leaving the child without a caregiver. The agency who handled the adoption is not known. The child entered foster care and has since been adopted a second time.

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Monthly Caseworker Visit Data

This data will be reported to the Children's Bureau by December 17, 2018, as indicated by the March 5, 2018 Program Instruction. The prior submission of caseworker visit data, submitted December 15, 2017, indicated DCS met the goals of 95% of children seen on a monthly basis by caseworkers and at least 50% of the total number of visits occurring in the child's residence. See *Section III: Programs and Services to Achieve Safety, Permanency, and Well-Being* for information about the use of the federal Monthly Caseworker Visit Grant.

State Contact for the FFY 2019 APSR

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