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DEPARTMENT OF ECONOMIC SECURITY

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*Your Partner For A Stronger Arizona*

**CHILD AND FAMILY  
SERVICES PLAN  
FISCAL YEARS 2010 – 2014**

Division of Children Youth and Families  
STATE OF ARIZONA

**Submitted to:**

**U.S. Department of Health and Human Services  
Administration for Children and Families  
June 2009**

**STATE OF ARIZONA**  
DEPARTMENT OF ECONOMIC SECURITY  
DIVISION OF CHILDREN, YOUTH AND FAMILIES  
CHILD AND FAMILY SERVICES PLAN – FISCAL YEARS 2010 - 2014

**CONTENTS**

<u><b>SECTION</b></u>	<u><b>TITLE</b></u>	
SECTION I	Description of State Agency.....	1
SECTION II	Assurances.....	3
SECTION III	Vision and Mission.....	15
SECTION IV	Introduction.....	16
	Part 1: Safety.....	23
	A. Program or Service Descriptions.....	23
	1. Child Abuse and Neglect Prevention Services	
	2. Child Protection, and Child Abuse and Neglect Intervention and Treatment Services	
	B. Outcomes, Goals and Baseline Data.....	33
	C. Strategies and Action Steps.....	35
	Part 2: Permanency.....	38
	A. Program or Service Descriptions.....	38
	1. Time Limited Reunification Services	
	2. Out-of-Home Children Services	
	3. Adoption Promotion and Support Services	
	4. Subsidized Guardianship and Independent Living Services	
	B. Outcomes, Goals and Baseline Data.....	49
	C. Strategies and Action Steps.....	53
	Part 3: Child and Family Well-Being.....	57
	A. Program or Service Descriptions.....	57
	1. Case Planning and Case Manager Visits with Parents and Children	
	2. Services to Address Children’s Educational, Physical Health, and Mental Health Needs	
	B. Outcomes, Goals and Baseline Data.....	67
	C. Strategies and Action Steps .....	69
	Part 4: Systemic Factors.....	73

	A. Program Descriptions.....	73
	1. Statewide Information System Capacity	
	2. Case Review System	
	3. Quality Assurance System	
	4. Staff and Provider Training	
	5. Service Array and Resource Development	
	6. Agency Responsiveness to Community	
	7. Collaboration with Native American Tribes and Indian Child Welfare Act Compliance	
	8. Foster and Adoptive Home Licensing, Recruitment, and Retention	
	B. Strategies and Action Steps .....	105
SECTION V	Child and Family Services Training Plan.....	108
	A. Training Program Description.....	108
	B. Strategies and Action Steps.....	116
	C. Training Audience and Cost Projections.....	121
	D. Projected Technical Assistance Activities.....	123
SECTION VI	Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan.....	126
SECTION VII	Child Abuse Prevention and Treatment Act State Plan .....	142
SECTION VIII	Health Care Services Plan.....	155
SECTION IX	Disaster Preparedness and Response Plan.....	163
SECTION X	Financial.....	194
	Maintenance of Effort	
	Form CFS-101 Part III – FFY 2007	
	Form CFS-101 Part I – FFY 2009	
	Form CFS-101 Part II – FFY 2009	
	Form CFS-101 Part I – FFY 2010	
	Form CFS-101 Part II – FFY 2010	

# **Section I**

## **Description of State Agency**

## **ORGANIZATIONAL STRUCTURE OF THE AGENCY AND DIVISION**

In July 1972, the Arizona State Legislature established the Department of Economic Security (the Department) by combining several State agencies providing employment and welfare services to Arizona residents. The purpose in creating the Department was to integrate direct services to people to reduce duplication of administrative efforts, services and expenditures.

The Department is divided into nine divisions. These divisions are:

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

The Division of Children, Youth and Families (DCYF) is the state administered child welfare services agency, and is responsible for developing the Child and Family Services Plan and administering the title IV-B programs under the plan. The Division provides child protective services; services within the Promoting Safe and Stable Families program; family support, preservation, and reunification services; family foster care and kinship care services; services to promote the safety, permanence and well-being of children in foster care and adoptive families; adoption promotion and support services, and health care services for children in out-of-home care. The Division is divided into four administrations:

- Child Welfare Programs Administration
- Program Improvement Administration
- Finance and Business Operations Administration (FBOA)
- Comprehensive Medical and Dental Program (CMDP)

Arizona’s fifteen counties are divided into six regions, referred to as districts. District 1 (Phoenix and surrounding cities) and District 2 (Tucson) are the urban districts, and Districts 3 through 6 are the rural districts, although some rural counties have been growing rapidly in recent years. According to the Arizona Department of Commerce website, Arizona’s population increased 29% from the 2000 census to July 2008, reaching over 6,600,000 people. The population of Pinal County increased 95%, and six other counties grew between 20% and 36%.

The counties within each district are:

Dist 1	Dist 2	Dist 3	Dist 4	Dist 5	Dist 6
Maricopa	Pima	Coconino	Yuma	Gila	Cochise
		Apache	Mohave	Pinal	Graham
		Navajo	La Paz		Greenlee
		Yavapai			Santa Cruz

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section I: Description of State Agency**

***District Operations***

Each district provides:

- investigation of child protective services (CPS) reports
- case management
- in-home services
- out-of-home services
- contracted support services
- permanency planning
- foster home recruitment and training
- adoptive home recruitment and certification

The ***Statewide Child Abuse Hotline*** is centralized for the receiving and screening of incoming communications regarding alleged child abuse and neglect. Incoming communications are centrally screened to determine if the communication meets the definition and criteria of a CPS report. Report information is triaged according to the level of alleged risk of harm to the child, to establish a response timeframe. Reports are investigated by Child Protective Services Specialists or referred to other jurisdictions (such as tribal jurisdictions) for action.

***Central Office*** functions for the Division include:

- policy and program development
- the Promoting Safe and Stable Families program
- finance, budget and payment operations
- statistical analysis
- field support
- Interstate Compact on Placement of Children
- the Child Welfare Training Institute (CWTI) for initial in-service staff training, ongoing/advanced staff training, and out-service and education programs
- new initiatives and statewide programs
- contracting and procurement
- continuous quality improvement
- management information system/automation

# **Section II**

## **Assurances**

Child and Family Child and Family Services Plan – Fiscal Years 2010 - 2014  
Section II: Assurances



STATE OF ARIZONA

JANICE K. BREWER  
GOVERNOR

EXECUTIVE OFFICE

June 17, 2009

Ms. Sally Flanzer, Program Manager  
U.S. Department of Health and Human Services  
Administration for Children and Families, Region IX  
90 7th Street, 9th Floor  
San Francisco, California 94103

Dear Ms. Flanzer:

This letter shall serve to designate the Arizona Department of Economic Security as the appropriate state agency to apply for funds under Title IV-E of the Social Security Act; Title I, Improved Independent Living Program, Public Law 106-169, Foster Care Independence Act of 1999; the Child Abuse Prevention and Treatment Act (CAPTA), as amended (42 U.S.C. 5101 et seq.); and 45 CFR Part 1340. The enclosed attachments address the certifications required by the State's Chief Executive Officer for the Chafee Foster Care Independence Program and the Child Abuse Prevention and Treatment Act. Materials and supporting documentation previously submitted to the Regional Office for eligibility are still in effect.

Arizona's eligibility to receive the requested funds has not changed. If the eligibility materials currently on file are changed or modified, the Regional Office will be notified within thirty (30) days.

If you have any questions, please contact Neal Young, Director, Department of Economic Security, at (602) 542-5678.

Sincerely,

A handwritten signature in cursive script that reads "Janice K. Brewer".  
Janice K. Brewer  
Governor

Enclosure

1700 WEST WASHINGTON STREET, PHOENIX, ARIZONA 85007  
602-542-4331 • FAX 602-542-7601



**Attachment C**

**Title IV-B, subpart 1 Assurances**

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State/Tribe assures that it is operating, to the satisfaction of the Secretary:
  - a. A statewide information system from which can be readily determined 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;
  - b. A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State;
  - c. A service program designed to help children:
    - i. Where safe and appropriate, return to families from which they have been removed; or
    - ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and
  - d. A preplacement preventative services program designed to help children at risk of foster care placement remain safely with their families.
2. The State/Tribe assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children.
3. The State/Tribe assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.
4. The State/Tribe assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs.
5. The State/Tribe assures that it will participate in any evaluations the Secretary of HHS may require.

**Child and Family Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section II: Assurances**

7. The State/Tribe assures that in administering and conducting service programs under the subpart 2 plan, the safety of the children to be served shall be of paramount concern.
8. The State/Tribe assures that it will participate in any evaluations the Secretary of HHS may require.
9. The State/Tribe assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

**STATE ONLY:**

10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, time limited family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program.

**Effective Date and Official Signature**

I hereby certify that the State/Tribe complies with the requirements of the above assurances.

Certified by: *Julie Hall*

Title: Acting Assistant Director

Agency: ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Dated: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

(ACF Regional Representative)

Dated: \_\_\_\_\_

**Child and Family Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section II: Assurances**

- f. other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(A)(viii) of CAPTA);
9. provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from abuse and neglect (section 106(b)(2)(A)(ix) of CAPTA);
10. provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(A)(x) of CAPTA);
11. the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect (section 106(b)(2)(A)(xi) of CAPTA);
12. provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(A)(xii) of CAPTA);
13. provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings--
  - a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
  - b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(A)(xiii) of CAPTA);
14. the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(A)(xiv) of CAPTA);
15. provisions, procedures, and mechanisms -
  - a. for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
  - b. by which individuals who disagree with an official finding of abuse or neglect can appeal such finding (section 106(b)(2)(A)(xv) of CAPTA);
16. provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction--
  - a. to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
  - b. to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred

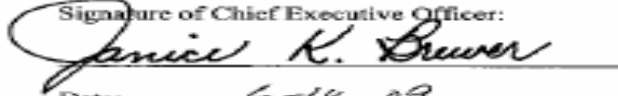
Child and Family Child and Family Services Plan – Fiscal Years 2010 - 2014  
Section II: Assurances

- in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
      - c. to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter; or
      - d. to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (section 106(b)(2)(A)(xvi) of CAPTA);
- 17. provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 16 above, conviction of any one of the felonies listed in number 16 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(A)(xvii) of CAPTA);
- 18. provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(A)(xviii) of CAPTA);
- 19. provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(A)(xix) of CAPTA);
- 20. provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(A)(xx) of CAPTA);
- 21. provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi) of CAPTA);
- 22. provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(A)(xxii) of CAPTA);
- 23. procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
  - a. coordination and consultation with individuals designated by and within appropriate health care facilities;
  - b. prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions); and
  - c. authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions (section 106(b)(2)(B) of CAPTA);

Child and Family Child and Family Services Plan – Fiscal Years 2010 - 2014  
Section II: Assurances

24. an assurance that the programs or projects relating to child abuse and neglect carried out under part B of title IV of the Social Security Act comply with the requirements in 106(b)(1) and (2) of CAPTA; and
25. authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from disabled infants with life-threatening conditions (section 113 of CAPTA).

Signature of Chief Executive Officer:

  
\_\_\_\_\_

Date: 6-18-09

Reviewed by: \_\_\_\_\_

(ACF Regional Representative)

Dated: \_\_\_\_\_

**Appendix 4: Title IV-E, Section 477 Certification**

**Certifications for the Chafee Foster Care Independence Program**

As Chief Executive Officer/Tribal Leader of the State/Tribe of ARIZONA, I certify that the State/Tribe has in effect and is operating a Statewide or areawide program pursuant to section 477(b) or (j)(2) relating to Foster Care Independent Living and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State/Tribe will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State/Tribe from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State/Tribe from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State/Tribe will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
5. The State/Tribe will adequately prepare prospective foster parents with the appropriate knowledge and skills to provide for the needs of the child before a child, under the supervision of the State, is placed with prospective foster parents and that such preparation will be continued, as necessary, after the placement of the child. [Section 471(a), as amended];
6. The State/Tribe has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
7. The State/Tribe will make every effort to coordinate the State/Tribal programs receiving funds provided from an allotment made to the State/Tribe with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
8. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and

Child and Family Child and Family Services Plan – Fiscal Years 2010 - 2014  
Section II: Assurances

9. The State/Tribe has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].

**STATE ONLY:**

10. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)].

  
\_\_\_\_\_  
Signature of Chief Executive Officer or Tribal Leader

6-18-09  
\_\_\_\_\_  
Date

**State Chief Executive Officer's Certification  
for the  
Education and Training Voucher Program  
Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of ARIZONA, I certify that the State has in effect and is operating a Statewide program relating to Foster Care Independent Living:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
  - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
  - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).

  
\_\_\_\_\_  
Signature of Chief Executive Officer

6-18-09  
\_\_\_\_\_  
Date



# **Section III**

## **Vision and Mission**

# Arizona Department of Economic Security

## Vision

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

## Mission

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

## Guiding Principles

### System of care must:

- \* Be customer and family-driven
- \* Be effectively integrated
- \* Protect the rights of families and individuals
- \* Allow smooth transitions between programs
- \* Build community capacity to serve families and individuals
- \* Emphasize prevention and early intervention
- \* Respect customers, partners, and fellow employees

### Services must be:

- \* Evaluated for outcomes
- \* Coordinated across systems
- \* Personalized to meet the needs of families and individuals
- \* Accessible, accountable, and comprehensive
- \* Culturally and linguistically appropriate and respectful
- \* Strength-based and delivered in the least intrusive manner

### Leaders must:

- \* Value our employees
- \* Lead by example
- \* Partner with communities
- \* Be inclusive in decision making
- \* Ensure staff are trained and supported to do their jobs

# **Section IV**

**Introduction**

**Safety**

**Permanency**

**Child and Family Well-Being**

**Systemic Factors**

## **INTRODUCTION**

This introduction provides information about data sources, caseload volume and staff resources, to furnish context for the goals, objectives and service descriptions that follow. Following this introduction, Section III of this Child and Family Services Plan is divided into four parts:

- *Part 1: Safety* – Part 1 provides descriptions of the state’s child abuse and neglect prevention, intervention and treatment services, including family preservation and family support; the state’s safety goals and measures; and the Division’s strategies and action steps for improving safety outcomes.
- *Part 2: Permanency* – Part 2 provides descriptions of the state’s services to support reunification, adoption, kinship care, and independent living or another planning permanent living arrangement, including time-limited reunification services and adoption promotion and support services; the state’s permanency goals and measures; and the Division’s strategies and action steps for improving permanency outcomes.
- *Part 3: Child and Family Well-Being* – Part 3 provides descriptions of the state’s case planning and case management services, including case manager contact with parents and children, and services to address children’s educational, physical health and mental health needs; the state’s well-being goals and measures; and the Division’s strategies and action steps for improving child and family well-being outcomes.
- *Part 4: Systemic Factors* – Part 4 describes the state’s statewide information system capacity, case review system, quality assurance system, staff and provider training, service array and resource development, agency responsiveness to community, and foster and adoptive home licensing, recruitment and retention program; and provides the Division’s strategies and action steps for improving these systemic factors.

### ***Primary Data Sources***

This report provides baseline data from a variety of sources; including other reports published by the Division or Department, Child and Family Services Review (CFSR) Data Profiles supplied by the U.S. DHHS or produced by the Division, internal data reports, and case reviews. Data may be reported in this plan and subsequent annual progress reports by federal fiscal year (FFY), state fiscal year (SFY), or calendar year (CY), depending on availability. Data for similar time periods may vary because of the date of extract from CHILDS (the Statewide Automated Casework Information System or SACWIS) or differences between data extraction programs, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data sources, extract dates, and operational definitions are included throughout the document. Frequently cited data sources include the following:

- *CFSR Data Profiles* – These data profiles are generated from the state’s AFCARS data files. Profiles provided to the state by the Department of Health and Human Services following the state’s semi-annual AFCARS submissions are considered the official data for determining substantial conformity with the CFSR national standards on safety and permanency, and for determining the state’s success achieving the CFSR Program Improvement Plan target goals on the national standards.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV: Introduction**

- *Child Welfare Reporting Requirements Semi-Annual Report* – This report is published twice yearly by the Division, as required by Arizona State Statute, for the periods of October through March and April through September. Data is primarily extracted from CHILDS, as close as possible to the date of report publication.
- *Business Intelligence Dashboard* – The Division uses a web-based “data dashboard” to track performance on some key indicators, including timeliness of initial response to reports; timeliness of investigation finding data entry; in-person contacts with children, parents, and out-of-home care providers; and child removals and returns. This data is current as of the most recent weekly refresh from CHILDS. Since this data changes weekly to reflect new entry and corrections, the date of retrieval from the dashboard is provided along with all such data in this report.
- *Practice Improvement Case Review* – This data is generated by reviewing a random selection of investigation, in-home and out-of-home care cases using an instrument that measures performance in many of the same practice areas evaluated during the CFSR. The Division conducted annual reviews in each district during the last half of 2004, and in 2005 and 2006. The CFSR served as the state’s annual case review in 2007. Monthly reviews of initial assessment/investigation cases were reinitiated in October 2007. Monthly reviews of in-home and out-of-home cases were reinitiated in March 2009. See Section IV, Part 4, A.2., *Quality Assurance System* for more information on the Practice Improvement Case Review.
- *The 2007 Child and Family Services (CFSR) On-site Review* – The Division participated in the second round CFSR On-site Review, including case reviews and extensive stakeholder interviews, in August 2007. This review generated in-home and out-of-home case review data for 2007.

***Investigative, In-Home and Out-of-Home Caseload Volume***

Data on report volume, in-home case volume, and children in out-of-home care all demonstrate caseload growth in SFY 2009; and according to the May 2009 *Child Protective Services Bi-Annual Financial and Program Accountability Report*, CPS Specialists’ workload continues to be a challenge. In the period of July through December 2008, CPS Specialists were carrying caseloads that were, on average, 19% above the Arizona caseload standards. The significant appropriation reductions in SFY 2009, and those anticipated in SFY 2010, are expected to further increase the average caseload of CPS Specialists.

The following chart provides the distribution by district of reports for investigation received in FFY 2008, in-home cases open in December 2008, and children in out-of-home care in December 2008.

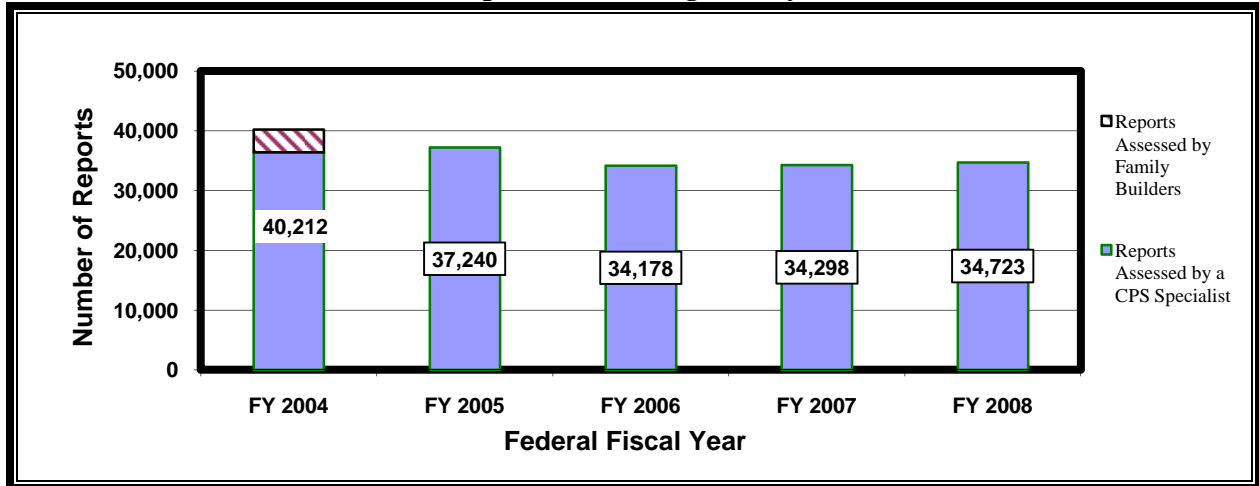
	<b>District 1</b>	<b>District 2</b>	<b>District 3</b>	<b>District 4</b>	<b>District 5</b>	<b>District 6</b>
<b>Reports for Investigation</b>	58%	18%	7%	6%	7%	4%
<b>In-Home Cases</b>	53%	21%	8%	7%	7%	4%
<b>Children in Out-of-Home Care</b>	56%	26%	6%	3%	6%	2%

Data from the *Child Welfare Reporting Requirements Semi-Annual Report* shows that the number of Hotline reports meeting the statutory requirements for assessment by a CPS Specialist rose in FFY 2007

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV: Introduction**

and FFY 2008, after declining for the first time in five years during FFY 2006.<sup>1</sup> Reports for assessment by a CPS Specialist increased 0.4% from FFY 2006 to FFY 2007, and 1.2% from FFY 2007 to FFY 2008.

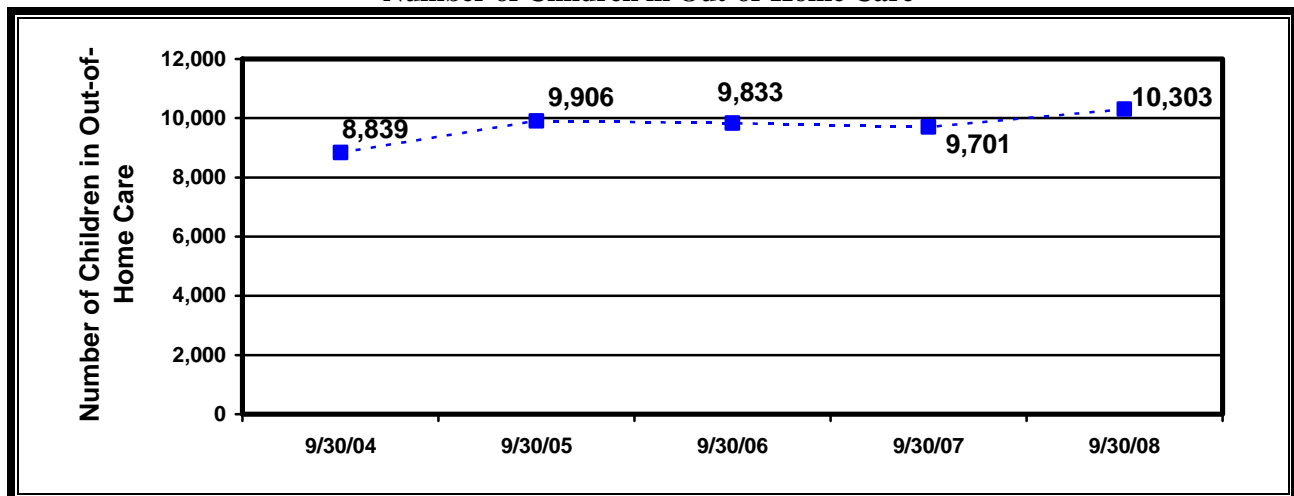
**Number of Hotline Reports for Investigation by Federal Fiscal Year**



Data from the Department’s *Child Protective Services Bi-Annual Financial and Program Accountability Report* provides evidence of in-home caseload growth. The average monthly number of in-home cases increased 20% over the past three years, from 4,798 in SFY 2005 to 5,738 in the second half of SFY 2008.

According to the *Child Welfare Reporting Requirements Semi-Annual Report*, there was a 6.2% increase in the number of children in out-of-home care from September 30, 2007 to September 30, 2008; following a 2.1% reduction between the last day of FFY 2005 and the last day FFY 2007.

**Number of Children in Out-of-Home Care**



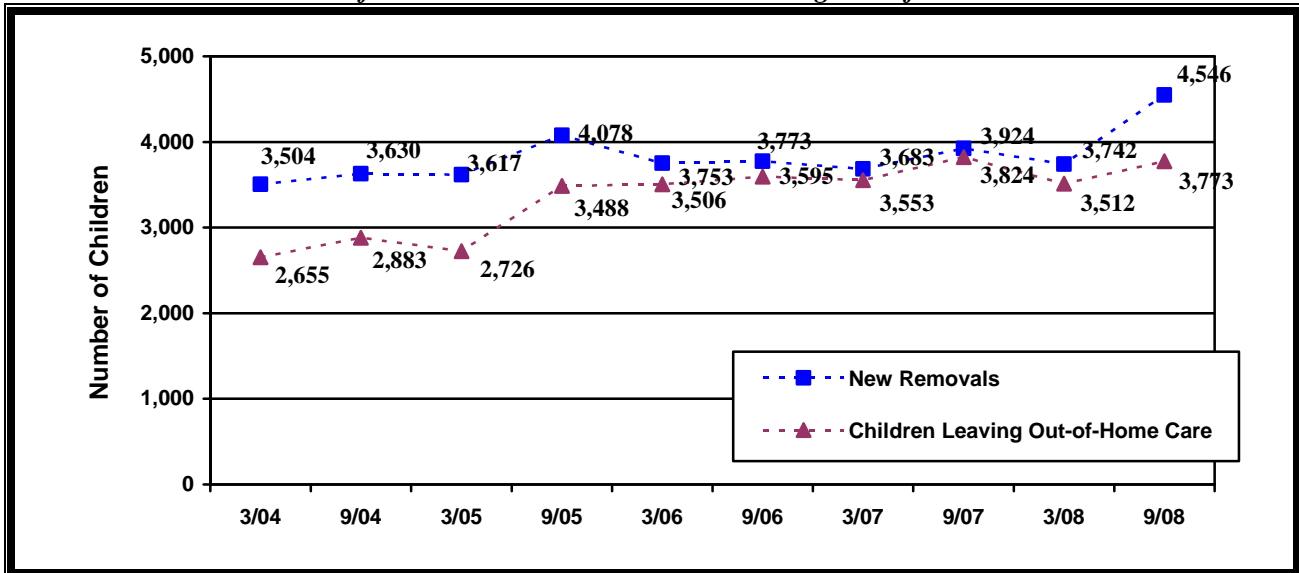
The *Child Welfare Reporting Requirements Semi-Annual Report* provides the number of new child

<sup>1</sup> The Division had been referring well over 5,000 reports annually to Family Builders for differential response, and had referred 1,145 reports from April 1 to June 30, 2004. The Family Builders differential response program was discontinued in June 2004, thereby increasing the number of investigative assessments assigned to a CPS Specialist in FFY 2005, even though the total number of reports decreased.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV: Introduction**

removals and the number of children leaving out-of-home care during the six month periods ending March and September of each FFY. In FFY 2006 the number of new removals decreased and leveled, while the number of children exiting from out-of-home care continued to slowly increase. In the last half of FFY 2007, and to a greater extent the last half of FFY 2008, the numbers of new removals and children leaving out-of-home care both increased. This data provides evidence of greater turnover within the out-of-home care population, and therefore increased CPS Specialist workload. The substantial increase in removals during the second half of FFY 2008 accounts for the rise in the out-of-home care population and indicates greater workload.

*Number of New Removals and Children Leaving Out-of-Home Care*



*Staff Resources*

The following table shows the Division’s CPS Specialist annualized retention rate for the six month periods ending December 2005, 2006, 2007 and 2008; and the percentage of authorized CPS Specialist positions filled on the last day of each period. This data does not include the positions and staff who are in the Child Welfare Training Institute for approximately twenty-two weeks. The data shows the state improved staff retention from December 2005 through December 2007, but retention fell below the 2005 level in 2008. Between 2007 and 2008, retention dropped in all districts except District 3 and the Hotline. The statewide percentage of authorized CPS Specialist positions filled also improved from December 2005 to December 2007, but dropped by December 2008. In 2008, District 6 faced the greatest challenge from vacant positions.

	<b>% Retained of Filled Positions (Annualized)</b>	<b>% Filled of Authorized Positions</b>
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**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV: Introduction**

	12-05	12-06	12-07	12-08	12-05	12-06	12-07	12-08
<b>District 1</b>	63.8	75.7	72	68.1	63.2	74.6	79.7	79.2
<b>District 2</b>	68.4	67.3	76.5	65.4	72.1	88.1	97.3	87.0
<b>District 3</b>	71.9	63.4	57.7	78.3	76	81.3	87.2	75.0
<b>District 4</b>	68.8	53.8	74.2	50.9	50.8	69.8	71.4	71.9
<b>District 5</b>	67.4	65.6	70.6	56.9	72.9	93.2	87.3	78.7
<b>District 6</b>	56.5	67.7	62.2	57.9	67.6	82.4	88.2	56.1
<b>Hotline</b>	88.7	76.1	67.2	72.3	100	100	95.7	92.9
<b>Statewide</b>	68.2	71	71.4	66.6	70.4	82.6	85.2	80.0

The Division has been involved in many activities to recruit and retain the right staff, particularly for CPS Specialist and Supervisor positions. In SFY 2009 the Division continued the strategic workforce planning process with an objective of achieving better outcomes for children and families through recruitment, professional development, retention, and support of a high quality workforce in an organizational culture where staff are respected and valued, consistent with the way staff are expected to treat children and families. The workforce plan focuses on connecting workforce needs, competencies, skills, supports and strategies with the goals of the CFSR, Family to Family, and the Division’s assessment and case planning processes. With the support of Cornerstones for Kids, CPS Human Resources, and ChildFocus, the workforce planning effort has become the infrastructure for addressing workforce objectives. In recognition of the importance and groundbreaking nature of this process, members of the Workforce Planning Committee were selected to provide a workshop at the University of Denver/Butler Institute Western Regional Recruitment and Retention Summit as well as the Regional Family to Family Convening sponsored by the Annie E. Casey Foundation. Some workforce planning activities have been delayed because implementation will not be beneficial until the statewide hiring freeze is lifted. However, the Division has completed many activities and will continue to pursue this strategy by preparing training, surveys and other products so they are ready for use when the hiring freeze is lifted or whenever appropriate to the Division’s circumstances. Activities to date have included the following:

- The *Workforce Planning Summit* was held in September 2007 to initiate the planning process. An Executive Steering Committee and the Workforce Planning Team were identified. The Workforce Planning Group continued meeting throughout SFY 2009. Subcommittees were developed, including: Staff Competencies, Organizational Culture, Strengthening the Role of the Supervisor, Communication and Staff Retention. The Executive Steering Committee has received regular briefings on the progress of these subcommittees’ efforts, with the intent of replicating the process in other Department divisions. The Workforce Planning model, goals and strategies were also presented to the District Leadership teams between July and September 2008.
- A competency model that reflects Family to Family values and principles, including family-centered and community-based practice, was developed and piloted through the Hiring for Fit initiative. In SFY 2007, the Division began to identify competencies for the CPS Specialist position. These competencies have been incorporated into behavior-based interview questions for the hiring process, piloted in Pima County. The position description information has also been revised to reflect the competencies, and will be implemented statewide once approved by the Arizona Department of Administration. The competency model enables the Division to thread the competencies throughout other aspects of performance management and staff recognition. Competencies for CPS Supervisors have been developed and incorporated into a draft position description and performance expectations. As with the CPS Specialist positions,



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV: Introduction**

these competencies will be incorporated into the recruitment, selection, development, performance management and recognition processes for supervisors.

- The Division is working to develop a stronger organizational culture that respects and values workers in a manner consistent with the way in which workers are expected to treat families. Strategies within this goal include enhancing communication throughout the organization, engaging front line staff and supervisors, and prioritizing worker safety and well being. The Organizational Culture subcommittee is in the process of developing a moderated intranet forum for staff to post innovative, community-based methods of providing services to children and families. This subcommittee has also proposed virtual “Town Halls,” to improve communication between management and direct service staff. Division management has initiated stakeholder meetings with staff in several districts.
- The Division recognizes the critical role played by CPS Supervisors and has committed to strengthening the role of the supervisor to improve workforce stability and decrease turnover. The subcommittee on Strengthening the Role of the Supervisor conducted focus groups with current supervisors to identify the factors that motivate them to continue as supervisors, the key tasks for CPS Supervisors, and the barriers that they encounter in performing these tasks. This information, along with the identified competencies, is incorporated into a draft CPS Supervisor Position Description that was presented to Division management in May 2008. These tasks and competencies will also be incorporated into the performance management system. This subcommittee is also focusing upon improving initial and ongoing training for supervisors. During SFY 2009, CPS Supervisors in all six districts received a three-session training on strengths-based supervision. This series included three separate sessions and was designed to build supervisory competency in providing individual and group clinical supervision.
- In order to improve staff retention, a thorough analysis of the reasons why employees leave or stay in their positions is being conducted. The retention subcommittee conducted focus groups with two separate groups of employees: those with two or more years of experience and those with five or more years of experience. The intent was to determine what factors contribute to retention. In addition, the exit interview process was streamlined and the exit survey was improved to better determine the factors that cause staff to leave.
- A data “scorecard” was developed and distributed to District Program Managers in SFY 2009. The scorecard provides district level data on staffing needs, including vacancy and turnover rates by classification, and deeper information on key measures such as the number of filled positions that are unavailable to carry a case load due to training or extended leave. The scorecard also assists districts to monitor the movement of CPS Specialists through pre-service training, and the experience level of current staff.
- A Department-wide committee was formed in December 2007 to develop an “On-Boarding” process that begins when an applicant accepts a Department position. This process assimilates new employees into the organization from the moment a job offer has been given and accepted, until the employee is fully integrated into the job and life of the Department. This committee continued to meet throughout SFY 2009, until the process was suspended due to a hiring freeze.
- As new training topics are developed, many will include either an added component or a separate training designed for supervisors. For example, standards of conduct training was provided to all CPS Supervisors in January through March 2008. This training focused on the

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV: Introduction**

role of the supervisor in relationship to the Department's standards of conduct and professional ethics.

## PART 1: SAFETY

### A. Program or Service Descriptions

#### 1. Child Abuse And Neglect Prevention Services

##### *Healthy Families Arizona*

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

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

- supporting effective parent-child interactions
- providing child development, nutrition, and safety education
- teaching appropriate parent-child interaction and discipline
- promoting child development, referrals for screening if delayed
- encouraging self-sufficiency through education and employment
- providing emotional support and encouragement to parents
- 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 program is committed to continuous program improvement. The Healthy Families America™ Program has been designated an “effective” program by the Office of Juvenile Justice and Delinquency Prevention. Site evaluations and quality assurance activities ensure efficiency in practice, and more than a decade of annual program evaluations have consistently demonstrated that Healthy Families Arizona is a highly effective program. The 2008 evaluation documents the following outcomes for families after 12 months in the program:

- *Child Abuse and Neglect:* 98.9% of participating families had no substantiated CPS reports.
- *Substance Abuse:* 26% had an initial positive screening at 2 months, and that percentage decreased to 8.2% at 6 months, and 7.3% at 12 months.
- *Child Health:* 96.7% of children are linked to a medical provider (combined prenatal and postnatal), and there is a 90.2% immunization rate for babies.
- *Child Safety:* 92.4% of parents lock up household poisons, 98.9% use car seats, and 9.4% use smoke alarms.
- *Maternal Life Course:* 40% of mothers are employed at 12 months, 24.9% are enrolled in school full-time, and 12.3% are enrolled part-time.
- *Maternal Stress:* Significant improvement is observed in several areas, including parenting efficacy, parent/child behavior, social support, problem solving, home environment, depression, mobilizing resources, and commitment to parenting role.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

- *Most recent Participant Satisfaction Result:* 83.4% felt they would recommend the program to others.

Healthy Families Arizona is in its third year of a longitudinal study. The evaluators continue to focus on participant retention and data collection. Arizona has long been recognized as a leader in the implementation of the Healthy Families program model of home visitation and the outcomes of the longitudinal study will hopefully have nationwide impact. LeCroy & Milligan Associates has finalized a comprehensive report on the 12 month data for the Healthy Families Arizona longitudinal study in Pima County. This study involves 195 families that were randomly assigned into either a control group or a Healthy Families participation group. Each family voluntarily agreed to be involved in the study for a period of 5 years, with the option to withdraw at any time without consequence. The 4<sup>th</sup> Annual Longitudinal Evaluation Report shows the following outcomes for Healthy Families participants compared to the control group:

- Parent-Child Relationship
  - Less violent parental behaviors in the home (yelling, shouting, and smacking the hand)
  - Less of a strong parental belief in corporal punishment
  - Increase in parental satisfaction
  - More HF mothers read daily to their infants
  - HF mothers were more likely to be accepting of infant behaviors
- Coping Skills
  - Less HF mothers reported drinking alcohol
  - Increase in the belief that they can pursue goals
  - HF mothers were less likely to experience emotional loneliness
- Self Sufficiency
  - Lower annual income but reported fewer difficulties in paying their rent/mortgage
  - Community resources were more likely to be accessed by HF families, including the food bank, free diapers, public health nurses, mental health counseling
  - Safety practices were comparable but HF families were more likely to turn down their water heater to less than 120 degrees and have Poison control number by the phone

The Healthy Families Arizona program was established in Arizona in 1991. Since 2006, Healthy Families Arizona has included 55 program sites and 3 intake sites (58 total sites) serving over 150 communities. In SFY 2008, the Healthy Families Arizona Program funding level allowed the program to serve 5,527 families. Statewide, HFAz served approximately 18% of eligible families out of 101,759 new births in SFY 2008. In February 2009, Healthy Families Arizona's funding was reduced by 75% due to the significant state budget shortfall. Effects of these funding reductions are still being assessed. Many HFAz sites are actively seeking other funding sources to maintain services to the families in their communities. However, many sites have had to reduce the level of services they provide, and some communities will not be served by the program until funding is renewed. The quality assurance, training, and technical assistance components of the program have also been temporarily suspended.

***Child Abuse Prevention Fund***

The Child Abuse Prevention Fund provides financial assistance to community agencies for the prevention of child abuse. The funds are currently used for the Healthy Families Arizona Program, the Regional Child Abuse Prevention Councils, and the Child Abuse Prevention Conference. Due to the substantial state budget shortfall, the 2009 Child Abuse Prevention Conference was cancelled. This conference has contributed a great deal to the community over the years by providing outstanding opportunities for professional growth and development for thousands of people committed to helping children and

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

families. As funds become available, this conference will be restored.

Regional Child Abuse Prevention Councils are located throughout Arizona. These Councils include volunteers from the business, professional, and civic sectors who work together to increase public awareness of the problem of child abuse through educational campaigns. In April, the Councils are involved in activities to support Child Abuse Prevention Month. In 2008, activities included distribution of thousands of blue ribbons throughout Arizona, official proclamations from city and regional governmental entities declaring April as Child Abuse Prevention Month, coordination of media campaigns highlighting Child Abuse Prevention, and distribution of thousands of pamphlets on child abuse, child abuse prevention, and programs available to help parents and their children. Most of the Councils also sponsored one or more major events including kickoff breakfasts, luncheons, award dinners, activity fairs, and prevention conferences and training. The Division's Office of Prevention and Family Support sends to all Department staff, stakeholders, and the Governor's Office a statewide report listing all the Councils' activities for Child Abuse Prevention month. Staff and stakeholders are encouraged to participate and actively support child abuse prevention.

For more information on these services and initiatives, see Section VII, *Child Abuse and Prevention Treatment Act (CAPTA) State Plan*.

***Arizona Promoting Safe and Stable Families/Family Support and Family Preservation***

Arizona Promoting Safe and Stable Families (APSSF) programs provide culturally competent community-based family support and preservation services to improve the safety and well-being of families, enhance family functioning, foster a sense of self-reliance, strengthen protective factors, reduce risk factors and stabilize families. Families access these voluntary programs directly or by referral. Most programs have few restrictions or qualifications in order to receive services, and there are no income eligibility criteria. Contingent upon the needs of the family and the community's resources, services are available to any family with a child requiring services – including biological, kinship, foster, adoptive and non-English speaking families.

A broad array of free services are offered including, but not limited to: case management, housing support, assistance in securing child care, early intervention, food and nutrition, mentoring, parenting skills training, peer self-help, supportive counseling, transportation, emergency services, respite and intensive family preservation services. Service providers are required to form collaborative partnerships for the provision of family-centered services and provide 25% in-kind matches to the funds provided by the Division.

In SFY 2009 the Division contracted with 16 non-tribal service providers and 7 tribal nations to provide APSSF Family Support and Family Preservation services to families and their children in both urban and rural settings. Since 1995 these programs have collectively served more than 109,000 families and their children. As a result of Arizona's significant budget shortfall and substantial reductions in the Department's budget, traditional services for APSSF were suspended effective March 1, 2009 for non-tribal contracts and April 1, 2009 for tribal contracts. The contracts are still in place, and services may be restored as funds become available. A portion of the funds originally allocated for these 23 contracts has been reallocated to other family support and family preservation contracts that support the agency's core functions of child safety. The information below reflects services provided from June 1, 2008 through February 28, 2009.

In SFY 2009 and prior years the Division's Office of Prevention and Family Support (OPFS) provided technical assistance, training, and support services to program sites, including:

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

- current information updates;
- program monitoring visits to ensure program quality and contract compliance;
- ongoing technical support and family-centered practice training, which included goal setting and the assessment process;
- new staff training on PSSF program requirements, contract compliance and staff responsibilities; and
- the Annual Statewide Family-Centered Practice Conference in June 2008, featuring nationally recognized speakers and workshops on prevention programs and family-centered practice principles.

In SFY 2009 and prior years the OPFS continued community outreach efforts by:

- producing the annual APSSF Services Program Directory of the statewide providers' program information and distributing it at APSSF sites, community agencies, CPS, the Child Abuse Prevention Councils, the Child Abuse Prevention Conference, the Family Centered Practice Conference and other locations;
- maintaining a section on the Department's web site to provide information about APSSF programs;
- providing APSSF program information at community conferences and health fairs;
- updating and distributing the program brochure on APSSF programs; and
- making available training on APSSF programs to all CPS staff.

The APSSF program was praised as exceptional in the *Final Report, Arizona Child and Family Services Review, February 2008*. APSSF providers continued to participate in the ongoing contracted independent program evaluation during FFY 2008, which also provided evidence of program excellence. Providers attend monthly program evaluation team meetings and submit data to the evaluators each month. The following data is from the Program Evaluation Site Profiles for FFY 2008 and the Program Evaluation Report for FFY 2007:

- Families were diverse and represented all segments of Arizona's population, albeit ethnic minority families were slightly over-represented compared to the state's population. Program participants represented the following ethnicities: American Indian – 5.6%; Asian/Pacific – 1.1%; African American – 6.1%; Hispanic – 37.0%; White – 42.2%; and Mixed Heritage – 3.1%.
- Families were found to have significant risk factors, including poverty, single parent households and children in out-of-home care.
- The percentage of families that were referred to the program by CPS ranged from 1% to 46% over the last six years.
- Approximately 33% of the families were self-referred, while 39% were referred by the Court or law enforcement agencies.
- Regardless of income, most families sought assistance to enhance their parenting skills.
- Families were directly involved in prioritizing their presenting issues and formulating their support plans.
- 7,445 families and approximately 14,783 children, including families from Tribal Nations, received services in FFY 2008.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

- 99.7% did not have a substantiated report of child abuse or neglect for six months after receiving services.
- 97% indicated satisfaction with program services.
- 96% reported improvement in their parental competence.
- Overall, 84% of all families improved in at least one presenting issue.

For more information on the APSSF Services Program, including a directory of service providers and the most recent program evaluation, go to: [www.azdes.gov/dcyf/opfs/safe.asp](http://www.azdes.gov/dcyf/opfs/safe.asp).

***Homeless Youth Intervention Program***

The primary objective of the Homeless Youth Intervention Program (HYIP) is to reduce risk factors related to homeless or potentially homeless youth and their families by:

- establishing a sense of self-reliance;
- providing family support, preservation and reunification services; and
- providing independent living skills training.

The focus of this program is to reunify homeless youth with their families and enhance the parent-child relationship by providing the necessary resources and services to enable a safe and stable environment. Referrals are received from parents, schools or any significant person in a child's life. Participation by the youth is voluntary. Upon referral, staff contact the youth to gather input regarding his or her needs, resources and interest in services; and to engage and motivate the youth to participate in services. Services may include, but are not limited to: case management, parent aide, parent training, shelter care, counseling and crisis intervention. Services continue, as needed, to support and stabilize children in-home following reunification. When reunification is not possible, the focus becomes enhancement of the homeless youth's ability to be self-sufficient. Self-sufficiency services include: shelter care and supervision (with parental consent), employment skills training, employment assistance, personal living skills training, independent/transitional living programs, counseling, mentoring and the provision of emergency supplies. Youth involved with CPS or the Juvenile Justice System are not eligible for this program. The Homeless Youth Intervention Program is available in Pima, Maricopa and Yavapai Counties, and serves approximately 80 youth per year.

In providing services to meet the needs of homeless youth, the Program assists youth by:

- providing for the basic needs of youth (i.e. clothing, food, shelter and medical care);
- screening and properly treating mental health issues;
- providing age and developmentally appropriate literature to youth to help them address their current living situations and relationship issues; and
- promoting the youth's appreciation of life by aiding youth to identify and become more engaged in activities that they enjoy, and facilitating increased involvement in the positive aspects of their communities.

During SFY 2009 the Homeless Youth Intervention Program implemented strategies to aid age appropriate participants in obtaining and securing stable employment, and increase the percentage of youth with identified drug issues who participate in drug treatment services. Activities and accomplishments included the following:

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

- Of youth served from July 2008 through January 2009, 27% obtained employment and 100% of those that were employed maintained employment for at least 30 days.
- Case managers continued to network with their communities to identify potential employers and educate them on employment issues faced by youth in the community. HYIP program staff also established relationships with youth-employment programs and obtained job leads for youth.
- Less than 1% of youth identified substance abuse as a problem at the time of assessment. Of the 1%, all of the youth reported the behavior was reduced but not eliminated by the time of case closure.
- Program representatives report marijuana and alcohol are the most widely used drugs by most youth throughout the state, in part due to ease of accessibility. In Maricopa County there seems to be an increase in younger youth using marijuana. Some youth report experimentation with methamphetamines, but are not reporting it as a problem. In Tucson representatives report there has been some concern over an increase in heroin experimentation and use among younger youth. Program participants also report some experimentation with methamphetamine and cocaine. However, the once “trendy” drugs like ecstasy and pharmaceuticals are reportedly being used less among teens.
- Of youth served by the HYIP during the first seven months of SFY 2009 (July 2008 through January 2009), 52% completed all of their goals before closing and 49% were reunited with their families.

**2. Child Protection, and Child Abuse and Neglect Intervention and Treatment Services**

***The Arizona Child Abuse Hotline***

The Arizona Child Abuse Hotline (Hotline) is the Division’s first point of contact for all concerns or allegations of abuse, neglect, abandonment, or exploitation of a child within Arizona. The Hotline receives telephoned, faxed and written communications from mandated and non-mandated sources, including parents, relatives, private citizens, law enforcement agencies, judicial entities and anonymous sources. Trained CPS Specialists use interview cue questions and other tools to focus the call and obtain all available facts to determine whether the information meets the legal criteria for a CPS report for investigation, and whether there is indication of present or impending danger of harm to a child. Hotline Specialists assign a response time according to the level of risk and assign all CPS reports to a local office field Unit Supervisor. The Hotline notifies field Unit Supervisors or standby staff of situations requiring an immediate response. In addition, calls that do not meet the criteria for a CPS report but allege criminal activity or contain information that a child may be at risk of harm are reported to law enforcement.

All communications about abuse or neglect of a child that are determined to *not* meet the statutory criteria for a CPS report for investigation are reviewed within 48 hours, excluding weekends and holidays, by a Quality Assurance Specialist. Communications may not meet the criteria for investigation for reasons such as the concern: (1) does not meet the statutory definition of child abuse or neglect; (2) is outside of CPS jurisdiction (such as when the perpetrator is not a parent or primary caretaker); or (3) includes insufficient information to locate the child. The Hotline also receives many important calls that are not about abuse or neglect of a child, such as calls with questions or information on a current CPS case, to alert the Division to foster parent or group home facility license violations, to request copies of CPS reports, or to request community resource information.



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

There are 93 allocated Hotline positions, including 72 CPS Specialists, ten CPS Unit Supervisors (one of which is the Hotline trainer), one Program and Project Specialist (who services as the Hotline Quality Assurance Specialist), four management staff, and six clerical staff. In addition to receiving calls, Hotline staff process all requests for copies of CPS reports from a parent or custodian, court personnel, pre-adoption certification or foster home licensing agencies, and other persons entitled to confidential CPS report history. When requested by a person who is entitled to receive report information, the report is redacted (when required) and mailed with an explanation of codes and procedures for appeal of the investigation finding decision.

The Hotline continuously gathers statistics regarding call volume and Hotline performance. Call volume is the total number of calls received at the Hotline (this includes *all* calls, including thousands of calls that do not involve a report of maltreatment or a current CPS case, abandoned calls, and any other call into the call center). “Direct calls” refers to calls answered immediately by a Hotline Specialist, which do not wait in queue for any length of time. The abandonment rate is the percentage of calls where the caller hangs up while in queue, prior to speaking with a Specialist. Queue wait time is the number of minutes a caller must wait in queue to speak with a Specialist. Hotline data from calendar years 2005 through 2008 is provided in the following table:

	<b>Call Volume</b>	<b>Direct Calls</b>	<b>Abandonment Rate</b>	<b>Queue Wait Time</b>
<b>CY 2008</b>	118,985	73.45%	10.19%	5.8
<b>CY 2007</b>	120,685	72.47%	11.09%	5.5
<b>CY 2006</b>	119,242	66.73%	13.50%	5.8
<b>CY 2005</b>	122,318	57.78%	17.58%	6.1

In the past four years, the Hotline has continually seen an increase in the percentage of direct calls, reaching nearly three of every four calls in CY 2008. As would be expected, the increase in direct calls has been accompanied by a decrease in the call abandonment rate, which dropped to just over 10% in CY 2008. Queue wait times also improved from 2005 to 2007; but a small increase was noted in 2008. Monthly fluctuations in call volume impact queue wait time. To address queue wait time and call abandonment, the Hotline has a call triage option that callers with short questions select so they are not in queue with callers who have concerns about a child. Hotline management also emphasizes quick response to Specialists who need supervisory consultation while a caller is on hold, and have required Specialists to take successive calls when calls are in queue, rather than completing call documentation before taking the next call.

All training on Hotline functions is internally created and provided by Hotline management and the Hotline trainer. Hotline trainings provide tools to assist staff in accurate assessment of safety and risk, raise awareness of related services within the Department and community, and improve documentation to facilitate follow-up by direct service staff. Ongoing training was added in January 2005 to address the current and long-term needs of Hotline Specialists. Ongoing training is provided semi-annually, to partially meet requirements for all the Division’s CPS Specialists to receive a minimum of 24 hours of ongoing training per year. In summer 2008, training was provided on the following topics: policy review (two hours), legislative training (four hours) and training for Specialists who perform in the role of “acting supervisor.” Hotline staff also attend conferences and other training offered by the Department and community, when available and funded.

Hotline staff use the state’s CSA and SRA to guide the collection of information about safety threats and risks, including (1) the current incident and history of abuse/neglect; (2) child characteristics and functioning; (3) parent/adult characteristics and functioning; and (4) family, social, and economic factors. Training for Hotline staff regarding safety and risk assessments occurs during the initial Hotline training

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

program and in ongoing training. Additional training topics often focus on one aspect of family dynamics or a social concern, such as parenting and methamphetamine use, or the effects of domestic violence or parental mental health issues on children. As a result of these trainings, staff are able to gather more specific information and make more clear determinations about child safety and whether information meets report criteria. The interview cue questions and safety and risk assessment training provide continuity in policy and language throughout the Division, from the Hotline to completion of the CPS intervention with a family.

The Division's Hotline report acceptance and prioritization procedures have a direct impact on timely response rates. In August 2008, the Hotline began a Technical Assistance project with the National Resource Center on Child Protective Services (NRCCPS) to better align the current report acceptance and prioritization procedures with the Division's Child Safety Assessment (CSA) and Strength and Risk Assessment (SRA) tools and decision-making processes. This strategy may improve timeliness of response by correctly prioritizing reports of maltreatment so that reports indicating present or impending danger receive the fastest response. Staff say that the current system categorizes many reports with no current safety concern as priority 1. These reports carry a two hour response timeframe and leave no flexibility to manage workload. The NRCCPS is also assisting the Division to explore other state models and best practices for responding to reports of potential maltreatment (risk), in which no current safety threat or recent incident of maltreatment is alleged. Potential maltreatment reports constitute a significant volume of work for the Division (2,756 reports and 15.8% of all reports in the last half of FFY 2008), and sometimes hinder the agency's ability to respond on time to higher risk reports. This project will include revisions to the Hotline cue questions, which may improve the Division's success at protecting children in-home, preventing removal, and assessing risk of harm by gathering at the point of hotline communication more relevant and comprehensive information about family factors impacting safety and risk. The NRCCPS facilitated focus groups with Hotline supervisors, CPS Specialists, staff from different roles within the agency and community stakeholders, to solicit feedback on the effectiveness of the current Hotline procedures, tools and practices and receive suggestions for improvement. An evaluation report has been provided by the NRCCPS, and a workgroup continues to meet to identify and implement changes to hotline procedures. This project will continue into SFY 2010.

***Child Safety Assessment and Comprehensive Strengths and Risk Assessment***

Arizona law identifies that the primary purposes of CPS are: (1) to protect children by investigating allegations of abuse and neglect; (2) to promote the well-being of children in a permanent home; (3) to coordinate services to strengthen the family, and (4) to prevent, intervene in and treat child abuse and neglect of children. To achieve these purposes, CPS Specialists investigate maltreatment allegations and conduct family assessments, including assessments of child safety, risk of future harm, need for emergency intervention, and evaluation of information to support or refute that the alleged abuse or neglect occurred. Joint investigations with law enforcement are required when the report allegations or the investigation indicates that the child is or may be the victim of a criminal conduct allegation, which if deemed true would constitute a felony. 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.

The Division, in conjunction with the NRCCPS and the NRC for Family Centered Practice and Permanency Planning (NRCFCPPP), developed an integrated CSA-SRA-case planning and clinical supervision process, which was implemented statewide by June 2006. An automated version of this process was implemented statewide between November 2007 and February 2008. The integrated process features documentation requirements and on-line instructions to prompt comprehensive information collection and recording. Application of concepts inherent to the safety assessment and critical decision

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

making processes are included, such as “The Six Fundamental Questions” and the “Safety Threshold” analysis.

The Division’s Child Safety Assessment (CSA) and Family-Centered Strengths and Risks Assessment (SRA) tools assist CPS Specialists to explore all pertinent domains of family functioning, recognize indicators of present or impending danger, and assess the likelihood of future maltreatment. The initial CSA is completed within 24 hours of seeing each child in the family, and again prior to investigation closure. The SRA is completed within 45 days of case opening or prior to case closure, whichever occurs first, if a child in the case is removed for any period of time or the case is opened for ongoing services. The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides interview questions that engage and motivate family members while gathering information to assess strengths, protective capacities, and risks in each domain of family functioning. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in identification of their own unique strengths and needs. The resulting comprehensive family-centered assessment serves as a basis for case decisions and case planning.

Based on the results of the investigation and the CSA and SRA, the Division determines the level of intervention required; including whether to close the case, offer voluntary child protective services, file an in-home intervention or in-home dependency petition, or file an out-of-home dependency petition. This decision is primarily based on the existence or absence of present or impending danger and future risk of harm to any child in the family unit, the ability of the family unit to manage identified child safety threats, the protective capacities of the family unit to mitigate identified risks, and/or the ability of services and supports to mitigate the identified risks. The CPS Specialist considers the family’s recognition of the problem and motivation to participate in services without CPS oversight, the family’s willingness to participate in voluntary child protective services, existence of grounds for juvenile court intervention, and the agency’s knowledge of the family’s whereabouts. In-home services are offered to families with high risk of future maltreatment, whose needs can not be sufficiently met through referral to community resources. If no protective action and/or services or supports can ensure the child's safety at home at the present time, a safety plan must be implemented, which may include out-of-home care. state policy *does not* identify report substantiation as a factor in determining the level of required intervention.

***In-Home Children Services***

In-home children services focus on families where unresolved problems have produced visible signs of existing or imminent child abuse, neglect or dependency, and the home situation presents actual or potential risk to the physical or emotional well-being of a child. In-home children services seek to prevent further dependency or child abuse and neglect through provision of social services to stabilize family life and preserve the family unit. These services, including voluntary services without court involvement and court-ordered in-home intervention, are available statewide, although the actual design of services varies by district. Services include parent aide, parenting skills training, counseling, self-help and contracted case management. Families may also receive referrals for services provided by other Divisions within the Department or other state agencies, including behavioral health services and other community resources.

Services provided through the Division’s Family Support, Preservation and Reunification Services contract, known as the “in-home service program,” are available statewide. This integrated services model includes two service levels, intensive and moderate, which are provided based upon the needs of the child and family. The model is provided through collaborative partnerships between CPS, community social service agencies, family support programs, and other community and faith-based organizations. The contract provides an array of in-home services and service coordination, and better ensures the appropriate intensity of services is

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

provided. Services are family-centered, comprehensive, coordinated, community based, accessible and culturally responsive.

Services include, but are not limited to: crisis intervention counseling; family assessment, goal setting and case planning in accordance with the results of the CSA-SRA; individual, family and marital therapy; conflict resolution and anger management skill development; communication and negotiation skill development; problem solving and stress management skill development; home management and nutrition education; job readiness training; development of linkages with community resources to serve a variety of social needs; behavioral management/modification; and facilitation of family meetings. The Program also assists families to access services such as substance abuse treatment, housing, child care and many others. Services may be provided within the home of the birth parent, guardian, pre-adoptive or adoptive parent, kinship caregiver, or foster family. The model may also be provided to transition a child from a more restrictive residential placement back to a foster or family home, or from a foster home to a family home.

The model supports shared parenting by assisting foster parents to partner with birth parents and empowering birth parents to keep active in their children's lives. The following elements are fundamental to the in-home services program and contract:

- Families are served as a unit.
- The needs of the children are identified and addressed.
- Services take place in the family's own home or foster home.
- Services are crisis-oriented, thus initial client contact is made within four to twelve hours of receipt of the referral for an intensive case and within two business days for a moderate case.
- Intensive services are available to clients twenty-four hours per day, seven days per week, for emergencies.
- The assessment and treatment approach is based on the family systems theory.
- Emergency assistance may be available through the use of flexible funds.
- The service emphasizes teaching the family the necessary skills to achieve and maintain child safety and well-being.
- Each family's community and natural supports are quickly identified and continue to be developed for the entire life of the case.
- Aftercare plans are in place when permanency is established.

Data from the Department's *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows that the average monthly number of in-home cases increased 11% between SFY 2005 and SFY 2008 – from 4,798 in SFY 2005; to 4,856 in SFY 2006; 5,278 in SFY 2007; and 5,391 in SFY 2008. Data from 2009 showed continued growth of the state's in-home services program, but significant state budget shortfalls resulted in Department-wide budget reductions and the suspension of moderate level in-home services effective March 1, 2009. Intensive level in-home services were also reduced by 50%. The full impact of these suspensions and reductions remains to be seen, but the Division is actively working to provide alternate means of supporting children and families outside of contract provided services.

District I continues to have a specialized in-home services program for families who come to the attention of CPS due to having a substance exposed newborn, known as the Substance Exposed Newborn Safe Environment (SENSE) program. 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 services CPS Specialist, and representatives from the behavioral health network, Healthy Families, Family Preservation/In-Home Service Program, and Arizona Families F.I.R.S.T. programs.

Automated data reports have been developed for each district and statewide to measure outcomes related to in-home services. The family client and CPS Specialist satisfaction surveys have also been revised to

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

improve validity and cross-agency consistency. In addition, Arizona State University’s Department of Social Work conducted an evaluation of intensive in-home services during SFY 2008. Of the 53 families who participated, 39 (74%) felt their families were stronger and attributed positive changes to their involvement in intensive in-home services. The identified positive outcomes included increased parent effectiveness, improved communication and relationships, progress with substance abuse/addiction, and greater insight.

During SFYs 2008 and 2009 the Division also developed a contract monitoring tool to assist the districts to review in-home service program providers’ compliance with administrative requirements and other aspects of service delivery. The Division will continue to improve quality by providing future training to the in-home service providers in areas such as family development, engagement, parenting curriculum, child safety, and child welfare issues. Additionally, a workgroup has been developed to examine the current in-home services program, study relevant evidence-based research, and make recommendations for furthering Arizona’s in-home children services.

**B. Outcomes, Goals and Baseline Data**

To integrate the Child and Family Services Review (CFSR) process and the Child and Family Services Plan, most of the Department’s Child and Family Services Plan outcomes and measures match those used to determine substantial conformity during the CFSR. Baseline and progress data for Arizona’s safety outcomes and measures is obtained from CHILDS and the Practice Improvement Case Review (PICR). The target percentage for the goals measured through the PICR is the standard for substantial conformity during a CFSR On-site Review (95% or more cases rated strength), and is therefore a long-range goal representing a very high standard of practice. See Section IV, Part 4, A.3. *Quality Assurance System*, for more information on the PICR.

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

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

Safety Goal 1: The percentage of investigations initiated within state policy timeframes will be 95% or more (Business Intelligence Dashboard, 6-11-09)

FFY 2008: 73%

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**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

**CFSR Item 2: Repeat maltreatment**

Safety Goal 2: The percentage of children that have no more than one substantiated report of maltreatment within a 6 month period will be 94.6% or more (CFSR Data Profile)  
FFY 2008: To be set when FFY 2008 data is available

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

**CFSR Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care**

Safety Goal 3: The number of children in out-of-home care will decrease by approximately 2% annually (Child Welfare Reporting Requirements Semi-Annual Report)  
Statewide 9/30/08: 10,303

Safety Goal 4: Of reports assigned for investigation, the percentage where a removal occurred will be 10% or less (Child Welfare Reporting Requirements Semi-Annual Report)  
FFY 2008: 11.2%

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**CFSR Item 4: Risk assessment and safety management**

Safety Goal 5: The percentage of children in out-of-home care with no substantiated maltreatment by an out-of-home caregiver will be 99.68% or more (CFSR Data Profile)  
FFY 2008: To be set when FFY 2008 data is available

Safety Goal 6: The number of child fatalities resulting from child abuse or neglect per year will be zero (CHILDS ad hoc report)  
SFY 2008: 20

Safety Goal 7: The percentage of cases where sufficient comprehensive information about *every* parent, caregiver and child was gathered to determine whether *each* of the CSA's seventeen safety factors was present or absent will be 95% or more (Initial Assessment PICR Item 2.C.)  
Quarter 1 2009: 16%<sup>2</sup>

Safety Goal 8: The percentage of cases in which the agency took sufficient and least intrusive actions to control present or impending danger will be 95% or more (Initial Assessment PICR Item 3)  
Quarter 1 2009: 94%

**C. Strategies and Action Steps**

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<sup>2</sup> This baseline data is generated through the Practice Improvement Case Review, which applies higher practice and rating standards than the CFSR. During the 2007 CFSR, 65% of cases were rated strength on CFSR Item 4, Risk of harm to child, which evaluates the sufficiency of initial and ongoing risk and safety assessment, and activity to address safety related concerns.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

This section lists the state's primary strategies for improving safety outcomes. Both of these strategies are included in the state's current CFSR Program Improvement Plan (PIP). The action steps describe current and future activities, expanding upon the completed action steps and benchmarks from the state's CFSR PIP. These strategies and action steps do not describe all the activities that may improve safety outcomes. Routine work activities and smaller programmatic changes will also have a significant impact. These are the strategies most directly linked to child safety, but will also support permanency and well-being outcomes. Likewise, the Division's permanency, well-being and systemic strategies will support achievement of safety outcomes. For example, the systemic strategy of recruiting and retaining a competent workforce is expected to improve timely response to reports and comprehensive safety and risk assessment.

**Primary Strategy:**      **Align Child Abuse Hotline report acceptance and prioritization procedures with the Division's CSA and SRA tools and decision-making processes**

**Goal:**                      Improve the accuracy and consistency of Hotline decisions in response to communications about child safety and well-being so that unsafe children receive a timely safety assessment and families are served in the least intrusive manner necessary to maintain child safety

**Action Step:**              With technical assistance from the NRC for Child Protective Services, adjust the Child Abuse Hotline's report acceptance and prioritization procedures to align with the Division's safety and risk assessment tools and procedures

This strategy was identified during Arizona's CFSR PIP development process as a method to improve timeliness of initial response to reports of maltreatment and the collection of data to inform the child safety assessment and risk assessment processes. Business Intelligence Dashboard data, Practice Improvement Case Reviews, and the 2007 CFSR On-Site Review have identified these as areas needing improvement. This strategy is expected to improve timeliness of initial response by more accurately identifying reports that need an immediate response and those that do not. Staff have stated that reports currently identified as priority 1 (requiring a response within two hours or less) often did not describe an unsafe child and do not require an immediate response. By aligning Hotline report acceptance and prioritization procedures with the definitions of present and impending danger, the Division will be better able to reserve immediate response for unsafe children, allowing staff greater flexibility to manage their workloads and respond to more reports on time. This strategy is also expected to improve the quality of safety and risk assessments and provision of services to prevent removal and re-entry. By maximizing relevant information gathered by the Hotline about family strengths, risks and safety threats, Division staff will be better able to discern whether safety threats or risks are present and determine whether the family would be best served by protective services or community services and supports.

Implementation of this strategy is well under way. The NRCCPS held focus groups with Hotline staff, community stakeholders (including law enforcement, medical community, and others) and field staff to obtain their insights about the strengths and needs in the Hotline reporting processes and the Division's initial response to maltreatment reports; reviewed existing statutes, rules, policy, and other information; observed Hotline staff receiving calls; and published a report to summarize the evaluation findings. A workgroup of Hotline staff, district field staff and managers, Central Office Policy Managers and Specialists, Practice Improvement Specialists, and the Central Office CFSR Manager has met over several days, facilitated by the NRCCPS. The Comprehensive Medical and Dental Program's Medical Director and attorneys from the Office of the Attorney General provided information to guide the group's work. The workgroup has begun to revise the Hotline report acceptance and prioritization procedures, and will

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

continue this work in SFY 2010.

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- Primary Strategy:** Provide training, supervision and oversight to increase staff and stakeholder knowledge about, and competency applying, the integrated Child safety Assessment (CSA)-Strengths and Risks Assessment (SRA)-Case planning process
- Goal:** Improve the accuracy, consistency, and documentation of decisions related to safety, risk, safety planning and case planning
- Action Step 1:** Within each district, use practice tools, clinical supervision, and managerial oversight to ensure required people are interviewed and required documents are reviewed during initial assessments, and that sufficient information is obtained to conduct a thorough CSA in relation to all required children and adults
- Action Step 2:** Deliver advanced training to CPS Supervisors to enhance their knowledge and skills in the use of the CSA-SRA-Case planning process, and their ability to assist their staff with transfer of learning in this process
- Action Step 3:** Develop training materials, practice tips, case examples, or other tools and opportunities to increase staff competency conducting the safety threshold analysis and improve staff ability to differentiate between safety and risk
- Action Step 4:** Deliver training on the CSA-SRA assessment processes to community stakeholders (such as courts, CASAs, attorneys, schools, or others) to increase their knowledge of how safety threats differ from risks, and how the CSA-SRA process guides safety planning and case planning
- Action Step 5:** Continue to provide access to refresher trainings, policy question and answer documents, and practice guidance on use and supervision of the CSA-SRA-Case planning process
- Action Step 6:** Employ the Quality Improvement System, including the Practice Improvement Case Review and Professional Skill Building Plans, to gather data about implementation of the CSA-SRA-Case planning process and design worker-centered and systemic improvement strategies

This is a revision of an existing strategy in Arizona's current CFSR PIP. Over the last few years, the Division has been receiving technical assistance from the NRCCPS and the NRCFCPPP to develop stronger practices and tools for child safety assessment, risk assessment, and behavioral case planning. In addition to improving the quality of initial and ongoing safety and risk assessments, staff competency with the CSA-SRA Case planning process includes development of behavior-based case plans that are directly linked to identified risks and protective capacities. This case planning process includes components to encourage identification of kin and other important connections for the child(ren). Comprehensive ongoing assessment and behavioral case planning is expected to improve placement stability and timely pursuit of permanency goals. These services include those that address children's educational, physical health, and mental health needs. Training and support to improve staff competency with the case planning process also includes activities to improve family-centered practice and family engagement skills, which will increase parent and youth involvement in case planning. These benefits of



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 1: Safety**

staff competency with the CSA-SRA-Case planning process will improve the quality of services to families served in-home and those with children in out-of-home care.

The integrated CSA-SRA-Case plan has been used statewide since June 2006. In the past two years, the Division has provided comprehensive support and information to develop skilled use of the process, including refresher and advanced trainings, practice tips and good case examples, case specific feedback through the Practice Improvement Case Review, and easy access to policy guidance. The action steps in the current PIP have been completed or institutionalized, and the new action steps have been identified to extend and sustain the improvements already achieved. The revised strategy and new action steps were written with input from all District Program Managers, the Central Office Policy and CFSR Managers, Central Office Administrators, and the state's Training Manager, with consideration of recent PICR findings.

## PART 2: PERMANENCY

### A. Program or Service Descriptions

#### 1. Time Limited Reunification Services

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

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

AFF provides an array of structured interventions, statewide, to reduce or eliminate abuse of, and dependence on, alcohol and other drugs, and to address other adverse conditions related to substance abuse. Interventions are provided through contracted community providers, using modalities that include educational, outpatient, intensive outpatient, residential treatment and aftercare services. Some factors contributing to the programs' success include an emphasis on face-to-face outreach and engagement at the beginning of treatment; concrete supportive services and an aftercare phase to manage relapse occurrences. More than 27,322 individuals have been referred to the AFF program since its inception in March 2001. Data from the most recent program evaluation indicates that 4,691 individuals were referred in SFY 2008 for screenings or assessments for substance abuse treatment (an 8.4% decrease from the prior year), 5,203 clients received treatment and 5,516 received supportive services.

A significant change influencing the AFF program occurred in January 2008, when prior-Governor Janet Napolitano signed *Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services (CPS)*. This Executive Order prioritized substance abuse treatment to families involved in the child welfare system. It is estimated that nearly 80% of Arizona families referred to CPS have substance abuse issues. This Executive Order dictated that every effort needs to be made to ensure appropriate and immediate substance abuse treatment for children and their parents involved in the CPS system, in order to provide a safe and stable environment for children.

From its inception, the main tasks of the Executive Order were: (1) to maximize Federal funding wherever possible before using state dollars for treatment; (2) to prioritize services for CPS families, by all Executive Branch agencies administering substance abuse treatment funding; (3) to create a mechanism to collect and organize data on the CPS-involved families being referred for treatment through CPS and the Department of Behavioral Health Services (DBHS); (4) to track and improve substance abuse treatment capacities in the state; and (5) for all Executive Branch agencies working with CPS-involved families to implement protocols to streamline treatment.

Arizona's state agencies have responded to Executive Order 2008-01 by implementing innovative budgetary, programmatic, and strategic changes that re-prioritize substance abuse treatment funding for families involved with CPS. Highlights of some of the key actions are as follows:

- There were identified delays in determining eligibility for use of Title XIX/XXI Federal funding for many of the parents involved with CPS cases. AFF and the Family Assistance Administration (FAA) have worked together to streamline the process for obtaining required identification

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

documentation. In addition, DBHS has amended contract language with Regional Behavioral Health Authorities (RBHAs), requiring subcontractors to screen all AFF clients for Title XIX/XXI eligibility.

- The Governor’s Office for Children, Youth and Families Substance Abuse Epidemiology Work Group, the Department and ADHS/DBHS have worked collaboratively to share data and assess Arizona’s substance abuse treatment capacity. The Substance Abuse Treatment Services Capacity Report of April 2008 provides the total number of substance abuse treatment providers contracted with ADHS/DBHS across the state, the number of facilities and staff providing treatment, and the number of clients that can be served in each type of treatment level, including: outpatient, residential treatment, detoxification, specialty treatments, sub-acute, stabilization services and methadone clinics. It was noted that the providers are either over-capacity or at-capacity with no waiting list. Most admitted they exceed capacity to avoid waiting lists and ensure clients are able to receive services as soon as possible. In some cases, clients receive a less-intensive level of service while waiting for the availability of needed higher-level treatment.
- The Arizona Department of Corrections (ADOC) has incorporated the prioritization of CPS-involved families for substance abuse treatment services into their priority ranking system for inmates in need of treatment. Questions regarding CPS involvement are being incorporated into their Adult Information Management System, to allow tracking of mutual clients by both agencies and ensure needed treatment services are provided.
- In December 2008, several enhancements were made to the CHILDS Strengths and Risks Assessment windows, requiring CPS Specialists to identify and prioritize families in the child welfare system for access to substance abuse treatment services. A portion of the enhancement focuses on assessing the adult caregivers involved with CPS cases, and determining the level of risk involved related to alcohol and drug abuse. This tool provides CPS Specialists a step-by-step process to identify specific risk factors, the behaviors involved, and the current status of treatment for each identified adult. This enhancement is designed to be used for children and youth as well.

Of particular concern in Arizona is the rising use of methamphetamines among youth and adults, which has placed a disproportionate burden on law enforcement and the treatment and child welfare systems. The AZ Meth Task Force was formed by former-Governor Napolitano’s Office in August 2006 to reduce and prevent methamphetamine use, address treatment and rehabilitation of methamphetamine users, and target the manufacture and distribution of this highly addictive and dangerous substance. In continued collaboration with the Governor’s office, and to specifically address the effects of meth on the child welfare system, the Office of Prevention and Family Support Services continued to facilitate the Division’s Methamphetamine Impact on Child Welfare Task Group, to assist and educate staff concerning methamphetamines, with the goals of ensuring child safety and improving family well-being. In SFY 2009, this group accomplished the following:

- As referenced earlier, collaboration occurred between the Department and DHS to provide case management staff the necessary guidelines to assess the level of risk of caretakers related to alcohol and drug abuse. These enhancements were the end result of many parts of each system working together to improve the process.
- The Department and DHS developed practice points for child welfare staff to explore maltreatment in the context of methamphetamine abuse. The practice points include: (1) How to Successfully Engage Clients; (2) Safe, Family-Centered Responses to Methamphetamine; (3) Risk Domains and Six Fundamental Safety Questions for Methamphetamine Abuse; (4) Practice

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

Guidelines for Utilizing Drug Testing; (5) Child Maltreatment; (6) Substance Abuse Screening; and (7) Treatment for Meth. The majority of the series has been distributed and trained throughout the state to over 480 employees, with the exception of the Engaging Clients training session, which has been provided to assessment units, but has not yet reached the ongoing units. There are plans to resume the trainings once budgetary restrictions are lifted.

- All field staff, with the exception of the most recently hired CPS Specialists, have attended an all-day, in-depth training on methamphetamines provided by Arizona State University (ASU), which is based on a curriculum developed by ASU using the National Institute on Drug Abuse's Principles of Drug Treatment, jointly developed with the University of California/Los Angeles' Integrated Substance Abuse Programs. Sessions for new workers had to be cancelled due to state budget cuts, but it is hoped that training can be resumed in the future. This excellent and thorough training increases attendee's awareness of the consequences of methamphetamine abuse, and develops skills in engaging and providing intervention for these challenging clients.
- A 30-minute in-depth and gripping documentary entitled "Crystal Darkness," was broadcast in Arizona on April 15, 2008, to increase awareness of the hazards of crystal methamphetamine usage, to inform the public of the preventive steps taken thus far statewide, and to encourage support in combating its negative influences in the state. Nearly every network-affiliate and independent Arizona television station simultaneously broadcast the documentary; and broadcast, radio and print media across the state endorsed the mission. The involved television and radio stations donated the half hour of commercial free program time. The Division's Meth Task Group, in conjunction with the Governor's Meth Task Force, was the main point of contact in getting the word out to stakeholders, contracted providers and agency staff, to encourage the public to watch the program.
- AFF providers are increasingly integrating adult substance abuse services and child welfare services. For example:
  - Maricopa County AFF providers continue to attend an average of 78 TDMs per month, and frequently attend CFTs and Adult Recovery Teams related to their clients. The ability to attend a majority of TDMs is enhanced by the District I provider's commitment to co-location in the majority of CPS offices throughout District I.
  - Pima County AFF providers have been participating in Preliminary Protective Hearings and TDMs, attending 55 hearings and 14 TDMs in the first 7 months of SFY 2009. Attendance of the AFF provider representative at these events allows immediate engagement of the client, improves program retention and completion, and supports achievement of family reunification. The AFF provider has also engaged the juvenile court in regular communication to educate them on behavioral health and substance abuse issues.
  - In Northern Arizona (District 3) the AFF providers routinely attend TDMs, CFTs and Adult Recovery Teams. In 2008, District 3 also implemented strategies to improve regular communication between its CPS offices and the AFF providers. The Prescott Family Partners program was expanded to include AFF, and the AFF provider, Catholic Charities, committed to spending time in the CPS offices in Prescott and Cottonwood to be available to discuss the substance abuse service needs of CPS clients.
  - CFT meeting attendance by District 4's northern AFF provider, WestCare AZ, continues

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

to improve. They are now attending about 15 CFTs per month. Providers also attend TDMs and have worked on increasing communication and collaborations with the agencies in their district.

- All District 6 AFF provider sites are using an integrated child and adult service provision process based on the CFT and Adult Recovery Team processes. SEABHS sites have incorporated CFT processes, including Family Team Coaches, in the person-centered planning process. Five new Recovery Support Specialists have completed training and are now assisting parents in the AFF program, allowing this enhancement to services in a total of six treatment locations throughout Graham, Greenlee, Cochise and Santa Cruz Counties.

***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, and at least one child in the family is involved in an open CPS case. Housing assistance is provided in the form of vendor payments for rent, rent arrearages, utility deposits and utility arrearages. Housing assistance payments can only be made if other community resources are not available.

This program is available to families statewide, following verification of the applicant's citizenship. There is no waiting list to receive these funds, although affordable housing may not be available for rent in all communities. Due to the state's budget shortfalls, effective March 31, 2009, the maximum amount of money available to families through this program was reduced from \$1800 to \$900. This change will result in a reduction of monies expended in SFY 2009, and the new citizenship requirement may impact the overall number of service recipients.

In SFY 2008:

- The Housing Assistance Program provided financial support for the reunification or permanent placement of 2,841 children within 1,086 families, statewide – a decrease from the 3,587 children and 1,300 families served in FY 2007.
- The total amount expended statewide decreased from \$1,712,427.63 in FY 2007, to \$1,360,362.85 in FY 2008.
- An estimated \$15,504,496 would have been expended by the Division for foster care maintenance if the 2,841 children who benefited from Housing Assistance during SFY 2008 had entered or remained in foster care for the length of time housing assistance was provided to each family. Based on the SFY Housing Assistance Program Expenditures of \$1,360,362.85 there is a SFY cost avoidance of \$14,144,133.

## **2. Out-of-Home Children Services**

### ***Permanency Planning***

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

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 Family Act (ASFA) requirements. The initial permanency goal for children in out-of-home care is family reunification, unless the court finds that reasonable efforts to reunify are not required due to aggravating circumstances, as defined by the Adoption and Safe Families Act. Beginning in 2008, Arizona law also requires a permanency hearing within six months of the child's removal from the home, for a child under the age of three. At the time of the child's initial removal pursuant to court order, the parent(s) are also informed that substantially neglecting or willfully refusing to participate in reunification services may result in a court order to terminate parental rights at the permanency hearing. Concurrent permanency planning is required in cases where there is a poor prognosis of reunification within twelve months of the child's initial removal. The Division conducts a planned transition of the child to the home when the parent has successfully addressed the safety threats that prevented him or her from caring for the child safely without Division involvement. Sufficient follow-up and support services are put in place to ensure a safe and successful reunification.

A permanency plan of adoption or guardianship may be considered if reunification is not successful within the timeframes identified in federal and state law. Agency preference for permanency goals places adoption second only to family reunification. State policy directs that a goal of adoption be assigned and termination of parental rights (TPR) be pursued according to ASFA requirements. At the twelfth month permanency hearing, if the court determines that termination is in the child's best interest, the court may order the Department or the child's attorney or guardian ad litem to file a motion for TPR within ten days and set a date for an initial hearing on the motion within thirty days. Termination of parental rights shall not be initiated when it has been determined that such action is not in the child's best interests and approved by the District Program Manager or designee. All other permanency options must be fully considered before implementing a permanency goal of long-term foster care or independent living. Youth with a goal of long-term foster care or independent living often live in a stable setting with relatives or foster parents.

The *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* provides questions for CPS Specialists to ask families when gathering information to assess strengths and functioning in each risk domain. The recommended questions are open-ended, non-confrontational and phrased to engage family members in identification of their own unique strengths and needs. Information gathered during the interviews is used to develop a family-centered case plan to support achievement of the permanency goal and address the child's educational, physical health and mental health needs. Using the *Interview Guide* results in a case plan that is tailored to the unique needs identified by the family or other sources. CPS Specialists arrange and monitor services to address risks within the home, maintain family relationships, and support timely achievement of the permanency plan; facilitate information sharing among team members; and report progress and barriers to the Juvenile Court and Foster Care Review Board (FCRB).

***Placement and Placement Support***

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

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

Placement types include licensed or court approved kinship homes, non-relative licensed foster homes, group homes, residential treatment centers and independent living subsidy arrangements. By court order a child may be placed with an unlicensed person who has a significant relationship with the child. Arizona Statute confirms the preference for kinship placement and requires specific written findings in support of the decision whenever the Court finds that placement with a grandparent or another relative (including a person who has a significant relationship with the child) is not in the child's best interest. Identification of potential kinship foster caregivers is to begin at the time of initial assessment/investigation, when the CPS Specialist inquires about relatives or significant persons who might be willing and able to care for the child. When a child in out-of-home care is not placed with an extended family member, or is placed with an extended family member who is unable or unwilling to provide a permanent placement for the child, the CPS Specialist must initiate searches for extended family members or other significant persons prior to key decision points during the life of the case and no less than once every six months. If current contact information about certain relatives is unavailable, the CPS Specialist can use the state's Parent/Relative Locate program for a professional search by a contracted agency.

The CSA-SRA Case planning process, Team Decision Making (TDM) meetings, Child and Family Team (CFT) meetings, and Family Group Decision Making (FGDM) meetings are used to identify caregivers, services and supports to meet each child's needs. A TDM meeting is held for most removals or potential removals, in which parents, family members, CPS staff and community partners formulate a plan for the child's safety. If it is determined that removal is necessary, the team determines the child's placement, giving preference to placement with relatives and in close proximity to the birth family. In some locations TDMs or CFTs may occur at or prior to unplanned placement transitions. When the Division's budgetary and staffing resources allow, the Division plans to expand the use of TDMs for unplanned placement transitions when a CFT meeting is not available. In District 1, TDMs occur before changing a child's permanency goal to adoption, independent living, or long-term foster care; upon identification of an adoptive resource for a legally free youth; for youth in care who do not have a goal of reunification, thirty days before the youth's eighteenth birthday; prior to discharge of a young adult at age twenty-one; and when termination of a voluntary foster care agreement for a youth age eighteen or older is being considered.

Policy requires that the Division promote stability for children in out-of-home care by minimizing placement moves and, when moves are necessary, providing services to make placement changes successful for the child. To achieve the permanency goal and support the child and caregiver, a case plan

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

specifying the necessary services and interventions is developed by the child, family members, out-of-home care provider, service providers, attorneys and CPS. Among other information, the written case plan identifies the child's educational, physical health and mental health needs, and services to the child or caregiver to address those needs. CPS Specialists further support placement stability by:

- ensuring every child in out-of-home care has an individualized Out-of-Home Care Plan included in the case plan;
- 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 6 months, through the Foster Care Review Board process or the Department's Administrative Review procedures; and
- making monthly in-person contacts with children in out-of-home care and their caregiver(s) to assess their safety, well-being and service needs – including visiting alone with the child if older than an infant.

State law and policy support placement stability by giving the foster parent the right to request a review of any decision to change a child's placement prior to the removal of the child. This review focuses on the child's placement needs and whether additional services to the family can maintain the child's placement. If the decision is made to change the child's placement, policy requires that a transition plan be developed that includes notification of all parties about the move, communication between the prior and future out-of-home provider, pre-placement visitation and the planning of supportive services. For Native American children, placements must take place in accordance with the Indian Child Welfare Act and the tribe must be notified whenever a placement change is considered.

The Division informs potential kinship caregivers of financial and non-financial services available to them, offers a grievance process when placement of the child in the home is denied by the Division, and expedites kinship foster care applications for TANF child-only assistance. Kinship caregivers are encouraged to apply for foster parent licensing, which enables the kin to receive the same foster care payment rate as non-kin licensed foster parents. Kinship caregivers are not required to be licensed foster parents for children in the care and custody of the Department; however, should they choose to apply for licensure, kin must meet the same licensing standards as non-kin foster parents. The Division provides and facilitates other support and training to kinship families directly or in partnership with contracted provider service agencies or community resources. Select HRSS providers in District 1 have emphasized the importance of licensed kinship placements. Targeted support and training are provide by these HRSS agencies as they work with identified kinship families interested in licensure.

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. See Section III, Part 4 for more information on these services.

Centers that support permanency and placement stability are operating in Phoenix, Tucson and Yuma. These centers are dedicated to the creation and preservation of adoptive, foster, kinship and guardianship families. The Centers provide a place for families to gain access to information and community professionals who can help them build happy healthy families. Information is provided to families on topics such as discipline, attachment and bonding, brain development, legal issues around kinship care, and what to look for in a behavioral consultant and behavioral diagnosis. The Pima County KARE Center exists entirely to support kinship caregivers, including kinship caregivers not associated with CPS. The Center provides financial, legal, and emotional support and outreach, and advocacy training for kinship caregivers.

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



**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

The Interstate Compact on the Placement of Children (ICPC) is a contract between and among the 50 states, which 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. Similarly, any person, court, public or private agency in another state wishing to place a child for care in Arizona must proceed through the ICPC. The Arizona Deputy 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 60 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." In regard to home studies begun on or before September 30, 2008, if the state failed to achieve the 60 day period as a result of circumstances beyond the state's control, the state had 75 days (an additional 15 days) to comply if the state documented the circumstances involved and certified that completing the home study is in the best interests of the child. The law also requires the U.S. DHHS to submit a report to the Congress on how frequently States used the extended 75 day period. The following information is provided, as requested, to enable this reporting to Congress:

- In FFY 2007, Arizona received 1,440 ICPC requests for a home study of an Arizona family as a potential placement resource; and 1,410 requests in FFY 2008.
- The 75 day extension period was requested in 537 cases in FFY 2007 (37%), and 304 cases in FFY 2008 (22%).
- In all identified cases the extension was requested because of a delay receiving the results of the fingerprint clearance card or criminal background check. This delay was most common in rural areas of the state.
- The necessary information was received within the 75 day extension period in 87 (16%) of the applicable cases FFY 2007, and 196 (64%) of the applicable cases in FFY 2008.
- To resolve the need for an extension period, the rural areas have been encouraged to start the fingerprinting process as soon as possible and submit the home study within 60 days with a recommendation for approval or denial pending the fingerprint clearance/criminal background check.

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

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

Adoption promotion and support services are provided with the goal of placing children in safe nurturing relationships that last a lifetime. These services include: placement of the child on the Central Adoption Registry; assessment of the child's placement needs; preparation of the child for adoptive placement; recruitment and assessment of adoptive homes; selection of an adoptive placement; supervision and monitoring of the adoptive placement; and application for adoption subsidy services. Adoption promotion and support funds are used to support adoptive families through pre-placement adoptive family and child visits and facilitation of post-placement visitation with siblings. Adoption promotion and support services also include post-adoption individual, group or family counseling services for adoptive children, adoptive parents and the adoptive parents' other children. These counseling services supplement the services that are available through the Title XIX behavioral health system. 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 adoptive placement preference order is (1) grandparents; (2) kinship care with another member of the child's extended family, including a person who has a significant relationship with the child; or (3) non-relatives without a prior relationship to the child (such as a foster parent). New contracts for foster care and adoption home study, recruitment, and supervision emphasize targeted and child specific recruitment. The contracts provide incentives for placement of sibling groups, teens, children whose ethnicity is over-represented in the foster care system, and children with special needs. The Division and its contract providers are collaborating to address disproportionality by specifically targeting recruitment within African American and Hispanic populations. The agencies are also being requested to recruit homes in specific geographical areas.

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

The Department sponsored the Children Need Homes Conference in September 2008, using national speakers to address issues relevant to adoptive parents of special needs children. This conference was well attended by foster and adoptive parents, youth, contracted provider staff, and CPS Specialists.

Arizona was awarded \$1,410,000 in Adoption Incentive payments in FFY 2008. This money was used to support adoptive home recruitment resources and efforts.

#### ***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

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

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 Adoption Subsidy grew from 10,751 on September 30, 2007 to 11,836 on September 30, 2008. In FFY 2008 1,665 new special needs adoptions were subsidized, and the Department reimbursed \$1,476,713 of nonrecurring adoption expenses for 1,410 completed adoptions.

During SFY 2009 the Department continued to improve Adoption Subsidy procedures and services. Some of these projects will continue into SFY 2010.

- Adoption Subsidy policy continues to be included in the Children's Services Policy Manual, which is available on the Division's internet and intranet sites.
- Work continues on the rate evaluation form to better reflect the amount of care and supervision children require, and the use of time and expense that families incur in caring for their special needs children. A draft of the form has been developed and is being reviewed.
- Adoption Subsidy staff continue to collaborate with staff from the Regional Behavioral Health Authorities and participate in Child and Family Team meetings to coordinate services to meet the mental/behavioral health needs of adoptive children.
- Adoption Subsidy staff participated in the November National Adoption Day celebrations in Tucson, Phoenix and Prescott.
- The Lodestar Family Connections Center in Phoenix and the K.A.R.E. Family Center in Tucson continue to be valuable post-adoption resources used by families. The Division continues to identify new community resources for all children eligible for adoption subsidy.

See Section IV, Part 4, A.8. *Foster and Adoption Home Licensing, Approval, Recruitment, and Retention* for more information on the Division's programs and activities to promote and support adoption.

***Inter-country Adoption Act of 2000 (ICCA)***

The ICCA seeks to ensure that inter-country adoptions are in the child's best interests and protect the rights of children, birth families, and adoptive parents involved in adoptions from countries subject to the Hague Convention on Protection of Children. The Act also improves the ability of the Federal Government to assist United States citizens seeking to adopt children from countries subject to the Convention. Children adopted from other countries who enter the Arizona child welfare system receive the same services as any other child in out-of-home care.

Case information was reviewed for each child who entered out-of-home care during FFY 2008 and was identified in CHILDS as having been previously adopted. This review identified no children who entered out-of-home care in FFY 2008 and were the subject of an inter-country adoption ending in disruption or dissolution.

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

##### ***Subsidized Guardianship***

Guardianship subsidy provides a monthly partial reimbursement to caretakers appointed as permanent guardians of children in the care, custody and control of the Department. These are children for whom reunification and adoption has been ruled out as unachievable or contrary to the child's best interest. Medical services are provided to Title XIX eligible children through the Arizona Health Care Cost Containment System (AHCCCS). Administrative services include payment processing, administrative review, and authorization of services. Many of the permanent homes supported by Subsidized Guardianship are kinship placements.

This program is available statewide to children exiting out-of-home care to permanent guardianship. During FY 2008, 478 children attained permanency through permanent guardianship. The average number of children per month receiving guardianship subsidy benefits during CY 2008 was 2,193, an 8% increase over the average of 2,008 children per month who received guardianship subsidy benefits in CY 2007.

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

Youth and Division staff work together to establish youth-centered case plans that include services and supports to assist each youth to reach his or her full potential while transitioning to adulthood; and to maintain safe, stable, long-term living arrangements and relationships with persons committed to their support and nurturance. State policy requires an individualized independent living case plan for every youth age 16 and older in out-of-home care, regardless of his or her permanency goal. Life skills assessments and services are provided to ensure each youth acquires the skills and resources necessary to live independently of the state foster care system at age 18 or older.

Youth who do not have a goal of reunification, adoption or guardianship are assisted to establish another planned permanent living arrangement (Independent Living permanency goal) 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. Twelve percent of children in out-of-home care on September 30, 2008 had a permanency goal of independent living. This percentage has remained stable at 12% to 13% over the last several years. The number of youth served by Arizona's Young Adult Program has also remained stable, at 1,296 on September 30, 2007 and 1,201 on September 30, 2008.

State policy allows youth to continue to receive Division services and supports to age 21 through voluntary foster care services and/or the Transitional Independent Living Program. Young adults served under the Transitional Independent Living Program are former foster youth, ages 18 through 20, who were in out-of-home care and in the custody of the Department while age 16, 17, or 18. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During FFY 2008, 212 former foster youth were served by this program, a 26% increase over FFY 2007. Outreach efforts continue to increase public awareness of the Transitional Independent Living Program.

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

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

Young adults who reached the age of 18 while in out-of-home care may be eligible for medical services through the YATI Program, a Medicaid program operated by AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn 18 years of age. This program provides continuous health coverage until the age of 21, regardless of income. Approximately 500 additional youth who reached the age of 18 while in foster care during the last year will benefit from this program.

***Education and Training Vouchers***

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

- was in out of home care in the custody of the Department when age 16, 17 or 18;
- is age 18 to 21 and was previously in the custody of the Department or a licensed child welfare agency, including tribal foster care programs;
- was adopted from foster care at age 16 or older; or
- was participating in the state ETV program at age 21.

For additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs, see Section VI, *Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Program State Plan*

**B. Outcomes, Goals and Baseline Data**

To integrate the Child and Family Services Review (CFSR) process and the Child and Family Services Plan, most of the Department's Child and Family Services State Plan outcomes and goals match those used to determine substantial conformity during the CFSR. Progress toward achieving the state's permanency outcomes and goals is measured using CFSR Permanency Composite data, which is generated from the state's Adoption and Foster Care Analysis and Reporting System (AFCARS) files; and the state's Practice Improvement Case Review (PICR). The FFY 2008 CFSR Permanency Composite baseline data included in this report is from the composite spreadsheet generated by the U. S. DHHS, dated March 31, 2009.

Arizona's participation in the CFSR On-Site Review in August 2007 provided case review data, which serves as the baseline for many of the Division's goals in this State Plan. The Division reinstated the PICR for in-home and out-of-home service cases in March 2009 and will measure progress on many of the permanency goals using the PICR. The target percentage for the goals measured through the PICR is the standard for substantial conformity during a Child and Family Services On-site Review (95% of cases rated strength), and is therefore a long-range goal representing a very high standard of practice. CHILDS and the PICR provide statewide performance data. The baseline data generated through the 2007 CFSR on-site review data represents the performance of three Arizona counties, including the state's two largest counties and roughly 80% of the Division's caseload. See Section IV, Part 4, A.3. *Quality Assurance System*, for more information on the Practice Improvement Case Review.

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

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

**CFSR Item 5: Foster Care Re-entries**

Permanency Goal 1: The percentage of all children who discharged to reunification in the 12 months prior to the year shown who *do not* re-enter out-of-home care in less than 12 months from the date of discharge will be 90.1% or more (CFSR Data Profile, C1-4)

FFY 2008 79.3%

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**CFSR Item 6: Placement Stability**

Permanency Goal 2: Of children served in out-of-home care for at least 8 days but less than 12 months, the percentage who had two or fewer placement settings will be 86.0% or more (CFSR Data Profile, C4-1)

FFY 2008: 85.6%

Permanency Goal 3: Of children served in out-of-home care for at least 12 months but less than 24 months, the percentage who had two or fewer placement settings will be 65.4% or more (CFSR Data Profile, C4-2)

FFY 2008: 62.8%

Permanency Goal 4: Of children served in out-of-home care for at least 24 months, the percentage who had two or fewer placement settings will be 41.8% or more (CFSR Data Profile, C4-3)

FFY 2008: 30.9%

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**CFSR Item 7: Permanency Goal for the Child**

Permanency Goal 5: The percentage of cases where the child's permanency goal is appropriately matched to the child's needs will be 95% or more (CFSR On-site and PICR)

CFSR On-Site 2007: 80%

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

Permanency Goal 6: Of children who exited to reunification who had been in out-of-home care for 8 days or longer, the percentage who were in care for 12 months or less will be 75.2% or more (CFSR Data Profile, C1-1)

FFY 2008: 65.7%

Permanency Goal 7: Of children who exited to reunification who had been in out-of-home care for 8 days or longer, the median length of stay will be 5.4 months or less (CFSR Data Profile, C1-2)

FFY 2008: 8.1 months

Permanency Goal 8: Of children who entered care for the first time in the 6 months prior to the year shown and remained in care for 8 days or longer, the percentage who discharge

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

to reunification within 12 months of removal will be 48.4% or more (CFSR Round 2 measure C1-3)

FFY 2008: 34.0%

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**CFSR Item 9: Adoption**

Permanency Goal 9: Of children who exited out-of-home care to adoption, the percentage who were in care for 24 months or less will be 36.6% or more (CFSR Data Profile, C2-1)

FFY 2008: 38.8%

Permanency Goal 10: Of all children who exited out-of-home care to adoption, the median length of stay will be 27.3 months or less (CFSR Data Profile, C2-2)

FFY 2008: 26.3 months

Permanency Goal 11: Of all children in care on the first day of the year who were in care for 17 continuous months or longer (and by the last day of the year had not exited to live with relative, reunify, or guardianship), the percentage that exited to adoption by the last day of the year will be 22.7% or more (CFSR Data Profile, C2-3)

FFY 2008: 35.3%

Permanency Goal 12: Of all children in care on the first day of the year who were in care for 17 continuous months or longer and were not legally free for adoption prior to that day (and by the end of the first 6 months had not exited to live with relative, reunify, or guardianship), the percentage that became legally free for adoption during the first 6 months of the year will be 10.9% or more (CFSR Data Profile, C2-4)

FFY 2008: 14.7%

Permanency Goal 13: Of all children who became legally free for adoption in the 12 months prior to the year shown, the percentage that exited to adoption in less than 12 months of becoming legally free will be 53.7% or more (CFSR Data Profile, C2-5)

FFY 2008: 61.0%

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**CFSR Item 10: Other planned permanent living arrangement**

Permanency Goal 14: Of all children in care for 24 months or longer on the first day of the year, the percentage who exit to a permanent home (reunification, adoption, guardianship, or live with other relatives) prior to their 18<sup>th</sup> birthday and by the end of the year will be 29.1% or more (CFSR Data Profile, C3-1)

FFY 2008: 35.7%

Permanency Goal 15: Of all children who exited during the year, and who were legally free for adoption at the time of exit, the percentage that exited to a permanent home (reunification, adoption, guardianship, or live with other relatives) prior to their 18<sup>th</sup> birthday will be 98.0% or more (CFSR Data Profile, C3-2)

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

FFY 2008: 96.2%

Permanency Goal 16: Of all children who either exited out-of-home care during the year for reason of Age of Majority and/or reached their 18<sup>th</sup> birthday while in out-of-home care, the percentage that was in out-of-home care for 3 years or more will be 37.5% or lower (CFSR Data Profile, C3-3)

FFY 2008: 35.0%

Permanency Goal 17: Of youth age 16 or 18 who had been in out-of-home care for at least 60 days and had a most recent permanency or concurrent permanency goal of independent living or long-term foster care, the percentage that have received or are receiving independent living skills training (Report 46)

FFY 2008: 56.6%

Permanency Goal 18: Of cases where the child's permanency goal is independent living or non-relative long-term foster care, the percentage in which concerted efforts were made to provide services to prepare the child for independent living and to place the child in a permanent living arrangement will be 95% or more (CFSR On-site; Out-of-Home PICR Item 4)

CFSR On-Site 2007: 36% (of 11 cases)

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

**CFSR Item 11: Proximity of foster care placement**

District 1 compares the zip code of removal with the zip code of the child's current placement to identify the percentage of children removed and placed within the geographic area served by a single CPS field section (a cluster of CPS Units). Field sections generally serve an area smaller than the "one hour drive" definition of close placement proximity included in the CFSR On-site Review Instrument. Baseline performance for District 1 was 32% in the period of October through December 2008. The Division's other districts are continuing to define placement proximity. Districts are discussing the pros and cons of defining proximity by zip code, school district, or other area. The Division's goal and baseline data for this area will be set once statewide data has been developed.

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**CFSR Item 12: Placement with siblings**

Permanency Goal 20: Of cases with at least two siblings in out-of-home care, the percentage in which all siblings are placed together will be 85% or more.

9/30/08: 63%

Permanency Goal 21: Of cases with at least two siblings in out-of-home care, the percentage in which at least two siblings are placed together will be 95% or more.<sup>3</sup>

9/30/08: 84%

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<sup>3</sup> This percentage includes cases in which all siblings are placed together, and those in which at least two but not all of the siblings are placed together.



**CFSR Item 13: Visiting with parents and siblings in foster care**

Permanency Goal 22: The percentage of cases where children in out-of-home care visit with their parents and siblings at a frequency consistent with the child's safety and best interest will be 95% or more (CFSR On-site; Out-of-Home PICR Item 5)  
CFSR On-Site 2007: 69%

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**CFSR Item 14: Preserving Connections**

Permanency Goal 23: Of all American Indian children who exited care during the year, the percentage who exit to reunification, live with other relatives, adoption, guardianship, or transfer to another agency will be 95% or more (*Child Welfare Reporting Requirements Semi-Annual Report*)  
FFY 2008: 90%

Permanency Goal 24: Of all American Indian children served during the year, the percentage whose most recent placement is/was with a relative foster family or a trial home visit with a parent will be 50% or more (Report 43 flat file)  
FFY 2008: 28%

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**CFSR Item 15: Relative Placement**

Permanency Goal 25: The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more (CFSR On-site; Out-of-Home PICR Item 6)  
CFSR On-site 2007: 73%

### **C. Strategies and Action Steps**

This section lists the state's primary strategies for improving permanency outcomes. Two of the three are included in the state's current CFSR PIP, and the third is a new strategy that addresses an area of focus within the current PIP. The action steps describe current and future activities, expanding upon the completed action steps and benchmarks from the state's CFSR PIP. These strategies and action steps do not describe all the activities that may improve permanency outcomes. Routine work activities and smaller programmatic changes will also have a significant impact. These are the strategies most directly linked to permanency, but will also support safety and well-being outcomes. Likewise, the Division's safety, well-being and systemic strategies will support achievement of permanency outcomes. For example, improved competency with the CSA-SRA-Case planning process will result in more accurate assessments and better individualized case plans, which can increase the likelihood of earlier permanent reunification.

**Primary Strategy: Involve birth families and resource families in early identification and pursuit of simultaneous (concurrent) permanency goals when the prognosis of reunification within 12 months of removal is poor**

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

**Goal:** Reduce time to permanency and the number of placement changes for children in out-of-home care

**Action Step 1:** With the assistance of National Resource Centers, inform and educate key community stakeholders (including courts, tribes, resource parents, and others) about concurrent permanency planning policy and practices

**Action Step 2:** Employ the Quality Improvement System, including the Practice Improvement Case Review and Professional Skill Building Plans, to gather data about implementation of concurrent planning and design worker-centered and systemic improvement strategies

**Action Step 3:** Develop and provide training to all staff and supervisors on concurrent case planning, including reunification prognosis assessment and early identification and simultaneous pursuit of concurrent permanency goals

**Action Step 4:** Develop follow-up training materials, practice tips, case examples, or other tools and opportunities to increase staff competency in the appropriate use of concurrent case planning

This strategy was identified during Arizona’s CFSR PIP development process as a method to improve timely achievement of permanency and placement stability. Practice Improvement Case Reviews and the 2007 CFSR On-Site Review identified timeliness of reunification, timeliness of adoption, and placement stability as outcomes needed improvement. Case reviews and interviews with staff revealed that concurrent planning has not been consistently occurring.

Implementation of this strategy is well under way. An orientation and planning meeting was facilitated by the National Resource Center on Family Centered Practice and Permanency Planning in January 2008; and subcommittees on policy and procedures, infrastructure and systems, and stakeholder engagement have met. Field staff, Policy Managers and Specialists, practice improvement staff, tribal stakeholders, and court representatives have participated in these meetings. Revised policy and procedures have been written and implemented. In SFY 2010 the Division will continue its efforts to inform and educate stakeholders about concurrent planning, to build support for the practice and consistent application. The Division will also monitor and improve application using the Practice Improvement Case Review and Professional Skill Building Plans.

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**Primary Strategy:** **Expand and strengthen the use of family team meetings, particularly the Family to Family strategy of Team Decision Making**

**Goal:** Involve birth families and community members, along with resource families, service providers, and agency staff, in all placement decisions, to ensure a network of support for the child and the adults who care for them

**Action Step 1:** Hold a TDM or CFT meeting prior to unplanned placement changes, in all districts

**Action Step 2:** Increase father attendance at TDM and CFT meetings, when the father’s attendance is not contrary to the child’s safety or well-being

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

**Action Step 3:** Develop and provide staff training on early identification and engagement of fathers in team meetings, when the father’s attendance is not contrary to the child’s safety or well-being

**Action Step 4:** Develop and provide training for staff and supervisors on the effective use of, and participation in, TDM meetings

This strategy is included in Arizona’s current CFSR PIP as a method to improve placement stability, visitation with parents and siblings, preservation of connections, placement with relatives, maintenance of the parent-child relationship, needs assessment and service provision, and child and family involvement in case planning. This is also a primary strategy to improve location and engagement of fathers. During the CFSR On-site Review, stakeholders repeatedly mentioned TDM meetings as a useful method for indentifying and involving parents and kin. This Family to Family strategy involves parents and extended family in decision making prior to or immediately following a child’s removal and, in some districts, at other key decision points such as unplanned placement changes.

Many of the action steps and benchmarks for this strategy in the current CFSR PIP have been completed or institutionalized. Removal TDMs are occurring in all districts, and TDM strategy committee meetings are being held. Districts 1 and 2 monitor data on father attendance at TDMs and have distributed materials to educate staff on the importance of father involvement. Icebreaker meetings between parents and out-of-home caregivers have been implemented in Districts 1 and 2. In SFY 2010 through 2014 the Division will work toward expanding the occurrence of TDM or CFT meetings prior to unplanned placement changes, and will continue the efforts to increase father attendance in these meetings.

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**Primary Strategy:** **Define clear practice standards for provision of independent living skills training, and deliver training and support to out-of-home caregivers, the behavioral health system, and CPS Specialists on the application of these standards in practice with eligible youth**

**Goal:** Provide timely and effective services to eligible youth to achieve successful transition to adulthood

**Action Step 1:** Develop and distribute standards for provision of independent living skills training by out-of-home caregivers and CPS Specialists, and for recording the dates of service in CHILDS

**Action Step 2:** Integrate standards for independent living skills training into related contract services, including out-of-home care and skills training contract services

**Action Step 3:** Collaborate with ADHS to explore the integration of standards for independent living skills training within behavioral health systems

**Action Step 4:** Develop and provide training and ongoing technical assistance to out of home caregivers, CPS Specialists and IL skills training providers on current life skills assessment and planning tools

**Action Step 5:** Gather, analyze and monitor data on provision of IL services to eligible youth, identify trends, and use the Quality Improvement system to implement worker-specific and systemic improvements

**Child and Family Services Plan – 2010 - 2014**  
**Section IV, Part 2: Permanency**

This is a new strategy that addresses an area of focus within the current PIP. Timely provision of independent living skills to eligible youth was identified as an area needing improvement during the 2007 CFPSR. Stakeholders described high quality of services, but noted delays in service provision. A data report has been revised to monitor the percentage of eligible youth who are or have received independent living skills training, and a sample of children identified in the report was researched to better understand data integrity and service provision issues. The newly identified action steps describe activities to address some of the identified issues. These activities include delineation of clear practice and data entry standards, integration of these standards into contracts, and staff and provider training about application of the practice standards.

## PART 3: CHILD AND FAMILY WELL-BEING

### A. Program or Service Descriptions

#### 1. Case Planning and Case Manager Visits with Children and Parents

##### *Family-Centered Child Protective Services Case Management*

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

The case plan communicates to all parties the permanency goal, the behavior changes required to address the safety threats and risks, and the services and supports necessary to achieve behavioral changes. When applicable, the document includes an out-of-home care plan; child specific health, education, and independent living plans; a concurrent permanency goal and plan; and a contact and visitation plan. The case plans include documentation of family and service team involvement in developing the case plan. The case plan must be reassessed and revised by the family and team no less frequently than every six months. If the identified services and supports are not assisting the family in making the behavioral changes needed, the CPS Specialist and family may revise the services and supports between case plan staffings.

The need for concurrent permanency planning is assessed for all children in out-of-home care within 45 days from the child's initial removal. Concurrent permanency planning occurs for all children in out-of-home care with a permanency goal of family reunification where the prognosis of achieving family reunification is poor and unlikely to occur within 12 months of the child's initial removal. Once the need for concurrent planning is identified, the Department simultaneously and actively pursues family reunification while implementing a set of concurrent planning activities. Within six months of actively working with the family on both the reunification plan and concurrent planning activities, a final concurrent permanency goal must be established. The parents, children, and identified family supports (including extended family members) are encouraged to participate in the concurrent planning process and are informed of the concurrent permanency goal.

Arizona law enacted in 2008 expedites permanency for children under the age of three. For children under the age three at the time of initial removal pursuant to court order, the Department is to inform the parent(s) that a permanency hearing will be held within six months of the child's removal from the home, and that substantially neglecting or willfully refusing to participate in reunification services may result in a court order terminating parental rights at the permanency hearing. CPS Specialists are to ensure that the parents are engaged in services, and that the services and supports identified in the case plan are promoting the desired behavioral changes. Reassessment of the supports and services is to occur at a minimum of every 90 days in these cases.

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

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

staff, continuously emphasized to existing staff, and embedded throughout the Division's philosophy, policies, programs and activities. For example:

- Family-centered approaches are provided throughout the state policy. Many of these focus on areas evaluated during the CFSR, such as tips related to preservation of connections to family and culture.
- Arizona's case planning policies require full disclosure about the reasons for CPS involvement, the reason for a child's removal, the permanency planning process and permanency related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her; to provide a response to the allegation; to have any verbal, written, or telephonic responses provided to the Removal Review Team prior to the Team's review of the removal; and to be verbally informed of the child's removal and the reason for the removal. State policy requires that at or before the initial case plan staffing and all subsequent case plan staffings, the CPS Specialist discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve permanency, and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the court may order, that the permanency goal be changed from family reunification to another permanency goal, such as adoption or guardianship.
- Children age twelve or older are to be included at critical decision points in the life of their case to ensure each child is: (1) informed of his or her role and rights in participating in the case plan and court proceedings; (2) informed about the Department's goal of achieving permanency for the child in a safe home; (3) informed of all available alternatives to achieve permanency, including family reunification through the parents' successful participation in services, consent to adoption, consent to guardianship and adoption through termination of parental rights; (4) made aware that individualized services addressing the reasons for child protective involvement are made available to families; (5) informed about his or her parents' activities and progress toward reunification, unless returning home is not a possibility; (6) helped to identify significant adults with whom relationships can be maintained; and (7) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.
- The Division partners with the family to create a family support team. The family's team may include relatives, neighbors, community leaders, clergy, public agencies, out-of-home care providers, mental health providers, juvenile probation officers, educational providers and other individuals. Parents, children age 12 or older, and other team members are encouraged to attend all case plan staffings, Child and Family Team (CFT) meetings, Team Decision Making (TDM) meetings, Family Group Decision Making (FGDM) meetings, court hearings and Foster Care Review Board hearings to provide ongoing input into the case plan. During SFY 2009, the Division continued to increase the prevalence of Team Decision Making (TDM) meetings statewide, although budget constraints have recently required the Division to primarily focus on TDM meetings that occur prior to potential removal or immediately after an initial removal.
- Strategies for tracking the father's inclusion in the TDM process and through the life of a case have been developed and incorporated. Further, the Division is exploring the possible use of a national curriculum toolkit on Engaging Fathers more effectively in child welfare case management.
- The statewide *Engaging and Assessing Families – A Guide to Comprehensive Family Assessment* training for initial assessment CPS Specialists began with four 2-day sessions in March and April

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

of 2008. This training, provided by national consultants through the Family to Family initiative, develops engagement skills for conducting comprehensive family assessments using the integrated CSA-SRA process. The training has been delivered statewide and staff response was very positive. The training partners altered the curriculum, enabling them to deliver a second phase of the training to on-going, in-home and other specialists in the Division. This second phase has not been completed, but will continue in each district as financial and staffing resources allow. Concepts from this and previous engagement trainings are now embedded in the Case Manager Core Training.

- In SFY 2009 the Division put substantial effort into developing staff competency with the family-centered CSA-SRA-Case planning process. The Division continued to provide advanced and refresher training on the concepts and use of the CSA-SRA-Case planning process to enhance staff competency. The trainings include regular refresher trainings delivered in-person and via internet, on both the concepts and the automation of the CSA-SRA-CP process. Refresher trainings are also delivered in-person to units that request additional assistance with case plan development and implementation. In partnership with Arizona State University, significant work has been completed toward creation of advanced training on behavioral case-planning and advanced clinical supervision of the CSA-SRA-Case planning process, to be delivered in person to units or sections requesting them. Both trainings will be available in the summer of 2009.
- In SFY 2008 the Division revised its supervisory training, including addition of content to support family-centered supervision. Coursework on best practices in group and individual clinical supervision; modeling strengths-based family-centered practice; and use of the parallel process during supervision were provided during SFY 2008, and the third session was held in August 2008. In 2009, work has begun between the Child Welfare Training Institute and ASU to incorporate the concepts from this training into Supervisor Core training, as an additional two-day course in Clinical Supervision.

***Case Manager Visits with Children and Parents***

Frequent contacts by the CPS Specialist or other assigned case manager improve ongoing assessment; provide opportunities to inform, support, and engage children and parents; and give parents, out-of-home care providers and children (including children younger than 12) opportunities to identify their strengths, needs, progress, goals and services. Division policy requires that face-to-face visits between the CPS Specialist and the child and out-of-home caregiver (if applicable) occur at least one time per calendar month. Contacts must be in the child's residence (be it the parental home or an out-of-home placement), and any child older than an infant must be seen alone for part of each visit. CPS Specialists are required to consult with the out-of-home caregiver, the child (if verbal) and other service team members as appropriate to determine if the child and/or caregiver requires more frequent face-to-face visits and/or telephone contact between face-to-face visits. Division policy also provides guidance, including an extensive exhibit, to guide the content of contacts with children and out-of-home caregivers.

If the permanency goal is remain with family or family reunification, the CPS Specialist is required to have face-to-face contact with the mother and father at least once a month, including any alleged parents, parents residing outside of the child's home and incarcerated parents. If the child's permanency goal is *not* family reunification or remain with family, the CPS Specialist consults with the CPS Supervisor to develop a plan for contact with parents whose rights have not been terminated and whose whereabouts are known. At minimum, the CPS Specialist is to have telephone contact or written correspondence with these parents once every three months. Exceptions to monthly face-to-face contact with parents may be approved by the supervisor on a

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

case-by-case basis, based on the unique circumstance of the family. These exceptions are reviewed with the parents, team members and the supervisor at the time the case plan is developed and revised.

Arizona's 2008 *Child and Family Services Annual Progress and Services Report* identified two strategies to ensure by October 1, 2011, that at least 90% of the children in foster care under the responsibility of the state are visited by their caseworkers on a monthly basis, and that the majority of the visits occur in the residence of the child. One strategy and related action steps was to procure automated dictation/transcription services for case contact documentation as a method to increase the accuracy and timeliness of in-person contact documentation within the automated system, and reduce the time needed for case documentation so staff are free to conduct additional contacts. The contract process was started, but had to be stopped due to the state's significant budget shortfall. The second strategy was to provide training on high quality in-person child contacts to case aides statewide, so that information about child safety and well-being will be gathered during case aide contacts with children, to supplement other information available to CPS specialists conducting safety assessment, risk assessment and case planning. A PowerPoint presentation for this training has been developed and is awaiting final administrative approval. The training will be delivered on-line as a PowerPoint with voice-over, beginning by August 2009.

The Division's current plan to achieve the child visitation target goals includes the following strategies and action steps, which are also listed in Section IV, Part 3.C. and Part 4.C. of this Five Year Plan:

**Primary Strategy:**     **Provide training, supervision and oversight to increase staff knowledge and application of practice standards on monthly CPS Specialist contacts with children in out-of-home and in-home service cases, and to increase the quantity and quality of information gathered by case aides during their contacts with children and out-of-home caregivers**

**Goal:**                     Provide monthly in-person contact with the assigned CPS Specialist to all children and caregivers in out-of-home and in-home service cases, and maximum opportunity for children and caregivers to share and receive information relevant to child safety, permanency and well-being

**Action Step 1:**         Within each district, use dashboard data, clinical supervision, and managerial oversight to monitor the rate of monthly in-person contact with children, alone for part of each contact if verbal

**Action Step 2:**         Develop training materials, practice tips, documentation examples, or other tools and opportunities to increase staff knowledge of the practice standards for quality contacts between CPS Specialists and children in in-home and out-of-home service cases

**Action Step 3:**         Provide training on high quality in-person child contacts to case aides statewide, so that information about child safety and well-being will be gathered during case aide contacts with children, to supplement other information available to CPS specialists conducting safety assessment, risk assessment and case planning

**Action Step 4:**         Employ the Quality Improvement System, including the Practice Improvement Case Review and Professional Skill Building Plans, to gather data about monthly CPS Specialist contacts with children and design worker-centered and systemic improvement strategies



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

**Primary Strategy:**     **Implement the DCYF Workforce Planning Initiative, in consultation with Cornerstone for Kids, to strengthen staff recruitment, retention, training and supports**

**Goal:**                     Develop a quality front line workforce that is prepared for the work of child welfare and supported to do their jobs

**Action Step 1:**         Implement a competency model for CPS Specialists that reflects Family to Family values and principles, including family-centered and community-based practice; and a plan for moving the DCYF workforce to that competency model within recruitment, selection, staff-development and performance management

**Action Step 2:**         Strengthen the role of the supervisor to improve CPS Specialist workforce stability and decrease turnover

**Action Step 3:**         Gather, analyze and use data on staff turnover and retention to reduce turnover and improve competency ratings

**Action Step 4:**         Provide an array of training tools, tips and supports for CPS Supervisors to develop job satisfaction and competence, and decrease turnover

**Action Step 5:**         Provide training on supporting supervisors to managers, particularly Assistant Program Managers, to develop manager’s job satisfaction and competence

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**Primary Strategy:**     **Align Division management, policy, practice and training to strengthen the statewide DCYF Quality Improvement System**

**Goal:**                     Maintain Division-wide adherence to clearly defined safety, permanency and well-being goals and practice standards

**Action Step 1:**         Continue to implement and strengthen the Family to Family core strategy of self-evaluation in all districts

**Action Step 2:**         Using the In-Home and Out-of-Home Practice Improvement Case Reviews, identify ongoing case practice standards that require clarification, and address these by revising policy, developing practice guides or tips, adding rating guidance to the PICR instrument, and/or educating staff

**Action Step 3:**         Continue to hold monthly meetings of the PI Specialists, Policy Managers and Child Welfare Training Institute Managers to discuss PICR results and other practice and outcome data, and identify opportunities for training, policy or the quality improvement system to direct or support practice and outcome improvement

**Action Step 4:**         Continue to sponsor meetings of the Training Advisory Council, to gather input from staff and others to continually improve the content, delivery, and effectiveness of training

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

***Family to Family***

Arizona is working to embed the Family to Family values, outcomes and goals into Arizona's child welfare practice. With support from the Annie E. Casey Foundation and using the Family to Family strategies, the Department will strive to achieve the following outcomes:

- Reduce the number and rate of children placed away from their birth families
- Among children coming into foster care, increase the proportion who are placed in their own neighborhoods or communities
- Reduce the number of children served in institutional and group care and shift resources from group and institutional care to kinship care, family foster care and family-centered services
- Decrease lengths of stay of children in placement
- Increase the number and rate of children reunified with their birth families
- Decrease the number and rate of children re-entering placement
- Reduce the number of placement moves children in care experience
- Increase the number and rate of brothers and sisters placed together
- Reduce any disparities associated with race/ethnicity, gender, or age in each of these outcomes

Family to Family defines six goals and four strategies to achieve the child and family outcomes. Information about the status of these strategies is included elsewhere in this *Child and Family Services Plan*. The four core strategies that are the hallmark of Family to Family include:

- recruitment, development and supporting resource families (foster and kinship);
- building community partnerships;
- team decision-making; and
- self-evaluation using data about child and family outcomes.

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

Each child's CPS Specialist cooperates with the child's parents, out-of-home care providers, school, health care providers and others to identify the child's needs and obtain or advocate for services. The Division encourages parents to identify their children's educational, physical health and behavioral health needs and participate in the development of case plans to address identified needs. The Division's CSA-SRA-Case planning process and tools guide the CPS Specialist to gather information about the children's educational, physical health and behavioral health 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. CPS Specialists advocate for service provision through agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services (DBHS).

***Educational Services***

CPS Specialists collaborate with parents, out-of-home care providers and schools to ensure children are provided services to help achieve their educational potential. Education case plans are discussed and developed with parents and youth in forums such as case plan staffings, Child and Family Team Meetings (CFT), informal meetings between the CPS Specialist and parent, and special education meetings initiated by the child's school. The case plan for children in out-of-home care includes an education case plan, and education related tasks may be included in the case plan for children served in-home. The case plan for every child in out-of-home care specifies: (1) the child's educational status; (2) services provided to the child or out-of-home caregiver to address the child's educational needs; and (3) indication of whether the child is attending the home school district. Children receive educational services through the Arizona public school system, which includes tuition-free specialized charter schools. CPS Specialists coordinate

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

with parents, school officials, teachers, out-of-home care providers and others to monitor each child's educational needs and plan, and modify services as necessary. CPS Specialists frequently advocate for services through sister agencies such as the Department of Education and 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 Division collaborates with the local school district to ensure an Individuals with Disabilities Education Act (IDEA) parent or surrogate parent is appointed for children who require special education evaluation and/or services. State law allows a kinship foster caregiver or foster parent to act as the IDEA parent in the absence of a birth parent. The law also allows a surrogate parent, when needed, to be appointed by *either* a court *or* the Arizona Department of Education (ADE), thereby making the appointment process easier and faster and reduces delays to assessment and service provision.

The Educational Case Management Unit employs two full-time Case Managers to serve youth, statewide. The Case Managers complete Educational Case Management Assessments for youth in the Independent Living Program to evaluate the progress of the youth toward high school graduation, passing the Arizona Instrument to Measure Standards (AIMS) test, accessing post-secondary financial assistance, and applying for post-secondary education. The Educational Case Managers provide the assessment information to the assigned CPS Specialist to assist in the development and coordination of the youth's educational case plan. The Department partners with the Arizona Department of Education, school districts and individual school personnel to identify educational barriers related to youth in foster care and to assist youth in the completion of educational assessments that assist CPS Specialists in ensuring the youth's individual educational needs are met.

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

The majority of children in Arizona's foster care system receive health care coverage through the Division's Comprehensive Medical and Dental Program (CMDP). CMDP operates as an acute care health plan under contract with the Arizona Health Care Cost Containment System (AHCCCS), for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding. CMDP provides full coverage of medical and dental care to each child placed in out-of-home care by the Division, the Arizona Department of Juvenile Corrections, or the Arizona Office of the Courts/Juvenile Probation Offices. CMDP serves eligible children in foster care placed in Arizona, as well as those placed out-of-state, until those children are Medicaid enrolled in that state. CMDP ensures, in partnership with legal guardians and foster care providers, the provision of appropriate and quality health care services for the well being of Arizona's children in foster care. The state uses physicians and other appropriate medical professionals to assess the health and well-being of children in foster care and provide appropriate medical treatment.

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

State policy requires a comprehensive medical examination that meets EPSDT requirements within 30 days of a child's initial placement in out-of-home care, periodic EPSDT exams (based on age and American Academy of Pediatrics recommended guidelines) and semi-annual dental exams. The CPS

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

Specialist and out-of-home caregiver are responsible for ensuring necessary follow up of recommended care. Each child's health and medical needs are to be reviewed as part of the case planning process, and the case plan includes a health care plan with outcomes and tasks to meet the child's medical needs.

Division policy requires all known information pertaining to a child's medical history be documented in CHILDS and provided to out-of-home care providers. Data regarding immunization types and dates, well child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events are downloaded from the CMDP data system into the Division's CPS case management system (CHILDS) through an electronic interface. This data is then included in the medical summary report that summarizes significant medical, educational, and developmental history and status information. The CPS Specialist is then able to provide copies of medical records directly to the out-of-home caregivers or through the medical summary report.

No changes are anticipated in the population and geographic areas served by the program. In CY 2008, 18,995 children in foster care were enrolled in CMDP, up from the 18,596 in CY 2007.

The Division's Health Care Services Plan is provided in Section VIII.

***Child Behavioral Health Services***

Meeting the behavioral health needs of children served by the Division is the shared responsibility of the Division of Children, Youth and Families and the Department of Health Services' Division of Behavioral Health Services (DBHS). DBHS contracts with four Regional Behavioral Health Authorities (RBHAs) statewide for the delivery of behavioral health services for Title XIX eligible clients. In addition, four Tribal Regional Behavioral Health Authorities have Inter-Governmental Agreements (IGAs) with the Department of Health Services: the Gila River Indian Community, the Colorado River Indian Tribe, the White Mountain Apache Tribe, and the Pascua Yaqui Tribe; and in 2008, DBHS renewed an IGA with the Navajo Nation for case management services. For children in foster care who are not Title XIX eligible, or for those children who are Title XIX eligible but are denied a behavioral health service by the RBHA, the Division's Comprehensive Medical and Dental Program (CMDP) provides coverage. Other behavioral health services may be covered through district funds.

Behavioral health services for foster children are comprehensive and include behavioral health assessments; psychological and psychiatric evaluations; individual, group and family counseling; direct service supports (Support and Rehabilitation Services); case management; psychotropic medication; medication monitoring; day supports; and placement in appropriate therapeutic levels of care. Service coordination is provided through participation in Child and Family Teams (CFTs) for children who are Title XIX eligible and receiving behavioral health services.

CPS Specialists refer children who have been removed from their homes to the RBHA's statewide 24 hour Urgent Response system to receive a comprehensive assessment of strengths and needs. The Urgent Response includes enrollment in behavioral health services and face-to-face evaluation of all children brought into care by the Department. The results and recommendations of the evaluation are provided to the CPS Specialist to present to the Court at the Preliminary Protective hearing. The CPS Specialist is required, and the caregiver is encouraged, to participate in the assessment process and provide information pertinent to an effective assessment. The Urgent Response assessment is followed by a more in-depth "Birth-to-Five Assessment" for younger children that is first completed within 45 days but can be an ongoing assessment process. If the RBHA's initial screening or assessment for a child age birth to three indicates a developmental concern, the RBHA makes a referral to the Arizona Early Intervention Program (AzEIP), notifies the child's CPS Specialist and primary care physician of the screening results and referral to AzEIP, and includes AzEIP

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

in the child's CFT meetings. If no developmental concern is noted, the RBHA notifies the child's CPS Specialist and provides any necessary behavioral health services to the child, the child's family, and the out-of-home care provider. All children under age three who are the subject of a proposed substantiated report of maltreatment or a substance exposed newborn but not removed from home are referred by CPS to AZEIP for a developmental screening.

The Urgent Response marks the beginning of the development of the child's CFT. The CFT model is used statewide to develop an Individualized Service Plan (ISP) for behavioral health services for each child. The following 12 principals serve as a foundation for the model and the ISPs, which seek to involve the entire family in a child's treatment, as well as neighbors, community organizations, and religious community members identified by the family:

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

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

- Respect for the Child and Family's Unique Cultural Heritage – Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family.
- Independence – Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management.
- Connection to Natural Supports – The behavioral health system identifies and appropriately utilizes natural supports available from the child's and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

CFTs provide a family-centered, individualized and strength-based “wraparound” process, including complete review of the family situation and the issues that brought the family to the attention of one of the collaborating agencies. The family meets with a behavioral health service provider who helps the family conduct a thorough strength-based assessment and choose members of its CFT. The Team should include “informal supports,” such as friends, relatives, and community supports; as well as professionals and other practitioners from involved agencies. The behavioral health service provider facilitates development of a behavioral health service plan by the Team, which by nature is family-focused. The behavioral health service provider may then present the behavioral health service plan to the team, who reviews the plan, approves/authorizes services, makes recommendations and gives feedback to the behavioral health service provider. The collaborative CFT model is intended to break down agency barriers and access to services by having one plan implemented in a cooperative fashion by all involved agencies. When funds are available, ADHS/DBHS flexible funding of up to \$1,525 per child per year is available to meet identified needs. The behavioral health service providers are responsible for overseeing and facilitating the effective implementation of the service plan and helps facilitate the implementation of any services that are required by resolving barriers in coordination, implementation, contracts and logistics.

The emphasis on supporting placement stability promises to maintain children in their current placements through multi-agency coordination and provision of services tailored to meet the needs of the children and their families. The majority of children in the custody of the Department who need residential treatment or other therapeutic care have a CFT engaged just prior to, or shortly after, the placement. The CFT explores all opportunities to maintain the child in a less restrictive setting, including a variety of wraparound services, and continues to work toward returning the child to a less restrictive community setting. Current and past out-of-home caregivers are invited to participate in the CFT meetings while the child is in specialized placement.

## **B. Outcomes, Goals and Baseline Data**

To integrate the Child and Family Services Review (CFSR) process and the Child and Family Services Plan, most of the Department's Child and Family Services State Plan outcomes and goals match those used to determine substantial conformity during the CFSR. Progress toward achieving the state's well-being outcomes and goals is measured using the state's Practice Improvement Case Review (PICR). Arizona's participation in the CFSR On-Site Review in August 2007 provided case review data, which serves as the baseline for many of the Division's goals in this State Plan. The Division reinstated the PICR for in-home and out-of-home service cases in March 2009 and will measure progress on many of the well-being goals using the PICR. The target percentage for the goals measured through the PICR is the standard for substantial conformity during a Child and Family Services On-site Review (95% of cases rated strength), and is therefore a long-range goal representing a very high standard of practice. The PICR provide statewide performance data. The baseline data generated through the 2007 CFSR on-site

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

review represents the performance of three Arizona counties, including the state’s two largest counties and roughly 80% of the Division’s caseload. See Section IV, Part 4, A.3. *Quality Assurance System*, for more information on the Practice Improvement Case Review.

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

**CFSR Item 17: Needs and services of child, parents, foster parents**

Well-Being Goal 1: The percentage of cases in which the needs of the child(ren), parents, and foster parents are assessed and necessary services are provided will be 95% or more (PICR Item 7)

CFSR On-Site 2007: 46%

Well-Being Goal 2: The percentage of cases in which concerted efforts to include the child(ren)’s father in TDM or CFT meetings will be 95% or more (PICR Item 8, C1.)

Baseline to be set<sup>4</sup>

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**CFSR Item 18: Child and family involvement in case planning**

Well-Being Goal 3: The percentage of cases in which concerted efforts were made to actively involve the mother in case planning will be 95% or more (PICR Item 8, B.)

CFSR On-site 2007: 75%

Well-Being Goal 4: The percentage of cases in which concerted efforts were made to actively involve the father in case planning will 95% or more (PICR Item 8, C.)

CFSR On-site 2007: 44%

Well-Being Goal 5: The percentage of cases in which concerted efforts were made to actively involve the child(ren) in case planning will be 95% or more (PICR Item 8, A.)

CFSR On-site 2007: 69%

**CFSR Item 19: Caseworker visits with children**

Well-Being Goal 6: The percentage of cases in which the assigned CPS Specialist made concerted efforts to have sufficient frequency of in-person visits (at least monthly) with the child(ren) will be 95% or more (PICR Item 9, A1.)

CFSR On-site 2007: 77%

Well-Being Goal 7: The percentage of cases in which the quality of visits between the CPS Specialist and the child(ren) was sufficient, and the child was visited alone for at least part of each visit will be 95% or more (PICR Item 9, B.)

CFSR On-site 2007: 66%

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

<sup>4</sup> Data for this measure is being generated from the newly reinstated in-home and out-of-home Practice Improvement Case Reviews. This is a new item in the case review instrument and is not an item in the Child and Family Services Review On-site Review Instrument. Therefore, baseline data is not currently available.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

Well-Being Goal 8: The percentage of cases in which the assigned CPS Specialist makes concerted efforts to have sufficient frequency and quality of contact with the mother and father will be 95% or more (PICR Item 10)  
CFSR on-site 2007: 43%

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

**CFSR Item 21: Educational needs of the child**

Well-Being Goal 9: 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  
CFSR On-Site 2007: 77%

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

**CFSR Item 22: Physical health of the child**

Well-Being Goal 10: The percentage of cases in which the physical health needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more  
CFSR On-site 2007: 75%

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

Well-Being Goal 11: The percentage of cases in which the mental health needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more  
CFSR On-site 2007: 72%

### **C. Strategies and Action Steps**

This section lists the state's primary strategies for improving well-being outcomes. Two of the four are included in the state's current CFSR PIP, and the other two are new strategies. The action steps describe current and future activities, expanding upon the completed action steps and benchmarks from the state's CFSR PIP. These strategies and action steps do not describe all the activities that may improve well-being outcomes. Routine work activities and smaller programmatic changes will also have a significant impact. These are the strategies most directly linked to well-being, but will also support safety and permanency outcomes. Likewise, the Division's safety, permanency and systemic strategies will support achievement of well-being outcomes. For example, Division efforts to improve competency with the integrated CSA-SRA-Case planning process will also improve the Division's needs assessments and service planning for children, parents, and out-of-home caregivers.

**Primary Strategy: Develop an efficient and coordinated case planning process that links**



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

**existing case plan related meetings, supports behavioral case planning, and meets federal and state child welfare case planning requirements**

- Goal:** Provide all members of the family’s CPS team an opportunity to participate in the development of a behavioral case plan that meets all federal and state requirements, including parent and youth involvement in case planning and timely designation of permanency goals that are appropriate to the child’s needs for permanency and the circumstances of the case
- Action Step 1:** Develop and provide training for staff and supervisors on the creation of a behavioral case plan, including the involvement of the parents and youth in its development
- Action Step 2:** Develop practice tips, case examples, and other tools or materials to increase staff competency engaging parents and youth in the development of behavioral case plans
- Action Step 3:** Deliver training to community stakeholders (such as courts, CASAs, attorneys, behavioral health providers, or others) to increase their knowledge about state and federal case planning requirements, and development of behavioral case plans
- Action Step 4:** Inventory and examine existing meetings where case planning does or could occur (such as TDMs, CFTs, and court mediations) to identify how these meetings do or could meet Division requirements for case plan staffings and case plan development and reassessment
- Action Step 5:** Employ the Quality Improvement System, including the Practice Improvement Case Review and Professional Skill Building Plans, to gather data about timely development of written case plans, timely assignment of appropriate permanency goals, involvement of parents and youth in case plan development, and whether the case plan was developed in a meeting to which all CPS team members were invited

This is a new strategy, identified by district Program Managers, Central Office Administrators, Central Office Police Managers, and the Central Office CFSR Manager to address needs identified through data management reports and the Practice Improvement Case Review. Many meetings and hearings occur in ongoing cases, each with a somewhat different focus. CPS Specialists report that these meetings are time consuming for the family and team members and address many of the necessary case plan decisions. A separate case plan staffing may not be scheduled to reassess the case plan in its entirety and address other issues specific to CPS decisions. There is a need for collaboration between the Family to Family initiative, the behavioral health system, the courts and the Division to develop an efficient and coordinated case planning process that links existing case plan related meetings, supports behavioral case planning, and meets federal and state child welfare system case planning requirements.

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**Primary Strategy:** **Provide training, supervision and oversight to increase staff knowledge and application of practice standards on monthly CPS Specialist contacts with children in out-of-home and in-home service cases, and to increase the quantity and quality of information gathered by case aides during their**

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

**contacts with children and out-of-home caregivers**

- Goal:** Provide monthly in-person contact with the assigned CPS Specialist to all children and caregivers in out-of-home and in-home service cases, and maximum opportunity for children and caregivers to share and receive information relevant to child safety, permanency and well-being
- Action Step 1:** Within each district, use dashboard data, clinical supervision, and managerial oversight to monitor the rate of monthly in-person contact with children, alone for part of each contact if verbal
- Action Step 2:** Develop training materials, practice tips, documentation examples, or other tools and opportunities to increase staff knowledge of the practice standards for quality contacts between CPS Specialists and children in in-home and out-of-home service cases
- Action Step 3:** Provide training on high quality in-person child contacts to case aides statewide, so that information about child safety and well-being will be gathered during case aide contacts with children, to supplement other information available to CPS specialists conducting safety assessment, risk assessment and case planning
- Action Step 4:** Employ the Quality Improvement System, including the Practice Improvement Case Review and Professional Skill Building Plans, to gather data about monthly CPS Specialist contacts with children and design worker-centered and systemic improvement strategies

This is a new strategy, identified by district Program Managers, Central Office Administrators, Central Office Police Managers, and the Central Office CFSR Manager to address needs identified through data management reports, the Practice Improvement Case Review, and the 2007 CFSR. The Division has identified this strategy and these action steps to improve the frequency and quality of contacts with children. The Division expects that improvements in this pivotal area will improve performance on nearly all of the Division's safety, permanency and well-being goals.

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**Primary Strategy:** **Collaborate with the Arizona Department of Health Services (ADHS) to implement new tools, training and practices to address the complex mental health needs of children in the child welfare system**

**Goal:** Increase opportunities for behavioral health providers to understand the unique needs of children in the child welfare system

**Action Step 1:** Continue to provide co-facilitated training to existing ADHS providers on the unique needs of children involved with CPS and incorporate this content into training for all newly hired providers

**Action Step 2:** Participate in the Arizona Children's Executive Committee and the following subcommittees to provide recommendations for an improved children's system of care:

- Training Subcommittee
- Clinical Subcommittees

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 3: Child and Family Well-Being**

- Adolescent Substance Abuse Treatment Subcommittee

**Action Step 3:** Collaborate with ADHS in the “Meet Me Where I Am” campaign to expand the capacity and quality of wraparound services available through Support and Rehabilitation Services in demonstration sites within each behavioral health geographic region

**Action Step 4:** Provide CPS staff with access to current ADHS policies and procedures regarding informed consent and best practices for the use of psychotropic medication among children in out-of-home care

**Action Step 5:** Develop and distribute to CPS field staff and out-of-home caregivers materials that provide questions to ask and other guidance for participation in CFT meetings when a child is prescribed a psychotropic medication

This strategy is included in Arizona’s current CFSR PIP as a method to improve areas identified through the CFSR On-site Review, such as access to timely services, availability of substance abuse treatment, and appropriate use of psychotropic medication. These improvements are expected to support placement stability, and timely permanent reunification. Action Steps 1 through 3 are included in Arizona’s current PIP, and describe ongoing long-term projects that will continue for the foreseeable future. Action Steps 4 and 5 are also included in the state’s current PIP, and will be completed in SFY 2010.

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**Primary Strategy:** **With ADHS and other partners, gather and analyze data to identify systemic barriers and service gaps and improve the children’s system of care**

**Goal:** Form a shared factual understanding of the state’s success meeting the complex mental health needs of children in the child welfare system, to guide collaborative program improvement

**Action Step 1:** In collaboration with ADHS, conduct case reviews and follow up to address systemic needs identified through these case reviews

**Action Step 2:** Coordinate with the CFSR Manager and Practice Improvement Specialists to analyze Practice Improvement Case Review results, clarify behavioral health practice standards, and update and distribute practice guides, tips and tools; so that clear, consistent, targeted feedback is provided to CPS Specialists and Supervisors during Practice Improvement Case Review feedback meetings

This strategy is included in Arizona’s current CFSR PIP. Case reviews with ADHS have begun and will continue, as a method to identify needs and inform system improvement plans. Action Step 2 is newly identified. The Division has recently reinstated Practice Improvement Case Reviews of in-home and out-of-home cases, and will use this process to clarify and communicate behavioral health related practice standards to CPS Specialists and Supervisors. The Division and ADHS have developed many tools and guides to explain and support practice. The PICR feedback meetings are an opportunity to increase staff awareness and use of these tools, and for staff to ask questions and identify systemic needs.

## **PART 4: SYSTEMIC FACTORS**

### **A. Program Descriptions**

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

Since February 1998, Division staff have been required to use the Children’s Information Library and Data Source (CHILDS) Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location and goal for every child who is in foster care. CHILDS supports Hotline intake, initial assessment/investigation, case management, adoption, eligibility determination, staff management, provider management and payment processing; and includes on-line help, policy, a court document and forms directory, an alert system for key case events, and other mechanisms to monitor and maintain data accuracy.

The CHILDS system is available statewide to Division staff in all local offices, with more than 2,000 registered users. Service providers and other agencies are given access to CHILDS using the secure Citrix system. Case management service providers, the Office of the Attorney General, the Administrative Office of the Courts (particularly the Foster Care Review Board and juvenile justice), and tribal social service agencies with Title IV-E agreements are provided access designed specifically for their needs. CHILDS employs separate districts, units, and placement codes to differentiate between families served by the Division and those served by other state agency or tribal entities. As a SACWIS compliant system, CHILDS’ security conforms to SACWIS security standards.

CHILDS training for staff, tribes, and contracted providers is critical to the success of the system. CHILDS trainers provide initial training, including a one day new employee CHILDS orientation to familiarize staff with CHILDS navigation and e-mail systems; and six days in Core training on the ongoing case management and investigation windows. Specialized training is presented to staff who maintain the provider database or process payments, and to tribes and contracted providers who enter case notes or data in CHILDS. Upon request, CHILDS trainers provide refresher courses, one-on-one training, and specialized trainings. Additional classes are developed as needed when system modifications are migrated to production. These trainings, the CHILDS system’s Missing Mandatory Data function, program edits that prevent entry of illogical data, and ongoing review of data error reports form an effective system to ensure data accuracy. The Division’s District Automation Liaisons also have an important role in training new staff and providers learning to access the system, and all staff following system updates and change migrations.

The CHILDS Project also measures its success according to its ability to update the system to respond to the evolving needs of its users while maintaining SACWIS compliance, and is highly successful in this regard. In SFY 2009 the CHILDS Project continued to hold monthly District Automation Liaison (DAL) meetings. These meetings allow DALs to preview CHILDS enhancements and modifications so they can alert and train field staff; and allow CHILDS staff to solicit suggestions and input on the CHILDS application, network and staff services. CHILDS also continued to conduct quarterly system modification migrations. Migrations typically include fifteen to twenty system changes requested by field staff, administrators, state policy and program development staff or CHILDS staff.

A priority of the CHILDS project over the last several years has been development and continuous improvement of the automated CSA-SRA-Case plan, which guides decision making and improves documentation of holistic safety and risk assessments. The automated CSA-SRA-Case plan provides several features to assist CPS staff, including built-in instructional text and hyperlinks to related web sites, alerts to improve data accuracy and thoroughness, tabs that allow staff to move sequentially through

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

the instrument, and areas for supervisory documentation.

**2. Case Review System**

Arizona's case review system includes policies and processes to meet the federal requirements for development of written case plans, periodic review of the status of each child, permanency hearings for children in foster care 12 months or more, and termination of parental rights according to Adoption and Safe Families Act requirements.

***Written Case Plan***

The Division's policies and procedures require written case plans addressing all the federally required elements be developed for all children who are the subject of a case open for more than sixty days, and that this case plan be developed with family and child input. Team Decision Making, Child and Family Team, and other meetings provide facilitated opportunities to engage family members in decisions and various aspects of case planning.

The Division's case plan includes sections that specifically address the child's physical health needs and the child's educational needs. These and other specialized sections, such as the out-of-home care plan to describe needs and services of the out-of-home care giver and the child, and the independent living plan to describe services to youth age 16 or older, prompt CPS Specialists to consider the full range of needs and necessary services, particularly to address children's special needs and well-being outcomes.

Timely development and reassessment of case plans, and inclusion of all necessary components, is supported by quality assurance and supervisory tools. The CHILDS Alert system provides case managers an early reminder of case plan reassessment due dates. Supervisory case review forms, which include prompts to review the timeliness and content of case plans, are required quarterly on ongoing case management cases.

Staff are fully trained and well informed about the need to provide case plans to the Court and Foster Care Review Board (FCRB). Case plans are attached to reports to the Court, and discussed at Court and FCRB hearings. The Division's Court report outlines require the CPS Specialist to provide information about various aspects of the case plan, including the permanency goal, services to the parents to support reunification, placement of the child, services to the child, visitation with parents and siblings, and others.

The Division is continually improving its policies and practices to increase parent and child involvement in case plan development. For more information, see Section IV, Part 3, A.1. *Case Planning and Case Manager Visits with Children and Parents*.

***Periodic Reviews and Permanency Hearings***

Periodic review requirements are met through Juvenile Court hearings and Foster Care Review Board (FCRB) meetings. In most cases a Court or FCRB hearing is held more frequently than once every six months. Foster Care Review Boards (FCRB) are comprised of citizen volunteers whose primary role is to advise the juvenile court on progress toward achieving a permanent home for children involved in a dependency action and placed out-of-home. FCRB Reports and Recommendations are sent to the Juvenile Court Judge, who reviews the report 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, or within six months if the child was younger than age three at removal, or within thirty days of

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

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

Data from the SFY 2008 *Dependent Children in the Arizona Court System* report indicates that there were 13,781 children who had a FCRB scheduled or conducted sometime during the fiscal year, an increase from the 13,445 children whose case was reviewed in SFY 2007. This includes children for which a dependency petition is filed and who remain in care long enough to be scheduled for a review.

***Termination of Parental Rights***

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

Court rules effective January 1, 2007, allow counsel representing an appellant to file an affidavit, instead of a brief, avowing that (1) the appellant has abandoned the appeal, or (2) after having reviewed the record, counsel sees no non-frivolous issues to raise on appeal. This rule change was enacted to reduce delays to finalized adoption, and was used in approximately 15% of all appellate filings during SFY 2008. The state's two appellate divisions have been tracking data on timeliness of TPR rulings. The state's Chief Justice made a priority of reducing the appellate delay related to juvenile dependencies, and set a goal of 140 days from filing of the notice of appeal to filing of the decision in the appellate court. The statewide average time from filing to decision was 159 days in SFY 2008, down from 242 days in SFY 2007. The appellate courts are well on their way to meeting the goal set by the Chief Justice.

***Notice of Hearings and Reviews to Caregivers***

Foster parents, pre-adoptive parents and relative caregivers of dependent children receive notification and an opportunity to be heard in reviews and hearings held with respect to children in their care. The CPS Specialist includes the caregiver's name, address and phone number on a cover sheet to the FCRB and court, which serves as a notification mailing list. Also, records provided to the caregiver within five days of placement are to 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 minutes, if the initial review has been held. The FCRB minutes 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 termination of parental rights proceeding has the right to be informed of, attend and be heard in any proceeding involving dependency or termination of parental rights. The child's attorney must provide

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

this notification to the child. The child further has a right to meet with his/her Court Appointed Special Advocate (CASA).

The state's Court Appointed Special Advocate Program (CASA) also plays a vital role in CPS dependency cases, ensuring the needs and best interest of the child are considered by the Judge and other team members. CASA reports are disseminated to the Juvenile Court and the assigned CPS Specialist to update the Specialist on the CASA's activities and recommendations to the Court. CASAs continue to be invited to and attend CPS staffings and Child and Family Team 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. The FCRB is especially diligent in encouraging caregiver participation in reviews. The same Program Specialists who facilitate the Boards generate the notices, because they know the interested parties who should be invited. The FCRB's process for sending notices to interested parties undergoes revisions and improvements every year. For example, notices are now generated in English and Spanish. Other changes in 2008 included increasing the font size and adding the program's new logo. The notices also contain a website address to which youth may send their thoughts and concerns, which are then forwarded to the appropriate board.

Following the July 2006 enactment of the federal law regarding notice to caregivers, Arizona adopted a Court Rule to ensure compliance. Arizona Revised Statutes already required the Court to provide notice of Periodic Review Hearings to interested parties, and the new Rule requires 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 Court Improvement Program is monitoring county activities to comply with the Rule. In six Arizona counties the Division is responsible for ensuring the notice is provided to caregivers, in four counties the local Attorney General's Office provides written notification, and in four counties (including the state's two urban counties) the court clerk's office provides written notification. To support these improvements, Division procedures were revised in October 2007 to clarify the responsibility and process for CPS Specialists to provide notice to out-of-home caregivers of any proceeding to be held with respect to the child during the time the child is in the care of caregiver and the right to be heard in these proceedings. This rule and the importance of notifying caregivers is now covered in *Dependency 101* training for Judges new to the dependency bench, and a Juvenile Court best practice instruction on notifying out-of-home caregivers was published in June 2008.

### **3. Quality Assurance System**

The Division's safety, permanency, and child and family well-being outcomes, goals and performance measures are listed throughout this report. These are the same as those evaluated through the Child and Family Services Review, with the addition of a few goals added by the Division. The Division's policies and procedures set practice standards and operationalize the outcomes and performance measures in the strategic plan. For example, the outcome that children achieve adoption in 24 months or less is translated into practice through policies setting standards for timely case plan development and review, termination of parental rights, and adoptive home identification and placement. The policies are frequently based on Child Welfare League of America and other best practice standards. The Division's policy manual is available to all staff through the CHILDS System and the intranet, and to the public on the internet. The Division's policy unit annually reviews and revises policy based on new laws and best practices. After revisions, statewide training is conducted for Division staff. The Division also proposes or supports new laws that set standards to support safety, permanency and well-being outcomes.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

Application to individual cases of the standards set by policy and procedure is monitored through internal and external review processes, such as:

- quality assurance review of all hotline communications about child maltreatment that are not categorized as CPS reports;
- Protective Services Review Team (PSRT) review of proposed substantiated findings of abuse and/or neglect;
- Removal Review Team reviews within 72 hours of removing a child and before filing a dependency petition to ensure all alternatives to continued out-of-home placement have been explored;
- case plan staffings held within sixty days of the case opening and at least every six months thereafter to review services and permanency goals;
- Court hearings, especially periodic reviews and permanency hearings, which allow Juvenile Court Judges to review all aspects of the service plan to ensure that reasonable efforts are being made and to resolve issues that prevent the child from living at home or achieving permanency;
- Foster Care Review Board 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 case manager and other members of the service team;
- worker and case specific CHILDS data reports provided to supervisors, managers, and administrators, statewide, to provide easily accessible information on case specific application of standards; and
- supervisory case reviews conducted at the time of closure or transfer, and quarterly for ongoing case management cases, to monitor compliance with policy, ensure accurate data entry, and improve employee performance.

Performance based contracts are used by the Division to monitor the quality and outcome of contracted services. These contracts include goals, objectives, payment points and reporting requirements that align with the Division's strategic plan. Performance based contracts motivate provider agencies to work in concert with the Division toward shared outcomes and provide the Division a method to gather data beyond that available in CHILDS. The Home Recruitment, Study and Supervision contract provides an example of performance based contracting.

The Division's quality improvement (QI) system is a structured and comprehensive process to identify and address system needs by gathering information from internal and external sources; analyzing the information to evaluate the child welfare system's performance; communicating the information to administrative and field staff, communities, family members and youth; and developing action plans to address identified needs. All Division staff have the opportunity to participate in the Division's QI system in one or more capacities. In addition, the Division has dedicated Practice Improvement Specialists in Central Office and all districts. Practice improvement and strategic planning management functions are consolidated in the Central Office Practice Improvement Unit. Practice Improvement Specialists in each of the State's six districts lead case reviews, provide data and performance information to management and Quality Improvement Teams, facilitate district action planning, and monitor and lead



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

district practice improvement activities. District Automation Liaisons identify and facilitate correction of data errors and assist district staff to develop and use data reports to manage and monitor their day-to-day work. Dedication of staff to quality improvement functions has enabled the Division to more closely monitor performance related to CFSR and other key child welfare outcomes, more fully understand underlying issues hindering achievement of positive outcomes, and identify effective practices to improve outcome related performance.

The Division's Quality Improvement Manual provides an overview of the QI system's purpose and underlying principles, and a description of each of the system's elements. Each element of the Division's QI system is described below.

- *Aggregate Data Analysis* – District and Central Office staff continuously identify, monitor and analyze aggregate data relevant to the Division's safety, permanency and well-being goals, service utilization, and other Division operations. The Administrator of the Division's Financial and Business Operations Administration consults with the District Program Managers and others to identify priority data reports for the Division. The Central Office Reports and Statistics Unit ensures timely distribution of data reports, and provides training and technical assistance to staff on data development and analysis. The Division's District Automation Liaisons ensure timely distribution of data within the districts and lead the districts' data analysis and data integrity activities. Data is provided through the business intelligence data dashboard, ACCESS databases, and hard copy reports. The Division has been providing an increasing number of reports and related data tables electronically rather than hard copy, which improves accessibility and flexibility for Districts to summarize and organize the data in the way that best meets their needs.

The Business Intelligence Dashboard is an online analytical reporting tool that helps districts and units monitor and manage their caseload by viewing preconfigured data and creating analytical reports related to Key Performance Indicators (KPIs). The Dashboard currently provides data on: timeliness of initial response to reports of child maltreatment, timeliness of investigation completion and recording of investigation findings, frequency of in-person contact with children, parents, and out-of-home care providers; and child removals and exits from out-of-home care. Staff may also view data by variables such as ethnicity and child removal zip code. "Top – Bottom" performance reports are available on some KPIs, so management and supervisory staff can identify the highest and lowest performing units in their respective districts, areas and units.

- *Practice Improvement Case Review* – The Practice Improvement Case Review (PICR) provides a method to identify strengths, areas needing improvement, and contributing issues in Arizona's child welfare system. District and Central Office staff review a random sample of initial assessment, in-home services and out-of-home cases from each district to measure the rate of outcome achievement and gauge current practice related to the Division's safety, permanency and well-being goals. Review of initial assessment cases focuses on implementation of the integrated CSA-SRA-Case planning process. Review of in-home and out-of-home cases is limited to Division goals that cannot be measured through CHILDS or other quantitative data, and areas requiring improvement for which qualitative information is needed. Item ratings are based on a review of the CHILDS record and hard file, and interviews with case participants on some cases. Using the Practice Improvement Case Review process, the Division:
  - identifies practices and systemic factors that enable or hinder positive safety, permanency and well-being outcomes for children and families;
  - provides Division management and Quality Improvement Teams with information to identify and initiate improvement activities;
  - provides an opportunity for direct service and management staff to learn from peers; and

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

- identifies training needs for direct service and management staff.

The Practice Improvement Case Review Instruments include substantial item rating guidance to improve inter-rater reliability. This includes instructions from the CFSR On-Site Review Instrument and guidance based on state policy and best practices. Cases review instruments are completed by management and other district staff, and read by the District Practice Improvement Specialist to ensure review accuracy. The state's CFSR Manager reviews a random sample of the completed instruments to ensure accuracy and statewide consistency.

Distribution and discussion of case review results occurs monthly in all districts. Clinical discussions among district staff focus on practice strengths and training needs, to facilitate professional growth and skill development among CPS Specialists, Supervisors, Program Specialists and Assistant Program Managers (APM). Review results are distributed and discussed at district leadership meetings, group supervision meetings or Supervision Circles, and within unit meetings. Often a particular case is discussed as a group to provide examples of strengths and practices needing improvement. Case specific review results are provided to the assigned CPS specialist and Unit Supervisor, in a meeting attended by the Assistant Program Manager. Professional Skill Building Plans may be developed in these meetings.

- *Clinical Supervision and Professional Skill Building Plans* - Clinical supervision is a cornerstone of the Division's Quality Improvement System. Clinical supervision provides a means to ensure consistent application of practice standards and achievement of positive outcomes for each and every family served. Clinical supervision conferences between each CPS Specialist and his or her CPS Unit Supervisor are required at defined intervals, dependent on the case and employee needs. The integrated CSA-SRA-Case plan provides guidance and a location for supervisors to document clinical supervision at each key decision point in the initial assessment process. A revised Clinical Supervision review guide for ongoing cases has also been developed, to facilitate supervisory consultation that focuses on the needs of the child, parents and foster parents; and achievement of CFSR safety, permanency and well-being outcomes. Implementation is planned for summer 2009.

Professional Skill Building Plans apply the case review learnings and other outcome data to increase the practice skills of individual CPS Specialists, CPS Unit Supervisors, district managers, or any other Division employee. The Plans describe, in behavioral terms, the professional skill(s) to be acquired by the CPS Specialist, Supervisor, Manager or other Division employee; and the training, clinical supervision and other employee-centered supports that will be provided to enable acquisition of the skill. The plans are developed with the employee's input about his or her strengths, needs, goals and desired supports; and should be easy to implement, concrete and time-limited. A Professional Skill Building Plan must be created with the CPS Specialist and/or CPS Unit Supervisor whenever a core practice area is rated as needing improvement, unless the contributing issues are clearly and solely systemic (such as unnecessary restrictions on parent-child visitation due to court order, despite advocacy by the agency). Professional Skill Building Plans are also developed with any Division employee whenever an outcome related evaluation, CHILDS data, or other information identifies a need for the employee to strengthen a practice skill that is key to the employee's job function.

- *Quality Improvement Teams and Program Improvement Plans* – When a systemic improvement need is identified through the Practice Improvement Case Reviews or other means, the Central Office leadership team or District Program Manager may assign the identified area needing improvement to a Quality Improvement Team for additional analysis, stakeholder input, and

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

development and implementation of a Program Improvement Plan. The Quality Improvement Team may be an existing workgroup or committee, or may be created to address the identified need. Quality Improvement Teams are strongly encouraged to include representation from the major stakeholder groups that are affected by the area needing improvement or could assist to address the need.

- *Self Evaluation and Quality Improvement Activity Reports* – Each district and Central Office produces a quarterly Self-Evaluation and Quality Improvement Activity Report that includes:
  - the prior quarter’s aggregated case review results;
  - other outcome data required by Central Office or selected by the district;
  - identification of the district’s or state’s outcome areas of strength;
  - a description of best practices, system strengths, and improvement strategies that have produced positive outcomes in the district or state;
  - identification of the district’s or State’s outcome areas needing improvement;
  - a summary of current and planned district or state activities to apply the case review learnings and improve practice (such as those included in Professional Skill Building Plans and the activities of Quality Improvement Teams); and
  - a description of systemic needs that interfere with outcome achievement, if applicable.

These quarterly reports are provided to all district leadership teams and the Central Office leadership team. The leadership teams review the reports and assign identified systemic issues to an appropriate Central Office or District Quality Improvement Team.

**4. Staff and Provider Training**

During the 2007 CFSR On-site Review, Arizona was found to be in substantial conformity with the systemic factor of training, achieving the highest overall rating possible and a rating of strength in relation to all three of the training items: operation of a staff development and training program that provides initial training for direct service staff, provision of ongoing staff training, and provision of training for current or prospective out-of-home caregivers.

The Division provides initial and ongoing training for child welfare staff through a variety of methods and opportunities, including:

- Pre-core/New Employee Orientation training
- Case Manager Core training
- On-the-job/field training and support
- Supervisor Core training and advanced courses for supervisors and managers
- Parent Aide and Case Aide Core training
- Specialized one-on-one training refreshers on CHILDS and the CSA-SRA-Case planning process
- Specialized and advanced training, including workshops and conferences on topics such as gangs, mental health issues and methamphetamine abuse
- Special trainings on Engaging Families and Team Decision Making, provided in partnership with the Casey Foundation in support of the Family to Family initiative
- CHILDS training
- Policy training
- District offered training
- Out-service training (conferences and seminars in the community)
- Tuition reimbursement

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

- The Arizona State University School of Social Work stipend program
- The Arizona State University Advanced MSW program
- Training to other child welfare community partners, including Foster Care Review Board, Juvenile Court, contracted service providers and local Native American tribes

Foster and adoptive parent training is provided statewide using a nationally recognized and standardized curriculum. The curriculum, PS-MAPP (Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting), stresses shared parenting and family-centered practice. In FFY 2008 956 new foster homes were licensed, a 10% increase from the 867 newly licensed homes in FFY 2007 (*Child Welfare Reporting Requirements, Semi-Annual Report*). All of these new foster parents completed either the PS-MAPP or PS-Deciding Together through one of the Division’s licensing agencies.

For more information on the Division’s staff and provider training programs, including accomplishments in FY 2008 and objectives for FY 2009, see Section V, *Child and Family Services Training Plan*.

**5. Service Array and Resource Development**

The Division provides a rich array of accessible and individualized services designed to support the permanency provisions for children and families in sections 422(b)(10) and 471 of the Social Security Act, and the provisions for promoting safe and stable families in section 432(a) of the Act. Services are provided to children and families following an assessment of safety, risk, and the family’s strengths and needs. Judicial review of the Department’s efforts to prevent removal and achieve reunification or another permanency plan occurs in accordance with the requirements of section 471 of the Act, as described in Section IV, Part 4 of this report. Services are available to prevent placement in out-of-home care, support reunification, or when necessary, achieve permanency through adoption, guardianship, or another planned permanent living arrangement. Available services, including the following, have been described in Section IV, Parts 1 through 4, of this Report:

- Healthy Families Arizona Program
- Promoting Safe and Stable Families Programs
- Homeless Youth Intervention Program
- Child safety assessment, risk assessment, case management and permanency planning
- Comprehensive in-home services
- Arizona Families F.I.R.S.T. substance abuse treatment program
- Housing assistance
- Parent aide
- Parent skills training
- Behavioral health services, including referral to the Title XIX behavioral health services
- Family team meetings, such as Team Decision Making, Family Group Decision Making, and the behavioral health system’s Child and Family Teams
- Out-of-home placement and placement supervision
- Subsidized Guardianship
- Adoptive home identification, placement and supervision
- Adoption Subsidy
- Independent Living and Transitional Independent Living services, including skills development, subsidy and educational vouchers
- Medical and dental services for youth in out-of-home care
- Referral to community and faith-based resources

Services are provided directly by Division and other Department staff or through provider contracts,

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

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 for family support services 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. Family support services are required to be community based and have collaborative partnerships in the service provision area. Letters of agreement outlining the collaboration must be submitted as part of the proposal and are included in the evaluation process. The proposals submitted are evaluated for experience and expertise of the responder, service methodology proposed, and rate of conformance to the submittal requirements.

The Division has partnered with contracted and community service providers to analyze service needs and develop new and creative approaches to service delivery. During the 2007 CFSR On-Site Review, stakeholders identified many excellent services, such as Healthy Families, Family Connections, Independent Living services, the Arizona Early Intervention Program, and health care services provided through the Comprehensive Medical and Dental Program. The ability and success of the Division to individualize services to meet the unique needs of children and families served by the agency was identified as a strength in the 2007 CFSR On-Site Review. However, stakeholders identified needs for improved quality and access to behavioral health services, greater availability of transportation resources and more timely access to independent livings skills training for eligible youth. Access to services was reported to be better in Phoenix and Tucson than in rural areas of the state. Stakeholders listed a variety of specialized services that are not fully available across the entire state, or for which there are often waiting lists.

Although the Division continued to make progress in SFY 2009 to expand the array and accessibility of services statewide, the continued availability of services was impacted by Arizona's revised SFY 2009 budget package, signed by Governor Janice Brewer to address a 1.6 billion dollar revenue shortfall in Arizona. Beginning in February 2009, the Department was required to make reductions in excess of \$100 million, in addition to addressing an existing shortfall of over \$50 million, largely related to caseload growth. The Department implemented a number of cost-saving measures to meet its budget mandate by June 30, 2009. Among these cost-saving measures were reductions and/or suspension of many Division services. These included:

- suspension of moderate in-home services and a 50% reduction in the availability of intensive in-home services, reducing or eliminating services for 4,000 children;
- a 30% reduction of substance abuse treatment services provided through Arizona Families F.I.R.S.T., eliminating services for 1,400 individuals;
- reduction in utilization of drug testing services for clients;
- suspension of prevention services provided through Promoting Safe and Stable Families federal funding;
- reduction of 75% to prevention home visitation services provided through Healthy Families, eliminating services to 3,500 at-risk families;
- reduction in utilization of transportation and parent aide services;
- reduction in foster care reimbursement rates by 20%;
- reduction in independent living subsidy payments;
- suspension of block shelter purchases in rural communities; and
- reduction or suspension of other services including receiving, transition and visitation centers, state funded counseling, volunteer services, youth mentoring programs, and independent living and homeless youth services.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

The reduction or suspension of these services requires that the Division work even more closely with community partners to deliver the supports and remediation that families need in order to prevent child maltreatment, and to achieve safety, permanency and well-being for children. The Division's intent is to continue to provide available services, including visitation, as determined in the case planning and permanency planning process for each individual case. Arizona currently faces a three billion dollar budget deficit for SFY 2010. Although the Arizona Legislature has not yet passed the SFY 2010 budget, it is anticipated that appropriated funding for the Department will not exceed the SFY 2009 level and may be lower.

**6. Agency Responsiveness to Community**

*Inter-agency Organizations, Committees, and Consultation Activities*

The Department benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs at both the Central Office and local district levels through advisory groups, case specific reviews, oversight committees, provider meetings, and collaborative groups. During the 2007 CFSR On-site Review, Arizona was found to be in substantial conformity with the systemic factor of Agency Responsiveness to the Community. According to the CFSR Final Report, stakeholders "indicated that the State has many collaborative efforts in place that serve as a forum for DCYF to obtain input into its efforts to meet the needs of children and families." The Court Improvement Advisory Committee, the Family to Family initiative, and Maricopa County's court-facilitated Tinker Toy Collaborative were some of the examples cited. The Division continues to routinely gather feedback and seek recommendations from external stakeholders. The following are some of the many ongoing committees and activities through which stakeholder input is received:

- *ICWA Liaison Meetings and the Inter-Tribal Council of Arizona* – These meetings provide a forum through which tribal input is gathered. For complete information on the Division's consultation activities with the state's Native American Tribes, see Section IV, Part 4, A.8. *Collaboration with Native American Tribes and Indian Child Welfare Act Compliance.*
- *The Community Network Teams* – These teams, located across the state, are self-reliant, self-sustaining community organizations that mobilize local, state and federal resources to improve the quality of life for children and their families. There are currently 21 Community Network Teams (CNTs) in Arizona, covering most Arizona Counties. The Network Teams are each unique in their representation, which may include representatives from the Department and other state agencies, local government officials, community providers, families, educators, tribes, courts, victim advocates including domestic violence, faith-based and philanthropic organizations, and businesses. The teams use an Asset Based Community Development approach that identifies existing services, assets, resources and children/family supports within the local communities, and develops plans to address gaps in services. Community Network Teams work on proposals and strategies to deliver improved services and better support to children and families in their communities, and to increase collaboration and cross-education among community members. Communities themselves are changed intentionally – their strengths are recognized and developed so that conditions that affect children and families improve – while extending the availability and efficiency of resources. Ending hunger, poverty and violence; or improving transportation, health care, child safety and career training; are just a few of the issues CNTs work collaboratively to resolve.
- *Community Strategy Committees* – With training and technical assistance on community partnership development provided by the Annie E. Casey Foundation, Assistant Program

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

Managers (APMs) in District 1 support eight Community Partnership Teams that engage community partners and strengthen relationships within targeted areas, to affect change in the nine Family to Family outcomes. Contract providers, schools, faith-based organizations, parents, resource families and others attend monthly or bi-monthly community meetings facilitated by the field APMs. The Committees publish a newsletter for internal and external distribution. Examples of the Teams' objectives in SFY 2009 included increasing the number of Community Partnership Team members that participate in TDM meetings, developing strategies to work with undocumented youth and families, and increasing the number of foster homes by recruiting kinship caregivers to also become licensed for unrelated youth. Development of community partnerships within Districts 2 through 6 is also progressing well and each district has strong representation from partners involved in their Family to Family planning and implementation efforts.

- *Recruitment, Development and Support of Resource Families* – This Family to Family strategy provides the framework for finding relatives and families for placement of children coming into care. All six districts have Recruitment Liaison positions to develop Community Recruitment Councils and actively engage their communities in efforts to recruit new foster and adoptive families. See Section IV, Part 4, A.9. *Foster and Adoptive Home Licensing, Recruitment and Retention* for more information on inter-agency collaboration to recruit and support foster and adoptive parents.
- *The Arizona Foster Care and Adoption Coalition (AFCAC)* – AFCAC is a statewide coalition comprised of Department staff, adoption and foster care licensing agencies, and others who are interested in foster and adoptive home recruitment. The mission of the AFCAC is to increase public awareness of children in the child welfare system through education and training, and to support system changes to improve recruitment and retention of families for children.
- *The KIDS Consortium* – This Consortium meets monthly and is comprised of all agencies with a contract to provide foster care in Maricopa County. The purpose of the Consortium is to be uniform in the provision of orientations to community members and to share recruitment strategies.
- *The Tinker Toy Collaborative* - This group has been meeting monthly for several years. The Collaborative includes members from the Regional Behavioral Health Authority, Juvenile Probation, Developmental Disabilities, Juvenile Parole, and other community agencies, as well as a family member representative. The Collaborative addresses systemic and case specific barriers identified in Child Family Teams and other forums, promoting collaboration among the involved entities.
- *The Healthy Families Arizona Program Steering Committee* – This community based group was begun in 1993 and serves in an advisory capacity to the Department and to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination and advocacy/public awareness. The primary responsibility of the Steering Committee is to seek expansion, diversification and stability in the program's funding. Participants include community partners, service providers and government agency representatives.
- *The Arizona Substance Abuse Partnership (ASAP)* – The Arizona Substance Abuse Partnership serves as the single statewide council on substance abuse issues. Created by Executive Order 2007-12 and chaired by the Governor's Chief of Staff, the Partnership brings together the prevention, treatment and law enforcement fields (including the Division) to improve coordination, identify and address gaps, and ensure efficiency and effective spending. There are

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

six subcommittees of the ASAP:

- Arizona Underage Drinking Committee
- Community Advisory Board
- Co-Occurring Policy Advisory Team
- Emerging Issues Sub-Committee
- Methamphetamine Task Force
- Substance Abuse Epidemiology Work Group
- Workforce Development Committee

In 2008, ASAP selected four strategic focus areas. An Executive Action Briefing was produced for each strategic focus area and served as a work plan and measure of outcomes for each priority. These briefings helped to guide ASAP, its subcommittees and member agencies in focusing their efforts efficiently and more effectively on selected priorities. The child welfare and substance abuse strategic focus area was tied to Executive Order 2008-01: *Enhanced Availability of Substance Abuse Services for Families Involved with Child Protective Services*, and enhanced cooperation among state agencies to achieve the requirements of the Executive Order, culminating in the progress report detailing the actions taken by each state agency to prioritize substance abuse services for CPS involved families. This prioritization has marked a systematic change in planning and policy in the state, and continues to impact the work of ASAP as an overarching paradigm. For 2009, ASAP took this one step further by adopting drug endangered children as a strategic focus area. The Substance Abuse Epidemiology Work Group has adopted the data driven decisions focus area as its work plan, and the Emerging Issues subcommittee continues to address emerging trends and the state's capacity to respond. In 2009 ASAP selected four additional strategic focus areas: prescription drugs, underage drinking, drug endangered children, and prevention/community.

- *PASSAGE Transition Coalition of Maricopa County* – The Department has continuously participated in the PASSAGE community collaborative sponsored by Casey Family Programs. The PASSAGE Transition Coalition is dedicated to bringing foster care youth, alumni and the community together to support Arizona's foster youth as they transition out of care. During the last three years, the Coalition has grown to include 65 organizations. PASSAGE has created an atmosphere where youth, alumni and community partners can work together on difficult issues, such as housing, mental health, independent living subsidy and education. In SFY 2009 PASSAGE hired its first Executive Director, an alumnus of the Arizona foster care system, to lead the organization into becoming its own non-profit. PASSAGE will work on provision of effective services to youth in care, by collaborating with partners and educating decision makers about transition issues.
- *Department of Labor Shared Youth Vision* - The Department of Labor Shared Youth Vision Arizona Team is an ongoing workgroup that involves multiple agencies whose focus is to ready young people for adulthood through education and employment training. This team is facilitated by the Governor's Office for Children, Youth and Families. The target populations are youth transitioning from foster care or juvenile justice settings and homeless youth. The group has identified the need to build a streamlined referral processes, individualized education and training opportunities, and wrap around support to increase positive outcomes for youth. The Arizona State Team was selected as one of the pilot sites to implement a local shared vision plan that integrates child welfare, workforce and other community supports to improve outcomes for youth. In SFY 2009, the state Shared Youth Vision (SYV) Team's pilot project, Partners Assuring Youth Success (PAYS), employed a Youth-Adult Partnership model to better engage and retain youth in services. Governor Brewer's Office for Children, Youth and Families recently integrated the Vision for Youth Task Force and the Work Readiness Workgroup of the



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

Arizona Statewide Youth Development Task Force, and will be developing a long range plan with future goals and objectives. See Section VI, *Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Program State Plan, for more information.*

- *Statewide Teen Pregnancy workgroup* – The Governor’s Office continues to facilitate a work group that includes members of the Governor’s Office for Children, Youth and Families, the Arizona Young Adult Program, community Teen Pregnancy Prevention organizations, the Department of Education, the Department of Health Services and others. Efforts are focused on the development of a comprehensive health education policy for youth in systems of care, to include an effective training curriculum that will be applicable for staff, caregivers and youth in care. The desired result of these efforts is a reduction in the incidence of teen pregnancy and sexually transmitted infections among our current and former foster youth. A curriculum was delivered to a group of agency staff during the annual staff training and development conference. The training, “Talking With Teens...It’s Not Just About Sex,” was well received. This training was designed to increase staff knowledge of adolescent development and the impact of abuse and trauma on sexual health and behaviors, and to improve staff skills in communicating with youth in care around these issues. The Department of Health Services, in collaboration with local Health Departments, has also provided training to youth around the state. The Department of Health Services has partnered with the County Health Department’s and provided similar training at the local level, to staff working with juvenile justice and dually adjudicated youth.
- *Request for Information Meetings* – These meetings are held with providers for new services, prior to the Request for Proposals being issued.
- *Surveys, Focus Groups and Community Forums* – The Division conducts focus groups, surveys, and community forums with families and stakeholders when input is needed on an identified issue. A satisfaction survey was sent to all foster parents in SFY 2009. Recently, most stakeholder forums, both at the Department and Division level, have been conducted around issues related to the budget reductions.

***Collaboration with the Courts***

The Division is fortunate to have a history of substantial, ongoing and meaningful collaboration with Arizona’s Juvenile Court. Outcome focused collaboration with the Courts has been continual and productive, occurring at the state and county levels. At the state level, the Court Improvement (CI) Advisory Workgroup and Strategic Plan provide much of the structure for collaborative improvement activities. The Division’s Acting Assistant Director; the CPS Child Welfare Administrator; the Division’s CFSR Manager; and a CPS Unit Supervisor continue to participate in the Court Improvement Advisory Workgroup, through which Court Improvement activities are identified, facilitated and monitored. The Advisory Workgroup includes Juvenile Court Judges, court administrators, an attorney general, a child and family policy advocate, and others. The Division’s CFSR Manager provides ongoing input into the CI strategic plan and activities, and Arizona’s CI Program Manager provided content for the state’s CFSR Program Improvement Plan. The CI Program Manager and others from the Administrative Office of the Courts’ Dependent Children’s Services Division are involved in projects such as the Division’s concurrent planning initiative. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Division and the Courts through the CFSR, the Title IV-E and Child and Family Services state planning processes, and CI reassessments.

The Division will continue to collaborate with Court Improvement to achieve CI’s objectives for

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

improving outcomes for children and families involved in dependency cases. The Arizona Court Improvement – Overall Strategic Plan for FFY 2009 through 2011 lists the following issues to be addressed:

- Collaborate and build relationships with Arizona Tribes
- Work with family drug courts currently in operation in Arizona to assess potential for sustainability
- Encourage continued collaboration between the Court, child welfare, juvenile probation and behavioral health providers to ensure the appropriate placement and services are provided to dually adjudicated youth
- Assist County Courts in efforts to improve educational outcomes for dependent children
- Continue to work to address the lengthy appellate process associated with cases in which a parent's rights have been terminated
- Assess the court's role, responsibility and effectiveness in the interstate placement of children
- Continue to enhance the reporting capability of JOLTS (Juvenile Online Tracking System) and JOLTSaz (new data training system currently under construction)
- Work to ensure that there is an information exchange between AOC and the Division to better facilitate understanding and tracking of the state's overall performance on safety, permanency, procedural fairness, timeliness and well being issues
- Work with JOLTS personnel to implement a common identifier for juveniles involved in multiple tracking systems
- Coordinate and deliver yearly caseflow management follow-up activities
- Continue to work with JOLTSaz development team to ensure that the requirements to track dependency related information are addressed in the new system
- Work to identify and assist in the implementation of automated procedures designed to improve the efficient and effective use of dependency court resources
- Work to improve the dependency related training received by Judges
- Continue to develop and implement training for attorneys practicing law in child welfare matters
- Hold collaborative summits to educate and evoke critical discussion on various topics key to Arizona dependency process. Participants for these summits will include representatives from the following stakeholder groups: Judges, court staff, CASA and FCRB volunteer, ADES staff, behavioral health providers, Arizona Tribes, juvenile probation, education
- Work to increase the awareness of the needs of very young children in foster care in Arizona

***Consultation with Youth***

Consultation with youth primarily occurs through the state's Youth Advisory Board, comprised of youth who are or were in out-of-home placement, CPS Specialists, and other agency and community professionals. The Board continued to meet quarterly in SFY 2009 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. Youth also participate in ongoing regional youth advisory groups that discuss and problem-solve local issues.

Throughout the year, youth also participate in various staff and provider trainings, conferences and public forums to educate staff, providers, advocates and the general public on the needs of older youth in care. The 2008 Annual Arizona Statewide Youth Conference featured workshops facilitated by Arizona's youth and alumni. Youth spent three days participating in various activities that resulted in a number of recommendations on improving sibling connections, caregiver preparedness, placement practices and

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

transitions in rural areas for youth in the child welfare system. Youth presented these recommendations to a panel of decision makers that included representatives from the Governor's Office, Department of Economic Security Director's Office, Children's Action Alliance and Juvenile Courts. Youth also participated in various staff and provider trainings, conferences and public forums to educate staff, providers, advocates and the general public on the needs of older youth in care.

Surveys, questionnaires and in-person meetings provide valuable feedback from former and current foster youth, and contract providers, which informs service provision and program improvement. Youth and alumni surveys completed through the state website are sent to the state Independent living Specialist. Post-discharge questionnaires completed by youth exiting the Young Adult Program gather input and recommendations from youth who have participated in services. Comments and recommendations are reviewed and incorporated into ongoing program improvement efforts.

For more information on the Youth Advisory Board and other consultation activities with youth, see Section VI, *Chafee Foster Care Independence Program and Education and Training Voucher Program State Plan*.

***Stakeholder Input into Annual Report Development***

Extensive stakeholder input is gathered throughout the year during program specific committee meetings, inter-agency executive committee meetings, and other advisory workgroups, at the state and local levels. These include, but are not limited to, the ICWA Liaison Meetings, Family to Family Strategy Committees, the Youth Advisory Board, the Arizona Foster Care and Adoption Coalition, and the Court Improvement Advisory workgroup. These and many other forums for ongoing stakeholder consultation have been described previously within this report. The Division's outcome and goal related data is routinely shared with stakeholders during program specific meetings. CFSR data is shared with a large and varied group of stakeholders during meetings held specifically for that purpose, and other meetings with smaller stakeholder groups. For example, in May through June 2009, CFSR permanency composite data was discussed at Dependency 101 training with new Judges, the Council of Juvenile Court Judges (including the state's presiding juvenile court judges or designees), and the Division's management team (including the District Program Managers and Central Office managers and administrators).

The stakeholder input gathered through these forums assists the Division to identify system strengths and needs, service gaps, promising practices, barriers to outcome achievement, and strategies for outcome and system improvement. Furthermore, stakeholders frequently serve on the workgroups and committees that are formed to implement or oversee the Division's program improvement strategies, thereby having further input into the design of Division policies and programs. This Child and Family Services Plan and the state's Annual Progress and Services Reports describe the goals, strategies and activities that are selected and implemented through this system of committees, workgroups and information sharing meetings.

The following are a few of the many examples of stakeholder consultation that provided input into this Child and Family Services Plan:

- Youth and foster care alumni provided input into the state's Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher (ETV) Program State Plan and other parts of the Child and Family Services State Plan at the quarterly statewide Youth Advisory Board meetings and the annual statewide youth conference. The strategies and action steps in the CFCIP and ETV Program State Plan were discussed during the statewide YAB meetings, and the plan was distributed to local stakeholders for comment in April 2009.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

- The state Independent Living Specialist participated in Tribal Social Services Work Group meetings, to obtain tribal input into the CPIP and ETV Program State Plan. In addition, forty tribal staff representing Arizona's 21 tribal communities were invited to participate in a teleconference in March 2009 to discuss the CFPIP and ETV Program State Plan and strategies and activities to improve outcomes for American Indian children. Thirteen people participated in the call, including nine participants representing seven tribal communities. Subsequent to the conference call, the Independent Living and Indian Child Welfare Specialists met with the Navajo Nation Regional Directors to discuss the State Plan. This meeting was attended by nine representatives from Navajo communities.
- The Department's Indian Child Welfare Specialist collaborates with the Inter-Tribal Council of Arizona, Inc. to confer with Arizona Indian Tribes on an ongoing basis through tribal work group consultations, conferences, training seminars and Tribal Social Services Directors meetings. In addition, the Specialist routinely confers with individual Indian Tribes regarding federal and state child welfare issues, directives and policies. For example, the Specialist met with the Navajo Nation Division of Social Services staff in June 2009 regarding the Child and Family Services Plan. Discussion focused on issues relating to relative searches and understanding competing interests of tribal and state child welfare workers regarding preservation of Navajo children's best interest. Tribal affiliates suggested two ideas to improve communication between state and tribal child welfare staff at the local level. One is to jointly plan and provide cross training on cultural issues; and the other is to periodically bring together tribal and state attorneys, to dialogue about competing interests relating to preservation of best interests.
- The Training Advisory Council met in May 2009 to update its members on the status of projects, and obtain recommendations for the State's Training Plan. Most recommendations centered around increased use of web-based training and/or refreshers, training in support of Supervisors and Assistant Program Managers, and continued training around the use of the CSA-SRA-Case planning process.
- The Child and Family Services Review Manager met with the Division's District Program Managers, CPS Program Administrator, and Acting Assistant Deputy Directory in April 2009, to identify areas of priority and strategies for inclusion in the Child and Family Services Five Year Plan. The group agreed that the state's budgetary restrictions provide an opportunity to focus Division-wide attention on core practices, such as comprehensive assessment, CPS Specialist contacts with children and parents, and involvement of youth and parents in case planning.
- Town Hall meetings were held by the Division in March and April 2009, in partnership with the Arizona Association of Foster and Adoptive Parents (AzAFAP). Four Town Hall meetings with foster, adoptive, and kinship parents (collectively referred to as "resource parents") were held throughout the state. The Town Halls provided the Division an opportunity to discuss with these valuable stakeholders the recent budget reductions affecting child welfare services. During these Town Halls, Division staff and resource parents identified strengths and services that exist in their communities, and identified potential solutions to the current and future budget reductions. Casey Family Programs facilitated the Town Halls so that Division leadership could actively participate with the resource parents in the two hour forums.
- Ongoing quarterly meetings with contracted providers, such as In-Home Services and Home Recruitment, Study and Supervision contract providers are being held to review contracted related outcome data, share ideas to improve service delivery, encourage networking among

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

providers, and discuss the impact of recent budget shortfalls. These meetings aid the Division to assess service quality and the sufficiency of the service continuum, and enable collective identification of continuous improvement opportunities.

- At the request of the Division, the National Resource Center for Child Protective Services conducted an initial evaluation of the Child Abuse Hotline, and is facilitating a workgroup to align the Hotline report acceptance and prioritization procedures with the Division's child safety assessment process. To inform the evaluation and guide the workgroup's activities, the NRCCPS facilitated focus groups with Hotline staff, field staff that receive and respond to reports, management staff at the Hotline and district offices, Assistant Attorney Generals and community representatives. Focus groups with community stakeholders were held in April 2009 to receive input into the CPS Hotline and investigative processes. This project is included in the state's CFSR PIP and this Child and Family Services State Plan.

***Coordination of CFSP Services with Other Federal Programs***

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

- The Arizona Children's Executive Committee; including the Family Involvement, Clinical, Training and Substance Abuse Subcommittees
- The Council of Governments' (COGS) county-based Councils
- The Childhelp Children's Center of Arizona
- Arizona Families F.I.R.S.T.
- The Family Recovery Project
- The Single Purchase of Care (SPOC) Committee
- The Dually Adjudicated Youth Committee
- The Child Welfare Case Management Advisory Committee
- The Family to Family initiative
- The Arizona Education Summit Team
- Partnerships with State Universities and Community Colleges
- The Methamphetamine Task Forces
- The Maricopa County Vision for Youth Community Collaborative
- The Court Improvement Program
- The Pima County Model Court Working Committee

The Division coordinates Title XIX medical eligibility with the Arizona Health Care Cost Containment Administration and Title XIX behavioral health service provision with the Division of Behavioral Health Services within the Department of Health Services. The Division coordinates its child welfare services with many other federally funded programs administered within the Department of Economic Security. Title IV-E eligibility and TANF child-only eligibility for children placed with permanent guardians or relatives is coordinated with the Department's TANF program. The Department's Child Support Enforcement Administration assists the Division to locate missing parents and is sometimes able to provide documentation of paternity. Child care services for child welfare clients and certain foster parents is coordinated with the Department's Child Care Administration.

Coordination of child welfare services with other federal programs administered by the Department receives substantial support from the Director's Office of Community Partnerships and Innovative

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

Practices (CPIP). This office, established in January 2007, is committed to ensuring that the individuals and families the Department works with are treated with respect and are engaged in the process of achieving safety, stability and self-sufficiency. CPIP advocates for and facilitates the delivery of a broad array of supportive services aimed at helping individuals and families make effective decisions for improving their quality of life, including:

- Community Action, Energy Assistance and Hunger Programs, which focus on meeting basic needs;
- Homeless and Domestic Violence Programs, which focus on the highest at-risk and vulnerable individuals and families;
- Family Connections Teams, which have a strong prevention and anti-poverty focus; and
- the Breakthrough Series Collaborative on Service Integration, Community Network Teams and the DES Tribal Liaison, which are focused on family involvement/leadership and community engagement and development through integrated and coordinated opportunities.

Family Connections Teams provide an example of the ways in which the CPIP integrates Department programs. The goal of Family Connections is to increase the safety, stability and self-sufficiency of families. Through a multi-disciplinary service delivery approach, there is a decreased likelihood the family will require assistance from the Temporary Assistance for Needy Families (TANF) program or the Child Protective Services (CPS) system, or that they will end up homeless or in a domestic violence situation. There are currently eleven Family Connections teams operating in Tucson and Phoenix, committed to a strength-based, family-centered approach where the team and family members work together to identify and achieve the family's goals. Depending on the family's needs, each Family Connections Team may have a different specialist, with staff trained specifically in the areas of domestic violence, kinship care and child protection. All Family Connections teams are composed of a supervisory lead, a child welfare specialist, a TANF specialist, an employment specialist and a case aide. The teams that focus on domestic violence also include community Domestic Violence advocates and work with families exiting domestic violence shelters. Family Connections links families to community resources that will assist them in achieving their fullest potential. Services are voluntary for families and focus on the family and their strengths. Referrals to the teams are received from shelters, schools, CPS, other Department programs, community agencies, the Arizona Coalition Against Domestic Violence and other community groups. Any family that believes they would benefit from these services can also contact the Family Connections team directly.

In some cases it is determined that the youth's needs are best met through a juvenile probation agency or the Department of Corrections and that services through the Division are no longer necessary. CHILDS data indicates that during FFY 2008 7,285 children discharged from the care of the Department. Twelve of these children are confirmed to have transferred to the custody of a juvenile justice agency or the Adult Department of Corrections at the time of exit from the foster care system. These children were identified by creating from the state's FFY 2008 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." Narrative case information was read to identify the agency to which each child transferred. All twelve of these children were in the care and custody of the Department for at least one day during FFY 2008 before transferring to the sole custody of the juvenile justice or correctional agency.

Extensive and continual collaboration occurs between the Division and Arizona's Department of Health Services, Division of Behavioral Health Services. The Division has also partnered with Arizona's Department of Education to develop educational services for youth in out-of-home care. See Section IV,

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

Part 3 for complete information on collaboration to support child mental health assessment and treatment services and child educational services.

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

- Investigative CPS Specialists are co-located with law enforcement and other agencies in child advocacy centers in many communities throughout the state. In Maricopa County, CPS Specialists are co-located at the Center Against Domestic Violence (Mesa), the Childhelp® Children’s Center of Arizona (Phoenix), and the Southwest Family Advocacy Center (Goodyear). CPS Specialists are also assigned to other child advocacy centers, including the Pinal County Attorney Family Advocacy Center (Eloy), the Scottsdale Family Advocacy Center (Scottsdale) and the West Valley Advocacy Center (Glendale).
- Many CPS offices are in multi-service Department offices that house other Divisions or programs such as the Division of Developmental Disabilities, TANF, JOBS and Vocational Rehabilitation.
- Many communities have co-located CPS staff and behavioral health, such as RBHA and AFF staff. For example, in Pima County behavioral health network liaisons are housed with the Division’s District 2 Mental Health Specialist. In Maricopa County, AFF staff are currently housed in nine CPS offices across the District. Co-location has increased communications among the providers and CPS and has improved service delivery.
- Contracted psychologists are also available on-site part-time in many offices, to provide easy access to psychological consultation.
- In District 2, two Family Connections Units are housed with CPS staff.
- Maricopa and Pima Counties have Division staff co-located at their County Court buildings. Four Case Aides and one Court Liaison are placed at the Pima County Court. CPS Liaisons are placed in each of the Juvenile Courts in Maricopa County, 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.

See Section IV, Part 4, A.5. *Service Array and Resource Development* for more information on services that are provided in coordination with other state and community agencies.

**7. Collaboration with Native American Tribes and Indian Child Welfare Act Compliance**

Indian Child Welfare Services include the development of policy for provision of services to Indian children and families, coordination of state and tribal child welfare services to American Indian children and their families, and the development of inter-governmental agreements and memorandum of understanding with Indian tribes. Coordination of services includes conferring with federal, state, and tribal social services regarding the Indian Child Welfare Act of 1978 (ICWA) and Title IV-B and IV-E of the Social Security Act. Also, the DCYF Indian Child Welfare Specialist provides technical assistance, case consultations, ICWA training, and expert testimony in state court.

***Description of the arrangements for the provision of the child welfare services and protections in section 422(b)(8) of the Act to Indian children under both state and tribal jurisdiction***

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

Since Native American Indians are citizens of the states in which they reside, local government agencies and entities have the responsibility to serve the Native American Indian population that resides in their city, county, or state. The Division receives and responds to reports of maltreatment involving Native American children residing off their tribal lands and provides assessment and intervention services in the same manner as provided to non-Indian families. Tribal children and families living off their tribal lands are able to access the same prevention, reunification, and permanency services as any family residing in Arizona. When removal or court intervention occurs, the family's tribe is notified and may request transfer of jurisdiction to the tribal court or provide services to the family in conjunction with the Division. Native American families residing on tribal lands are served by the tribal social service agency. The Division is responsible for providing protection for Native American Indian children who are under the care and responsibility of the state.

The Department and the Division have comprehensive policy and procedures that support the provision of services to Native American families, consistent implementation of the Indian Child Welfare Act (ICWA) provisions throughout Arizona, and development of intergovernmental agreements with Arizona Indian tribes. The Division's policy was developed jointly with tribal, Division, and Office of the Attorney General staff. To identify children subject to the policy, CHILDS includes the American Indian Detail Window, which is used to record and display American Indian children's maternal and paternal family information and tribal affiliations.

***Collaboration Activities***

The Department collaborates and consults with American Indian Tribes for program and policy development, and on cases involving children who are or may be subject to the ICWA. The DCYF Indian Child Welfare Specialist meets regularly with tribal affiliates and designated tribal ICWA liaisons to consult and review the progress toward ICWA compliance and Indian Child Welfare related issues. In addition, the Department contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) for consultation, technical assistance, and liaison services to the twenty-one (21) tribal governments in Arizona. The ITCA provides training, policy analysis, information dissemination, and sponsors the annual Indian Child and Family Conference in collaboration with the Department, the Bureau of Indian Affairs, Indian Health Services, and the Arizona State University School of Public Programs.

The Division, in collaboration with the ITCA, continues to assist and provide Arizona Indian Tribes, Tribal Organization and Consortia appropriate resources and information that may enable Indian tribes to understand the benefits of operating a title IV-E program as authorized by Public Law 110-351. In addition, the Division will continue in good faith to negotiate title IV-E agreements with Indian tribes who opt to access title IV-E foster care maintenance payment through the State of Arizona. Navajo Nation and the Hopi Tribe are the two tribes who have title IV-E Intergovernmental Agreement (IGA) in place with the Division. The Navajo Nation is developing a formal IV-E Plan, which the tribe will submit to the Department of Health and Human Services. The Hopi Tribe will go forward with implementing the IGA as soon as its social service program stabilizes. At least three other Indian tribes have submitted their letter of intent with the Department of Health and Human Services.

The Department has a policy that requires tribal consultation prior to actions that affect Indian Tribes. This policy requires that:

- Indian Tribes be involved in developing Department policy that allows for locally relevant and culturally appropriate approaches to important issues;



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

- through the Department Native American Liaison, the Department consult with Indian Tribes about policy issues that directly affect Indian Tribes and Native Americans in Arizona; and
- when an issue is identified that is likely to have a significant impact on Indian Tribes in the State of Arizona, the Department provide written notice to Arizona Indian Tribes soliciting feedback and recommendations regarding the issue.

Since this Department policy was implemented, the Division has not initiated any new policies or practices that were subject to the Department's tribal consultation policy. However, the Division's Indian Child Welfare Specialist continues to meet regularly with tribal affiliates and designated state and tribal ICWA liaisons to address common concerns, monitor ICWA implementation and compliance measures and consult Indian tribes regarding implementation of the ICWA. Frequent opportunities are provided to Indian tribes to participate in the Division's decision making regarding implementation of titles IV-B and IV-E of the Social Security Act. To ensure compliance with the ICWA, the Indian Child Welfare Specialist provides technical support, case consultation, training of state and tribal child welfare staff, and qualified expert witness testimony in state courts. Case consultation and expert witness testimony are provided in collaboration with state and tribal attorneys and case managers.

***Specific Measures to Improve and Maintain Compliance with the Five Major ICWA Requirements***

The Department's Indian Child Welfare Act compliance standards remain unchanged. Compliance continues to be achieved through several tools and steps. The Division has protocol for maintaining compliance with the Indian Child Welfare Act, which was developed in consultation with tribal affiliates and the ITCA. In addition, the Division's policy manual contains a separate chapter on the Indian Child Welfare Act, covering the following topics: 1.) Identification of Any Child As American Indian Child; 2.) Tribal Involvement Prior to Filing a Dependency Petition; 3) Removal and Temporary Custody of a American Indian Child; 3.) Voluntary Consent to Foster Care Placement of a American Indian Child; 4.) Providing Services to Facilitate Family Reunification; 5.) American Indian Child Placements and Placement Preferences; 6.) Permanent Guardianship; 7.) Termination of Parental Rights and Adoption; 8.) Consent to Adoption; 9.) Foster Care as a Planned Living Arrangement and; 10) Providing Independent Living Services and Supports. This chapter was developed in consultation with tribal representatives to improve compliance and performance with the major ICWA requirements. Other activities to ensure compliance with the major ICWA requirements include the following:

- *Identification of Indian children by the state child welfare services agency*

Identification of Indian children is achieved at different stages of the investigation and dependency proceeding. During the initial CPS investigation, state CPS Specialists are required to ask every family whether they have American Indian heritage or ancestry. If a parent is of American Indian descent, the CPS Specialist gathers identifying information from the parent and other sources regarding maternal and paternal extended family members' names, dates of birth, addresses and tribal affiliations, and the name and location of the Indian Reservation with which the person is affiliated. In addition, state law and court rules require that the court make an inquiry at the beginning of any court proceeding to learn if any party has reason to believe that any child who is the subject of the proceeding is subject to the Indian Child Welfare Act (ICWA). If the child is subject to the ICWA, the court and parties must meet all requirements of the Act. The dependency proceeding will not proceed until all ICWA requirements have been met.

- *Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene*

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene is the function of the Office of the Attorney General. Notice by certified mail with return receipt requested is given to the parent(s) and every tribe to which the parent and child claims affiliation, including in cases where doubt remains whether the child is an Indian child. The Bureau of Indian Affairs is given notice whenever there is reason to believe a child is of American Indian descent and tribal affiliation is unknown.

- *Special placement preferences for placement of Indian children*

When an identified American Indian child is removed from a parent, every effort is made to follow the placement preference per state policy. Placement with a maternal and/or paternal extended family member who is willing and able to provide care for the child is always a priority. The majority of American Indian children removed are placed with extended family members. state and tribal case managers often collaborate in identifying and locating potential extended family member caregivers who reside on Indian Reservations. In addition, Indian tribes and the Arizona Department of Economic Security share licensed resource families for children who cannot be placed with extended family members.

- *Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or adoption*

Policy and procedures for the delivery of services to Indian children strongly encourage utilization of culturally appropriate reunification services such as Family Group Decision Making, talking circles, Native American ceremonial and religious practices, and tribally operated programs that reflect Native American values and beliefs of the family and child rearing practices. The Indian Child Welfare Specialist is often asked to coordinate and facilitate the identification of culturally appropriate services via tribal social services staff.

- *Use of tribal courts in child welfare matters, tribal right to intervene in state proceedings or transfer proceedings to the jurisdiction of the tribe*

The Division continues to make diligent efforts to provide Indian tribes an opportunity to exercise their right to either intervene or assume legal jurisdiction of a Native American child who is the subject of the ICWA. Division district ICWA liaisons, CPS Specialists, and the Indian Child Welfare Specialist continuously collaborate and assist tribal child welfare staff to accept and transfer custody. Division policy and procedures fully support the intervention and transfer of jurisdiction of Native American children to tribal court. state-tribal practices and Intergovernmental Agreements (IGA) support Division funded transition services during the transfer of a Native American child to tribal courts. This support enables the tribe to transition the child and family into local child welfare services.

***Strategies, Goals and Action Steps for SFY 2010 through 2014***

The effectiveness of efforts to comply with ICWA is continually evaluated through a consultation process that began in 1996. Joint strategic planning activities between the Division and tribal affiliates are conducted on a frequent basis. Each year, the Division and Arizona's tribes hold face-to-face meetings to jointly develop action steps to improve and maintain compliance with the ICWA, and collaborate to complete the activities. The Division will improve services and outcomes for American Indian children and their families, and compliance with the ICWA, through achievement of the following Indian Child

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

Welfare strategies and action steps in SFY 2010 through SFY 2014.

**Indian Child Welfare Strategy: Deliver cultural awareness and ICWA training to tribal and state child welfare personnel**

- Goal:** Increase cultural awareness and knowledge of the ICWA among Division child protective services personnel
- Action Step 1:** Collaborate with ITCA regarding scheduling and delivery of ICWA policy and procedures training at three different sites, to accommodate Division and tribal CPS personnel
- Action Step 2:** Deliver ICWA training as a component of the Division’s Supervisor Core training for the benefit of Division CPS Supervisors
- Action Step 3:** Deliver ICWA training to Arizona State University Public Programs student interns twice during the school year

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**Indian Child Welfare Strategy: Confer, consult and collaborate with tribal representatives to clarify and monitor the application of ICWA related practice standards, generate and analyze outcome data related to American Indian children under state custody, and support program or outcome improvement activities**

- Goal:** Improve services and increase ICWA compliance on active cases involving American Indian children
- Action Step 1:** Confer and consult with the ITCA Social Services Directors Work Group on a regular basis about data and trends pertaining to American Indian children under state custody
- Action Step 2:** Confer and consult with designated tribal and state ICWA liaisons on a regular basis to ensure compliance with best practice principles on inter-agency coordination, communication, and collaboration, to achieve the best outcomes for American Indian children under state custody
- Action Step 3:** Initiate periodic ICWA quality assurance case reviews to assist program improvement in areas related to early identification of American Indian children, compliance with placement preferences and provision of culturally appropriate services
- Action Step 4:** Assist state and private agency efforts to recruit American Indian resource families to foster and/or adopt American Indian children under state custody
- Action Step 5:** Maintain a pool of qualified and trained expert witnesses to provide testimony in state court child custody proceedings, statewide
- Action Step 6:** Provide qualified expert witness testimony in state court involuntary child custody proceedings involving American Indian children subject to the ICWA,

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

statewide

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**Indian Child Welfare Strategy:**      **Confer with Indian tribes about intergovernmental agreements and memorandum of understanding as a method of achieving the goals of ICWA**

**Goal:**                                      Ensure communication, coordination and collaboration between the Division and Indian tribes, to prevent break up of Indian families

**Action Step 1:**                          Confer with Indian tribes who express interest in developing an intergovernmental agreement or a memorandum of understanding with the Division

**Action Step 2:**                          Incorporate the purpose and intent of intergovernmental agreements in the ICWA training for the benefit of Indian tribes

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**Indian Child Welfare Strategy:**      **Support Indian tribes to gain direct access to Title IV-E foster care maintenance payments from the Department of Health and Human Services**

**Goal:**                                      For American Indian children removed for protective services, increase the rate of placement with American Indian resource families

**Action Step 1:**                          Disseminate ACF title IV-E information and instructions to Indian tribes and support tribes to access related technical assistance, resources or needed training

**Action Step 2:**                          Provide requested technical support and training to the Navajo Nation and the Hopi Tribe to facilitate implementation of title IV-E intergovernmental agreements with the Division

**Action Step 3:**                          Collaborate and assist ITCA to plan, schedule and deliver title IV-E consultation, and provide technical assistance and training for the benefit of Indian tribes

**8. Foster and Adoptive Home Licensing, Approval, Recruitment and Retention**

***Standards for Foster Homes and Institutions and Requirements for Criminal Background Checks***

Arizona maintains standards for foster family homes, adoptive homes and child care institutions in statute, rules and policy. These standards are regularly reviewed and updated with stakeholder input. The standards are enforced through licensing, certification and court approval processes, including personal interviews, an extensive home study, application for and receipt of a fingerprint clearance card, and a CPS record check. Licensed homes are monitored for compliance by community based agencies under contract with the Division through annual license renewal home studies and home visits by the Licensing Specialist.

All licensing and regulatory functions within the Department of Economic Security are consolidated within the Office of Licensing, Certification and Regulation (OLCR). Establishing a single point of regulatory authority within the Department that is separate from the programmatic and child placement

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

functions has eliminated duplication, streamlined licensing processes, and standardized application of all licensure and regulatory standards. The OLCR ensures that the licensing standards are applied equally to licensed foster homes, licensed relative homes and licensed child care institutions. The OLCR's Quick Connect fully automated web-based system is the central statewide system for submitting foster home applications and license renewals. This system requires minimal hard copy document submission and reduces application processing time.

Relatives or kin who care for children under the Division's supervision can become licensed as family foster parents by meeting the same requirements as non-related foster parents, or can provide care as a court approved kinship home. Court approved kinship caregivers do not receive foster care maintenance payments, but are assisted to apply for child only TANF benefits if they choose and are eligible for state funded personal and clothing allowances and reimbursement for specified expenses. Court approved kinship caregivers and all other adult household members must complete a criminal background check, CPS records check, and the interview and home study process.

Families wishing to adopt a child must be certified by the court to adopt. The certification process includes a comprehensive application, including application for and receipt of a fingerprint clearance card. Adoption certification is not required for relatives with a first degree of relationship when petitioning to adopt a related foster child. These relatives must complete a criminal history background check, CPS record check and a home study; and must be approved to adopt by the Court. Licensed foster parents have an expedited process that updates and supplements information from the foster home licensing study for certification purposes.

State statutes require foster parents and adoptive parents to have a Fingerprint Clearance Card issued by the Arizona Department of Public Safety. State statute specifying the crimes for which a foster or adoptive applicant is denied a Fingerprint Clearance Card were not in full alignment with the Adam Walsh Child Protection and Safety Act of 2006. Arizona was provided a delayed effective date of July 1, 2009, for state legislative amendments. Senate Bill 1049 passed the Forty-ninth Arizona Legislature, First Regular Session on June 26, 2009, and was transmitted to the Governor for signature. Senate Bill 1049 contains an emergency enactment clause and its provisions bring Arizona into compliance with the provisions of the Adam Walsh Child Protection and Safety Act of 2006.

The results of criminal background checks for adoptive parent applicants are provided to the Department and to the Court. The Court makes a determination of acceptability as part of the certification process. Foster parents and child care staff providing direct supervision to children in care are required to have a Fingerprint Clearance Card, which is run daily for clearance. Kinship provider criminal background check results are provided to the Department for clearance or non-clearance. Clearances are included in the home study submitted to the Court for approval.

The Department of Public Safety, Fingerprinting Division applies standards established in state statute to determine whether to issue a fingerprint clearance card or deny clearance, and to determine the clearance level of an issued card. Foster and kinship parents who are denied a fingerprint clearance card may appeal the denial if, as defined by state statute, the denial is based upon a crime that can be appealed to the Fingerprint Clearance Board. The good cause exception process is administered by the Fingerprint Board, which is established in state statute. The Fingerprint Board is composed of representatives from the Department of Economic Security, the Supreme Court, the Department of Health Services, the Department of Juvenile Corrections, and the Department of Education. Federal criminal background clearance is effective for six years for childcare institution staff and foster parents. Re-printing is required in the seventh year.

***Diligent Recruitment of Foster and Adoptive Homes and MEPA***

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

Arizona's diligent home recruitment efforts target potential foster and adoptive parents who reflect the ethnic and racial diversity of the foster care community and are equipped with the skills, tools and supports to adequately meet the needs of children in their care. The Division's recruitment efforts focus on establishing strong relationships with communities of color, increasing the numbers of foster and adoptive families of color, and building upon the cultural alliances of these communities. The Division's foster and adoptive home recruitment strategy continues to address the need for adoptive homes for children with special needs.

The Division conducts general recruitment by maintaining and responding to inquiries to the KidsNeedU and ADOPTUSKIDS phone lines and the Department's [www.azkidsneedu.gov](http://www.azkidsneedu.gov) recruitment website, marketing with the Department's KidsNeedU logo, receipt and promotion of national ADOPTUSKIDS media packets, and statewide proclamation of Adoption and Foster Care month. In SFY 2009 the Division's general recruitment activities included the following:

- The Division uses television ads to raise community awareness of the need for foster and adoptive homes. In February 2008 the Division initiated a second wave of television ads on local broadcast stations to provide a broader coverage area and include satellite dish subscribers in addition to cable subscribers. The Television Ads will include the Phoenix, Tucson and Yuma markets, with a heavy emphasis on local news shows.
- The Division disseminates important information to Arizona resource families through the statewide newsletter. Over the past year, the *Arizona Statewide* newsletter has been redesigned and expanded to be more attractive and user-friendly. To develop articles, the Division has more frequently collaborated with entities such as the Arizona Association for Foster and Adoptive Parents; the Office of Licensing, Certification and Regulation; and the Comprehensive Medical and Dental Program. The newsletter is mailed to foster and adoptive parents bi-monthly and limited distribution occurs in agency lobbies and to other interested persons.
- The Division continues to participate in community outreach events such as the Women's Expo, Kidsfaire, the Black Expo and the Hispanic Women's Conference. These events provide an opportunity for the Division to raise awareness among key demographics. In preparation for these events, specialized materials were developed that included display and collateral print materials. Plans are underway to have a presence at several other conferences that would be attended by ethnically diverse populations. The "Meet Arizona's Waiting Children" link on the KidsNeedU website is now also available in Spanish.
- The Division actively participates in foster care and adoption month activities. For example, the Division promoted and positioned the KidsNeedU logo at statewide Adoption Month and Foster Care Month Events by using it on recruitment ads produced by contracted agencies and collateral materials such as pens, hats and giveaways.
- In October 2007 the Division filled a position to receive and respond to issues and concerns expressed by prospective and current foster, adoptive and kinship parents (resource families). The Resource Family Advocate (RFA) provides timely program specific information to resource families, statewide. Issues or concerns often pertain to foster parent licensure; adoption certification; contracted home recruitment, study and supervision services; and difficulties in communicating effectively with Division staff to meet the needs of the foster children being served. The RFA researches the issue and facilitates communication between the resource family and community partners, Program Managers and other Division officials. A centralized database records and tracks all issues received

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

from resource families and community members. A total of 541 issues or concerns were received and resolved in CY 2008.

- The Home Recruitment Response Line (877-Kidsneedu) operates daily and receives calls from prospective foster and adoptive parents. A staff person contacts the families after their initial call to the 877-KidsNeedU phone line to see how they are progressing through the licensing process and offer any needed assistance. Staff at the Home Recruitment Response Line have begun contacting kin providers caring for a child placed by the Department, to assist them to begin the foster home licensing process.
- The Department supports and encourages use of the Arizona Heart Gallery as a means for Child Specific Recruitment, and works to ensure case managers are actively referring children to the Gallery. The Department assists Heart Gallery Staff by reviewing the profiles of children referred to the Gallery, and by providing technical assistance and statistical data. Additionally, the Department acts as a liaison between Heart Gallery Staff and community stakeholders. The Heart Gallery has had several showings throughout the state and the Department has supported these events through staff participation and preparation of comments for the media.
- Independent Living (IL) staff support and encourage youth involvement in recruitment planning and activities. For example, Independent Living staff have involved youth in opportunities to select marketing materials and to participate in building and delivering a "Youth Day" as part of the annual Children Need Homes Conference. Over the last year, targeted recruitment efforts in Southeastern Arizona have increased the amount of teen homes from 30 to 50. In central Arizona, recruitment of foster home for children ages 12 and up was the top priority. Due to these recruitment efforts, the number of foster homes for youth has increased from approximately 130 to 250 in the past three years. This area of the state also reduced the number of children in congregate care from 80 to 46. Specific events to recruit homes for teens included high school presentations, and a Halloween church event for teens.
- The Division continues to seek appropriate ways to engage the faith community and to participate in faith-based outreach activities. Recent faith based recruitment activities included a workshop in February 2009 at a local Latter Day Saints church, designed to raise awareness about the need for foster and adoptive families. A church-sponsored conference in March 2009, at a United Methodist church, focused on issues surrounding the foster care system and was held in collaboration with the FCRB, CASA, Arizona Friends of Foster Children, OLCR and the Department. In addition, the Division held an Interfaith Summit in November 2008.
- The Division recognizes that peer support is especially important to kinship and resource parents, and therefore continues to actively support the Arizona Association for Foster and Adoptive Parents (AZAFAP). The Division includes feature articles related to the AZAFAP in the statewide foster and adoptive parent newsletter and distributes AZAFAP membership brochures to all potential Arizona foster and adoptive parents. The Division requests input from the AZAFAP in the planning of its annual Children Need Homes conference, particularly the portion designated for foster and adoptive parents. Foster parents are also honored at a special recognition dinner sponsored by the AZAFAP, as well as during the annual Children Need Homes conference. The Division also partnered with the AZAFAP and Casey Family Programs to celebrate National Foster Care Month in May 2009.

The Division contracts with community agencies for additional resource family recruitment, study, and supervision; including foster, adoptive and kinship family recruitment. The contract effective November 2006 describes requirements for targeted and child specific recruitment. Recruitment focuses on individuals who reflect the ethnic and racial population of children in custody and the neighborhoods

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

where the children were removed. The Division contracts with agencies such as Black Family Children Services, Agape, Casa De Los Niños, and Aid to the Adoption of Special Kids (AASK), whose focus is recruitment of families for African American, Native American and Hispanic children. Targeted recruitment occurs for sibling groups, older children, specific ethnic groups, geographic areas and any other priority areas identified by a District. During the second half of 2008, AASK established a kin provider recruitment and licensing specialized unit in District 1. District Recruitment Liaisons are charged with identifying targeted recruitment goals for the districts they serve, recruiting foster and adoptive families of color, providing technical assistance for contract providers, monitoring contracts, and cultivating community participation and partnerships.

Division contract administrators and District Recruitment Liaisons continue to meet with contracted providers to monitor implementation of the Home Recruitment, Study and Supervision (HRSS) contract. The HRSS contract contains outcomes and performance measures based on the Family to Family principles; which include a requirement to increase the number of newly licensed foster homes in targeted areas both demographically and geographically.

Geographical Information System (GIS) mapping is used to locate areas where removals are occurring, so that recruitment activities can identify caregivers in the same neighborhoods. Each agency submits a targeted recruitment plan to its District semi-annually. The Division has developed GIS map projects using CHILDS data and the list of open foster homes from the Office of Licensing, Certification and Regulation's (OLCR) database. GIS Maps depict the geographical areas and demographics of the targeted communities with the highest number of children entering out of home care and the lowest number of licensed resource families. The findings are then shared with all private contracted agency partners, community and faith-based councils, foster care associations and other stakeholders to increase awareness of targeted needs. GIS Maps were updated and distributed in January and June 2009. Private contracted agency partners, community councils and other stakeholders were provided copies of the maps and used them as a basis for Targeted Recruitment Activities. The maps have increased awareness of targeting needs and highlight the demographics of children in targeted neighborhoods.

The Division uses data reports to track the movement of children with a case plan goal of adoption through to adoption finalization. These reports identify cases in which child specific recruitment is needed to identify a suitable adoptive home for a waiting child. The Division works with the adoption units in all Districts to ensure data fields in CHILDS are completed accurately, to assist in the assessment of timeliness to adoption and the child specific recruitment needs. State policy requires child specific recruitment be conducted to find adoptive families for legally and non-legally free children for whom no homes are found on the CHILDS Provider (Adoption) Registry, including children with special needs. All appropriate recruitment resources must be explored and/or utilized within three months of a referral for child-specific specialized recruitment. Child-specific specialized recruitment activities include registering the child with the *Arizona Adoption Exchange Book*, the National Adoption Exchange, Wednesday's Child, the Arizona Heart Gallery, and other cross-jurisdictional resources, such as regional exchanges. Special recruitment also includes listing on Adoption.com, and notices in quarterly newsletters to Arizona's foster parents and adoptive parents. For children who are not legally free, child specific recruitment is initiated on a selective basis, determined by the child's particular circumstances. The Division continually works toward building stronger relationships with communities of color and in building community partners to support this effort. The Division has launched a general marketing campaign to increase community awareness about the need for foster and adoptive homes. All marketing efforts on behalf of the Division feature teens, sibling groups and ethnically or racially diverse children.

Technical assistance on targeted and child specific recruitment continues to be provided to Division and contracted agency staff. For example, the following was provided in SFY 2009:



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

- Dr. Denise Goodman, a consultant with the Annie E. Casey Family to Family initiative, conducted several trainings throughout the state on targeted and child specific recruitment, which included:
  - a workshop on Ice Breakers and Shared Parenting in September 2008, in which participants explored the goals and intent of Ice Breaker meetings and how they could be used as a foundation for shared parenting;
  - a statewide training for adoption units in September 2008, on securing adoptive homes for children using cross jurisdictional placements; and
  - in July 2008 through January 2009, two workshops on developing child specific and targeted recruitment plans, attended by all HRSS contracted agencies and other community partners.
- In September 2008, Michael Saunders, from the Annie E. Casey affiliate, hosted a workshop on Permanency for Older Youth and Supporting Youth’s Transition to Adulthood. This workshop also discussed the complexities for youth making the transition from foster care to adoption and assisting youth in transitioning to adulthood.
- In November 2008, the Division hosted the South Mountain Laveen Foster Care Summit. The event was held to engage the community and heighten awareness about the need for foster and adoptive homes in this area, which has a high number of removals. The event included representatives from the state Governors Office, former foster youth, Division staff and current foster and adoptive parents.

The Division provides additional support services to adoptive families who are at risk of adoption disruption or dissolution, including transitional services and crisis counseling prior to and after an adoption is finalized. Services are provided by therapists and psychologists contracted with the Districts. In addition, funds have been used to pay for specific services and goods needed by families in order to prevent an adoption from disrupting. Criteria for the services, forms to request the services, and an approval process were developed and distributed to each of the Districts and the Adoption Subsidy staff.

Data from the most recent *Child Welfare Reporting Requirements Semi-Annual Report* indicates that the Division’s resource family recruitment and retention strategies have been successful. For example:

- The number of licensed foster homes has increased 58% in the past three years – from 2,288 on the last day of FFY 2005 to 3,615 on the last day of FFY 2008.
- The number of bed spaces available to Child Protective Services has increased 45% in the past three years, from 4,905 on the last day of FFY 2005 to 7,116 on the last day of FFY 2008. The greatest increases occurred in FFY 2006 and the last half of FFY 2008.
- The number of children in shelter care for more than 21 days, who may be waiting for a foster home placement, has decreased from 1,039 on the last day of FFY 2005 to 585 on the last day of FFY 2008.

The following table compares the ethnicity of available foster homes and children in out-of-home care on September 30, 2007 and September 30, 2008.

	<b>September 30, 2007</b>		<b>September 30, 2008</b>	
	<b>Available Foster Homes</b>	<b>Children in Out of Home care</b>	<b>Available Foster Homes</b>	<b>Children in Out of Home care</b>

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

<b>White</b>	66%	42%	66%	39%
<b>Hispanic</b>	18%	35%	19%	36%
<b>African American</b>	11%	13%	12%	14%
<b>American Indian</b>	1%	7%	1%	7%
<b>Other</b>	4%	3%	2%	4%

***Use of Cross-jurisdictional Resources for Permanent Placements***

The Division is successfully using cross-jurisdictional resources to expeditiously locate permanent homes for children across jurisdictional lines, and continues to address barriers to cross-jurisdictional adoption whenever they are identified. Ongoing dialogue with recruitment agencies has proven vitally important to reducing systemic barriers to permanency outcomes. Arizona continues to expand its capacity to recruit foster and adoptive families across the country with the hope that this will bring about an increase in the number of cross-jurisdictional placements and successful adoptions. Recruitment efforts include the continued use of resources such as listing on the CHILDS Central Adoption Registry, quarterly newsletters to Arizona’s foster parents and parents receiving adoption subsidy benefits, publications such as the *Arizona Adoption Exchange Book*, features on nationally syndicated programs, contract agency websites, internet resources such as Adoption.com, and the national Adoption Exchange Association’s exchange/photo listing on AdoptUsKids.

A statewide marketing campaign to recruit foster and adoptive homes for children was launched in November 2006 and continued through SFY 2009. This campaign uses multiple media formats including ads and public service announcements on television and radio, print and church bulletins. Children free for adoption are being featured in publications around the state, such as *Today’s News-Herald* (serving the Lake Havasu City and lower Colorado River area) and the South Mountain Villager (serving South Phoenix, an area where homes are needed). Other recruitment activities have been described in the prior section, and many of these are statewide or cross-jurisdictional.

Division policy supports the permanent placement of children in other jurisdictions. Policy states that “the ability of the family to meet the child’s needs shall govern the selection of an adoptive family; no single factor shall be the sole determining factor in the selection of a family, and the Department shall not deny or delay the placement of a child for adoption when an approved out-of-state adoptive family is available for placement.” Adoption Promotion funds are available statewide to encourage and promote cross-jurisdictional adoptive placements. These funds can be used to cover unexpected incidentals that do not qualify as non-recurring adoption expenses and would otherwise hinder the finalization of an adoption. These expenses may include transportation costs associated with cross-jurisdictional placements, including pre-placement visits and visits with siblings and relatives living out of state or in other regions of Arizona. No changes are expected to this program and the Division will continue to encourage staff to use this resource.

The Division’s HRSS contract describes the expectations for child specific recruitment. Within the first thirty days of receiving a child specific referral from the Division, the contractor is to prepare an individualized plan for identifying a permanent home for the child or sibling group in need of adoption. The plan must include individualized activities, strategies and resources to be implemented within the next 60 days and must include but not be limited to the following activities:

- direct contact with relatives, friends and former caregivers; collaterals such as coaches, mentors, or teachers; and/or other significant adults identified in the child’s record or during interview (who may be in-state or out-of-state);
- customized marketing tools such as brochures, posters, letters, newspaper articles, TV interviews

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

- and radio spots for the identified child; and
- strategies that reflect searches have been conducted at all child placement or adoption agencies in Arizona to identify possible matches.

Arizona is successfully using these special recruitment resources to place children in adoptive homes. In FFY 2008 the Division featured 45 children on AdoptUsKids who were legally free for adoption with no identified adoptive placement. Children legally free for adoption continue to be displayed on both the national and local adoption registries. In March 2008 the Division had 873 families listed on the Adoption Registry. A statewide photo listing, Adoption.com, also continues to serve as a valuable resource. The inquiries/referrals received from Adoption.com are forwarded to the appropriate CPS Specialist or contracted Adoption Specialist.

***Action Steps to Improve Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention in SFY 2010 through 2014***

The Division meets regularly with foster and adoptive home recruitment and support providers and other stakeholders to obtain input on systemic strengths and needs and methods to improve recruitment and retention of resource families. The Division and its partners will take the following steps in SFY 2010 and beyond to further increase the number of foster, adoptive and kinship homes recruited and retained, particularly in targeted geographic communities and communities of color.

1. Continue to share Geographical Information System (GIS) maps with providers semi-annually, to identify communities with a high number of removals, the ethnic distribution of children in care, and diligent recruitment strategies and activities for their individual communities
2. With the support of the Annie E. Casey Foundation's Family to Family Resource Family Recruitment, Development and Support strategy consultants, strengthen child specific recruitment activities across the state and develop strategies to ensure resource and kinship families feel supported
3. Increase community awareness about caring for and cultivating permanent connections for older youth
4. Use recruitment strategies to diligently recruit foster and adoptive families who reflect the ethnicity and age of children in care; while simultaneously increasing overall community awareness of the need for foster and adoptive homes
5. Continue to provide a personal response to individuals inquiring about becoming a foster, adoptive or kinship placement
6. Support placement stability by responding to current and prospective foster, adoptive and kinship family issues and concerns
7. Improve policy and procedure with regard to permanent placement selection, while increasing awareness of the needs of children who have a case plan of adoption but no identified family

**B. Strategies and Action Steps**

This section lists the state's primary strategies for improving the systemic factors. Both are included in the state's current CFSR PIP. The action steps describe current and future activities, expanding upon the

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

completed action steps and benchmarks from the state’s CFSR PIP. These strategies and action steps do not describe all the activities that may improve systemic functioning. Routine work activities and smaller programmatic changes will also have a significant impact. These are the strategies most directly linked to systemic factors, and they will also support achievement of safety, permanency and well-being outcomes. Likewise, many of the Division’s strategies to improve safety, permanency and well-being outcomes will improve systemic functioning. For example, Division efforts to improve competency with the integrated CSA-SRA-Case planning process will also improve concerted efforts to involve youth, mothers and fathers in case planning.

**Primary Strategy:** **Implement the DCYF Workforce Planning Initiative, in consultation with Cornerstone for Kids, to strengthen staff recruitment, retention, training and supports**

**Goal:** Develop a quality front line workforce that is prepared for the work of child welfare and supported to do their jobs

**Action Step 1:** Implement a competency model for CPS Specialists that reflects Family to Family values and principles, including family-centered and community-based practice; and a plan for moving the DCYF workforce to that competency model within recruitment, selection, staff-development and performance management

**Action Step 2:** Strengthen the role of the supervisor to improve CPS Specialist workforce stability and decrease turnover

**Action Step 3:** Gather, analyze and use data on staff turnover and retention to reduce turnover and improve competency ratings

**Action Step 4:** Provide an array of training tools, tips and supports for CPS Supervisors to develop job satisfaction and competence, and decrease turnover

**Action Step 5:** Provide training on supporting supervisors to managers, particularly Assistant Program Managers, to develop manager’s job satisfaction and competence

The Workforce Planning Initiative is a strategy included in the state’s PIP. This is a long-term project and significant progress has been made completing the activities in the PIP. The Position Description Questionnaire and Performance Appraisal for State Employee forms for the CPS Specialist position have been updated. In SFY 2010 and later years the Division will continue to identify and implement activities to strengthen the role of the supervisor, such as development of a competency model for the CPS supervisor position and supervisory surveys to assess proficiency in identified competencies. The Division will also use staff exit survey results to identify methods for improving staff retention. Some workforce planning activities have been delayed because implementation will not be beneficial until the statewide hiring freeze is lifted. However, the Division has completed many activities and will continue to pursue this strategy by preparing training, surveys and other products so they are ready for use when the hiring freeze is lifted or whenever appropriate to the Division’s circumstances.

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**Primary Strategy:** **Align Division management, policy, practice and training to strengthen the statewide DCYF Quality Improvement System**

**Goal:** Maintain Division-wide adherence to clearly defined safety, permanency and

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IV, Part 4: Systemic Factors**

well-being goals and practice standards

- Action Step 1:** Continue to implement and strengthen the Family to Family core strategy of self-evaluation in all districts
- Action Step 2:** Using the In-Home and Out-of-Home Practice Improvement Case Reviews, identify ongoing case practice standards that require clarification, and address these by revising policy, developing practice guides or tips, adding rating guidance to the PICR instrument, and/or educating staff
- Action Step 3:** Continue to hold monthly meetings of the PI Specialists, Policy Managers and Child Welfare Training Institute Managers to discuss PICR results and other practice and outcome data, and identify opportunities for training, policy or the quality improvement system to direct or support practice and outcome improvement
- Action Step 4:** Continue to sponsor meetings of the Training Advisory Council, to gather input from staff and others to continually improve the content, delivery, and effectiveness of training

This strategy is also included in Arizona's current CFSR PIP. The Division continues to review a sample of initial assessment, in-home services, and out-of-home care cases each month. Quarterly reports are written to distribute the case review results, current CFSR permanency composite and other PIP measure data, and recommendations for practice improvement. Case and worker specific feedback is given to the CPS Specialists and Supervisors whose cases were reviewed, and individualized Professional Skill Building Plans are developed with CPS Specialists, Supervisors, or entire units when a need is indicated by the case review results. In SFYs 2010 through 2014 the Division will continue to develop strong self-evaluation teams in all districts, and district capacity to generate and analyze data on the nine Family to Family outcomes and the CFSR outcomes. The Division will use the results of the in-home and out-of-home case reviews to identify practice areas requiring policy clarification, staff training or guidance, or other practice improvement activities.

# **Section V**

## **Child and Family Services Training Plan**

## CHILD AND FAMILY SERVICES TRAINING PLAN

### A. Training Program Description

The Division's Child Welfare Training Institute (CWTI) offers a comprehensive child welfare training program in support of the state's commitment to providing quality services to Arizona's children and families. The CWTI continually reviews the training system to identify opportunities to improve the content, delivery, and extent of initial and ongoing training. These activities are part of an agency-wide effort to continuously improve practice and outcomes of safety, permanency, and well-being for children and families.

Staff development and training opportunities are provided in a variety of ways. The CWTI provides comprehensive Case Manager Core training to newly hired CPS Specialists, Supervisor Core training, Parent Aide Core training, in-service and out-service workshops, specialized trainings, and advanced trainings. The CWTI also collaborates with the districts to train on new initiatives, such as the revised CSA-SRA-CP Process that began in early 2007, the Engaging and assessing Families trainings held statewide in 2008, as well as Team Decision Making and other trainings to support statewide Family to Family rollout. In order to better support new staff in the field, the CWTI continues to provide regular refresher trainings in the CHILDS computerized case management system and offers refresher trainings in the CSA-SRA-CP process. The Division encourages staff to attend community workshops and provides opportunities for the pursuit of Bachelor and Master Degrees to further improve the quality and professionalism of services. The Department also collaborates with its University partners to create and provide alternative forms for training delivery, including on-line, I-linc (Web), and computer-based training.

#### *Cost Allocation*

Initial in-service and ongoing child welfare training costs are allocated according to the Department's approved cost allocation plan. The CWTI Training Administrator reviews the training curriculum prior to training to determine the allocation of training-related time and costs to all benefiting programs. Employees attending training are instructed to code their payroll timesheets to reflect the following for each day in training:

- For initial in-service training, if the subject content of the training is Title IV-E reimbursable, the employee charges the training hours to a payroll reporting code that allocates training costs based upon the IV-E Population Factor and is then reimbursed at 75%.
- For ongoing training, if the subject content of the training is Title IV-E reimbursable, the employee charges the training hours to a payroll reporting code that allocates training costs based upon the IV-E Population Factor and is then reimbursed at 50%. These costs are reported with the general Title IV-E administrative costs.
- For either initial in-service or ongoing training, if the subject content of the training is not Title IV-E reimbursable, such as training on CPS Investigations, the employee charges the training hours to a payroll reporting code that allocates the training costs to the benefiting program (e.g., state funding, Title IV-B, or other applicable funding).

In accordance with the 2008 Fostering Connections Act, in 2009 Arizona began steps to access IV-E funding for short-term training to qualified court personnel, attorneys, child welfare staff, CASA staff and

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

relative guardians. Arizona has entered into an Interagency Service Agreement with the Administrative Office of the Courts to transfer IV-E reimbursement for short-term training of CASA staff. Arizona will also work with other qualified entities to provide IV-E reimbursement for short-term training as described in the Act.

***Case Manager Core***

Case Manager Core (initial in-service training for case managers) is provided by the Child Welfare Training Institute, and includes a combination of classroom instruction and field practice experience. Case Manager Core training for newly hired investigative, in-home, and ongoing services CPS Specialists provides learning activities for functions essential to performing job duties. Case Manager Core includes extensive content on agency policies and procedures as well as existing law; family-centered practice; the use and benefits of the CHILDS, and child welfare best practice. The learning activities span approximately twenty-two weeks and include a comprehensive combination of classroom instruction and field experience. The curriculum is delivered using many different media, including lecture, discussion, practical activities, video/slides, PowerPoint presentations, role-modeling, mentoring, and other resource materials.

The first component of Case Manager Core requires the trainees to attend six weeks of classroom training. The initial two weeks of the training are focused on foundational child welfare topics. The remainder of the training uses a pragmatic approach to learning by sequentially walking trainees through the life of a CPS case. Topics covered throughout the six weeks of classroom training include: vicarious trauma/self care, cultural diversity, the effects of child abuse and neglect on child development, centralized Child Abuse Hotline (initial receiving and screening of child abuse communications), worker safety, indicators of child abuse and sexual abuse, family dynamics, interviewing, child safety assessment, strengths and risk assessment, behaviorally-based case planning, CHILDS, legal, behavioral health, child placement, case planning and staffings, permanency planning, kinship care for children, substance abuse, and domestic violence.

A focus on family-centered practice is woven throughout all topic areas. During the six week Core training, trainees are given hands-on experience in assessing child safety, developing safety plans and behaviorally-based case plans, holding case staffings, interviewing clients, and testifying in court. Staff from the Division's Comprehensive Medical and Dental Program (CMDP), Arizona's medical/dental plan for foster children, provides training on how to more effectively obtain physical and mental health services for children in out-of-home placement. The Division's Protective Services Review Team (PSRT), the Team that provides due process rights for a parent, guardian or custodian who is alleged to have maltreated their child, provides training on documentation needed to propose substantiation of allegations of child abuse and neglect. Other diverse training staff include trainers from other areas of the Division, Field Training Supervisors, community providers, foster youth and alumni, kinship caregivers, and other child welfare stakeholders.

Case Manager Core training includes comprehensive training in CHILDS. CHILDS training includes hands-on experience in a computer lab, where trainees enter case information into an automated training region. The training also includes lab days for trainees to continue practicing their CHILDS skills. Trainees are provided "stand-alone" CHILDS classes on all aspects of child welfare (investigations, case management, adoption, etc.), and all computer screens that must be completed for data collection, reporting and eligibility. The CHILDS portions of the training, as of January 2008, incorporated all of the automation of the CSA-SRA-Case planning process, so that trainees have hands-on experience.

***Field Training***



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

The Case Manager training incorporates a practical, hands-on instructional style through Field Training. Field Training exercises facilitate transfer of learning and provide an opportunity for new case managers to apply the knowledge and skills learned in the classroom. Field Training Supervisors, who assure that the training is methodical and consistent with best practice, coordinate with the CPS Unit Supervisors to provide all Field Training experiences to new CPS Specialists.

New employees apply the knowledge and skills learned from the classroom during their field training experiences. Per Division policy, CPS Specialists may not be designated as the primary case manager on any case until they have completed their entire six week classroom Core training. During the Post-core phase, the CPS Specialist may carry cases, but typically that process is begun on a graduated basis, so that on-the-job learning may continue to occur. Field training is organized into three phases, as follows:

- *Pre-core* – The first phase, known as pre-core, occurs between the hire date and the starting date for Case Manager Core training. This two week period is structured to offer the new CPS Specialist an orientation to the agency and to the work of a CPS Specialist. During this first phase, trainees are introduced to CHILDS and to district and Division child welfare policies and procedures. If time allows, new CPS Specialists also shadow seasoned workers to gain an initial context for their work.
- *Field Week* – The second phase of Field Training occurs in the fourth week of the Case Manager Core training. After three weeks in class, trainees have a “Field Week” in which they return to their assigned units. At this time, they have further opportunities to shadow other workers and apply their classroom knowledge to practical situations, through a checklist of experiences and activities.
- *Post-Core* – The third phase of field training begins the day after trainees complete Core training and extends for approximately fifteen (15) more weeks. During this post-core phase, training is facilitated by both the Field Training Supervisor and Unit Supervisor to enhance the trainee’s skills. The supervisors continue to use the checklist to identify the accomplishment of various learning objectives and to hold trainees accountable for designated activities and competencies. For each trainee, the Field Training Supervisor maintains an employee file that includes performance expectations, assessments, evaluations, communication logs, and any other documentation that supports and measures the trainee’s progress; that file is transferred to the CPS Unit Supervisor at the end of Core classroom training.

***Supervision/Management Training***

Supervisor Core training occurs intermittently over 12-months, so that CPS Supervisors can provide supervisory support while completing their Core training. A new group of supervisors begins the training every six months, although newly promoted supervisors can begin their Supervision 411 (“Nuts and Bolts”) training within two months of hire. Supervision 411 is offered every two months in different areas of the state, to facilitate access to the information needed by new supervisors. The Electronic Information Systems module is offered 5 times per year for the same reason. All supervisors are encouraged to have all of the training requirements completed by the end of a twelve month period.

The Supervisor Core, revised in 2006 and again in 2008, includes numerous Department requirements provided by the Arizona Government University and the Department’s Office of Management and Development, and eleven days of coursework offered by the CWTI. The CWTI modules include: Supervision 411; Electronic Information Systems; Legal and Policy for Supervisors; Child Safety

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

Assessment-Strengths & Risk Assessment-Case Planning Process (CSA-SRA-CP) for Supervisors; Administrative Supervision; Educational Supervision; and, Supportive Supervision. The latter three classes are considered to be in the advanced track for supervisors and Assistant Program Managers. In 2009, work has begun on the creation of a two day course in Clinical Supervision, based on the Clinical Supervision Circles Training seminars that were provided by Arizona State University in 2008.

***Parent Aide/Case Aide Core Training***

Parent Aide/Case Aide Core training is provided for all contracted community providers who hire Parent Aides and Family Support Specialists, as well as CPS Case Aides. Case Aides are employed by the Division to assist the CPS Specialists by providing transportation to appointments, facilitation of parent-child visitation, assistance to apply for necessary resources, and other supports to improve conditions in family's homes. This training provides the knowledge and skills necessary for working within the child welfare system. The training consists of eight classes, one to three days in length, completed over four months. Both community trainers and internal staff development personnel within the Training Unit and/or field units conduct this training. Trainers use various presentation methods, including lecture, group exercise, role play, PowerPoint, audio and video. The curriculum is scheduled for review, augmentation and update during SFY 2010. Funding of this training is cost allocated to Title IV-E for state employees and also uses Title IV-B and state general funds.

***Non-Core CHILDS Training Requests***

These trainings provide instruction on navigating the CHILDS computer-based case management system. The trainings are tailored to the needs of the requesting agency or department. Audiences include contracted direct service providers, representatives from Tribes, juvenile probation and other child welfare stakeholders such as the Foster Care Review Board. These training requests also include on-site assistance and support for CPS employees using the CHILDS system, and may be offered on the Web, using the Division's I-Linc license. An average of 800 individuals have been trained annually from 2004 through 2009.

***Workshops and Advanced Trainings***

Workshops and advanced trainings are offered annually for all Division staff. Division policy requires that staff employed in CPS classifications receive 24 hours of advanced training per year. The Division has begun to offer specific advanced training modules to enhance the skills and knowledge of employees at varying levels of experience. Topics available via these workshops and trainings include mental health, psychotropic medications, methamphetamines, managing conflict, gangs, working with chemically dependent families, Arizona Families F.I.R.S.T. (Substance Abuse Program), and Independent Living/Arizona's Young Adult Program, and regular Legal Updates. Plans for additional advanced trainings are further discussed in the 5-year Training Plan Objectives.

Because of the significant budget shortfall in SFY 2009 and the resulting staffing reductions at the Division and the State University system, the Advanced Training collaboration with ASU is temporarily on hold, and will resume contingent upon resources. In the meantime, the CWTI will continue to create Advanced Training courses to the extent possible with existing resources, and will provide CPS staff with free out-service training opportunities whenever possible.

Annual conferences will still be provided to management and field staff. Recent conferences have included the:

- Summer Institute, sponsored by the Division of Behavioral Health Services

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

- Children Need Homes Conference, sponsored by the Arizona Foster Care and Adoption Coalition
- Child Abuse Prevention Conference, sponsored by Prevent Child Abuse of Arizona
- Inter-tribal Indian Child Welfare Conference, sponsored by the Inter-Tribal Council of Arizona, Inc.
- Family Centered Practice Conference, sponsored by Prevent Child Abuse of Arizona

***Specialized Training Programs and Audiences***

Various audiences benefit from the Department's Staff Development and Training Program, in addition to all of the Division's newly hired and existing staff. Contracted providers, other child serving agencies (such as the Division of Behavioral Health Services' behavioral health providers and case managers from the Navajo and Hopi tribes) are also invited to participate in training offered by the Division. The CWTI provides training in CHILDS for staff from designated provider agencies, Juvenile Probation, and Native American tribes that access this system.

Current specialized training programs include the following:

- Childhelp USA is partnering with the Division to facilitate advanced Forensic Interviewing training (please refer to the CAPTA report for more information on this training).
- The Navajo Nation, the Hopi Nation, and the Administrative Office of the Courts (AOC) have Title IV-E agreements with the Department. Pursuant to these agreements, these custodial agencies are eligible to receive training and reimbursement for training expenses in accordance with federal regulations. It is essential that direct service staff from these agencies participate in case management training in addition to training relevant to Title IV-E administrative activities, foster care maintenance and eligibility activities, and initial in-service training. The Division provides training to those direct staff in accordance with requests from their respective agencies.
- The AOC and two counties are currently participating in an IGA with the Department. Pursuant to this agreement, they encourage staff to attend Title IV-E seminars to maintain relevant knowledge and/or expand on their skills already in place. The Juvenile Justice Service System also encourages staff to participate in training related to case management and program monitoring activities.
- The Speaker's Bureau program provides information to community organizations concerning child welfare practices/procedure, law pertaining to child abuse, and misconceptions about the agency. Some districts conduct these trainings with a member of the County Attorney's Office, when attainable. These trainings may be conducted in the evening or weekend hours to better meet the needs of the requestor. The Department provides an average of 250 presentations per year.

***Assistant Attorney General Trainings***

The Division partners with the Arizona Office of the Attorney General to enhance training on legal aspects of child welfare and the intersection of legal issues and social work practice. Assistant Attorneys General provide training to staff and external partners (via Case Manager Core, Supervisor Core, and other specialized trainings). On behalf of the agency, Assistant Attorneys General also provide Title IV-E training to court personnel to increase awareness of Title IV-E policies. To ensure that the attorneys representing the child welfare agency are informed on agency policy, best practices, and relevant social work issues, the Assistant Attorneys General also participate in trainings on current child welfare

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

practices, legal implications, and training issues.

***Resource Parent (Provider) Training***

Contracted provider agencies deliver pre-service training to resource parents. In February 2005, the Department initiated statewide implementation of the Child Welfare Institute's *Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting (PS-MAPP)* program for the preparation and selection of all new resource (foster and adoptive) parents. PS-MAPP is a 30-hour group session program of ten meetings over ten weeks. Potential resource parents who cannot attend a group session can be prepared using the *PS Deciding Together* one-to-one program. PS Deciding Together (PS-DT) is seven face to face consultations with the potential resource parents and the Foster Care Specialist of the contracted provider agency.

The program objectives include five core abilities that families must have to be successful resource parents, which are assessed based upon twelve critical skills. The five core abilities are:

- Meet the developmental and well-being needs of children and youth
- Meet the safety needs of children and youth
- Share parenting with a child's family
- Support concurrent planning
- Meet their own family's needs

Completion of PS-MAPP or PS-DT training is required prior to licensure and prior to placement of a child (aside from court-ordered placements with unlicensed kin or significant others). This pre-service training is also required for kinship parents who are applying for a foster home license. All resource parents who begin the preparation and selection process on or after November 1, 2006 are prepared using either the PS-MAPP group or the PS-DT one-to-one program. Licensed foster parents who were trained and prepared using a pre-service program other than PS-MAPP or PS-DT were required to attend a six hour Mini PS-MAPP session by November of 2007. Mini PS-MAPP is an Arizona curriculum designed to deliver the consistent core philosophies of PS-MAPP, Family to Family, and Family Centered Practice. A brief version of this training is a part of the Case Manager Core so that all new hires are exposed to this important program and its related philosophical shift.

The Department's Office of Licensing, Certification and Regulation (OLCR) monitors to ensure all training requirements have been met prior to licensure, certification, or annual renewal. Foster parents with a regular license must complete at least six hours of in-service training annually. Foster parents with a professional foster home license must complete an additional six hours of in-service training annually, related to the special needs of children they are providing care. An annual "Professional Development Plan" is developed with each foster parent to identify and plan the in-service training the foster parents will attend during the coming year.

PS-MAPP Family Group Meetings and PS-DT Consultations are lead by PS MAPP Certified Leaders. These Leaders are either employees of the foster home agency or foster or adoptive parents. The best practice team of Leaders is an agency employee and a foster or adoptive parent. PS-MAPP Certified Leaders must complete an eight day (48 hour) training session lead by Arizona PS-MAPP Trainers. PS-MAPP Leaders must complete a two day workshop to be certified to complete the PS-DT (1:1 preparation program) with a potential foster or adoptive applicant. There are currently six PS-MAPP Trainer approved to certify Leaders.

The Division continues to partner with group care provider agencies to enhance opportunities for the short term training of state-licensed child care institution staff who provide care to foster and adopted children.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

This training enhances the ability of these staff members to provide support and assistance to children in their facilities.

***University/College Partnerships***

The Division provides additional opportunities for staff development through education and training provided by institutes of higher education. For example:

- Tuition reimbursement has been available for job-related courses or degrees at a rate up to the cost of the public universities. One hour of educational leave may also be granted per three hours of class time. In SFY 2008 and SFY2009, 194 Division staff received tuition reimbursement for job-related courses. This program was temporarily suspended as a result of the substantial SFY 2009 budget shortfall, to be reinstated contingent upon resources.
- Up to ten staff members are selected annually to participate in the Two-Year or Advanced-Standing MSW Program provided by Arizona State University (ASU) West Campus. This program enables current Division employees to study full-time while being granted educational leave and relieved of regular agency duties. After completion of their studies, staff who attend this program are committed to employment with the Division for the same amount of time for which they received an educational leave benefit. Ten staff participated for FY 2008, and it was anticipated that ten staff would participate in FFY 2009. However, this program was also temporarily suspended as a result of the substantial SFY 2009 budget shortfall, to be reinstated contingent upon resources.
- In collaboration with the ASU Child Welfare Training Project, the Division, ASU Downtown and ASU Tucson recruit and educate MSW and BSW students to prepare them for a career in child welfare. Participating students (referred to as “stipend students” or “DES scholars”) contract with the Division for tuition coverage, and monthly cash allowances (stipends) for MSW students, in exchange for committing to employment with the Division after graduation for a time equal to the time they received the benefits (e.g. 18 months or two years). In FY 2008, the BSW program expanded from the rural areas of southern Arizona to include the Phoenix and Tucson metropolitan areas.

***Evaluation and Measures of Effectiveness***

All training programs are continually evaluated and revised to ensure Division staff and others are provided with the skills necessary to assist children and families to achieve positive outcomes. The CWTI uses a variety of methods, both formal and informal, to evaluate the effectiveness of its training program. For example:

- After each Case Manager Core class, Supervisor Core class or ad-hoc training, trainees complete evaluation forms to provide their suggestions for improving the training content and/or delivery. The CWTI takes suggestions into consideration and makes appropriate revisions to the curriculum. A Likert Scale measures the overall satisfaction of new CPS Specialists with the Core training program. Evaluations are also used to measure performance in many of the workshops and conferences held throughout the state. Topics and presenters rated highly are retained and continued, such as the Child Welfare Safety training. Suggestions are taken into consideration for future presentations or conferences. The CWTI is in the process of converting this evaluation system to on-line delivery and tabulation.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

- In partnership with Arizona's Universities, a self-assessment tool is used to measure the knowledge, skill, and job satisfaction of new CPS Specialists. This assessment is completed by new employees four times during their first year of employment. Once analyzed, results of this tool are used to evaluate the effectiveness of the Core Training, and the new hire's self-assessment of their level of skill during the first year of work. The CWTI is in the process of converting this evaluation system to on-line delivery and tabulation.
- The Division's Quality Improvement System and its related Practice Improvement Case Review uses a tool that measures both strengths and areas needing improvement within the child welfare program. The Division's review process is based upon the federal Child and Family Services Review, and is correlated with the requirements of the revised CSA-SRA-Case planning process. It includes a random selection and review of cases within each of the Division's geographic areas, and provides a mechanism for feedback to workers and units, identification of systemic issues and training needs, and individual Professional Skill Building Plans. The case record review process assists the CWTI in determining the effectiveness of training, and identifying areas requiring additional training. For example, some case reviews revealed the need for better understanding of how to document a critical analysis of child safety, and the CWTI has continued advanced trainings and refreshers to address this need.
- The Child Welfare Training Institute hosts the Training Advisory Committee, which is comprised of CWTI staff, experienced CPS Supervisors and other field staff, District Practice Improvement Specialists, policy experts, Family to Family representation, foster care providers, birth parents, attorneys general, and other child welfare stakeholders. This committee continues to meet to provide oversight, review strengths and needs, and make recommendations on training objectives and initiatives. For example, discussions at the Training Advisory Committee relative to the implementation of the CSA-SRA-Case planning process centered on the need to ensure that constant training, support and refreshers would be provided in follow-up to the initial roll-out, and this was implemented. This Committee also discussed recommendations on comprehensive training policies and Supervisor Core content, all of which have been implemented.
- The CWTI also participates in statewide Program Managers' meetings to discuss issues pertinent to training and solicit feedback from the Program Managers, based on their interactions with field staff and supervisors. The feedback includes identification of strengths, gaps and training needs for field staff, and assists to develop further partnerships in the provision of training to newly hired CPS Specialists and Supervisors.
- The CWTI participates in monthly meetings between DCYF Policy Unit, the Practice Improvement Unit, and the Training Unit. Through these regular meetings, in-depth discussions are held that clarify policy and practice, identify areas for further exploration, and address systemic issues and staff training needs. In addition, the CWTI staff work in constant communication with the DCYF Policy experts the CFSR Manager to identify needs and provide training and support statewide.
- The CWTI heads a Supervisor Core Advisory Committee, which provides input, field-based feedback, oversight, and planning for Supervisor and Manager training.
- The Division is partnering with Cornerstones for Kids, a national child welfare consulting group, in its Workforce Development project, in order to evaluate its recruitment, hiring and training processes, in an effort to recruit and retain a qualified workforce. CWTI staff actively participate in this project's committees, and will make revisions and additions based on the outcome of the project's research, discoveries and implementation plans.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

- The CWTI distributes an annual Continuing Education Needs Survey to assess whether staff feel that their continuing education needs are being met, and to solicit feedback on potential courses that would assist them in better performing their jobs.

***Alternative Methods of Training and Support***

CPS Specialists, Supervisors, and Program Managers have at times raised the desire for some computer-based training modules, so that new employees do not have to leave their families for so long. Utilizing the lessons learned through the small but successful pilots of legal coursework and a Multiple Relationships/ethics class, the CWTI has continued to explore expansion of this technology to other trainings in collaboration with ASU's Dr. Ann MacEachron. This University partnering has also enabled the CWTI to use Captivate software to provide brief tutorials on changes in the CHILDS case management system.

The Division also has acquired a license and is continuing its pilot in the use of Web-conferencing tool, I-Linc. Although much of its current use is for facilitation of statewide meetings, the CWTI is beginning to create on-line tutorials and trainings, followed by group discussion via I-Linc. In addition, as the Department increases the capabilities of its Intranet, the CWTI plans to have more tutorials, training tips, and references available for on-line support. One of the CWTI's goals over the next 5 years is to produce an array of trainings, both Core and advanced, that can be provided on-line, partially on-line, or partially via I-Linc, to improve delivery in rural areas and reduce travel time for staff.

**B. Strategies and Action Steps for FY 2010 through 2014**

During the period of this five year plan, the CWTI will continually review the training curricula, training opportunities, and educational programs offered to staff and providers. The Department will continually make improvements in the content, delivery, and extent of initial and ongoing training, as part of an agency-wide effort to improve safety, permanency, and well-being outcomes for children and families. Improved training will support achievement of every safety, permanency, and well-being goal listed in Section IV of this five-year plan.

The following are the Division's Training Program strategies, goals, and action steps for SFY 2010 through SFY 2014. This section first lists the training goals and action steps that have been identified to support the Division's safety, permanency, well-being and systemic factor strategies. These strategies are the same as those listed in Section IV, Parts 1, though 4; but only the action steps that describe training activity are included below. Secondly, this section provides the strategies, goals and action steps continuous improvement of the Division's training system. These strategies and action steps address accessibility and quality throughout the training continuum.

***Training action steps to support the Division's safety, permanency, well-being and systemic factor strategies***

The Division's CWTI has worked to develop a training plan that is fully aligned with the Division's practice improvement priorities and supports achievement of safety, permanency and well-being outcomes. The CWTI identified training activities to support several of the strategies and goals listed in the safety, permanency, well-being and systemic factors sections of the Child and Family Services State Plan. These strategies and goals, and the action steps that describe training activities, are listed below.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

**Primary Strategy:** **Provide training, supervision and oversight to increase staff and stakeholder knowledge about, and competency applying, the integrated Child safety Assessment (CSA)-Strengths and Risks Assessment (SRA)-Case planning process**

**Goal:** Improve the accuracy, consistency, and documentation of decisions related to safety, risk, safety planning and case planning

**Action Step 2:** Deliver advanced training to CPS Supervisors to enhance their knowledge and skills in the use of the CSA-SRA-Case planning process, and their ability to assist their staff with transfer of learning in this process

**Action Step 3:** Develop training materials, practice tips, case examples, or other tools and opportunities to increase staff competency conducting the safety threshold analysis and improve staff ability to differentiate between safety and risk

**Action Step 4:** Deliver training on the CSA-SRA assessment processes to community stakeholders (such as courts, CASAs, attorneys, schools, or others) to increase their knowledge of how safety threats differ from risks, and how the CSA-SRA process guides safety planning and case planning

**Action Step 5:** Continue to provide access to refresher trainings, policy question and answer documents, and practice guidance on use and supervision of the CSA-SRA-Case planning process

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**Primary Strategy:** **Involve birth families and resource families in early identification and pursuit of simultaneous (concurrent) permanency goals when the prognosis of reunification within 12 months of removal is poor**

**Goal:** Reduce time to permanency and the number of placement changes for children in out-of-home care

**Action Step 3:** Develop and provide training to all staff and supervisors on concurrent case planning, including reunification prognosis assessment and early identification and simultaneous pursuit of concurrent permanency goals

**Action Step 4:** Develop follow-up training materials, practice tips, case examples, or other tools and opportunities to increase staff competency in the appropriate use of concurrent case planning

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**Primary Strategy:** **Expand and strengthen the use of family team meetings, particularly the Family to Family strategy of Team Decision Making**

**Goal:** Involve birth families and community members, along with resource families, service providers, and agency staff, in all placement decisions, to ensure a network of support for the child and the adults who care for them

**Action Step 3:** Develop and provide staff training on early identification and engagement of fathers in team meetings, when the father's attendance is not contrary to the



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

child's safety or well-being

**Action Step 4:** Develop and provide training for staff and supervisors on the effective use of, and participation in, TDM meetings

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**Primary Strategy:** **Develop an efficient and coordinated case planning process that links existing case plan related meetings, supports behavioral case planning, and meets federal and state child welfare case planning requirements**

**Goal:** Provide all members of the family's CPS team an opportunity to participate in the development of a behavioral case plan that meets all federal and state requirements, including parent and youth involvement in case planning and timely designation of permanency goals that are appropriate to the child's needs for permanency and the circumstances of the case

**Action Step 1:** Develop and provide training for staff and supervisors on the creation of a behavioral case plan, including the involvement of the parents and youth in its development

**Action Step 2:** Develop practice tips, case examples, and other tools or materials to increase staff competency engaging parents and youth in the development of behavioral case plans

**Action Step 3:** Deliver training to community stakeholders (such as courts, CASAs, attorneys, behavioral health providers, or others) to increase their knowledge about state and federal case planning requirements, and development of behavioral case plans (to be provided by each local district's staff to their community stakeholders)

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**Primary Strategy:** **Provide training, supervision and oversight to increase staff knowledge and application of practice standards on monthly CPS Specialist contacts with children in out-of-home and in-home service cases, and to increase the quantity and quality of information gathered by case aides during their contacts with children and out-of-home caregivers**

**Goal:** Provide monthly in-person contact with the assigned CPS Specialist to all children and caregivers in out-of-home and in-home service cases, and maximum opportunity for children and caregivers to share and receive information relevant to child safety, permanency and well-being

**Action Step 2:** Develop training materials, practice tips, documentation examples, or other tools and opportunities to increase staff knowledge of the practice standards for quality contacts between CPS Specialists and children in in-home and out-of-home service cases

**Action Step 3:** Provide training on high quality in-person child contacts to case aides statewide, so that information about child safety and well-being will be gathered during case aide contacts with children, to supplement other information available to CPS

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

specialists conducting safety assessment, risk assessment and case planning

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**Primary Strategy:**     **Implement the DCYF Workforce Planning Initiative, in consultation with Cornerstone for Kids, to strengthen staff recruitment, retention, training and supports**

**Goal:**                     Develop a quality front line workforce that is prepared for the work of child welfare and supported to do their jobs

**Action Step 4:**         Provide an array of training tools, tips and supports for CPS Supervisors to develop job satisfaction and competence, and decrease turnover

**Action Step 5:**         Provide training on supporting supervisors to managers, particularly Assistant Program Managers, to develop manager’s job satisfaction and competence

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**Primary Strategy:**     **Align Division management, policy, practice and training to strengthen the statewide DCYF Quality Improvement System**

**Goal:**                     Maintain Division-wide adherence to clearly defined safety, permanency and well-being goals and practice standards

**Action Step 3:**         Continue to hold monthly meetings of the PI Specialists, Policy Managers and Child Welfare Training Institute Managers to discuss PICR results and other practice and outcome data, and identify opportunities for training, policy or the quality improvement system to direct or support practice and outcome improvement

**Action Step 4:**         Continue to sponsor meetings of the Training Advisory Council, to gather input from staff and others to continually improve the content, delivery, and effectiveness of training

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***Strategies for Continuous Improvement of the Division’s Training System***

**Primary Strategy:**     **Provide timely ongoing training on the statewide information system (CHILDS) when significant changes are made to CHILDS and as needed throughout employment**

**Goal:**                     Increase agency efficiency, staff morale, and documentation by providing all staff with the knowledge necessary to efficiently use CHILDS to guide practice decisions and thoroughly document case activity

**Action Step 1:**         Continue to provide staff and supervisors with updated user guides, tutorials and

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

hands-on CHILDS training, to keep up with changes in the system

**Action Step 2:** Provide staff with advanced training in documentation, utilizing CHILDS and following best practices for social work documentation in child welfare

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**Primary Strategy:** **Explore and employ alternate methods of training delivery**

**Goal:** Increase training accessibility and quality while reducing travel, staff time and other training costs

**Action Step 1:** Continue to explore and pilot the use of alternate training delivery methods (such as computer based training)

**Action Step 2:** Identify training needs that can be met through alternate delivery methods and develop curricula in the delivery format

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**Primary Strategy:** **Collaborate within the Division’s University Partnership to provide, expand and improve staff training**

**Goal:** Increase the number of Division staff with a social work degree and increase staff competency and advanced skills

**Action Step 1:** Continue, as resources permit, to recruit and train MSW and BSW students for child welfare work through the title IV-E child welfare specialization program

**Action Step 2:** Continue, as resources permit, to assist current staff in obtaining advanced education degrees in the field of social work

**Action Step 3:** Continue to evaluate training and explore other advanced means of training evaluation

**Action Step 4:** Continue, as resources permit, to develop curricula for pre-service, core and advanced staff training with input from experts available through the University Partnership

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**Primary Strategy:** **Provide training that prepares foster and adoptive parents to meet the well-being needs of children within a safe environment, and increases staff skills to support foster, resource and adoptive parents.**

**Goal:** Develop the ability of new and existing resource, foster and adoptive parents to meet the well-being needs of children in their care

**Action Step 1:** Enhance the foster and adoptive provider training curriculum (PS-MAPP) to include specific information related to the Arizona child welfare system, enabling foster and adoptive parents and provider agencies to utilize service continuum resources more quickly and effectively

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

**Action Step 2:** Provide training to supervisors and staff relative to support for resource parents

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**Primary Strategy:** **Provide advanced professional learning opportunities in a variety of topics relevant to the job functions of CPS Specialists and supervisors**

**Goal:** Increase staff competency and advanced skills, and promote a culture of life-long professional learning

**Action Step 1:** Provide trainings that increase cultural competence and address disproportionality in the child welfare system

**Action Step 2:** Provide advanced and targeted skills trainings relevant to the job functions of staff assigned assessment/investigation; ongoing; in-home; young adult; and adoption cases

**Action Step 3:** Obtain technical assistance from the child welfare National Resource Centers to build Division capacity to provide advanced training

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**Primary Strategy:** **Provide training in accordance with 2008 Fostering Connections Act to other identified training groups**

**Goal:** Access IV-E funding for short-term training to qualified court personnel, attorneys, child welfare staff, CASA staff and relative guardians, as requested.

**Action Step 1:** Implement IV-E reimbursement for this short-term training and work with other qualified entities to provide IV-E reimbursement for short-term training as described in the Act.

**C. Training Audience and Cost Projections**

The following table provides an estimate of the number of persons for whom training will be provided during the next five years. It should be noted that during 2009 the state implemented a hiring freeze and suspended much of the Division’s training. Therefore, the FY2010 Cost estimate is significantly lowered and the estimated numbers of trainees for 2011-2014 are significantly greater than for FY2010. The total training costs will be allocated according to the Department’s approved cost allocation plan. Case manager core and foster and adoptive parent pre-service training costs will be allocated based upon the Title IV-E population factor and claimed using the enhanced training percentage of 75% Title IV-E and 25% state matching funds. Ongoing training costs for Department staff and providers will be allocated based upon the Title IV-E population factor and claimed using the ongoing training percentage of 50% Title IV-E and 50% state matching funds.

Type of Training	Total Trainees (FY2010)	Total Trainees (FY 2011)	Total Trainees (FY 2012)	Total Trainees (FY 2013)	Total Trainees (FY 2014)	FY 2010 Cost Estimate
Case Manager Core	150	300	300	300	300	\$5,862,590
Supervisor Core	50	50	50	50	50	\$280,375

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

Parent Aide Core	100	200	200	200	200	\$289,894
<b><i>Total Estimated Cost of Core Trainings</i></b>						<b>\$6,432,860</b>

<b>Type of Training</b>	<b>Total Trainees (FY2010)</b>	<b>Total Trainees (FY 2011)</b>	<b>Total Trainees (FY 2012)</b>	<b>Total Trainees (FY 2013)</b>	<b>Total Trainees (FY 2014)</b>	<b>FY 2010 Cost Estimate</b>
Advanced Workshops/ Conferences & Out-service	800	1,200	1,500	1,500	1,700	\$295,000
Non-core CHILDS training	800	800	1,000	1,000	1,000	\$592,000
Specialized Trainings	1,500	1,500	1,500	1,500	1,500	\$300,000
Attorney General Trainings	100	120	130	140	150	\$50,000
<b><i>Total Estimated Cost of Conferences, Workshops, specialized training</i></b>						<b>\$1,237,000</b>

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

Type of Training	Total Trainees (FY2010)	Total Trainees (FY 2011)	Total Trainees (FY 2012)	Total Trainees (FY 2013)	Total Trainees (FY 2014)	FY 2010 Cost Estimate
Tuition Reimbursement & MSW/BSW Scholars	0	100	100	100	100	\$0
Foster/Adoptive Parent Training (Includes in-service and pre-service)	5,000	5,000	5,000	5,000	5,000	\$600,000
New Trainee Groups	150	150	150	150	150	\$100,000
<b>Total Estimated Cost University Partnership &amp; Provider Training</b>						<b>\$700,000</b>

**D. Projected Technical Assistance Activities**

The Division plans to request, or has already requested, technical assistance through the Child Welfare National Resource Network for the following projects in SFY 2010 through 2014. The Division may have additional needs during the period of this Child and Family Services State Plan that are not yet known.

- ***Realignment of the Receipt, Screening and Prioritization for Reports with Arizona’s Child Safety Assessment Model*** - Technical assistance and guidance from the National Resource Center on Child Protective Services (NRCCPS) to assist the Department to complete its alignment of the Child Abuse Hotline procedures and practices with the Child Safety Assessment and Family Strengths and Risks Assessment. Technical assistance will focus on:
  - development of pre/post evaluation of impact (and efficacy) on reporting, prioritization and response to reports, and child safety;
  - modification of quality assurance instrument to measure implementation including new performance measures and data collection;
  - refinement of procedures and practices.
  
- ***Reestablishment of an Arizona Specific Differential Response to Reports of Child Abuse and Neglect*** - Technical assistance will be needed to assist the Department to explore and develop alternative methods of assessing and intervening with families in the least intrusive manner necessary to ensure child safety. Families reported to have indicators of low or moderate risk, but no current incident of maltreatment and no sign of present or impending danger, may not require or benefit from a full child safety assessment and strengths and risks assessment. It is anticipated that these families, after triage by the Department, will be referred to a differential response provided either by the Department or a community based provider to confirm no child in the families is unsafe and to link the family to helpful community services.
  
- ***Enhanced Guidance for CPS Staff in the Identification, Assessment and Intervening in Cases of Chronic Neglect*** - In response to Recommendation 4 of the Tenth Annual Report of the Citizen Review Panels, technical assistance will assist the Department to augment its policy and

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section V: Child and Family Services Training Plan**

practice to provide more informed direction to staff regarding the identification, assessment, and intervention in cases of chronic neglect. The technical assistance will focus on completing a thorough review of the literature concerning chronic neglect including national child welfare data to determine “best practice” standards re:

- identification of chronic neglect—how it differs from poverty;
  - thorough and comprehensive assessment of chronic neglect in child welfare;
  - fundamental impact of neglect;
  - the cumulative harm effect of chronic neglect; and
  - evidence-based practice intervention.
- ***Concurrent Case Planning*** - The Department, in collaboration with technical assistance through the National Resource Center for Family-Centered Practice and Permanency Planning (NRCFCPPP), developed comprehensive policy and procedures for implementation of concurrent case planning in Arizona as a strategy to improve placement stability and permanency outcomes for children in out-of-home placement. A major component of the implementation plan includes a strong linkage with the Arizona Judicial system and the Court Improvement Program (CIP). Training and technical assistance will assist the Department to advance concurrent case planning within the Judicial system. Training and technical assistance will provide:
    - a philosophical and legal foundational basis for permanency and concurrent case planning as a means to achieving placement stability and permanency for children in out-of-home placement;
    - practical application of concurrent case planning at the judicial level including inquiring into the need for and monitoring implementation of concurrent case planning activities;
    - techniques for dealing with common barriers that delay permanency;
    - a thorough discussion of Arizona’s concurrent case planning policy; and
    - a clear understanding of the Court’s role in implementation of concurrent case planning including location of non-custodial parents and relatives (including persons who have a significant relationship with the child) as placement resources.
  - ***Consolidated Case Planning Process*** - The Department is undergoing a reassessment of its ongoing case management requirements with a focus to streamline and eliminate low-value, no-value activities. It is expected that there will be much focus on the case planning process to include development of a consolidated case planning process that meets the needs of all stakeholders---Casey Family Programs' Family to Family (F2F), Department of Behavioral Health Child and Family Team (CFT), the Substance Abuse and Domestic Violence communities, and Juvenile Justice. Technical assistance will assist the Department in facilitating a statewide workgroup including representatives of the various stakeholder groups to define case plan requirements and to develop policy, procedures and practice expectations, while ensuring that child safety and federal IV-E case plan requirements are met.
  - ***Adoption Selection and Placement Practices*** - Technical assistance from the National Resource Center on Adoption for the purpose of improving Arizona's adoption selection and placement practices. The NRC on Adoption will assist with developing Arizona specific placement practices that are in alignment with stakeholders’ values pertaining to sibling and relative placements. Technical assistance will assist Arizona in developing competent and consistent adoption practices by:
    - identifying stakeholders key values relate to adoption placement selection involving sibling and relatives

**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section V: Child and Family Services Training Plan**

- formulating a tool to assess child-specific placement needs early in the case (particularly in concurrent planning cases)
- developing a practice standards related to the evaluation of home studies and placement selection case conferences
- creating communication protocols and tools to be used with families and adoption agencies during the placement selection process
- identification and implementation of training tools to increase adoption competencies in case workers



# **Section VI**

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

# **CHAFEE FOSTER CARE INDEPENDENCE PROGRAM AND EDUCATION AND TRAINING VOUCHER PROGRAM PLAN**

The following Plan describes the state’s Chafee Foster Care Independence and Education and Training Voucher Programs, and the state’s goals and objectives for enhancing and improving services within these Programs from FY 2010 through 2014. All required elements listed in Program Instruction ACYF-CB-PI-09-06 are included. In order to assist the Department of Health and Human Services (DHHS) to confirm this Plan contains all required information, relevant sections of the Social Security Act are cited when applicable. The state has not chosen to use Chafee funds to establish trust funds and, as such, does not comment on the design or delivery of such a program.

## **A. Program and Service Description**

### **1. Program Administration, Assurances, and Certifications**

The Arizona Department of Economic Security (the Department) is the responsible state agency administering the Title IV-E Program. The Department will administer the Chafee Foster Care Independence Program (CFCIP) 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 (ETVP) under purpose 6 of Section 477(a). 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).

Please see the attachments to this Child and Family Services State Plan for the signed certification that the state will expend no more than 30 percent of their allotment of federal funds for room and board for youth who left foster care because they attained 18 years of age, but have not yet attained 21 years of age. For the purpose of this plan, “room and board” is defined to include housing (direct rental assistance or related costs such as security or utility deposits), food, personal care, clothing, and basic furniture and household maintenance items. Room and board is made available through the state’s program of continued foster care, and through the program of aftercare services, called the Transitional Independent Living Program (TILP). The TILP provides an array of services and supports to legal residents of Arizona under the age of 21, who were previously in the custody of a state or tribal child welfare foster care program, in out-of-home care, at age 16 or older.

### **2. Program Design and Implementation**

The Department’s Division of Children, Youth and Families (the Division) administers the statewide Chafee Foster Care Independence and Education and Training Voucher Programs. These programs are administered to eligible current and former foster youth, with services provided locally in communities throughout the state [Section 477(b)(2)(B)].

The Department offers independent living services to all youth age 16 and older in out-of-home care to enable them to live successfully within their homes and communities regardless of their identified permanency goal. Youth 16 and older in out-of-home care with a permanency goal of Independent Living are referred for participation in the Arizona Young Adult Program. Independent living services include an array of activities and supports (both contract and non-contract) designed to promote self-sufficiency through enhancement of various life skills.

## **Child and Family Services Plan – Fiscal Years 2010 - 2014**

### **Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

Formal administrative rules have been drafted with input from youth, caregivers, child welfare specialists, youth-serving staff, providers, juvenile court staff and child advocates. These rules will provide clarification and guidance on eligibility criteria, and are pending executive approval through the Arizona rule-making process. A temporary moratorium on rulemaking has been instituted; once lifted, the Department's Rules Attorney will facilitate the conclusion of this process within the state system. Program policy includes requirements and procedures for advising youth of available services and supports, program requirements (including acceptance of personal responsibility and own efforts towards self-sufficiency), and the right to appeal decisions made during the time they are under the supervision of and/or receiving services through the Department, including decisions related to any denial or termination of services [(Section 477 (b)(2)(E)]. The Department's website <http://www.azdes.gov/> also provides links to policy, program, and service and resource information, including contact information for staff statewide.

Youth of various ages and stages of achieving independence are served by the Program [Section 477(b)(2)(C)]. Chafee funded services are available to legal residents of Arizona who are currently or were previously in a state or tribal foster care system at age 16 or older, including youth who were adopted or placed with permanent guardians (including kinship guardianship) at age 16 or older [Section 477(a)(7) and 477(I)(2)] of the Social Security Act. Arizona has in place and continues to develop services for youth who are "likely to remain in foster care until age 18" [Section 477(a)(1-3)]. Arizona has designed and conducts its programs to achieve the purposes of Sections 477(b)(2)(A) and 477(a)(1-6) of the Social Security Act as follows:

#### ***Transition to Self-Sufficiency***

Department CPS Specialists identify youth who are eligible for CFCIP services, known in Arizona as independent living services, and facilitate youth participation in case planning. During the case planning process CPS Specialists assist youth to identify personal goals and services to facilitate achievement of these goals. Each district provides or arranges for an assessment of a youth's self-sufficiency skills. Such assessments can serve as a pre-test and post-test, as well as provide individualized plans that identify needs, objectives, and tasks for the youth. The results of the skills assessment are incorporated into the youth's individual independent living case plan, which is required by state policy for all youth in out-of-home care, age 16 and older.

Youth 16 to 21 participate in skills assessment and service planning to ensure proper services are incorporated into the case plan. The array of services available statewide, and the specialized case management in two counties, comprise Arizona's state Chafee program, referred to as the Arizona Young Adult Program (AYAP). The AYAP specialized case management units manage services for only those families with older youth in care who are likely to reach age 18 while in out-of-home care. Statewide services include referral for participation in activities sponsored by agencies outside of the state foster care system, employment readiness training, job shadowing, volunteer services, secondary and post-secondary education planning and support, counseling and community mentor programs. Out-of-home care providers are encouraged, and in some instances contractually required, to teach basic life skills as part of every child's normal daily routine.

Efforts to identify and resolve regulatory, licensing, systemic and other barriers to care provider's support of youth practicing life skills in the home are ongoing. Arizona has revised licensing requirements for group care agencies operating "independent living" facilities, and instituted an "alone time" policy to ensure older youth in care have the ability to participate in normal activities that are appropriate to their

## **Child and Family Services Plan – Fiscal Years 2010 - 2014**

### **Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

age and development, and to support mastery of life skills such as cooking, home sanitizing, job search, etc.

Youth in need of more advanced life skills training are referred through contract life skills trainers, schools, behavioral health agencies and other community based resources statewide. Grant money provides transportation and cash incentive awards to participants. In accordance with their case plans, life skills training is delivered through various methods, and based on the results of the Ansell Casey Life Skills Assessment (ACLSA). Pre-tests and post-tests are administered to the youth to determine the effectiveness of the training. The ACLSA is a requirement of the life skills training contract. The Department also utilizes the services of other Department Divisions (including workforce and rehabilitation services), community organizations, volunteers, community mentor programs, and colleges and universities to expand opportunities for youth to gain experience and knowledge in support of their self-sufficiency.

Formal life skills training may be provided one-on-one or in small group settings. Training is individually tailored for youth with special educational, behavioral or other needs. A variety of presentation methods and materials may be used to more effectively reach young people with low reading levels and cognitive deficits. Life Skills training is also a Title XIX covered service, available through the local Regional Behavioral Health Authority providers. Youth with significant mental health needs are referred through the Child and Family Team for training through this resource.

With the assistance of representatives from Lambda Legal, the National Center on Lesbian Rights and the Child Welfare League of America, the state developed policies and directives to better address the needs of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth in care. These policies provide guidelines, tips and links to resources for child welfare specialists working with older youth in care.

Arizona also supports youth through continued care to age 21, and re-entry into out-of-home care for young adults under age 21, who left care at age 18 or older. Re-entry is facilitated through the contract providers of the life skills training service. Arizona supports older youth to live more independently, under the youth's own supervision, through the Independent Living Subsidy Program. This program provides a supervised experiential living experience for youth 17 and older. Youth initially meet with a community advisor on a monthly basis for assistance and support, while receiving a monthly stipend to support their living expenses. Youth must be pursuing some combination of education, workforce and/or therapeutic services (if needed), and demonstrate an adequate level of readiness, to be approved for this program.

#### ***Education, Training, and Services Necessary to Obtain Employment***

Department child welfare specialists and contracted providers assist youth to develop job readiness skills, including resume writing, interviewing, body language, and job maintenance skills; and assist youth to obtain proper clothing for job interviews and employment. Youth are linked with federal school to work and workforce development programs, job shadowing opportunities, and volunteer opportunities. Collaborations and partnerships with local Vocational Rehabilitation (VR) and Workforce Investment Act (WIA) programs will be sought over the next five years, to build on existing programs in Pima, Maricopa and Yavapai counties. Chafee funds are used to purchase business appropriate attire, transportation and other things necessary to support a youth's readiness for the workforce, as documented in the individualized case plan. Youth whose mental health needs present barriers to employment are assisted with transitions between child and adult systems, to ensure these vital supports are seamless. Additionally, the statewide youth conference provides a forum for sharing resource and other employment related information with youth.

***Participation in Post-Secondary Training and Educational Institutions***

Department CPS Specialists and contracted providers provide or arrange for tutoring of youth; work with high school programs to help youth make up lost credits or address other educational issues; ensure a surrogate parent is assigned, if required, to assist with special educational needs; and assist youth to enroll in an alternative school setting, if desired. In addition, CPS Specialists and contracted providers are available to connect youth with financial aid officers at various institutions; school counselors (high school, vocational, or college) who complete career/interest inventories and discuss career and educational options; and other vocational programs or supports, such as Job Corp, AmeriCorp and Vocational Rehabilitation. Using the case planning process, youth are assisted to identify secondary education counselors, officials and other support persons, and a plan for:

- Successful completion of secondary education;
- Completion of required applications, tests and financial aid forms; and
- Support during post-secondary educational attendance including, but not limited to, housing, child care and tutoring.

The Department established an Education Case Management Unit consisting of two Education Specialists that assist CPS Specialists to develop and coordinate the educational case management plans for youth in the Arizona Young Adult Program. The purpose of the educational case management unit is to help youth: 1) graduate from high school, 2) pass the Arizona Instrument to Measure Standards (AIMS) test, 3) apply for postsecondary financial assistance, and 4) apply for post secondary education. The Education Specialists provide general technical assistance to assigned CPS Specialists. 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 CPS Specialists in preparing effective education case plans for graduation from high school and transition to post-secondary education and training programs.

Financial assistance is provided to youth through a variety of scholarships, work-study and other financial aid assistance programs, to support youth in post-secondary education and training programs. The Educational Case Management Unit helps identify and assist youth in the Young Adult Program in completing scholarship and grant applications including the Free Application for Federal Student Aid (FAFSA) and Education Training Vouchers (ETV) applications. More information on the state Education and Training Voucher (ETV) Program is found in another section of this report.

***Mentors and Interactions with Dedicated Adults***

Youth in the AYAP are referred to available community mentor and volunteer programs, available contracted services, Big Brothers/Big Sisters and corporate/business mentor programs. The youth's CPS Specialist encourages and assists the youth to identify and build supportive relationships with mentors, family members and friends, and assists the youth to participate in other federal and state programs serving youth.

The Department continually conducts outreach to community agencies, child advocacy groups, and others who focus efforts on the needs of transitioning youth, in an effort to increase mentor opportunities for youth transitioning out of care. The state will utilize the expertise of successful mentor programs such as Pima County's In My Shoes Peer Mentoring Program, to focus efforts on developing a more coordinated statewide mentoring program for youth transitioning out of care. Resources such as the Arizona's Foster Care Alumni of America chapter sites and state University Offices for Student Services will also be explored, as well as the possibility of "V-Mentors," where youth are matched with screened and trained

**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

internet based mentors. Additionally, the Department continues to support the state and local Youth Advisory Boards, recruiting former foster youth for membership.

***Support and Services to Former Foster Care Recipients Ages 18 through 20***

Youth ages 18 through 20 who reached age 18 while in out-of-home care are served in one of three ways:

1. Youth who sign a case plan agreement (prior to their 18th birthday) to remain in foster care and participate in services may do so until their 21st birthday. Youth must maintain satisfactory compliance with their individual case plan in order to receive this continued support.
2. Youth who choose to end program involvement after attaining age 18 and later wish to reapply for support and services without returning to foster care are able to do so through the Transitional Independent Living Program (TILP) [Sections 477(a)(5) and 477(b)(3)].
3. Former Arizona Foster Youth under age 21 who left care at age 18 or older and need long-term case management and support services have the option of returning to the state agency for these services, including transitional living support and the cost of foster care.

Arizona Revised Statute (ARS) 8-521.01 established the Transitional Independent Living Program, which provides services to former foster youth age 18 through 20. Community based Transitional Independent Living Program providers are available statewide to serve eligible youth. Direct financial assistance is made available (per available funding) to eligible former foster youth on a statewide basis. Youth are also referred to existing financial, housing, counseling, employment, education and other community programs that receive state or federal funds and include former foster youth in their eligibility criteria, including existing Family Unification Program Housing vouchers. Review and redesign of contracted services will include input of program youth and community stakeholders, with emphasis on collaboration and creativity.

Medicaid coverage for youth who reached the age of 18 while in the custody of the Department and in out-of-home care is provided under ARS 36-2901. In April 2000, state statutes related to Medicaid eligible persons in the state were amended to include young adults who reached the age of 18 while in the custody of the Department and in out-of-home care. Eligibility is limited to those youth who meet the basic Medicaid requirements. In 2001, the 200% of the federal poverty level income restriction was removed from statute. Medicaid coverage for eligible youth may continue to the youth's 21<sup>st</sup> birthday (Subtitle C, Section 121 of P.L. 106-169). This category of coverage is referred to as Young Adult Transitional Insurance, or YATI.

Transitional Independent Living Program (TILP) services providers assist youth served to access available health care services, as well as connect former foster youth with existing education, employment, counseling, housing and financial supports. Pregnant and parenting teens are targeted for referral to needed training and support services. Eligibility criteria for TILP services require that the youth was in out-of-home care in the custody of the Department, a licensed child welfare agency or a tribal foster care agency when age 16, 17 or 18. The Department is working to enhance transition services by establishing protocols with Regional Behavioral Health Authorities for mental health services, and by continuing to implement and refine transition protocols with the Family Assistance Administration for enrollment in state health plan and other appropriate programs.

ARS 8-521.01 specifically identifies youth currently or formerly in tribal foster care programs as an eligible group for the transitional services. This legislation provides a legal basis for youth under 18 who

## **Child and Family Services Plan – Fiscal Years 2010 - 2014**

### **Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

are currently in out-of-home care under Tribal authority in Arizona to participate in state contracted independent living program services, as well as in the TILP services. ARS 8-521.01 compliments the existing Arizona Revised Statute 8-521, which established the Independent Living Program.

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

Through funding received from the Federal Education and Training Voucher (ETV) Program, vouchers to support post-secondary education and training costs, including related living expenses, are provided to eligible youth up to age 23 years. In accordance with the current state CFCIP, a youth may apply for assistance through the state ETV program if she or he:

- was in out-of-home care in the custody of the Department when age 16, 17 or 18;
- is under 21 years of age and was previously in the custody of the Department or a licensed child welfare agency, including tribal foster care programs at age 16 or older;
- was adopted or placed with a permanent guardian (including kinship guardianship) from foster care at age 16 or older; or
- was receiving an ETV and making satisfactory progress in their chosen program at age 21.

A streamlined process has been developed to provide vouchers in an expeditious manner, to ensure that the total amount of educational assistance does not exceed the total cost of attendance and does not duplicate benefits. The application documents the:

- education/training program of choice;
- assistance needed—including any special equipment, tutoring or other support;
- budget of anticipated monthly expenses;
- projected full cost of attendance;
- all financial aid and other assistance available and acquired toward the cost of attendance; and
- statement of the youth's responsibility to use funding per the plan and to complete the educational program.

The application renewal process gathers documentation of “satisfactory progress” as defined by the individual educational institution and documented in each youth's individual case plan. Youth are responsible for submitting grades, attendance reports, or other necessary information. Youth are not terminated from this program without written notice. Any concerns regarding lack of satisfactory progress or misuse of funds are documented, with youth provided an opportunity to respond to such concerns.

The state Education and Training Voucher Coordinator, Educational Case Management Staff, and the state Independent Living Specialist, continue to work with Department CPS Specialists and other child welfare professionals (i.e. Casey Family Program and Tribal foster care staff), community foundations, and financial aid officers within the state university and community college systems to identify available financial, academic, social, and other support that may be available to foster youth. CPS and other child welfare specialists, contract staff, foster parents, and other involved adults and community professionals will be provided information and training as needed to ensure awareness of this program and to identify potentially eligible youth. Outreach activities by state university and community colleges are planned annually with foster youth participating in events such as “College Goal Sunday.” These activities will educate youth, child welfare specialists, and caregivers about available programs and curriculums, funding to support their attendance in these programs, and other assistance and support to help ensure success in their chosen program.

The Department is responsible for administering this program to all eligible youth in Arizona. The state is currently working with Arizona's tribes to identify and address any barriers to the provision of these

## **Child and Family Services Plan – Fiscal Years 2010 - 2014**

### **Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

vouchers to eligible youth. Program youth provide continuous input during state YAB meetings, youth conferences and other events. Youth who receive assistance through the state ETV Program will also be surveyed on an ongoing basis to provide feedback on the program and identify additional educational needs and supports.

The state ETV Coordinator will work with financial aid officers to determine the number of current or former foster youth enrolled in their programs, to ensure they are aware of this valuable resource. The ETV Coordinator tracks the number of new and continuing students in this program annually, to gauge retention rates. The state will continue to pursue the possibility of delivering this voucher program through a contract provider, in an effort to leverage necessary supports for ETV recipients.

#### ***Statutory or Administrative Barriers***

Formal administrative rules to provide clarification and guidance are pending and have been temporarily postponed. Input received from youth, caregivers, CPS specialists, youth-serving staff, providers, juvenile court staff and child advocates is reflected in the pending final Rules package. Once the temporary moratorium on rulemaking has been lifted, the Department's Rules Attorney will facilitate the conclusion of this process within the state system.

#### ***Fair and Equitable Treatment of Benefit Recipients***

State policy on independent living provides specific directives on actions staff must take to ensure fair and equitable permanency and transition (discharge) planning for youth in care [Section 477 (b)(2)(E)]. Current policies direct staff to encourage youth to actively participate in case planning by attending the case staffing, reviewing and discussing skills assessment, identifying personal goals, reviewing and discussing service needs, and signing the case plan agreement. All youth age 16 and older in out-of-home care will have an independent living case plan.

Prior to the young adult's 18<sup>th</sup> birthday, the CPS Specialist is to discuss the possibility of continued foster care services with the youth and out-of-home care provider. A case conference is to be held if any of the parties are in disagreement as to the appropriateness of continuing out-of-home care. After receiving approval for continued care past the age of 18, the youth may elect to voluntarily end services, or the CPS Specialist may later recommend termination of the youth from the program. In either situation, the youth may apply for aftercare services and/or request to re-enter out-of-home care.

When a decision to remove a young adult from continued foster care services is made, policy requires a case plan staffing be held to discuss the appropriateness of ending the Department's care and supervision of the young adult, as well as further plans for the young adult. The staffing is to include the youth, the CPS Specialist, the Assistant Program Manager (or designee), other service team members, and the District Program Manager (or designee). The Department has also implemented a "Client Complaint/Grievance" process, which is available to all children in foster care, age 12 and older. State policy guidelines on the Independent Living Program have been revised and direct staff to ensure youth are made aware of and assisted to take advantage of this process.

As previously noted, formal administrative rules to provide clarification and guidance are pending and have been temporarily postponed. Input received from youth, caregivers, CPS specialists, youth-serving staff, providers, juvenile court staff and child advocates is reflected in the pending final Rules package. Once the temporary moratorium on rulemaking has been lifted, the Department's Rules Attorney will facilitate the conclusion of this process within the state system. Program policy reflects requirements and procedures for advising youth of their right to appeal decisions made during the time they are under the



## **Child and Family Services Plan – Fiscal Years 2010 - 2014**

### **Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

supervision of the Department, including decisions related to any denial or termination of services.

#### **3. Consultation, Coordination, and Stakeholder Involvement**

##### ***Consultation with Youth and Public and Private Stakeholders***

This Plan was developed in consultation with current and former foster youth, caregivers, contract providers, state agency staff across Divisions, Social Service Directors and other staff from Arizona's Tribal communities, professional staff within the mental health community and others. Youth and alumni of foster care provide input continually through a variety of methods, including:

- quarterly statewide Youth Advisory Board meetings;
- the annual statewide youth conference;
- ongoing regional youth advisory groups that discuss and problem-solve local issues; and
- youth and alumni surveys completed through the state website and sent to the state Independent Living Specialist. [Section 477(b)(2)(D)].

Area Program Administrators are invited to attend the local and state youth board meetings to answer questions and to be educated on current youth issues. Surveys, questionnaires and/or in-person meetings provide valuable feedback from former and current foster youth and contract providers, which informs service provision and program improvement. Post-discharge questionnaires provided to youth exiting the Young Adult Program gather input and recommendations from youth who have participated in services. Comments and recommendations are reviewed and incorporated into ongoing program improvement efforts.

The Statewide Youth Advisory Board (SYAB) restructured in 2008, redefining their mission and goals for the next five years. The Board reports their purpose, role and goals as follows:

##### **Purpose:**

“To serve as a collective voice for youth in care; to educate, inform, support, and advocate concerns within child welfare, education, behavioral health and legal systems and the community, to create change!”

Role: Youth voice and advocacy regarding policies, procedures and rules.

##### **Future: (SYAB 5-year plan)**

Year 1 – Focus on youth issues specific to:

- Education (increased graduation rates, improved attendance)
- Sibling connections (improved communication)
- Out-of-home care (improved quality of out-of-home care settings)

Year 2 – Focus on youth issues specific to:

- Physical health
- Behavioral health (explore partnerships with local youth councils)
- Life skills
- Personal relationships and supportive networks

Year 3 – Focus on youth issues specific to:

- Support and services for teen parents
- Relationships with Child Welfare professionals

## **Child and Family Services Plan – Fiscal Years 2010 - 2014**

### **Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

Year 4 – Focus on youth issues specific to:

- Court process and youth voice
- Communicating rights and resources

Year 5 – Reflect, review and assess progress, and plan for future years

The SYAB will work continuously to further refine their goals and to develop strategies to meet their goals and measures of their success.

#### ***Coordination with Other Programs for Youth***

The Arizona Young Adult Program coordinates its services with other federal and state programs for youth, including transitional living programs, abstinence programs, housing programs, programs for disabled youth and school-to-work programs. Coordination of services includes:

- statewide training to CPS field units, Court Appointed Special Advocates, Judicial Hearing Officers, Foster Care Review Board, WIA program staff and others on the requirements and services available through the Arizona Young Adult Program, as well as the availability of related services in the local areas;
- coordination of services with Transitional Independent Living providers statewide;
- coordination of services with Family Assistance Administration, Workforce Development, Vocational Rehabilitation and Mental Health Programs for eligible youth through presentations, training, and referral;
- outreach to community agencies and foundations interested in youth issues;
- outreach with other programs for youth, i.e. transitional living programs in Pima, Maricopa, Yavapai and Coconino Counties;
- participation in Higher Education and Teen Pregnancy Prevention work groups;
- participation in Arizona’s Shared Youth Vision Team;
- coordination and streamlining of the pre-enrollment of youth into the Young Adult Transitional Insurance (Medicaid) Program; and
- Participation in local collaborative efforts such as Maricopa County’s Passage Coalition and the Pima County Children’s Council, Transition Continuum Subcommittee.

#### ***Consultation, Coordination and Provision of Service to Indian Tribes***

The state will negotiate in good faith with any tribe that does not receive a CFCIP or ETV allotment directly from the Secretary for a fiscal year and requests to develop an agreement to administer or supervise the CFCIP or a ETV program with respect to eligible Indian children and receive an appropriate portion of the state’s allotment for such administration or supervision. [Section 477(b)(3)(G)]

The Independent Living Specialist participates in a Tribal Social Services Work Group which meets

## **Child and Family Services Plan – Fiscal Years 2010 - 2014**

### **Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

quarterly and is facilitated by the Inter Tribal Council of Arizona. Ongoing contact with the Department's Tribal Liaison, the Inter Tribal Council of Arizona, and tribal staff is maintained to discuss program issues and gain input related to the coordination of program services to eligible youth and training to staff. Additionally, the state Independent Living and Indian Child Welfare Act (ICWA) Specialist are working with the Regional Director of the Bureau of Indian Affairs to brainstorm strategies for more effective outreach to Tribes, and to provide current information on statewide program contacts. Forty tribal staff representing Arizona's 21 tribal communities were invited to participate in a teleconference in March of 2009. Thirteen participants participated in the call, with nine participants representing seven tribal communities. Subsequent to the conference call, the Independent Living and ICWA Specialists participated in a meeting of the Navajo Nation Regional Directors, with nine participants representing local communities.

The following is a summary of both consultations:

#### Strengths:

- Awareness within communities of the existence and needs of youth aging out of foster care
- Some IL/TL planning and services available
- Some financial assistance available
- Use of ACLSA for assessment and training
- Opportunities to connect with tribal WIA programs

#### Needs:

- In-Service training to help increase the skills of case managers and caregivers, to enhance their ability to prepare teens for adult responsibilities
- Basic life skills, including hygiene, social interactions (manners) to more complex skills such as budgeting, career exploration
- Increase general knowledge of services available through the state Chafee program and other federal and state programs for youth
- Increase connectedness of Indian youth to these services
- Interventions for alcohol and drug abuse
- Service availability on reservation
- Completion of high school and enrollment in post-secondary education and training

#### Goals over the next 5 years:

- Increase preparedness of caregivers and Case Managers to serve youth in transition, through in-service training and education
- Seek out resources through the National Child Welfare Resource Center for Youth Services
- Restructure related state contracts to more fully address the coordination of services with tribes
- Improve connections between youth and services through increased participation in program services

Chafee funded services and the Education and Training Voucher Program are currently available to Native American youth age 16 through 20 who are currently, or were formerly in foster care under tribal jurisdiction. Services are accessed through the local contract provider and state or local ETV Coordinator, respectively. ETV recipients may continue to apply for voucher funds to age 23, if other ETV criteria are met.

#### **4. Preparation to Implement National Youth in Transition Database**

The state has taken a number of steps towards successful implementation of the National Youth in

## **Child and Family Services Plan – Fiscal Years 2010 - 2014**

### **Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

Transition Database (NYTD). Upon completion of a detailed review of the NYTD Rule, the Department developed a detailed crosswalk of the state's SACWIS System (aka Child's Information and Library Data Source or CHILDS) to identify areas within this program where data is currently available and what revisions would be needed. Three workgroups were developed: Automation, Youth Survey, and Policy & Training. Each workgroup meets on a monthly (or as needed) basis to gather information, review federal updates and continually assess the capacity of CHILDS and related reports to gather required data.

The Automation workgroup has developed a draft window where the "served" population data elements will be updated semi-annually by the assigned CPS Specialist. The Policy & Training Workgroup is available to the other two groups, to assist in developing any related policy or training support. Arizona sent a state team to the July 2008 Technical Assistance Conference and plans to send another team to the Technical Assistance Conference scheduled for June 2009. Technical assistance may be needed to further identify the served population and to clarify outstanding questions on the required data elements.

The Youth Survey workgroup has obtained input from youth and alumni as to strategies for locating and engaging youth to complete the follow up surveys. The board discussed and suggested ways to locate youth and provide incentives for participation:

Locate youth through the use of:

- Social Networking groups such as MySpace and Facebook
- AHCCCS, Family Assistance Administration
- ETV Program
- Service Providers
- PASSAGES Coalition
- Churches
- Foster Parents
- Siblings still in care
- Tax records
- Building and maintaining positive relationships so that youth want to stay in contact

Communicate through:

- Radio/Public Service Announcements
- Mass transit announcements
- Local area newsletters (for current & former foster youth)
- Text to cell phones, Yahoo IM
- Webpage (AZ 211, azdes.gov, AFFCF, FCAA (Foster Care Alumni of America) other sites youth may visit)
- Service Providers
- IL Subsidy Checks (add an alert)

Encourage participation by:

- Incentives – raffle based on participation rate over the three year period, coupons/gift cards downloadable from the survey site, etc.
- Building and maintaining positive relationships with youth during the time they are in care and after they exit care
- Emphasize confidentiality of survey, purpose of survey (help others), importance of the response rate (AZ could be penalized and lose funds that help youth and alumni)

The recommendations of the Board have been forwarded to the three workgroups. An alumni member of the SYAB, currently employed as the Youth Advocate at Casey Family Programs, has joined the Youth

**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

Survey workgroup to offer her assistance and expertise.

**B. Outcomes, Goals and Baseline Data**

The state’s Chafee Foster Care and Independence (Independent Living) Program and Education and Training Voucher Program support the state’s ability to achieve permanency and well-being outcomes for youth who are likely to reach age 18 while in out-of-home care, or are transitioning out of foster care between the ages of 18 through 20. In particular, these Programs support the state’s ability to achieve the following outcomes:

- Permanency Outcome 1: Children have permanency and stability in their living situations.
- Permanency Outcome 2: The continuity of family relationship and connection is preserved for children.
- Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.
- Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.
- Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Arizona’s Independent Living Program and Education and Training Voucher Program services are expected to support achievement of all the permanency and well-being goals listed throughout Section III, Parts 2 and 3 of this State Plan. For example, services to address the needs of young adults in out-of-home care setting that meet their individual needs are expected to improve placement stability. The Division monitors progress toward these goals for the general out-of-home population and often analyzes achievement for distinct sub-populations, such as youth in care age 16 or older or youth who exit to age of majority. The Division’s permanency goals include the following, which are listed under CFSR Item 10: Other planned permanent living arrangement and are most directly related to young adults in care.

**CFSR Item 10: Other planned permanent living arrangement**

- Permanency Goal 14: Of all children in care for 24 months or longer on the first day of the year, the percentage who exit to a permanent home (reunification, adoption, guardianship, or live with other relatives) prior to their 18<sup>th</sup> birthday and by the end of the year will be 29.1% or more (CFSR Data Profile, C3-1)  
FFY 2008: 35.7%
- Permanency Goal 15: Of all children who exited during the year, and who were legally free for adoption at the time of exit, the percentage that exited to a permanent home (reunification, adoption, guardianship, or live with other relatives) prior to their 18<sup>th</sup> birthday will be 98.0% or more (CFSR Data Profile, C3-2)  
FFY 2008: 96.2%
- Permanency Goal 16: Of all children who either exited out-of-home care during the year for reason of Age of Majority and/or reached their 18<sup>th</sup> birthday while in out-of-home care, the percentage that was in out-of-home care for 3 years or more will be 37.5% or lower (CFSR Data Profile, C3-3)  
FFY 2008: 35.0%
- Permanency Goal 17: Of youth age 16 or 18 who had been in out-of-home care for at least 60 days and had a most recent permanency or concurrent permanency goal of

**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

independent living or long-term foster care, the percentage that have received or are receiving independent living skills training (Report 46)

FFY 2008: 56.6%

Permanency Goal 18: Of cases where the child’s permanency goal is independent living or non-relative long-term foster care, the percentage in which concerted efforts were made to provide services to prepare the child for independent living and to place the child in a permanent living arrangement will be 95% or more (CFSR On-site; Out-of-Home PICR Item 4)

CFSR On-Site 2007: 36% (of 11 cases)

The Division also monitors the success of its Independent Living Program and Education and Training Voucher Program through the following program specific goals:

ILP/ETVP Goal 1: The percentage of eligible youth in the Independent Living Program participating in the Independent Living Subsidy (ILS) Program will be 40% or more.

ILP/ETVP Goal 2: The percentage of participants age 18 and older in the Independent Living Program and Transitional Independent Living Program who complete high school or obtain a GED will be 70% or more.

ILP/ETVP Goal 3: The percentage of participants in the Independent Living Program and Transitional Independent Living Program who were enrolled in or completed a college or trade school after completing high school or obtaining a GED will be 70% or more.

ILP/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 be 50% or more.

**C. Strategies and Action Steps**

Within the period of this State Plan the Department will strive to reach its goals and improve outcomes for young adults and their families by implementing the strategies and action steps listed below. The Division and the Arizona Young Adult Program (AYAP) will continue to use incentives and other supports to maintain youth involvement in program and policy design, implementation and training. Collaborations with other state agencies and community stakeholders will also be maintained. In addition to the continuation of existing program improvement activities, priorities will include the quality of out-of-home placements and services for all youth, and specifically for pregnant and parenting teens; placement stability; education attainment and workforce readiness; youth connections with siblings and supportive networks; and partnerships around housing, transportation, education and employment. The Division and the AYAP will pursue ongoing improvement through the following objectives and activities:

**Primary Strategy:** **Develop improved placements, services, and supports to address the needs of young adults in out-of-home care**

**Goal:** Achieve placement stability and successful transition to adulthood for young adults who will reach the age of majority while in out-of-home care

**Action Step 1:** Engage the Youth Advisory Board and the state Recruitment Liaisons and

**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

Councils to develop targeted recruitment strategies for homes for older youth in care, and to again co-design and facilitate a program at the annual Children Need Homes Conference

- Action Step 2:** Continue to recruit and engage education, faith-based and other community stakeholders to expand mentoring programs and build resources so that all youth in the process of transitioning from foster care have an adult mentor
- Action Step 3:** Support youth engagement in all aspects of recruitment, training, certification, evaluation and re-certification of out-of-home care providers
- Action Step 4:** Engage pregnant and parenting teens to research and map services that address their needs, and develop recommendations for additional services and supports
- Action Step 5:** Continue to support Education Case Managers to help youth navigate education systems and obtain the supports necessary for educational goal attainment
- Action Step 6:** Integrate the Family Connections for Teens “permanency” questions into the case plan development process statewide, and update the implementation guides and staff training to support this integration
- Action Step 7:** Explore opportunities to partner with local housing authorities, non-profit agencies, and other community stakeholders around the state, to address the housing and transportation needs of youth and young adults, including semi-independent living and “low demand” housing programs
- Action Step 8:** Engage youth in developing a core training curriculum to increase CPS Specialist and caregiver preparedness to assist youth to understand and develop their individual identities, including gender identities, through participation in age appropriate activities and support services
- Action Step 9:** Support youth participation in local and state level community partnerships to address transition and other issues related to the quality of foster care and child welfare services
- Action Step 10:** Expand the use of CFCIP funds to provide financial incentives and other support to encourage youth participation in a variety of advocacy, mentoring, training, and program development (including alumni) activities; including development and implementation of CWTI CPS Specialist and Supervisor Core and advanced training, participation in the annual AYAP staff training, and training to community partners
- Action Step 11:** Continue to deliver training by the state Independent Living Specialist to members of the CASA (Court Appointed Special Advocates) and FCRB (Foster Care Review Board) organizations, to inform them of the Division’s services and supports for youth transitioning out of foster care to adulthood
- Action Step 12:** Train and mentor individual and congregate caregivers to increase their preparedness to meet the needs of youth in transition to adulthood, emphasizing life skills curricula and positive youth development

**Primary Strategy:**     **Increase the accessibility and utilization of services and supports for youth age 18 and older, and encourage youth to remain in care until they have the capabilities and resources to successfully live on their own**

**Goal:**                     Increase the use of effective services and supports by eligible young adults in out-of-home care

**Action Step 1:**         Continue to provide youth entering the Young Adult Program with a comprehensive welcome packet of current information regarding the independent living program, client rights (including grievance procedures), program services, benefits and activities, emancipation options, aftercare services, mentoring and opportunities for youth advocacy

**Action Step 2:**         Develop methods for maintaining contact with youth exiting care, to build awareness of services and supports and ensure participation of target youth in the National Youth in Transition Database Outcomes Survey

**Action Step 3:**         Build awareness of program services and program policies at the state and local levels, to ensure other systems of care and service entities are connecting youth to available supports

**Action Step 4:**         Examine the services and outcomes for youth involved in Vocational Rehabilitation and Workforce Investment Act (WIA) services, with the goal of engaging more youth in these services

**Action Step 5:**         Continue to collaborate with the Divisions within the Department of Economic Security to identify and resolve barriers to participation

**Action Step 6:**         Continue to develop partnerships with the state universities and community colleges to ensure current and former foster youth receive all available financial support to continue with post-secondary education or other professional or trade school

**Action Step 7:**         Use CFCIP funds to support older youth in care and alumni to assume responsibility for various program activities, including the facilitation of youth advisory boards and efforts to recruit foster and adoptive homes for older youth

**Action Step 8:**         Continue to pursue administration of the ETV program and provision of post-secondary supports and services through an outside entity

**Action Step 9:**         Explore opportunities for BSW and MSW interns to assist with further program evaluation, improvements and initiatives

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**Primary Strategy:**     **Define clear practice standards for provision of independent living skills training, and deliver training and support to out-of-home caregivers, the behavioral health system and CPS Specialists on the application of these practice standards with eligible youth**



**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section VI: Chafee Foster Care Independence and Education and Training Voucher Program Plans**

- Goal:** Provide timely and effective independent living skills training to eligible youth to support successful transition to adulthood
- Action Step 1:** Develop and distribute standards for provision of independent living skills training by out-of-home caregivers and CPS Specialists, and for recording the dates of service in CHILDS
- Action Step 2:** Integrate standards for independent living skills training into related contract services, including out-of-home care and skills training contracts
- Action Step 3:** Collaborate with ADHS to explore standards for independent living skills training within behavioral health systems
- Action Step 4:** Develop and provide training and ongoing technical assistance to out of home caregivers, CPS Specialists and skills training providers on current life skills assessment and planning tools
- Action Step 5:** Gather, analyze and monitor data on provision of IL services to eligible youth, identify trends, and use the QI system to implement worker-specific and systemic improvements

# **Section VII**

## **Child Abuse Prevention and Treatment Act State Plan**

## **CHILD ABUSE PREVENTION AND TREATMENT ACT STATE PLAN**

### **A. Program areas selected for improvement from the 14 program areas delineated in Section 106(a)(1) through (14) of CAPTA.**

1. Improving the intake, assessment, screening, and investigation of reports of abuse and neglect.
2. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

### **B. Activities that the state intends to carry out with its State Grant funds for 2010 through 2014 pursuant to Section 106(b)(2).**

#### ***DCYF Child Protective Services Specialist for Group Care Investigations***

CAPTA Basic State Grant funds will continue to support specialized investigations of child abuse and neglect reports received concerning children in congregate care (group care and residential settings). This activity does not differ from the previous plan.

#### ***Child Abuse Prevention (CAP) Conference***

Due to significant budget reductions, and the rising cost of hosting a large conference, the Department was unable to host the Child Abuse Prevention Conference in 2009. However, it is the desire of the Department to host the Child Abuse Prevention Conference in 2010 through 2014, and to use CAPTA Basic State Grant funds to support CPS staff attendance at this Conference. This assistance provides opportunities for CPS staff to learn from and network with national and Arizona child welfare experts. This is one of several opportunities for CPS staff to gain new (and refresh existing) skills and knowledge through various workshops. The focus of the Conference is prevention, protection, permanency and well-being. This activity does not differ from the previous plan.

#### ***Arizona Citizen Review Panels***

CAPTA Basic State Grant will continue to support the required Arizona Citizen Review Panels. Three Citizen Review Panels are fully operational, and the administration of these Panels has been transferred to Arizona State University, Center for Applied Behavioral Health Programs, College of Public Programs, through an Interagency Service Agreement. The Panels, located in Maricopa, Pima and Coconino Counties, use volunteer members who have established working relationships. This activity does not differ from the previous plan.

#### ***Assessment and Case Planning Specialist***

The Assessment and Case Planning Specialist position, unfortunately, is currently vacant and part of the staff hiring freeze. Once the hiring freeze is lifted, the position may be filled to resume intensive on-site staff support. CAPTA Basic State Grant will continue to fund this full-time professional position. This Specialist will provide intensive on-site field staff support to increase staff skills, knowledge and expertise in child safety assessment and planning; assessment of risk of harm; family-centered assessment of strengths and needs; and behaviorally-based case planning. This Specialist serves as an expert in the CSA-SRA-Case planning process and will provide targeted technical assistance; case specific consultation; mentoring; and individual and group supervision to CPS Specialists and Supervisors. This activity does not differ from the previous plan.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VII: Child Abuse Prevention and Treatment Act State Plan**

***Supervision Circles: Strengths-based Clinical Supervision***

CAPTA Basic State Grant funds will continue to be used to provide specialized support to front-line supervisors to enhance supervision practice skills. Effective supervision is a critical component to successful implementation of the revised assessment and case planning process. While clinical supervision has been integrated into the assessment and case planning process, the continued teaching of Supervision circles should enhance understanding of the role of supervision in improving agency practice; critical thinking/decision-making during the life of a case; and the integration of the CSA-SRA-Case planning model and family-centered practice in supervision. Effective clinical supervision results in better outcomes for children and families, and greater effectiveness of staff providing services. The content of the Supervision Circles (strengths-based, family-centered supervision) will be condensed into a 2-day Supervisor Core course that will be required for all new future supervisors as a part of their Core training. This is a new activity for this plan.

***Realignment of the Receipt, Screening and Prioritization for Reports with Arizona’s Child Safety Assessment Model***

Through technical assistance and guidance from the National Resource Center on Child Protective Services (NRCCPS), the Department of Economic Security, Division of Children, Youth and Families is currently undergoing a systemic review and revision, and realignment of the procedures and practices of the Child Abuse Hotline with the Child Safety Assessment and Family Strengths and Risks Assessment. The outcomes of this initiative are to:

- improve the relevance and sufficiency of information gathering to inform decision making re: child safety including safety threats, risk of harm factors, and family strengths and protective capacities;
- improve the accuracy and consistency of decisions made at the Child Abuse Hotline re: child safety;
- prioritize the immediacy of the CPS response to reports of child abuse and neglect so that unsafe children receive timely safety assessments;
- improved timeliness of initiating investigations of reports of child maltreatment; and
- establish the foundation for Arizona’s differential response to reports of child abuse and neglect, ensuring that families are served in the least intrusive manner necessary to maintain child safety.

It is anticipated that CAPTA State Basic Grant funds will be needed to modify the Child Abuse Hotline automated processes; to provide intensive on-site technical assistance, training and support to the Hotline staff re: data collection and prioritization of reports in alignment with Arizona’s child safety assessment model; to facilitate extensive community outreach and education, and to assist in the evaluation of the efficacy of the revised Hotline process. This is a new activity for this plan.

***Enhanced Guidance for CPS Staff in the Identification, Assessment and Intervening in Cases of Chronic Neglect***

In response to Recommendation 4 of the Tenth Annual Report of the Citizen Review Panels, the Department will augment its policy and practice to provide more informed direction to staff regarding the identification, assessment, and intervention in cases of chronic neglect. The Department will complete a thorough review of the literature concerning chronic neglect including national child welfare data to determine “best practice” standards re:

- identification of chronic neglect—how it differs from poverty;
- thorough and comprehensive assessment of chronic neglect in child welfare;
- fundamental impact of neglect;
- the cumulative harm effect of chronic neglect; and
- evidence-based practice intervention.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VII: Child Abuse Prevention and Treatment Act State Plan**

Once this review has been completed, the Department, in collaboration with designated stakeholders and with the technical assistance via the National Resource Center on Child Protective Services (NRCCPS), will develop and/or augment its policy and procedures concerning chronic neglect. It is anticipated that CAPTA State Basic Grant funds will be needed to develop a comprehensive, integrated practice approach to chronic neglect cases. This is a new activity for this plan.

***Reestablishment of an Arizona Specific Differential Response to Reports of Child Abuse and Neglect***

Arizona's first differential response to reports of child abuse and neglect was implemented in 1998. Known as Family Builders, this differential response provided a community based family-centered assessment, case management, and provision of services to designated low risk and potential risk reports of abuse and neglect. These reports were referred to a network of contract community based providers after triage by CPS. The goal of the Family Builders Program was to enhance the parent's ability to create safe, stable and nurturing home environments that promoted safety of all family members and healthy child development. During the Second Special Session of the 2003 Arizona Legislature, the Family Builders' enabling legislation was rescinded, effective June 30, 2004. Since that time, the Department has struggled to maintain a timely child safety assessment for all reports of child abuse and neglect. Due to budget reductions, the Department is unable to respond to all potential risk reports of child abuse and neglect. Additionally, all families receive the same CPS response (an investigation), despite the family's individual needs. It is anticipated that the Department will pursue the development of a differential response in Arizona's child welfare system toward the end of the next five year Child and Family Services Plan period. It is also anticipated that CAPTA State Basic Grant funds will be needed to support the development of a differential response to families based upon child safety and family needs. This is a new activity for this plan.

**C. Description of the services and training to be provided under the State Grant as required by Section 106(b)(2)(C) of CAPTA.**

**1. Services to be provided under the grant to individuals, families, or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect.**

The Division of Children, Youth and Families (DCYF) does not use CAPTA State Basic Grant funds to provide direct services or referrals aimed at preventing the occurrence of child abuse and neglect. CPS staff refer children and families to community based contract providers for services aimed at preventing and treating child abuse and neglect. These contract providers offer an array of services such as child care services, domestic violence shelters, food stamps, housing assistance, counseling, behavioral health services for adult and children, substance abuse assessment and treatment, etc. Families also have direct access to voluntary services through Healthy Families Arizona, Arizona Promoting Safe and Stable Families, TANF, and Family Connection Teams. These voluntary service programs often refer families to other community based services. The Child Abuse Hotline also makes referrals to community based resources and services when the information being reported does not meet the criteria for a report.

**2. Training to be provided under the grant to support direct line and supervisory personnel in report taking, screening, assessment, decision making, and referral for investigating suspected instances of child abuse and neglect.**

CAPTA State Basic Grant funds are not used to support training of the Arizona Child Abuse Hotline staff, who receive, screen, assess and make decisions regarding whether information meets the criteria for a CPS report for investigation. This staff training is provided through existing resources including a dedicated Hotline professional training position. Hotline supervisory staff are required to complete Supervisor CORE training through the Division's Child Welfare Training Institute (CWTI).

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VII: Child Abuse Prevention and Treatment Act State Plan**

The comprehensive Hotline training program involves four weeks of instruction and practice. This includes two weeks of classroom training and two weeks of practice with a mentor. Some further individual instruction is provided by Hotline supervisors.

Training content includes instruction on the legal and applied definitions of Arizona's child abuse and neglect statutes, and related criminal statutes. These statutes provide the legal basis for the criteria used for receiving, screening and the investigation of child abuse and neglect. Specific and critical training is provided regarding child safety assessments and family strength and risk assessments. Specific tools used by Hotline staff include Interview Cue Questions, the CPS Response System, the Safety and Risk Assessment matrix and legal reference material.

Other training topics include use of the automated case management information system (CHILDS) and other Department data systems used in researching the current status and history of investigation or contacts with families reported to CPS. Information known to the Department through a family's involvement in other programs, such as the Family Assistance Administration (FAA), is also researched in order to gather and confirm family demographics and current address. This information is often helpful in locating and assessing safety or risk to a child.

During July 2008, each Hotline Supervisor conducted two hours of training for his/her unit staff, focusing on a review of Hotline policy and procedures. Topics included a review of how to process specific communication types, closure of the telephone interview process, and CHILDS data processing requirements. This training was also provided for Hotline Specialists who either had an interest in or act in the capacity of an "acting supervisor."

In September 2008, Hotline management staff provided a four-hour training to all Hotline Supervisors and Specialists focusing on the 2008 legislative changes. This training included implementation of new procedures.

In March 2009, Hotline management staff also provided a four-hour training for all Hotline Supervisors and Specialists focusing on safety and risk assessments, the decision making process of report criteria, and the implementation of new Hotline procedures.

**3. Training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect.**

CAPTA State Basic Grant funding is not used to provide training to mandated reporters. Training for mandated reporters is provided by various persons and agencies, both internal and external to the Department. The Children's Justice Project, which functions as part of the Office of the County Attorney, is a primary provider of training to mandated reporters regarding reporting of abuse and neglect and the joint investigation protocols between CPS and law enforcement. In addition, training to mandated reporting sources is provided by the Child Abuse Hotline Program Manager, Assistant Program Manager, and Trainer. District Administration and front line staff also provide a major portion of training to mandated reporters in their local areas through a formal Speakers' Bureau process. Trainings are provided largely to school personnel, community agencies and partner agencies involved with community multidisciplinary teams.

Training materials include written pamphlets, posters, cards, and a video regarding mandated reporting and the Hotline process. These materials are also requested and distributed throughout the state at professional in-service training sessions. These materials include the Child Abuse Hotline phone number,

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VII: Child Abuse Prevention and Treatment Act State Plan**

a national toll-free and customized number. The Hotline number is well publicized in the media (i.e. newspapers, television, and in telephone directories). Information about reporting child abuse and neglect, including the reporting statute, parent's rights during a CPS investigation and services are available on the Department's website. The Child Abuse Hotline's procedural documents, such as the Hotline Interview Cue Questions and CPS Response System are available via link from the Department's website.

In collaboration with the Arizona Attorney General's Office and the Children's Justice Coordinator with ChildHelp, the Hotline and other Child Protective Services staff developed a "Train-the-Trainer" curriculum to assist in the delivery of mandatory reporting training. The first training session was held on January 29, 2009. The training curriculum and materials were shared with all participants to ensure consistency in presentations.

**D. Assurances for (Attachment C) completed and signed by the Chief Executive Office of the state pursuant to Section 106(b)(2)(A) and (B).**

The Assurance Statement completed and signed by Arizona Governor Janice K. Brewer dated June 18, 2009 has been mailed to Ms. Sally Flanzer, Program Manager, Region IX, U.S. Department of Health and Human Services.

**E. Notification regarding substantive changes, if any, in state law that could affect the state's eligibility for the CAPTA State Grant, including an explanation from the state Attorney General as to why the change would, or would not, affect eligibility [Section 106(b)(1)(B)].**

The Office of the Attorney General has reviewed statutory changes and finds no substantive changes that would affect eligibility. The written analysis of statutory revisions by Gaylene Morgan, Assistant Attorney General, Child and Family Protection Division, is included at the end of this CAPTA State Plan.

**F. Any changes to the state's provisions and procedures for criminal background checks identified in the state's CFSP for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household pursuant to Section 106(b)(2)(A)(xxii).**

Senate Bill 1049 (Level 1 fingerprint clearance cards; definitions) passed the Forty-ninth Arizona Legislature, First Regular Session on June 26, 2009, and was transmitted to the Governor for signature. Senate Bill 1049 contains an emergency enactment clause and its provisions bring Arizona into compliance with the provisions of the Adam Walsh Child Protection and Safety Act of 2006 (P.L. 109-248) that amended Section 471(a)(20) of the Social Security Act. Arizona had previously been an "opt-out" state as Arizona's existing fingerprinting requirements that applied to prospective foster and adoptive parents did not include all criminal offenses as required by the Adam Walsh Child Protection and Safety Act. Arizona was provided a delayed effective date of July 1, 2009 for State legislative amendments.

Instead of adding the specific Adam Walsh Child Protection and Safety Act criminal offenses to the existing fingerprinting statute (A.R.S. § 41-1758.03), Senate Bill 1049 establishes a higher "level" of fingerprint clearance cards (A.R.S. § 41-1758.07) to apply to prospective foster and adoptive parents and to future Department employees and contractors who provide direct services to children and vulnerable adults. Senate Bill 1049 specifies that each foster or adoptive parent (and adult household members) licensed or certified after its effective date will have a Level 1 Fingerprint Clearance Card issued by the

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VII: Child Abuse Prevention and Treatment Act State Plan**

Arizona Department of Public Safety (DPS). The fingerprint-based checks continue to include a search of the Arizona Criminal Justice Information System Network and the National Crime Information Databases. The criminal offenses that preclude a foster or adoptive parent or adult household member from receiving a Level 1 Fingerprint Card are specified in A.R.S. § 41-1758.07. The following is a list of the precluding criminal offenses:

1. Sexual abuse of a vulnerable adult
2. Incest
3. Homicide, including first or second degree murder, manslaughter and negligent homicide
4. Sexual assault
5. Sexual exploitation of a minor
6. Sexual exploitation of a vulnerable adult
7. Commercial sexual exploitation of a minor
8. Commercial sexual exploitation of a vulnerable adult
9. Child prostitution as prescribed in section 13-3212
10. Child abuse
11. Felony child neglect
12. Abuse of a vulnerable adult
13. Sexual conduct with a minor
14. Molestation of a child
15. Molestation of a vulnerable adult
16. Dangerous crimes against children as defined in section 13-705
17. Exploitation of minors involving drug offenses
18. Taking a child for the purposes of prostitution as prescribed in section 13-3206
19. Neglect or abuse of a vulnerable adult
20. Sex trafficking
21. Sexual abuse
22. Production, publication, sale, possession and presentation of obscene items as prescribed in section 13-3502
23. Furnishing harmful items to minors as prescribed in section 13-3506
24. Furnishing harmful items to minors by internet activity as prescribed in section 13-3506.01
25. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512
26. Luring a minor for sexual exploitation
27. Enticement of persons for purposes of prostitution
28. Procurement by false pretenses of person for purposes of prostitution
29. Procuring or placing persons in a house of prostitution
30. Receiving earnings of a prostitute
31. Causing one's spouse to become a prostitute
32. Detention of persons in a house of prostitution for debt
33. Keeping or residing in a house of prostitution or employment in prostitution
34. Pandering



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VII: Child Abuse Prevention and Treatment Act State Plan**

35. Transporting persons for the purpose of prostitution, polygamy and concubinage
36. Portraying adult as a minor as prescribed in section 13-3555
37. Admitting minors to public displays of sexual conduct as prescribed in section 13-3558
38. Any Felony offense involving contributing to the delinquency of a minor
39. Unlawful sale or purchase of children
40. Child bigamy
41. Any felony offense involving domestic violence as defined in section 13-3601 except for a felony offense only involving criminal damage in an amount of more than two hundred fifty dollars but less than one thousand dollars if the offense was committed before the effective date of this section
42. Any felony offense in violation of title 13, chapter 12 if committed within five years before the date of applying for a Level I fingerprint clearance card
43. Felony drug or alcohol related offenses if committed within five years before the date of applying for a Level I fingerprint clearance card
44. Felony indecent exposure
45. Felony public sexual indecency
46. Terrorism
47. Any offense involving a violent crime as defined in section 13-901.03

Senate Bill 1049 also gives the Board of Fingerprinting authority to grant a “good cause” exception for a Level I Fingerprint Clearance Card for the following crimes. These “good cause” exception crimes, as prescribed below, are also in compliance with the provisions of the Adam Walsh Child Protection and Safety Act.

1. Any misdemeanor offense in violation of title 13, chapter 12
2. Misdemeanor indecent exposure
3. Misdemeanor public sexual indecency
4. Aggravated criminal damage
5. Theft
6. Theft by extortion
7. Shoplifting
8. Forgery
9. Criminal possession of a forgery device
10. Obtaining a signature by deception
11. Criminal impersonation
12. Theft of a credit card or obtaining a credit card by fraudulent means
13. Receipt of anything of value obtained by fraudulent use of a credit card
14. Forgery of a credit card
15. Fraudulent use of a credit card
16. Possession of any machinery, plate or other contrivance or incomplete credit card
17. False statement as to financial condition or identity to obtain a credit card
18. Fraud by persons authorized to provide goods or services

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VII: Child Abuse Prevention and Treatment Act State Plan**

19. Credit card transaction record theft
20. Misconduct involving weapons
21. Misconduct involving explosives
22. Depositing explosives
23. Misconduct involving simulated explosive devices
24. Concealed weapon violation
25. Misdemeanor possession and misdemeanor sale of peyote
26. Felony possession and felony sale of peyote if committed more than five years before the date of applying for a Level I fingerprint clearance card
27. Misdemeanor possession and misdemeanor sale of a vapor-releasing substance containing a toxic substance
28. Felony possession and felony sale of a vapor-releasing substance containing a toxic substance if committed more than five years before the date of applying for a Level I fingerprint clearance card
29. Misdemeanor sale of precursor chemicals
30. Felony sale of precursor chemicals if committed more than five years before the date of applying for a Level I fingerprint clearance card
31. Misdemeanor possession, misdemeanor use or misdemeanor sale of marijuana, dangerous drugs or narcotic drugs
32. Felony possession, felony use or felony sale of marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a Level I fingerprint clearance card
33. Misdemeanor manufacture or misdemeanor distribution of an imitation controlled substance
34. Felony manufacture or felony distribution of an imitation controlled substance if committed more than five years before the date of applying for a Level I fingerprint clearance card
35. Misdemeanor manufacture or misdemeanor distribution of an imitation prescription-only drug
36. Felony manufacture or felony distribution of an imitation prescription-only drug if committed more than five years before the date of applying for a Level I fingerprint clearance card
37. Misdemeanor manufacture or misdemeanor distribution of an imitation over-the-counter drug
38. Felony manufacture or felony distribution of an imitation over-the-counter drug if committed more than five years before the date of applying for a Level I fingerprint clearance card
39. Misdemeanor possession or misdemeanor possession with intent to use an imitation controlled substance
40. Felony possession or felony possession with intent to use an imitation controlled substance if committed more than five years before the date of applying for a Level I fingerprint clearance card
41. Misdemeanor possession or misdemeanor possession with intent to use an imitation prescription-only drug

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VII: Child Abuse Prevention and Treatment Act State Plan**

42. Felony possession or felony possession with intent to use an imitation prescription-only drug if committed more than five years before the date of applying for a Level I fingerprint clearance card
43. Misdemeanor possession or misdemeanor possession with intent to use an imitation over-the-counter drug
44. Felony possession or felony possession with intent to use an imitation over-the-counter drug if committed more than five years before the date of applying for a Level I fingerprint clearance card
45. Misdemeanor manufacture of certain substances and drugs by certain means
46. Felony manufacture of certain substances and drugs by certain means if committed more than five years before the date of applying for a Level I fingerprint clearance card
47. Adding poison or other harmful substance to food, drink or medicine
48. A criminal offense involving criminal trespass and burglary under title 13, chapter 15
49. A criminal offense under title 13, chapter 23, except terrorism
50. Misdemeanor offenses involving child neglect
51. Misdemeanor offenses involving contributing to the delinquency of a minor
52. Misdemeanor offenses involving domestic violence as defined in section 13-3601
53. Felony offenses involving domestic violence if the offense only involved criminal damage in an amount of more than two hundred fifty dollars but less than one thousand dollars and the offense was committed before the effective date of this section
54. Arson
55. Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a Level I fingerprint clearance card
56. Criminal damage
57. Misappropriation of charter school monies as prescribed in section 13-1818
58. Taking identity of another person or entity
59. Aggravated taking identity of another person or entity
60. Trafficking in the identity of another person or entity
61. Cruelty to animals
62. Prostitution, as prescribed in section 13-3214
63. Sale or distribution of material harmful to minors through vending machines as prescribed in section 13-3513
64. Welfare fraud
65. Any felony offense in violation of title 13, chapter 12 if committed more than five years before the date of applying for a Level I fingerprint clearance card
66. Kidnapping
67. Robbery, aggravated robbery or armed robbery

**G. Request for FY 2010 funds in the CFS-101, Part I and an estimate of expenditures**

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VII: Child Abuse Prevention and Treatment Act State Plan**

**in the CFS-101, Part II.**

The CFS-101, Part I and CFS-101, Part II are included as attachments.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VII: Child Abuse Prevention and Treatment Act State Plan**



**TERRY GODDARD**  
**ATTORNEY GENERAL**

**OFFICE OF THE ATTORNEY GENERAL**  
**STATE OF ARIZONA**

**CIVIL AND CRIMINAL**  
**LITIGATION AND ADVICE**  
**SECTION**

June 30, 2009

Sally Flanzer, Regional Program Manager  
DHHS/ACF Region IX  
90 Seventh Street – 9<sup>th</sup> Floor  
San Francisco, CA 94103

RE: Notification required for submittal with the CAPTA State Plan regarding substantive changes in Arizona's State Laws

Dear Ms. Flanzer:

The Office of the Arizona Attorney General has reviewed the child welfare law changes that have been made thus far during the regular Legislative Session of 2009. The Arizona State Legislature is still in session this year due to the significant budget deficit facing Arizona. The president of the Arizona State Senate did not allow for bills to be heard in the Senate (other than budget bills) until a budget was passed which did not happen until the middle of June. Although the budget was passed, it is still unknown when the budget will be finalized. Both the House and the Senate are now trying to catch up and hear all of the remaining bills by today, June 30<sup>th</sup>. It is unknown at the present time when sine die will occur.

I am pleased to report the passage of one piece of legislation, SB 1049, the Level 1 Fingerprint Clearance Card bill which revised the fingerprinting requirements for foster parents and adoptive parents to be compliant with the Adam Walsh Child Protection and Safety Act with an emergency effective clause. The bill passed out of the legislature on June 26, 2009 and has been transmitted to the Governor for signature.

Other pending bills should have a positive impact on child welfare in Arizona. None of the pending statutory changes impact CAPTA eligibility; however, all of the changes, if passed, will strengthen the ability of the Arizona Department of Economic Security to protect children, to serve families, and to promote permanency.

The major substantive statutory change proposed **and passed** in the 2009 session in the child welfare area is:

**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section VII: Child Abuse Prevention and Treatment Act State Plan**

**SB 1049 Fingerprint Clearance Cards:** This bill is consistent with the Adam Walsh Child Protection and Safety Act of 2006 and requires foster parents, adoptive parents, and others to have a Level 1 fingerprint clearance card that includes additional precluding offenses, not subject to a good cause exception.

The major substantive statutory changes proposed **and still pending** in the 2009 session in the child welfare area are:

**SB 1016 Adoption; Consent:** Allows the court to waive the Department of Economic Security's consent to an adoption if the court determines it is in the child's best interest.

**SB 1047 Child Safety:** Expands the defined categories of *abuse* and *neglect* relevant to child safety to include: causing a child to suffer from fetal alcohol syndrome or fetal alcohol effects, as determined by a healthcare professional on an infant less than one year of age and deliberately exposing a child to visual sexual conduct and/or contact that includes oral sexual contact, sexual intercourse, bestiality, and sexual materials. Once an investigation has been conducted by a CPS worker all findings must be submitted to the department's case management information system within 45 days, previously 21 days, which will then be kept in the DES central registry. The court must consider that information as evidence of abuse and/or neglect and determine the child's dependent state. If a request for a hearing is made by the person accused of abuse or neglect and that person fails to appear in court, all allegations must automatically be determined as true by the court. However, if good cause is shown for failing to appear in court, the court may reschedule another hearing if a request is made within 15 calendar days after the date of the first hearing.

**SB 1209 Children; foster care:** Establishes a new section regarding rights of children in foster care. In pertinent part, gives a child in foster care the right to attend the child's hearing. A child has the right to speak privately to the judge at any hearing which may affect the child's placement, including a status, permanency or placement hearing.

**SB 1246 CPS information:** Requires the court to open to the public any proceeding involving a child that has either died or almost died as a result of child abuse, abandonment, or neglect. The court can close the hearing for good cause shown. If the court orders a proceeding closed, any party may request a transcript of the proceeding. Before the court may release a transcript, it must reconsider the same factors that were considered at the initial closing of the hearing, such as the child's best interest. Any transcript released may contain redacted information in an effort to protect the privacy, well-being or safety interests of the child or any other person. Court records of these proceedings that involve the disclosure of Child

**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section VII: Child Abuse Prevention and Treatment Act State Plan**

Protective Service (CPS) information are also open to the public, however, the court may review the records in camera and redact any information that may hinder the protection of the child's privacy, well-being or safety.

- SB 1285**    **CPS information; redactions; challenges:** Provides a legislator authority to appeal through a special action the court's denial to release Child Protective Service (CPS) information or CPS information that was redacted and released involving the death or near death of child as a result of abuse, abandonment or neglect.
- SB 1326**    **Safe haven providers; placement protocols:** Allows private adoption agencies to take custody and terminate the parental rights on babies left with a safe haven provider if certain conditions are met.
- HB 2375**    **Foster parents; participation:** Expands of the list of interested parties who have a right to participate in periodic review hearings of dependency proceedings to include any foster parent or shelter care facility that provided residence for a dependent child for more than 10 days. Current law sets this time frame at more than 30 days.
- HB 2622**    **Dependent children; relatives disclosure:** Requires the written notice of taking a child into temporary custody to direct the parent to provide the Department of Economic Security (DES) and the court the names and current addresses of the child's relatives who might have an interest in the child's placement. The parent must provide this information to DES and the court as soon as possible, but no later than 30 days after the child is removed. At the preliminary protective hearing, the court must direct the parent to within 30 days after the child is removed, provide DES and the court with the names and current address of the child's relatives and, if known, indicate whether or not the relative has an interest in placement.

To summarize, the 2009 legislative session in Arizona has not yet concluded and only one bill impacting child welfare, the Fingerprint Clearance Card bill, has passed and been sent to the Governor for signature. The passage of the Fingerprint Clearance Card bill will ensure Arizona's compliance with both CAPTA and the Adam Walsh Child Protection and Safety Act of 2006. It is unknown what, if any remaining pending legislation will pass; however, if passage does occur, the legislation will comply with CAPTA and serve to strengthen child welfare in Arizona.

Please feel free to contact me if you have any questions or would like to discuss the 2009 legislation.

Sincerely,

Gaylene Morgan  
Assistant Attorney General  
Child and Family Protection Division  
Arizona Attorney General's Office

# **Section VIII**

## **Comprehensive Medical and Dental Program Health Care Services Plan**



# Comprehensive Medical and Dental Program Health Care Services Plan

Pursuant to P.L. 110-351, Section 205, the State of Arizona is required to develop a Health Oversight and Coordination Plan to ensure ongoing oversight and coordination of health care for foster children. The Department of Economic Security Division of Children Youth and Families (DES/DCYF) and the Arizona Health Care Cost Containment System (AHCCCS) are required to work collaboratively in crafting the plan and include consultation with pediatricians and other health care experts.

The Medicaid program in Arizona operates as a Section 1115 Demonstration Waiver, which results in the state having a managed care system for Title XIX and Title XXI clients. AHCCCS contracts with health plans that are funded based on actuarial determined capitation rates for each enrollee. The AHCCCS contracted acute care health plan for foster children in Arizona is the Comprehensive Medical and Dental Program (CMDP), which is a program within DES/DCYF.

One important result of CMDP being a program within the child welfare system, is that Arizona had oversight and coordination plans in place prior to the passage of Fostering Connections to Success and Increasing Adoption Act of 2008 (P.L. 110-351/H.R. 6893). Therefore, Arizona's plan in response to this legislation is a concise overview of documents and policies currently in place, which demonstrate the state's compliance with the requirement of P.L. 110-351 as they pertain to oversight and coordination of health care for foster children.

The specific provisions in P.L. 110-351 Section 205 are as follows:

- A plan developed in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services that addresses the process for ongoing oversight and coordination of health care services for any child in a foster care placement. The plan shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs, and shall include an outline of--
  - (i) a schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;
  - (ii) how health needs identified through screenings will be monitored and treated;
  - (iii) how medical information for children in care will be updated and appropriately shared, which may include the development and implementation of an electronic health record;
  - (iv) steps to ensure continuity of health care services, which may include the establishment of a medical home for every child in care;
  - (v) the oversight of prescription medicines; and
  - (vi) how the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children.

Arizona's commitment to coordination of health care services for children in foster care and compliance with P.L. 110-351 is demonstrated in the 2009 Quality Management/Performance Improvement (QM/PI) program, which is designed to monitor, evaluate, and improve the continuity, quality, accessibility, and availability of health care services provided to all CMDP

## **Child and Family Services Plan – Fiscal Years 2010 - 2014**

### **Section VIII: Comprehensive Medical and Dental Program health Care Services Plan**

members. The program is designed to assess member care, delivery systems and satisfaction, while optimizing health outcomes and managing medical resources. QM/PI is a plan-wide endeavor, involving the integration of QM/PI activities with other systems, processes and programs throughout the health plan and the child welfare system. The QM/PI program plan is updated annually. The CMDP QM/PI program results in a structured process to ensure oversight and coordination of care. The purpose of the CMDP QM/PI program is to:

- Provide a framework for the continuous assessment and improvement of all aspects of care and services received by individual members and populations
- Integrate CMDP's quality activities within the context of Arizona's child welfare program
- Identify and improve the processes, systems, and practices that will improve member outcomes
- Promote the recognition and use of approved medical standards, practice guidelines, best practices, targeted benchmarks, data collection, analyses, and clinical indicators
- Address identified health care, service, and safety issues and bring them to satisfactory resolution according to approved medical standards, best practices, and practice guidelines
- Collaborate with the health care community to improve members' outcomes and support community health initiatives
- Incorporate the evaluation of technology into quality activities to improve members' health outcomes
- Comply with federal, state, and AHCCCS requirements
- Ensure coordination with state registries
- Ensure CMDP executive and management staff participation in QM/PI processes
- Ensure contracted provider, legal guardian, and member/caregiver input into QM/PI processes

#### **(i) Schedule for Initial and Follow-up Health Screenings**

Arizona's schedule for initial and follow-up health screenings for children in the foster care system is documented in the CMDP EPSDT and Oral Health Plan, which is updated annually. The 2009 EPSDT and Oral Health Plan specifies the following for initial and follow-up health screenings:

- Within 30 days after initial placement in out-of-home care a complete medical examination that meets Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements is to be completed.
- DES/DCYF shall ensure that the child receives a medical examination annually.
- Each month, all new CMDP members' custodial agency representative and Primary Care Provider (PCP) are notified of those infants/children/youth that have immunizations via ASIIS reporting that are due or past due.
- As an ongoing practice, EPSDT reminder cards are sent twice a year to the member's placement or the member's custodial agency representative for all members 2 through 20 years of age. The EPSDT reminder cards include immunization reminder language.
- Special Immunization/EPSDT member reminder cards for immunizations and EPSDT visits are sent to all members who are 24 months and younger. These cards are sent on a quarterly basis to the member's placement or the member's custodial agency representative. These cards identify the numbers of EPSDT visits and immunizations necessary by the time the member reaches the age of 2.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VIII: Comprehensive Medical and Dental Program health Care Services Plan**

**(ii) How Health Needs Identified through Screenings will be Monitored and Treated**

One of the EPSDT program goals and objectives is to maintain systems for tracking EPSDT data, including follow-up services and immunization. The Children's Services Policy Manual (Chapter 6, Section 12) identifies the CPS Specialists as the individual responsible for facilitating the provision of appropriate medical, counseling, psychological or psychiatric services for children who are in the custody and control of the state (DES/DCYF). This responsibility is supported by Arizona's Child Welfare IT system (CHILDS), which is used for CPS (Child Protective Service) case management notes and tracking and the CMDP IT system (QMACS).

CHILDS and QMACS have data elements that download nightly from one system to the other. The CMDP system is set up to download to the CPS system all data from medical bills that were paid for that day in regular CMDP business operations for: immunizations, well child visits (EPSDT), dental visits, and certain key diagnoses. This data is then cross-walked and "translated" into lay terms and put in specific fields into CHILDS, so it is readily available for the legal guardian's (CPS case managers) review. In a similar fashion, data elements that CMDP needs are captured from CHILDS and downloaded into QMACS.

The health information on each EPSDT Tracking Form is entered into the EPSDT database that is part of CMDP's QMACS system. This database along with on-line access to ASIIS incorporates information on immunization status, EPSDT visits, oral health visits, and hearing, vision, developmental, and behavioral health screenings. The database allows CMDP to generate reports that it can use to monitor and follow-up on member care. From these reports, noncompliant members are identified and, as appropriate, their custodial agency representatives and healthcare providers contacted.

CMDP medical care coordination staff assists with cases where additional medical case management is needed to ensure a child's health needs are addressed. Care coordination involves identifying the health needs of a child, ensuring necessary referrals are made, maintaining health history, and initiating further evaluation/diagnosis and treatment when necessary.

The Medical Management (MM) program was established to integrate systems for managing, monitoring, evaluating and improving the utilization of care and services members receive. CMDP's case management/care coordination functions provide added support to the basic MM functions by assisting members with health risk factors or special care needs. Care management is available to all CMDP members, however, typical candidates are those with special health care needs.

CMDP has the ability to track and monitor special needs members with QMACS and online access to the ASIIS system to determine immunization status, forecast due/past due immunizations and enter historical immunization data into the system. Each EPSDT visit form is assessed for potential referral; e.g., oral health, CRS, Developmental Disabilities Division (DDD), ALTCS, Arizona Early Intervention Program (AzeIP), Head Start and all subspecialty referrals. Members are entered into a database for monitoring and follow up. These are tracked until the appointment has occurred.

**(iii) How Medical Information for Children in Care will be Updated and Appropriately Shared, which may include the Development and Implementation of an Electronic Health Record**

**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section VIII: Comprehensive Medical and Dental Program health Care Services Plan**

Arizona is in the implementation phase of a federally funded initiative known as E-Health Connection Readiness. It is the state's intention that all the AHCCCS contracted Medicaid Health Plans (including CMDP) will take part in this initiative, since all of the AHCCCS contracted health plans data is already in electronic and standardized formats. This data is downloaded by the health plans to AHCCCS on a regular basis and is required for health plan operations and CMS oversight and reimbursement of TXIX and TXXI funds to AHCCCS. The federal grant funding will be used for planning and development of electronic health information (EHR) and health information exchange (HIE) capability. This will include information on children covered by CMDP who are in foster care, as children are Medicaid-eligible when they enter out-of-home care.

Also as detailed above, CHILDS (which is used for CPS case management notes and tracking) and QMACS have data elements that download nightly from one system to the other. This ensures that medical information is readily available for the legal guardian's (CPS case managers) review and medically relevant information from CHILDS is and downloaded into QMACS.

In addition to the routine data downloads between the two systems (CHILDS and QMACS), the CMDP Medical Care Coordinator and the EPSDT Coordinator work with the custodial agency representative to ensure that foster children receive required healthcare services and follow-up (attachment 2). The member's custodial agency representative helps to achieve member compliance with EPSDT standards and facilitates referrals to needed specialty services and other support services. The EPSDT coordinator and/or custodial agency representative communicates with PCPs regarding pertinent medical information, to address concerns about non-compliant behaviors, and to coordinate referrals to community agencies.

**(iv) Steps to Ensure Continuity of Health Care Services, which may include the Establishment of a Medical Home for Every Child in Care**

CMDP's Medical Management Plan provides detail on CMDP's policy regarding continuity of care and member transitions. CMDP recognizes the importance of maintaining continuity of care and service whenever a member's care setting or provider changes. Processes to guard against interruptions in care are integrated throughout CMDP's organization. Integrated systems and interdepartmental processes include the use of QMACS, which can be accessed by all CMDP units involved in coordinating services for a member. The system allows for: 1) sharing of member and provider information for such purposes as coordinating procedures related to discharge planning and authorization of post-hospital services; and, 2) documenting care management and medical information. The new QNXT system will have enhanced capabilities in these areas.

Members are encouraged to select a PCP from CMDP's Preferred Provider Network (PPN). The PCP is responsible for coordinating the member's overall healthcare, including referring the member to specialists as needed. PCPs make medically necessary referrals for specialty treatments and services to meet each member's needs. The Medical Services Unit, in coordination with the Provider Services Unit, is available to assist the member, caregiver, PCP and custodial agency representative in locating a specialist to ensure the member's medical needs are being addressed appropriately. Members are allowed direct access to specialists for the initial evaluation; however, PCPs must document the reason for the referral. Subsequent specialist visits require prior authorization.

CMDP maintains policies and procedures for monitoring the services of members during

## **Child and Family Services Plan – Fiscal Years 2010 - 2014**

### **Section VIII: Comprehensive Medical and Dental Program health Care Services Plan**

transition of individuals between health plans, participation in or discharge from CRS, to or from an ALTCS contractor or Indian Health Service, as well as transitions within CMDP from one provider/setting to another. CMDP's goal is to ensure that the previous level of care and/or service is maintained. Additionally, CMDP assists members in coordinating needed services during a change in the member's level of care (e.g., Residential Treatment Center to foster care home) or in the coordination of covered services with needed community and social services. As needed, CMDP will coordinate the forwarding of any medical records necessary for a smooth, uninterrupted transition of services.

The 2009 EPSDT and Oral Health Plan and the 2009 Quality Management/Performance Improvement (QM/PI) program, provide information on CMDP's efforts to work with foster caregivers to establish a medical home for all foster children and to ensure the continuity of care for health plan transitions. CMDP strives to establish a true medical home for every child during the period that they are in foster care. While there are challenges presented due to the temporary nature of out-of-home placements, this remains a paramount CMDP goal for foster children due to the inherent benefits to the child when they have a consistent medical provider. The medical home is one in which care is delivered in accordance with the requirements of EPSDT and in a manner that is accessible, continuous, comprehensive, coordinated, compassionate, and culturally effective.

CMDP's PCPs play a critical role in establishing the member's medical home and ensuring their members receive needed EPSDT screenings and other medically necessary services. Members along with their foster caregivers may select the PCP of their choice (Pursuant to A.R.S. § 8-512, C "*The facilities of any hospital or other institution within the state, public or private, may be employed by the foster parent, relative, certified adoptive parent, agency or division having responsibility for the care of the child.*"), but are encouraged to select from CMDP's PPN of health care professionals, including specialists in all fields, who are currently registered with CMDP and AHCCCS. CMDP prefers that foster caregivers and members select a PCP who is culturally appropriate, geographically convenient, and PEDS-tool certified. If a choice is not made, CMDP assists the legal guardian or caregiver in the selection of a PCP. If the member is less than eight (8) years old, they are steered to a PED-tool certified provider. A specialty physician may be assigned as a PCP depending upon the member's medical condition (e.g., an obstetrician may be assigned as the PCP of a pregnant member).

CMDP sends letters to the foster caregivers and members requesting updated PCP selection information on an ongoing basis. The letter encourages the member or foster caregiver to contact CMDP for PCP selection assistance. CMDP does not limit the frequency of member-initiated PCP assignment changes; however, we strongly support the concept of a medical home and realize that frequent PCP changes may disrupt the continuity of care. We promote the timely transfer of the member's medical records between physicians when changes are made.

When a CMDP member transitions to another Health Plan, CMDP ensures that medical care and treatment plan information is shared with the accepting Health Plan. The CMDP Medical Care Coordinator, in conjunction with the member's PCP and CPS Specialist, is responsible for ensuring that pertinent medical history information is transitioned to the receiving health plan to facilitate a smooth transition of services. The identification of special needs, disease processes, and any other pertinent information is passed on to the receiving health plan via the *Transition Form*. When a previous Health Plan sends a copy of the *Transition Form* to CMDP for incoming members, CMDP is to forward a copy of this form to the incoming member's custodial agency representative to apprise him/her of the child's current and ongoing medical needs.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section VIII: Comprehensive Medical and Dental Program health Care Services Plan**

**(v) The Oversight of Prescription Medicines**

Pharmaceutical activities are delegated to a Pharmacy Benefit Manager (PBM), RxAmerica, which is CMDP's only subcontracted entity. However, CMDP remains responsible for all functions delegated to the PBM. CMDP monitors the adequacy and accuracy of the PBM through review of audited financial statements, investigation of member/caregiver or provider complaints, quarterly operational meetings, and quarterly Pharmacy and Therapeutic (P&T) Committee meetings. CMDP requires the PBM to submit a number of quarterly deliverables, which are also closely reviewed. The specific issues addressed through monitoring include utilization, adequacy of provider network, member and provider satisfaction, and quality of care issues.

CMDP is responsible for oversight of all pharmacy activities including prescribing, dispensing practices, and use of medications. CMDP monitors clinical appropriateness, proper utilization, as well as resource management, and addresses quality concerns and complaints. These processes are integrated into the QM/PI and Medical Management programs. CMDP's pharmacy management strategies encourage the use of medically effective, cost-effective pharmacy services that support optimal health care outcomes. Significant oversight components of CMDP's pharmacy management include:

- A PML of covered pharmaceuticals that is tailored to CMDP's pediatric population. The PML is updated at least quarterly.
- A prior authorization process to make medically necessary non-formulary drugs and over-the-counter medications available to members.
- Monitoring of drug utilization patterns for psychotropic medications and other medications, as appropriate.
- Development of a monitoring mechanism with our new PBM of potential adverse drug interactions, drug-pregnancy conflicts, therapeutic duplication and drug-age conflicts.
- Drug utilization reviews through PBM standing reports and ad hoc queries.
- Education and focus interventions with providers, pharmacies and members about drug utilization and profile results in order to improve safety, prescribing practices and therapeutic outcomes.

As addressed in the 2009 EPSDT and Oral Health Plan, CMDP monitors member's behavioral health care and psychotropic medication utilization through the following ongoing activities:

- Monitoring non-compliant providers through Provider Services Unit and QM/PI Committee activities.
- Educating and communicating the AHCCCS guidelines to PCPs who treat CMDP members with diagnoses of depression, anxiety, and ADHD through CMDP correspondence such as the:
- Behavioral case management of certain non-Title XIX/XXI members regarding outpatient and inpatient service utilization.
- Monitoring, as appropriate, through the Pharmacy and Therapeutics and MM Committees, activities of PCPs prescribing under the Psychotropic Medication Initiative Guidelines.
- Payor verification process to educate members, CPS Specialists, and caregivers to fill RBHA prescriptions using the RBHA ID number and not the CMDP ID card.

**(vi) How the State Actively Consults with and Involves Physicians or other Appropriate**

**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section VIII: Comprehensive Medical and Dental Program health Care Services Plan**

**Medical or Non-Medical Professionals in Assessing the Health and Well-Being of Children in Foster Care and in Determining Appropriate Medical Treatment for the Children.**

A fundamental aspect of the QM/PI Committee is the inclusion of medical and non-medical professionals who are actively involved in assessing CMDP's performance and quality management activities. The QM/PI Committee's purpose is to advise and make recommendations to the Medical Director and Program Administrator on matters pertaining to the quality of care and services provided to members. The Committee meets quarterly.

Key QM/PI Committee responsibilities include:

- Review and evaluate the effectiveness and results of QM/PI activities, identify opportunities to improve the care and services provided to members, and recommend solutions to the Medical Director.
- Develop policies and implement procedures to ensure that providers are informed of information related to their performance.
- Review and approve performance measures, studies, standards, clinical guidelines, practice parameters, provider site visits, and indicators and review results of customer satisfaction surveys.
- Conduct peer review and investigate quality of care or service, and member safety issues, make recommendations to the Medical Director, and request follow-up.
- Evaluate utilization issues and data (under- or over-utilization) and recommend actions.
- Review new technology, requests for new technology, or new uses for existing technology and make recommendations to the Medical Director.

Membership on the QM/PI Committee includes:

- CMDP Medical Director (chairperson)
- CMDP Director of Medical Services (Performance/Quality Improvement Coordinator and QM Coordinator)
- CMDP Medical Services Manager
- CMDP Program Administrator
- CMDP Behavioral Health Lead Coordinator
- CMDP Provider Services Supervisor
- CMDP Member Services Supervisor
- CMDP Program Operations Manager
- CMDP Chief Financial Officer
- CMDP Compliance Officer
- CMDP EPSDT Coordinator
- CMDP Concurrent Review Nurse
- Grievances and Appeals Coordinator
- DCYF Staff: QM Child Welfare Manager, Policy & Program Development Manager
- Juvenile Corrections Representative
- 4 Network Providers (two pediatricians, one obstetrician, one pediatric sub-specialist)
- 3 Representatives of foster care settings (one foster/adoptive parent, one group home and one crisis center)

In summary, CMDP is continuing the implementation of the oversight and coordination plans developed prior to P.L. 110-351. The documented plans are cited throughout this document. Those plans are:

**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section VIII: Comprehensive Medical and Dental Program health Care Services Plan**

- 2009 Quality Management/Performance Improvement (QM/PI) program
- 2009 EPSDT and Oral Health Plan
- 2009 Medical Management Plan



# **Section IX**

## **Disaster Preparedness and Response Plan**

## **DISASTER PREPAREDNESS AND RESPONSE**



**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**

**DIVISION OF CHILDREN, YOUTH AND FAMILIES**

# INTRODUCTION



## **Mission and Vision**

The Department of Economic Security (DES), Division of Children, Youth and Families (DCYF) and the DES Business Contingency Plan (BCP) were developed in alignment with the DES and DCYF mission statements, as follows:

### **DES VISION**

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

### **DES MISSION**

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

### **DCYF MISSION**

Children need safe, strong families to succeed in life.

### **DES BCP MISSION**

The mission of the BCP is to protect human lives, minimize the impact of a disaster on the agency and its clients, and provide an acceptable level of business until normal operations are resumed.

## State of Arizona Summary of the State Emergency Response and Recovery Plan (SERRP)

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The State of Arizona (Arizona), in accordance with Arizona Revised Statutes, Title 26, Chapter 2, Article 1, entitled Emergency Management, is required to prepare for, respond to, and recover from emergencies/disasters with the primary objectives to save lives and protect public health and property.

Growing threats triggered by natural, medical, or human-caused disasters demand a unified and coordinated approach to incident management. The National Strategy for Homeland Security (Homeland Security Act of 2002) and the Homeland Security Presidential Directive-5 (HSPD-5), directs the United States Department of Homeland Security to lead a coordinated national effort with other federal departments and state, local and tribal governments, to establish a National Response Framework (NRF) and a National Incident Management System (NIMS).

Arizona utilizes the NIMS as a basis for the Incident Command Center (ICS) structure. The NIMS creates a standard incident management system that is scalable and modular, and can be used in incidents of any size and/or complexity. These functional areas include command, operations, planning, logistics and financial administration. The NIMS incorporates the principle of Unified Command (UC) to ensure further coordination for incidents involving multiple jurisdictions or agencies at any level of government.

State Emergency Response and Recovery Plan (SERRP) describe the methods that Arizona will use to mobilize resources and conduct response and recovery activities. It uses a functional approach to groups and types of assistance through the identification of 18 Emergency Support Functions (ESF). Each ESF is led by one or more primary agencies which are selected based on their authorities, resources and capabilities. Other agencies are designated as support agencies for one or more ESF based on their resources and capabilities to support functional areas. The ESF serves as the primary mechanism through which state response and recovery assistance is provided. State assistance is provided under the coordination of the State Coordinating Officer currently designated as the Director of the Arizona Division of Emergency Management (ADEM).

The SERRP serves as the foundation for the development of detailed state agency plans and procedures to implement response activities in a timely and efficient manner. Under SERRP guidance, DES has primary roles in:

1. Coordinating efforts to provide social services for vulnerable children and adults such as emergency food boxes, supplemental nutritional assistance (food stamps), TANF benefits, child protective services, adult protective services, and coordinating with other entities who provide behavioral health or medical care services. Efforts include coordination with Mass Care Annex (ESF6) emergency response following a disaster.
2. Operating a Disaster Welfare Information (DWI) system to collect, receive and report information about the status of victims in state-acknowledged special needs shelters and assist with family reunification.

3. Identifying and listing emergency evacuation centers statewide that are capable of providing for the emergency needs of special categories of people including individuals who are handicapped, mentally impaired, abandoned, children under state care or supervision, and other persons requiring special emergency assistance after exhausting their usual resources and support networks.

## **Department of Economic Security (DES) - Business Continuity Plan**

DES was established to provide an integration of direct services to the people of Arizona. This integrated structure improves coordination of economic opportunities and the delivery of human services. Children, families, the elderly, and individuals with physical or developmental disabilities are able to access an array of programs and services through a single state agency.

In order to fulfill the DES mission to promote the safety, well-being, and self-sufficiency of Arizona's children, adults, and families, the DES administers a system of human service delivery that provides critical protective and assistance services each month to well over one million of Arizona's vulnerable populations. DES works closely with a network of community organizations and providers, as well as federal agencies that oversee Department programs, other state agencies, and Native American tribes in the delivery of services to the citizens of Arizona.

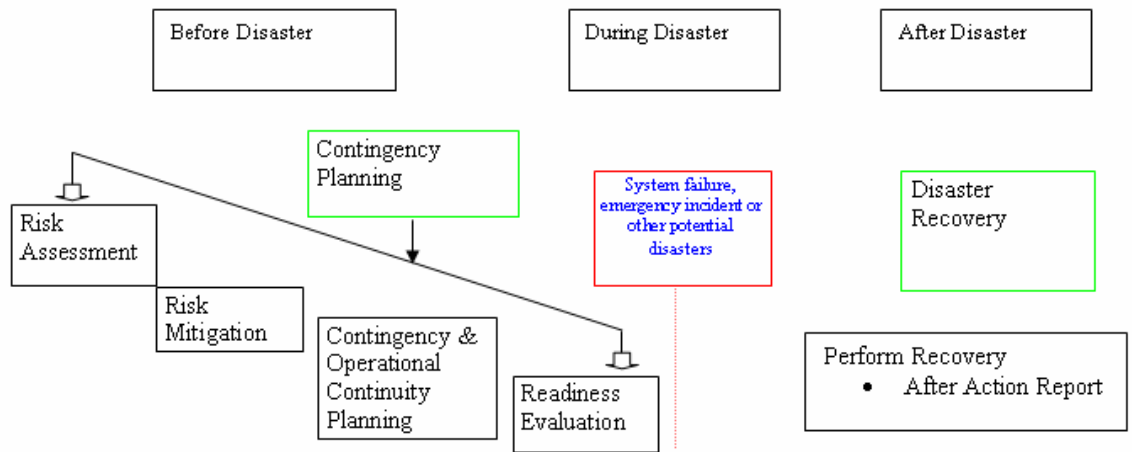
The Business Continuity Plan (BCP) identifies the critical business functions, applications, risks and threats, operating time without adverse effects, business priorities, risk mitigation strategies, and alternative solutions for providing services. The scope of the BCP includes the roles and responsibilities of the BCP teams within the context of the Incident Management System. It also includes information about the Emergency Operation Centers and the call tree process to respond to emergency situations.

Detailed information outlining declaration authority, business processes, procedures, and checklists for executive management and staff to follow are included in functional annexes consisting of 17 forms from Phase I of the Governor's Executive Order 2003-2005. The annexes also include detailed information about external dependencies and contacts, business equipment, and supplies.

The Disaster Recovery Plan (DRP) is referenced in the DES BCP library. The Information Technology (IT) DRP is available from the DES Division of Technology Services. The IT DRP includes information about technology applications, server hardware, telecommunications, and alternate sites.

The BCP also provides guidance on staff awareness, development, and training. Various training methods and training formats include focused and targeted orientations, tabletop exercises, and simulations using functional exercises. Lessons learned from the exercises are used to revise the BCP. A process is in place to continuously update the BCP to keep it current and ready for activation in the event of an emergency. The BCP describes the steps DES would take, including the activation of manual processes, to ensure the continuity of its critical business functions.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IX: Disaster Preparedness and Response Plan**



## DES Critical, Essential, and Administrative Business Functions

The following presents DES core business processes, delineated by the three process ratings—critical, essential, and administrative— as designated below.

<b>Process Name</b>	<b>Process Rating</b>
<b>Critical Functions (Protective Services)</b>	
Child Protective Services (CPS)	Critical
Adult Protective Services (APS)	Critical
Developmental Disabilities (DD)	Critical
<b>Essential Functions (Cash Distribution and Assistance)</b>	
Division of Child Support Enforcement (DCSE)	Essential
Supplemental Nutritional Assistance (Food Stamps) – Temporary Assistance for Needy Families (FS/TANF)	Essential
Unemployment Insurance (UI)	Essential
Child Care Administration (CCA)	Essential
Rehabilitation Services Administration (RSA)	Essential
Jobs Program	Essential
Work Force Development	Essential
Adult and Aging Administration (AAA), except APS	Essential
Office of Community Partnerships and Innovative Practices (CPIP)	Essential
<b>Administrative Functions</b>	
Personnel	Administrative
Licensing, Certification and Regulation	Administrative
Facilities Operations	Administrative
Accounting and Reports	Administrative
Financial Services	Administrative



## **Division of Children, Youth and Families**

### ***Business Contingency Procedures***

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The Division of Children, Youth, and Families (DCYF) is a child welfare program mandated under A.R.S. § 8-802 for the protection of children alleged to be abused and neglected. The Division provides an array of services to children and families, including prevention programs, child protective services, in-home intensive services, family support and preservation services, kinship and foster care services, adoption promotion and support services, health care services for children in foster care, and other child welfare programs.

Arizona's fifteen counties are divided into six regions, which are referred to as Districts. Urban Districts are represented by District 1 (Maricopa County, which includes the City of Phoenix) and District 2 (Pima County, which includes the City of Tucson), and the rural districts are represented by Districts 3 through 6.

The purpose of the DES BCP is to establish guidance in the event of an emergency when normal business operations are disrupted. The BCP is based on an all hazards approach and sets forth activities and procedures to perform before, during and after a disaster when operations are disrupted. Even though an event might not rise to the level of activation of the DES Incident Command System and/or Arizona's Emergency Response and Recovery Plan (SERRP), coordination between the DCYF's Chain Of Command, staff and its internal and external community partners is essential.

The DCYF's Disaster Procedures are designed to go into effect when a natural, medical, or human-caused disaster has an adverse effect on the day-to-day operations of the DCYF. The DCYF focuses its response to disaster planning on:

- Continuing/restoring critical business activities immediately following an emergency event, and
- Restoring and recovering essential administrative and business activities, if practical, immediately following such an emergency event, or as soon thereafter as possible.

Understanding the critical functions of the DCYF is important in ensuring the safety, permanence and well-being of Arizona's at-risk children and families. The DCYF continually analyzes its procedures against possible threats and evaluates results to determine if the emergency procedures provide the desired outcomes. This is a continuous process in combination with staff, client and community providers.

# PREPAREDNESS



## **Preparing to Manage**

### ***Direction and Control***

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The Department views the following three divisions of the DES as performing critical functions: the DCYF (CPS), Adult Protective Services, and Developmental Disabilities. Due to this, DES' Director and/or two Deputy Directors can activate the DES' Incident Command System at any time based on the specific emergency need.

The DCYF's Central Office is located in Phoenix and is overseen by the Assistant Director and the DCYF's Central Office Management Team. The purpose of the Central Office Management Team is to provide command and control over internal operations, logistics, planning, administrative and finance functions. Oversight of district functions is provided by the Child Welfare Program Administrator (CWPA) who is a key member of the Central Office Management Team.

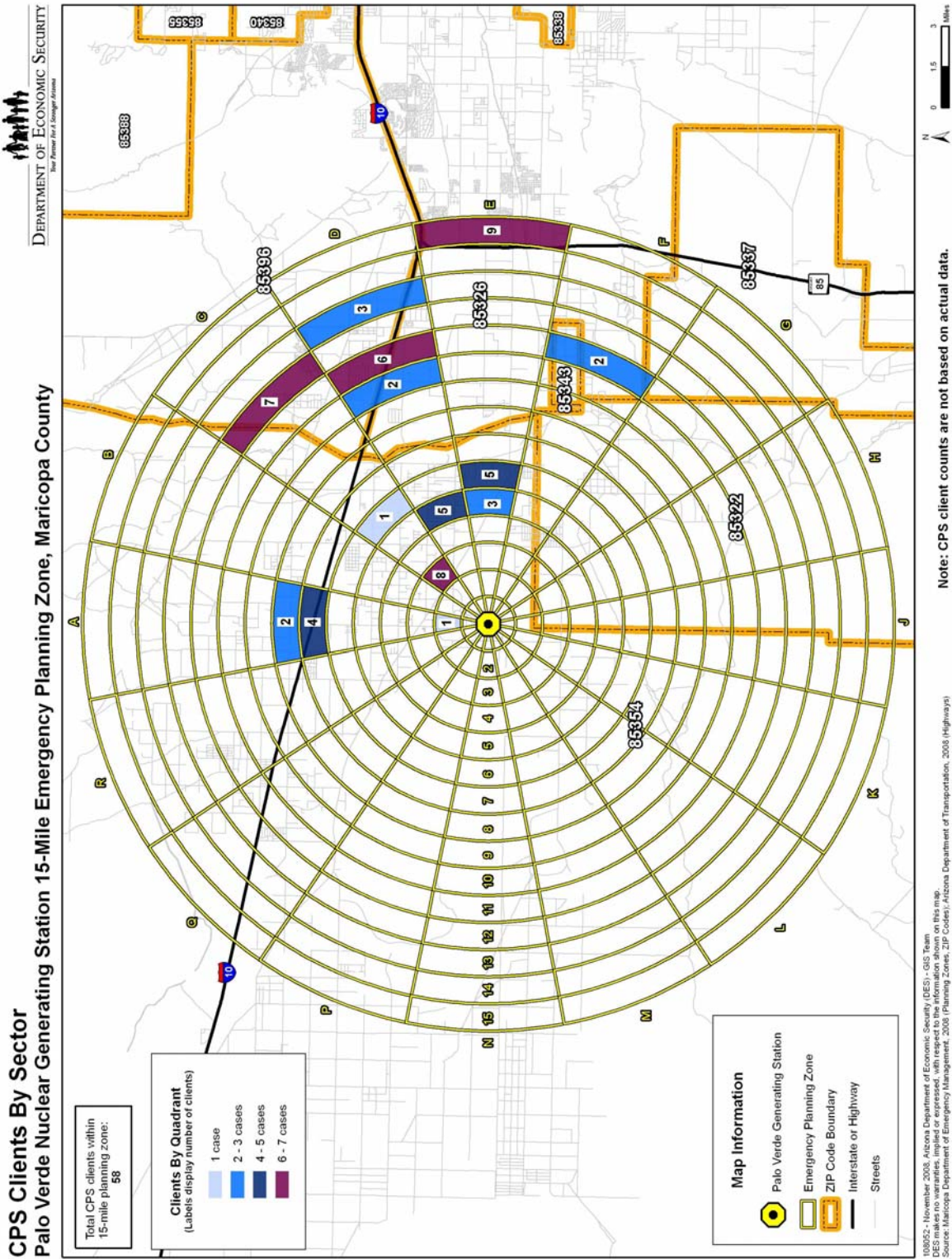
Each District within the DCYF has a District Program Manager (DPM) who is responsible for responding to emergencies within their own District and for coordinating with other Districts who are responding to an emergency. Each DPM is responsible for communicating possible threats and required response to their District's Management Team, CPS Unit Supervisors, CPS Specialists, and other critical staff. Each DPM is responsible for communicating potential treats to the CWPA and for keeping the CWPA informed of the status of the emergency response.

The DCYF's BCP Plan is activated when either ordered by the DCYF's Assistant Director/Designee or when determined appropriate by the CWPA, DPM or Child Abuse Hotline Program Manager. The BCP shall be activated when it is determined that DCYF policy and usual office operating procedures can not be followed due to an emergency. The emergency plan will end when the DCYF can resume its usual operating procedures.

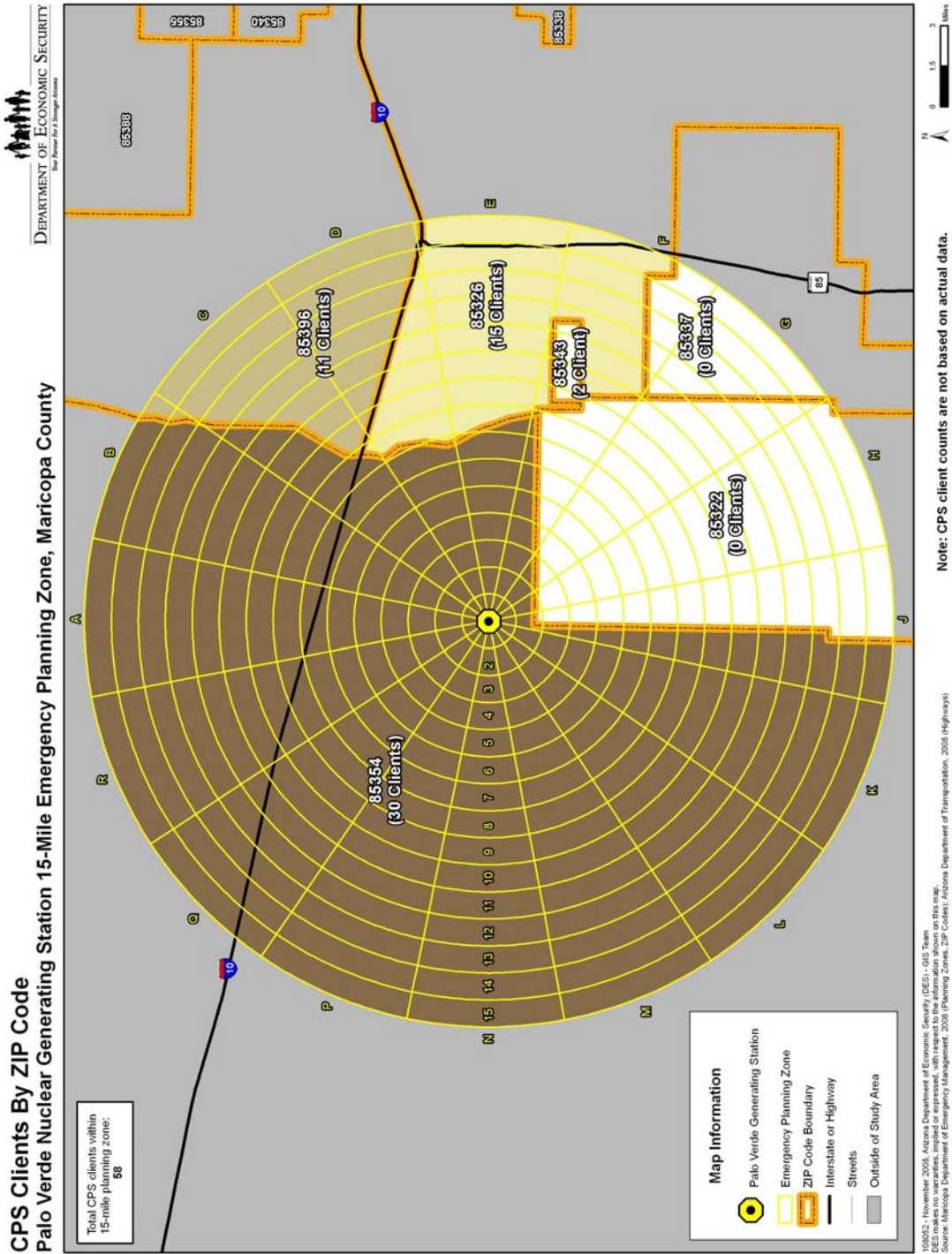
The DCYF continues to collaborate with emergency preparedness and county health coordinators in each county to address special needs populations, including children under state care or supervision. The DCYF is mapping the locations of these children in each county and has established a call tree to communicate with response teams in each county. The call tree allows the DES to rapidly communicate with county response teams regarding any special needs or requirements for these children.

The following three pages provide examples of maps and tables that are used for emergency preparedness exercises related to an accident at the Palo Verde nuclear power plant:

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IX: Disaster Preparedness and Response Plan**



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**Section IX: Disaster Preparedness and Response Plan**



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IX: Disaster Preparedness and Response Plan**

**CPS Clients Living Within the  
 15-Mile Palo Verde Nuclear Generating Station Emergency Planning Zone  
 (Summarized by Quadrant)**

	Sector																Total		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P		Q	R
1																			0
2	1																		1
3			8																8
4																			0
5				5	3														8
6			1		5														6
7	4																		4
8	2																		2
9																			0
10				2															2
11			7			2													8
12																			7
13				3															3
14																			0
15									9										9
<b>Total</b>	<b>7</b>	<b>0</b>	<b>16</b>	<b>16</b>	<b>17</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>58</b>

Miles from Palo Verde Station

	Count	Quadrant	Notes
Clients requiring evacuation assistance	1	D5	Client is a 12 year old female who weighs 300 pounds, is HIV positive and bites (and draws blood) when she is stressed. She must have 1 on 1 supervision at all times and must be kept calm to avoid the biting behavior. She will need to be evacuated with her 1 on 1 supervisor and placed in a calm, quiet setting. She cannot be transported to the RCC or the general shelter. (Example not based on actual client.)
Clients primarily using a wheelchair	0	0	
Adults (Age 18 and Over)	1	C3	20 year old still in CPS system. (Example not based on actual client.)
Children (Age 18 and Under)	38	Sectors A-F	

## **Alert Systems**

### ***Homeland Security***

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#### **Homeland Security Advisories**

The DES participates in the emergency alert system developed by the U.S. Department of Homeland Security. This alert system is activated when there is a potential terrorist attack. DCYF staff are aware that the alert system is a color-coded level system based on the terrorism threat. The alert levels are:

- Yellow—Elevated Risk of Terrorist Attack
- Orange—High Risk of Terrorist Attack
- Red—Severe Risk of Terrorist Attack

“Alert Level YELLOW” is the DES’ normal operating posture. For each Alert Level, there is an expectation that each government agency will have up-to-date emergency phone trees to respond to the alert level. DCYF staff are notified through the phone tree to implement the BCP when the alert levels are raised to a higher level.

#### **Arizona Emergency Information Network**

Arizona’s Emergency on-line system combines information from a wide variety of health and human services providers through a single information network that can be accessed by Division staff and the public at large. Through this network, Arizona citizens are able to access disaster response and homeland security information, including assistance in locating disaster relief organizations and services, and in identifying opportunities to volunteer in their communities. Access is available at [WWW.azein.gov](http://WWW.azein.gov)

#### **Communicator Alert Notification System**

The Communicator Alert Notification System is a software program managed by the Arizona Division of Emergency Management (ADEM). The Communicator Alert Notification System allows the Department to quickly notify appropriate staff and others about an emergency situation. The system uses 24 lines to call many people at one time. The Department can use the Communicator Alert Notification System without cost to any of its programs or divisions. This system can send custom messages by telephone or internet to many individuals simultaneously with information needed for a disaster response.

## **Office Preparation**

### ***Evacuation Procedures & Disaster Response Notebooks***

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Each of Arizona's DES Offices has a wall brochure posted for "ADES Emergency Procedures" (ISA-1003AHBPNA 10-01). The following checklist outlines primary procedures for securing offices and ensuring the safety and support of children, families and staff:

- Based upon the type of disaster, immediately notify the emergency responder such as the fire department and/or law enforcement;
- Immediately notify affected Office staff through the phone tree;
- Immediately notify the CWPA who will inform the Deputy Director;
- Coordinate emergency response with the DCYF's Central Office;
- If the building is threatened, ensure the safety of staff and clients in the office first;
- If time permits, secure a safe place for all hard-copy case files and a safe place for all state vehicles;
- If the emergency involves evacuation of residents from their homes, attempt to contact all out-of-home care providers to assess the safety of children in their care and determine their course of action;
- For offices that are evacuated, designate another CPS office where staff can call, or work and where all interoffice mail and travel and paychecks can be transferred;
- Notify the statewide Child Abuse Hotline as to which office(s) will be taking standby CPS reports;
- Program telephones, if telephones are not involved in an outage, so that there is a voice message alerting staff, clients and the community where they can call to leave or give messages or where parents can check the welfare of their children; and
- Allow staff time to arrange for their own personal affairs in order to ready themselves for evacuation, if needed.

The DES has the ability to map the location of each child by zip code that is under state care or supervision and has developed strategies to address the needs of these vulnerable children. CPS response teams in each county are ready to assist with an evacuation of these children. The Communicator Alert Notification System can quickly relay important information about special needs or requirements for these children to the emergency responders.

Each District office will maintain a regularly updated Disaster Response Notebook (Notebook) which shall be made available to all District management and supervisory staff. The Notebook is to be used in combination with information contained within the DCYF's automated case management and payment system (CHILDS). The contents of the Notebook are outlined in the following section.



**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IX: Disaster Preparedness and Response Plan**

**Disaster Notebooks will include:**

- Up to date phone trees and e-mail addresses for:
  - DCYF's Central Office key administrators
  - DPMs
  - Deputy DPMs
  - Assistant PMs
  - CPS Unit Supervisors
  - CPS Specialists
  - All other office employees
  
- Up to date addresses and contact information for:
  - Out-of-home care providers
  - Location of children placed in foster care
  - Home Recruitment, Study and Supervision (HRSS) foster and adoptive home contracted agencies
  
- Paper forms for all processes when CHILDS is not available
  
- Alert levels

## Preparation by Local Districts

### *Arizona's Districts Preparedness*

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The District Program Manager (DPM) or designee will maintain a general crisis plan to include the following procedures for:

- Activation of the phone tree;
- Maintenance of up-to-date listings of out-of-home care providers, including their locations and contact information;
- Maintenance of up-to-date listings of the location of children in out-of-home care, including the identification of any children with special behavioral health or health care needs;
- Maintenance of an up-to-date listing of HRSS contracted agencies;
- Maintenance of a listing of emergency first responder contacts;
- Maintenance of plans for each office within the District to handle phone outages, computer outages and/or need to relocate staff to another office;
- Maintenance of a listing of emergency resources;
- Designation of responsible personnel and their duties and responsibilities;
- Forms for manual documentation in the event of a computer systems failure; and
- Maintenance of the Notebook.
- Collaboration and communication with emergency response personnel in each county.

In the event of a fire, flood, natural disaster, pandemic influenza, bomb threat, terrorism or other major catastrophic event, the DPM or Designee shall:

- Ensure that the emergency first responder has been alerted to the disaster;
- Appoint a staff member to monitor the emergency channel on the emergency radio. That person shall report any information related to evacuation, client safety, and change in conditions or clearance of the emergency to the DPM;
- Activate the phone tree for the geographic area experiencing the emergency and provide contacted staff information on the disaster, areas affected, actions to be taken, and staffing needs to address the emergency event;
- Designate staff who are to report to the District Office or staging area;
- Appoint staff members to notify appropriate emergency services personnel (fire, police etc.) of any homes in the involved area in which a person with a disability lives and who may be in danger; and
- The DPM acts as the primary liaison between various agencies involved in the emergency situation (i.e. Homeland Security, FEMA, other DES agencies).

In the event of a Medical Emergency (including pandemic influenza) the DPM or Designee shall:

- Active the phone tree as delineated above;
- For pandemic influenza, follow the planning efforts matrix for the six phases (World Health Organization) of the pandemic alert;
- Determine the extent of the emergency, District emergency response and provide instruction to staff. For example, in situations where it is unsafe for groups of people to

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IX: Disaster Preparedness and Response Plan**

be together, it may be necessary for staff to work from their homes in order to protect themselves and still ensure the safety of persons served. In the event of a major medical event such as a group of people involved in an automobile accident or a group of people burned or seriously injured, the DPM may elect to deploy staff to the respective hospitals so that CPS reports can be taken first hand; and

- As necessary, request the need for additional assistance through the CWPA.

In the event of a Power/Water or Phone failure, the DPM or Designee shall:

- Activate the phone tree as delineated above;
- Assess the extent of the utility failure and determine if business can continue as usual within the affected Office;
- Assess whether operations need to be relocated to another office;
- Notify staff of any decisions made to address the emergency and the course of action they are expected to take;
- Assess the impact of the utility concern on persons receiving services in the specific geographic area;
- In the event that there are individuals dependent on power within the affected area and these individuals live alone, notify emergency first responders of the situation;
- Assess the need to contact out-of-home care providers in the geographic area to determine if providers are being evaluated;
- Based on this assessment, CPS Specialists will assist in contacting providers to ascertain their individual situations; and
- Ensure that affected staff have cellular phones and needed resources.

Documentation of the actions taken in any emergency is critical. This documentation will serve as back up of efforts made to ensure the safety of clients. Post event review of the documentation should occur so that it can be determined how well the plan worked and if any revisions are necessary to the plan.

## **Preparing Community Partners**

*DCYF and its community partners will continue their efforts to enhance their collaboration in emergency/disaster situations.*

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### **The DCYF, in collaboration with others, will:**

- Identify all possible disasters that can impact the protection of children and delivery of child welfare services that may be unique to a geographic locale and require specific planning and response;
- Coordinate with all key child welfare stakeholders in disaster planning (local courts, CASA, JPOs, etc.);
- Maintain a DCYF lead for coordination of child welfare disaster planning and response. The DCYF lead serves as liaison to DES disaster planning efforts and communication of expectations to staff;
- Cooperate in the DES' securing of all electronic records; and
- Participate in emergency preparedness exercises, including table-top, functional, and full-scale exercises.

### **Managing Disasters:**

- Local District BCPs shall address how the District will involve community partners in responding to the needs of vulnerable children and adults.
- Local District BCPs should include coordination with emergency first responders, providers of emergency services and volunteer organizations.
- Local District BCPs should outline their interface with the Juvenile Court during an emergency that impacts the ability of the Court to conduct business as usual.

### **Rebuilding:**

Local District BCPs shall include a debriefing process with community partners and stakeholders to assess any need to revise the emergency plan. Rebuilding plans should also include a coordinated effort with other government agencies, stakeholders and community partners.

## **Preparing Youth and Families**

***When a disaster strikes, these are some of the things you can do before, during and after the disaster.***

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[Note: This section will be made available to out-of-home care providers to assist them in preparing for and responding to an emergency situation. This information has been or will be distributed in trainings, emails, special mailings, poster campaigns, and as a feature in a published newsletter. ]

### ***Prior to a Disaster***

#### ***Foster Parents: these are some of the steps that you can take to prepare for a disaster:***

- Meet with your family and discuss why you need to prepare for disasters. Explain the dangers of fire, severe weather, and other types of disasters to children. Plan to share responsibilities and work together as a team. Include pets in your disaster planning.
- Discuss the types of disasters that are most likely to happen. As a family discuss how this can affect all family members and how you will address the special needs of persons with a disability. Explain what to do in each case.
- Notify your local fire and/or police chiefs of any special evacuation needs.
- Pick two places to meet in the event you are separated. You might pick outside your home in case of a sudden emergency such as a fire. Or if you cannot return home, you would pick someplace outside of your neighborhood. Everyone must know the address of the “meeting place” and how to contact one another.
- Ask an out-of state friend to be your “family contact” and share this information with your CPS Specialist and/or Licensing Case Worker. After a disaster, it’s often easier to call long distance. Other family members should call this person and tell them where they are. Everyone should memorize your contact’s phone number.
- Post emergency telephone numbers by phones (fire, police, ambulance, hospital, doctor, poison control, etc.)
- Teach children how and when to call 9-1-1 or your local emergency medical services number for emergency help.
- Show each adult family member how and when to turn off the water, gas, and electricity at the main switches.
- Decide the best evacuation routes from your home.
- Prepare a disaster supply kit (food, water, first aid, etc.) for 10 days for your family.
- Identify and have easily accessible health information and medications used/needed for each family member.
- Determine if back up systems are needed for special medical equipment that requires electricity.
- Make sure all medical information is updated and documented.
- Check with your children’s school to find out what their emergency plan is.
- Post your CPS case manager’s and licensing worker’s numbers and inform all family members.

### ***If a disaster strikes:***

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IX: Disaster Preparedness and Response Plan**

- Stay calm. Put your plan into action.
- Check for injuries and give first aid or get help for seriously injured people.
- Try to reduce your child's fear and anxiety.
- Listen to your battery powered radio for news and instructions.
- Evacuate, if advised to do so.
- Check for damage in your home.
- Use flashlights not candles or lanterns—do not light matches or turn on electrical switches if you think there may be damage to your home.
- Check for fires, fire hazards and other household hazards.
- If you smell gas leaking from your stove, furnace, water heater, or other gas appliance leave your house immediately and contact the gas company or the fire department from a neighbor's house.
- Clean up spilled medicines, bleaches, gasoline and other flammable liquids immediately.
- Put your pets in a safe place.
- Call the Child Abuse Hotline (1-888-767-2445) and your family contact—do not use the telephone again unless it is a life-threatening emergency.
- Check on your neighbors, especially elderly or disabled persons.
- Stay away from downed power lines.
- Check food and water to determine if it is still safe to eat and drink.
- Watch animals (both wild and domestic) as they will be confused and scared and may be dangerous.
- Be careful of snakes and insects. They may be on the move looking for new homes or a place to hide.
- Contact your CPS Specialist when it is safe to do so and inform the worker of your location and the location and condition of your foster children and how you can be contacted.

# RESPONSE



## **Assisting Staff**

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The Staff BCP is activated when ordered by the Director, a Deputy Director or designee, the DCYF Assistant Director, the DCYF CWPA, and/or a DCYF DPM dependent upon the type and extent of the emergency.

***DPM will:***

- Determine the impact of the emergency upon staff;
- Assess whether additional staff need to be deployed to the emergency area and contact the CWPA for assistance;
- Assist staff in addressing personal issues by offering the assistance of the Employee Assistance Program (EAP) or other local resources and if determined needed, contact those resources to make arrangements for services;
- Ensure that staff have the resources they need to address the emergency; and
- Maintain constant communications with staff as to the status of the emergency situation

***DCYF employees will:***

- Keep their immediate supervisor informed regarding the impact of a disaster or significant event that may impact their work or pose a safety risk to themselves or to their families;
- Inform their immediate supervisor if they are unable to continue to respond to the emergency; and
- Contact their immediate supervisor periodically regarding their own safety, or the safety of their family.



*Critical Functional Areas*

- **Child Abuse Hotline**
  - **CPS Investigations**
  - **CPS Ongoing Case Management**
  - **Interstate Compact on the Placement of Children**
  - **Comprehensive Medical and Dental Program**
- 

The Child Abuse Hotline, Arizona's centralized intake for CPS reports, CPS Investigations, CPS Ongoing Case Management, Interstate Compact on the Placement of Children (ICPC) and the DCYF's Comprehensive Medical and Dental Program (CMDP) are considered the critical functional areas of the DCYF. The BCP is activated when there is any indication that any of these functions are disrupted due to an emergency, as follows:

**Child Abuse Hotline**

*The Hotline Program Manager responsibilities:*

- Assess and determine if there are other alternatives to the receipt of CPS reports including the pick-up of telephone messages, faxing of information, transfer of calls to cell-phones, use of an alternative site, and etc;
- Contact the CWPA and e-mail DCYF staff on the emergency procedures implemented by the CPS Hotline to respond to the emergency;
- Activate the phone tree to contact Child Abuse Hotline staff when they cannot report to work at their normal work site and/or the alternative for receiving CPS reports;
- Continue to receive and review communications to the CPS Hotline;
- Utilize paper forms for documenting reports if CHILDS is not available; and
- Notify DCYF staff when the emergency is no longer a threat.

**CPS Investigations**

*District Program Managers (DPM) responsibilities:*

- When CPS Investigative Specialists are impacted by the emergency and workload presents an issue, prioritize Priority 1 reports for CPS investigation;
- Activate the phone tree for affected areas providing staff with information regarding their role in responding to the emergency;
- Contact law enforcement when a child is in danger and CPS in the District cannot response to the CPS report;
- Provide ongoing communications to the CWPA regarding staffing needs, the Districts ability to respond to CPS reports during the emergency, and other District needs;
- Respond to a DES directive to respond to the emergency needs of children entering Arizona when an emergency has occurred in another jurisdiction and report to the Child Abuse Hotline and the Interstate Compact on the Placement of Children (ICPC), available information regarding any such children; and
- Notify DCYF staff when the emergency is no longer a threat.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IX: Disaster Preparedness and Response Plan**

***Child Protective Services Specialists responsibilities:***

- Determine the best method for conducting the investigation when the standard procedures cannot be followed. For example, additional collateral contacts may be made to ensure that children are safe when a child cannot be seen in person;
- Notify local law enforcement when a child is in imminent danger and the CPS Specialist cannot respond;
- Document all efforts made in CHILDS (or on paper); and
- Maintain regular contact with the immediate supervisor.

**CPS Ongoing Case Management**

***DPMs responsibilities:***

When CPS Ongoing Case Management Specialists are impacted by the emergency and workload presents an issue, activate the phone tree for affected areas providing staff with information regarding their role in responding to the emergency.

***Assistant Program Managers (APM) or CPS Unit Supervisor's responsibilities:***

- Assign staff as needed to check on each foster child's condition, location and on-going needs;
- Ensure out-of-home care providers are contacted;
- Review all cases and confirm the safety of all children with immediate safety issues such as: medically fragile children dependent on life supporting equipment, children dependent on prescription medications, and children in the process of being removed from their homes;
- Determine what essential activities need to be continued;
- Notify local law enforcement when a child is in imminent danger and the CPS Specialist can not respond;
- Document all efforts made in CHILDS (or on paper); and
- Maintain regular contact with the immediate Supervisor.

***CPS Response Teams responsibilities:***

- Help with the evacuation of children under state care or supervision to the special needs shelters identified by the county health departments and/or county emergency preparedness director.

**Out-of-Home Care Providers**

***CPS Specialist responsibilities for affected geographic areas:***

- Contact all out-of-home care providers of children in open cases to collect information about: their current and any planned future locations; need for medical information and/or prescriptions for every child in their care; and, any other specific needs of the child or family during and after the disaster;
- Ensure providers have Division emergency contact information; and
- Notify local law enforcement when a child is in imminent danger and the CPS Specialist cannot respond.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IX: Disaster Preparedness and Response Plan**

***Residential Providers responsibilities:***

- Implement the emergency plans specified by licensing rules Title 6, Chapter 5, Article 74 and Contract Agreements;
- Contact the statewide Child Abuse Hotline at 1-888-767-2445 informing them of the emergency. If the situation allows, also contact the CPS Specialist or their Supervisor who has responsibility for the child's case management and inform them of the status, needs and location of the child;
- Follow procedures required by contractual agreements and by licensing rules Title 6, Chapter 5, Article 74;
- Identify placement changes that may be necessary; and
- Provide name and location of new site if re-location becomes necessary.

***CPS Supervisors and/or CPS Specialist responsibilities:***

- Document all information received about a child in residential care;
- Determine if there are available foster homes or other residential facilities for a child who may need to be transferred;
- Assist in the transfer of the child when requested; and
- Keep the DPM or APM informed of the situations.

**Interstate Compact on the Placement of Children (ICPC)**

The ICPC BCP is activated when ordered by the Director, a Deputy Director, or the DCYF Assistant Director and when the agency can no longer follow the usual procedures.

***Interstate Compact for the Placement of Children Administrator responsibilities:***

- Receive information about children in the geographic area affected by the disaster;
- Receive information about the child's location and condition, contact the CPS Specialist responsible for the case, and entering a case note into CHILDS regarding the child's location and emergency contact;
- Receive information about children that have been displaced from other states;
- For children displaced from other states, enter a case into CHILDS under Interstate Compact Placement;
- For children displaced, contact the ICPC in the child's state of origin and provide any available information; and
- Document any collected information on paper forms (if CHILDS is unavailable).

**The Comprehensive Medical and Dental Program (CMDP)**

The DCYF's CMDP provides medical and dental health care for children placed in foster care in Arizona. Its BCP is activated when ordered by the Director, a Deputy Director or the DCYF Assistant Director and when the agency can no longer follow the usual procedures.

***Emergency Prescription:***

- Pharmacies are authorized to cover a 30 day emergency supply.

***Prior Authorization for Medical/Dental:***

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IX: Disaster Preparedness and Response Plan**

- Providers understand *Emergency Procedures* and know that emergencies do not require authorization.
- Medical doctors can sign for emergency “unauthorized procedures”.

***Emergency Behavioral Health Hospitalization:***

- The Behavioral Health Manager and Psychiatric Consultant can authorize 72 hour evaluation and request consultant behavioral health services.
- If system failure occurs, the MIS staff will develop Ad Hoc Reports and Children and Provider Eligibility rosters.
- An alternative solution is to shift operation/business functions to the local DES offices and perform back-up off site.

***MIM Health Plans (Prescription Contractor) responsibilities:***

- The Contracts Manager (CM) performs back-up system off-site per the contract.
- The CM will follow the Information Technology (IT) Disaster Recovery Plan from DES Division of Technology Services (DTS).

## **Critical Function Area**

### ***Business and Administrative Areas***

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The Business and Administrative Areas continuity plan is activated when ordered by the Director, a Deputy Director or the DCYF Assistant Director and when the agency can no longer follow the usual procedures.

#### **Statewide Child Abuse Hotline:**

- Power Failure
  - For short-term (under 8 hours) power failure, a UPS battery back-up will be utilized or cell phones will be utilized, or another office within the Department or another state agency will be utilized.
  - For long-term power failure over 8 hours, the Child Abuse Hotline PM will follow procedures in the DBF Facilities Section of the DES BCP Handbook.
- Telephone system failure
  - For short-term failure (under 8 hours), calls will be forwarded to CPS Hotline cellular telephones.
  - If data lines are available, the Child Abuse Hotline will email field staff on moderate to high risk reports.
  - In long-term situations, the Child Abuse Hotline PM will follow procedures in the Division of Business & Finance (DBF) Facilities Section of the DES BCP Handbook.
  - An alternative solution is to route the calls to a local Division Office.
- Fax machine failure
  - Faxes will be redirected to the 20<sup>th</sup> Street and couriers will be utilized to deliver the reports to the Child Abuse Hotline Office.
- US Postal Service disruption
  - If the Child Abuse Hotline is forced to relocate from its current location, mail will be directed to a Post Office box that is already established for this purpose.
  - If the UPPS is unable to provide service, public service announcements will direct the public on an alternative solution based on the nature of the emergency.
- CHILDS System Failure
  - System step-downs will be initiated as outlined in the procedures manual.
  - For short-term failure, the Child Abuse Hotline Evacuation Plan will be followed and calls transferred to Child Abuse Hotline cellular phones.
  - For long-term failure, the IT Disaster Recovery Plan from DES Division of Technology Services will be followed.
  - An alternative solution is to shift operation/business function to a local DES Office.
  - To assign CPS reports to the field the Hotline will fax a manual log of assigned reports to the CPS Unit Supervisors and follow the IT Disaster Recovery Plan for the DTS.

#### **Foster Care Provider Payments and Payments for Contracted Services:**

- CHILDS and FMCS system failures

**Child and Family Services Plan – Fiscal Years 2010 - 2014**

**Section IX: Disaster Preparedness and Response Plan**

- Short-term (Under 30 days): Districts will use the PAAR fund for emergency payments only and will manually track payments; once systems are functional then enter payments into the appropriate system.
- Long-Term: After 30 days, the Districts will make payments manually and track payments; once systems are functional then enter payments into the appropriate system.
- The IT Disaster Recovery Plan from DTS will be followed.

**Licensing:**

**CHILDS and Mainframe System Failures**

- The Districts will manually track/record contract and licensing documents.
- The license will be issued manually.
- For fingerprint clearance and background checks, DES will mail form letters to the contract providers.
- The providers may also go to the Division office to obtain necessary documents.
- The IT Disaster Recovery Plan from DTS will be followed.

**Eligibility:**

- If there are CHILDS, AZTECS or PMMIS Systems failures, DES will shift operation/business functions to local DES offices.
- If eligibility processing fails, paper forms will be utilized.

**DES Data Center:**

The DES has a BCP/Continuity of Operations Plan for DCYF systems information. This includes a Data Center Disaster Recovery Plan that is a comprehensive plan to restore the DES Data Center. The plan includes employees' personal information, the circuit numbers of all network telecommunication lines, emergency call trees, hardware and software component lists, vendor information, and other confidential information.

# RECOVERY

## **Business Response and Recovery Process**

This Business Response and Recovery Process will define what our personnel need to do during any disaster in managing an incident, and what resources are needed to resume services, and to continue to recover as DCYF moves toward full restoration.

### ***Incident Management Systems***

#### ***Checklist Involved in Most Business Disaster Recoveries***

An all-hazard approach to preparedness will be utilized to enhance agency capability to respond to and recover from potential business disruptions. This means that the plan operates exactly the same way regardless of the type of emergency.

To acquaint the business response and recovery team leads and members with the general types of activities that occur to recover from most disasters, below is an overview of seven checklist events associated with most disaster recovery operations.

#### ***1. Immediate Response Steps***

The point at which it is determined by competent authority that Immediate Action steps must be executed. The immediate response steps include protection of life and property, damage assessment, salvaging vital records, and notification of key individuals to protect our children.

#### ***2. Environmental Restoration***

The point at which all personnel are to relocate to the alternate facility and ensure they have the appropriate work space. The necessary vendors and support personnel should be contacted to verify recovery requirements and determine availability of the network and applications.

#### ***3. Functional Restoration***

The point at which all resources that support business operations should be restored. These include telephone/voice, mainframe applications, personal computer applications, and any physical equipment. Recovery teams should work with the BCP Team Coordinator, the Administration Team, and the alternate site vendor to accomplish this activity.

#### ***4. Deferred Processing***

Recovery teams must verify the accuracy and data integrity of the restored systems, and begin to “catch up” on deferred or lost work. Any reconciliation that is done on a daily basis should be carried out during this stage.

**Child and Family Services Plan – Fiscal Years 2010 - 2014**  
**Section IX: Disaster Preparedness and Response Plan**

***5. Business Resumption***

The point at which recovery teams can resume some portion of their normal business operations. It is important during this stage to consider what the business strategy will be during the disaster recovery and then to determine the critical tasks to be accomplished to fulfill the recovery teams' responsibilities.

***6. Interim Site Migration***

In the event of a long-term power outage (e.g., greater than six weeks), it may be necessary to move from the internal sites to an interim location while the home site is repaired/reconstructed.

***7. Return to Home Site***

Once the damaged site has been repaired, reconstructed, or a new location has been selected and prepared, the affected business units will return to their home/permanent office locations.



# **Section X**

## **Financial**

**Child and Family Services Plan - Annual Progress Report 2008**  
**Section X: Financial**

***Maintenance of Effort***

The Department's statewide Intensive Family Preservation Program is currently funded using \$1,985,000 in state funds. In addition, for FY 2007, Healthy Families Arizona is funded with other qualifying funds (Governor's Division of Drug Policy, Lottery Funds and Child Abuse Prevention Funds) in the amount of \$ 1,175,000. The Department also receives state funds that will be used to match the Adoption Promotion portion of the grant. The portion of the state appropriation that will be used amounts to \$ 423,609. This appropriation funds services related to the recruitment and training of adoptive parents, and provides for post adoption specialized services for parents.

The state will monitor levels of spending on an ongoing basis to assure that current state and federal spending is not supplanted with Title IV-B Part II dollars. The state will ensure maintenance of effort in keeping with the estimated expenditures reported for FY 1992, which were submitted in the Arizona State Application for Title IV-B, Part II funds in FY 1994.

The state continues to cooperate in submitting the required fiscal reports for the Title IV-B Plan.

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2007: October 1, 2006 through September 30, 2008**

1. State or Indian Tribal Organization (ITO): Arizona		2. EIN: 866004791		3. Address: Arizona Department of Economic Security Jefferson Street, Site code 750A Phoenix, AZ 85007			1789 West	
4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision								
<i>Description of Funds</i>	<i>Estimated Expenditures</i>	<i>Actual Expenditures</i>	<i>Number served</i>		<i>Population served</i>	<i>Geographic area served</i>		
			<i>Individuals</i>	<i>Families</i>				
5. Total title IV-B, subpart 1 funds	\$ 5,801,792	\$ 5,801,792		43,000	Reports of abuse or neglect	Statewide		
a) Total Administrative Costs (not to exceed 10% of Federal allotment)	\$ -	\$ -						
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	\$ 8,472,175	\$ 8,472,175			All Eligible clients	Statewide		
a) Family Preservation Services	\$ 1,694,435	\$ 2,371,494						
b) Family Support Services	\$ 1,694,435	\$ 1,974,202						
c) Time-Limited Family Reunification Services	\$ 1,694,435	\$ 1,699,571						
d) Adoption Promotion and Support Services	\$ 1,694,435	\$ 1,259,872						
e) Other Service Related Activities (e.g. planning)	\$ 847,218	\$ 606,243						
f) Administrative Costs (FOR STATES: not to exceed 10% of total allotment after October 1, 2007)	\$ 847,217	\$ 560,793						
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	\$ -	\$ -						
a) Administrative Costs (not to exceed 10% of Federal allotment)	\$ -	\$ -						
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 2,600,648	\$ 2,600,648						
a) Indicate the amount of State's allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 780,194	\$ 754,000	488		All eligible clients	Statewide		
9. Total Education and Training Voucher (ETV) funds	\$ 891,786	\$ 891,786	179		All eligible clients	Statewide		
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2007.								
<i>Signature and Title of State/Tribal Agency Official</i>		<i>Date</i>		<i>Signature and Title of Central Office Official</i>			<i>Date</i>	



**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV**

Fiscal Year 2009, October 1, 2008 through September 30, 2010

1. State or ITO: ARIZONA	2. EIN: 866004791
3. Address: Department of Economic Security 1789 West Jefferson Street, Site Code 750A Phoenix, AZ 85007	4. Submission: [ ] New [X] Revision
5. Total estimated title IV-B, Subpart 1 Funds	\$ 5,943,756
a) Total administration (not to exceed 10% of estimated allotment)	\$ 594,376
6. Total estimated title IV-B, Subpart 2 Funds (FOR STATES: This amount should equal the sum of lines a-g.)	\$ 8,139,272
a) Total Family Preservation Services	\$ 1,536,610
b) Total Family Support Services	\$ 1,536,610
c) Total Time-Limited Family Reunification Services	\$ 1,536,609
d) Total Adoption Promotion and Support Services	\$ 1,536,609
e) Total for Other Service Related Activities (e.g. planning)	\$ 768,305
f) Monthly Caseworker Visits (STATES ONLY)	\$ 456,225
g) Total administration (FOR STATES: not to exceed 10% of estimated allotment)	\$ 768,304
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. \$ _____	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribe is requesting. \$ <u>3,000,000</u>	
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required) Estimated Amount \$ <b>578,195</b> plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds. (FOR STATES ONLY)	\$ 2,623,829
a) Indicate the amount of State's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).	\$ 787,149
10. Estimated Education and Training Voucher (ETV) funds.	\$ 882,314
11. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP \$ _____.	
b) Indicate the amount of the State's allotment that will not be required to carry out ETV \$ _____.	
c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP \$ <b>750,000</b> for ETV program \$ <b>500,000</b> .	
12. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30, 2009.	
Signature and Title of State/Tribal Agency Official	Signature and Title of Central Office Official

**CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services**

State or Indian Tribal Organization ( ITO) Arizona

For FFY 2009 OCTOBER 1 , 2008 TO SEPTEMBER 30, 2009

SERVICES/ACTIVITIES	TITLE IV-B			(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED		(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
	(a) Subpart I- CWS	(b) Subpart II-PSSF	(c) Subpart II- MCV *						Individuals	Families		
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		1,536,610		578,195				1,489,200		7,500	Families	46 Communities
2.) PROTECTIVE SERVICES	5,349,380							5,350,000		34,639	Reports of abuse/neglect	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)		1,536,610						6,466,700			Families	46 Communities
4.)TIME-LIMITED FAMILY REUNIFICATION SERVICES		1,536,609						3,200,000			All children in foster care	Statewide/reservation
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		1,536,609						500,000			Children free for adoption	Statewide/reservation
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)		768,305										
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE							17,508,524	58,184,509	10,404		All children in Foster Care	Statewide
(b) GROUP/INST CARE							17,136,500	8,723,500			All eligible children	
8.) ADOPTION SUBSIDY PMTS.							60,871,500	35,942,200	12,152		All eligible children	
9.) GUARDIANSHIP ASSIST. PMTS.							-	7,072,300	2,173		All eligible children	
10.) INDEPENDENT LIVING SERVICES					2,623,829		-	2,373,500			Eligible children	
11.) EDUCATION AND TRAINING VOUCHERS						882,314		200,000	335		Eligible children	
12.) ADMINISTRATIVE COSTS	594,376	768,304					24,662,000	52,648,130				
13.) STAFF & EXTERNAL PARTNERS TRAINING								606,870				
14.) FOSTER PARENT RECRUITMENT & TRAINING							784,230	2,352,691				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING												
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING												
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			456,225									
18.) TOTAL	5,943,756	7,683,047	456,225	578,195	2,623,829	882,314	120,962,754	185,109,600				

\* States Only, Indian Tribes are not required to include information on these programs

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV**

Fiscal Year 2010, October 1, 2009 through September 30, 2011

<b>1. State or Indian Tribal Organization (ITO):</b> ARIZONA		<b>2. EIN:</b> 866004791
<b>3. Address:</b> Department of Economic Security 1789 West Jefferson Street, Site Code 750A Phoenix, AZ 85007		<b>4. Submission:</b> [XX] New [ ] Revision
<b>5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds</b>		\$ 5,943,756
a) Total administration (not to exceed 10% of estimated allotment)		\$ 594,376
<b>6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.</b>		\$ 7,683,047
a) Total Family Preservation Services		\$ 1,536,610
b) Total Family Support Services		\$ 1,536,610
c) Total Time-Limited Family Reunification Services		\$ 1,536,609
d) Total Adoption Promotion and Support Services		\$ 1,536,609
e) Total for Other Service Related Activities (e.g. planning)		\$ 768,305
f) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)		\$ 768,304
<b>7. Total estimated title IV-B Subpart 2, Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)</b>		\$ 456,225
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)		\$
<b>8. Re-allotment of title IV-B subparts 1 &amp; 2 funds for States and Indian Tribal Organizations:</b>		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____, PSSF \$ _____, and/or MCV _____.		
b) If additional funds become available to States and ITO, specify the amount of additional funds the State or Tribes requesting: CWS \$2,500,000. PSSF \$3,800,000. and/or MCV \$1,000,000.		
<b>9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)</b>		\$ 578,195
<b>10. Estimated Chafee Foster Care Independence Program (CFCIP) funds</b>		\$ 2,623,829
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$ 787,149
<b>11. Estimated Education and Training Voucher (ETV) funds</b>		\$ 882,314
<b>12. Re-allotment of CFCIP and ETV Program Funds:</b>		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program		\$
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program		\$
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program		\$ 750,000
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program		\$ 500,000
<b>13. Certification by State Agency and/or Indian Tribal Organization.</b> The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2010.		
Signature and Title of State/Tribal Agency Official		Signature and Title of Central Office Official

**CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services**

State or Indian Tribal Organization ( ITO) Arizona

For FFY 2010 OCTOBER 1 , 2009 TO SEPTEMBER 30, 2010

SERVICES/ACTIVITIES	TITLE IV-B			(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED		(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
	(a) Subpart I- CWS	(b) Subpart II- PSSF	(c) Subpart II- MCV *						Individuals	Families		
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		1,536,610		578,195				1,489,200		7,500	Families	46 Communities
2.) PROTECTIVE SERVICES	5,349,380							5,350,000		33,600	Reports of abuse/neglect	Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)		1,536,610						6,466,700			Families	46 Communities
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES		1,536,609						3,200,000			All children in foster care	Statewide/reservation
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		1,536,609						500,000			Children free for adoption	Statewide/reservation
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)		768,305										
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE							28,477,570	54,984,509	10,404		All children in Foster Care	Statewide
(b) GROUP/INST CARE							17,577,800	8,723,500			All eligible children	
8.) ADOPTION SUBSIDY PMTS.							62,271,500	35,442,200	12,552		All eligible children	
9.) GUARDIANSHIP ASSIST. PMTS.							-	7,072,300	2,223		All eligible children	
10.) INDEPENDENT LIVING SERVICES					2,623,829		-	2,136,000			Eligible children	
11.) EDUCATION AND TRAINING VOUCHERS						882,314		200,000	335		Eligible children	
12.) ADMINISTRATIVE COSTS	594,376	768,304					24,662,000	54,730,130				
13.) STAFF & EXTERNAL PARTNERS TRAINING								606,870				
14.) FOSTER PARENT RECRUITMENT & TRAINING							784,230	2,352,691				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING												
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING												
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			456,225									
18.) TOTAL	5,943,756	7,683,047	456,225	578,195	2,623,829	882,314	133,773,100	183,254,100				

\* States Only, Indian Tribes are not required to include information on these programs



