

# **STATE OF ARIZONA**

**Department of Economic Security  
Division of Children, Youth and Families**



## **CHILD AND FAMILY SERVICES PLAN ANNUAL PROGRESS REPORT 2008**

**Submitted to:**

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

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**STATE OF ARIZONA**  
DEPARTMENT OF ECONOMIC SECURITY  
DIVISION OF CHILDREN, YOUTH AND FAMILIES  
CHILD AND FAMILY SERVICES PLAN – ANNUAL PROGRESS REPORT 2008

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# **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) provides services to children and families, which include child protective services, family support and preservation services, foster care and kinship care services, adoption promotion and support services, child welfare services, and health care services.

The Division serves as the state administered child welfare services agency, and is divided into three administrations:

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

Arizona’s fifteen counties are divided into six regions, which are 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 are growing rapidly. Arizona is the nation’s second-fastest growing state. According to the Department of Economic Security’s estimates on the Arizona Workforce Informer website, Arizona’s population increased 27% from the 2000 census to July 2007, reaching over 6,500,000 people. The population of Pinal County increased 82%, and five other counties grew between 22% and 34%.

The following chart provides the counties within each district.

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

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**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 to determine risk of harm to the child, and 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**

## **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

## CRITERIA FOR BUDGET DECISIONS

- Decisions should consider how they affect the safety, permanency and well being of the children and families that we serve.
- Cuts by one agency should consider how they affect other agencies.
- Look for win/win strategies.
- Consider how investments or reductions will effect specific populations.
- Always keep issues of racial and social justice in mind.
- Short-term gain should not result in long-term crisis.
- Look for internal efficiencies.
- Look for cross systems approaches that may include investing more in one system that allows for savings in another.
- Concentrate primarily on balancing the budget through improved outcomes.
- Determine what every partner can and must do to accomplish the outcomes.
- Blend funding and resources when it is more effective.
- Bring everyone into the decision making process. Do not try to do it alone. Share the workload as well.
- Include accurate measurements of progress. Share authority, responsibility, work, successes, and challenges. Celebrate success and hold ourselves and each other accountable for accomplishing our objectives.

# **Section III**

**Introduction**  
**Crosscutting Initiatives**  
**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 service descriptions and performance evaluations that follow. Following this introduction, Section III of this Annual Progress Report is divided into five parts:

- *Part 1: Crosscutting Initiatives* – Part 1 describes several multifaceted and statewide initiatives that have produced change in multiple systemic factors and performance areas.
- *Part 2: Safety* – Part 2 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, measures and performance analysis; descriptions of recent accomplishments and other factors affecting performance; and the Division’s strategies and action steps for improving safety outcomes in SFY 2009.
- *Part 3: Permanency* – Part 3 provides descriptions of the State’s services to support reunification, adoption, kinship care, independent living or other permanent living arrangements; including time-limited reunification services, and adoption promotion and support services; the State’s permanency goals, measures and performance analysis; descriptions of recent accomplishments and other factors affecting performance; and the Division’s strategies and action steps for improving permanency outcomes in SFY 2009.
- *Part 4: Child and Family Well-Being* – Part 4 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, measures and performance analysis; descriptions of recent accomplishments and other factors affecting performance; and the Division’s strategies and action steps for improving child and family well-being outcomes in SFY 2009.
- *Part 5: Systemic Factors* – Part 5 provides descriptions, performance analysis, recent accomplishments, and factors affecting 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 the Division’s strategies and action steps for improving these systemic factors in SFY 2009.

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

This report provides 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, case reviews, external evaluations of Division programs, and stakeholder focus groups and surveys. Data may be reported 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:

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- *CFSR Data Profiles* – These data profiles are generated from the State’s semi-annual AFCARS submission to the U.S. Department of Health and Human Services (DHHS). Profiles provided to the State by DHHS 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 its CFSR Program Improvement Plan target goals on the national standards.
- *Child Welfare Reporting Requirements Semi-Annual Report* – This report is published twice per year 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 the data was retrieved 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 services, 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. See Section III, Part 5, subsection 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 services and out-of-home case review data for SFY 2007, and the stakeholder interviews provided input into the State’s strengths and needs identified throughout this report.

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

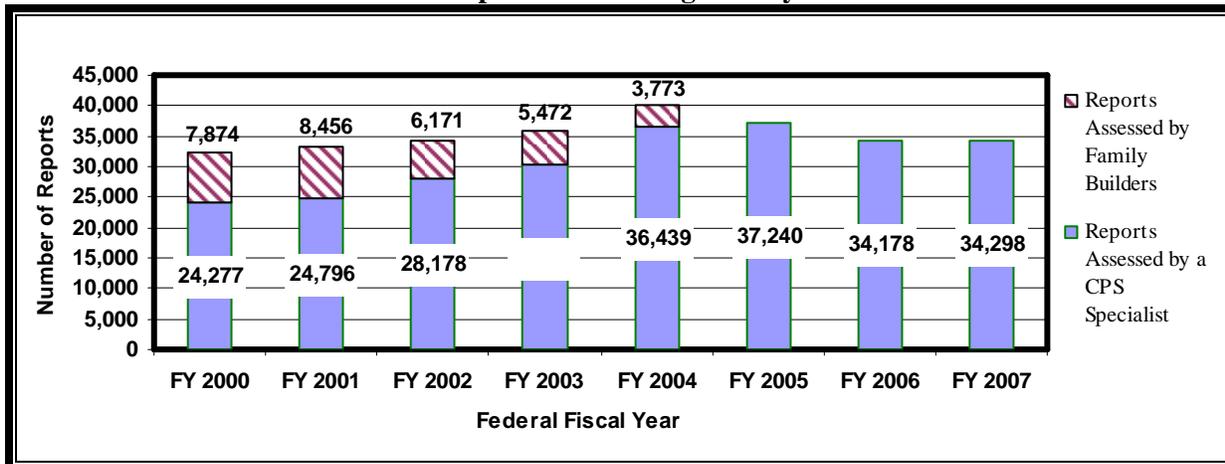
The following chart provides the counties within each district, and the distribution of investigation, in-home cases and out-of-home cases assigned to each district in December 2007. In 2007 the investigation caseload distribution continued to shift slightly toward District 1 and out-of-home caseload shifted to a very small degree from District 1 to Districts 2 and 5.

	<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>Counties</b>	Maricopa	Pima	Coconino Apache Navajo Yavapai	Yuma Mohave La Paz	Gila Pinal	Cochise Graham Greenlee Santa Cruz
<b>Investigations</b>	60%	18%	6%	5%	7%	4%
<b>In-Home Cases</b>	54%	20%	8%	7%	7%	4%
<b>Children in Out-of-Home Care</b>	51%	25%	8%	4%	9%	3%

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Data on report volume, in-home cases, and out-of-home care cases all indicate caseload volume increased in 2007 and into 2008. 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 slightly in FFY 2007, after declining for the first time in five years during FFY 2006.<sup>1</sup> In the first half of FFY 2007 reports for assessment by a CPS Specialist declined 1.2% from the prior six month period, but reports increased 8.9% between the first and second half of the FFY.

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

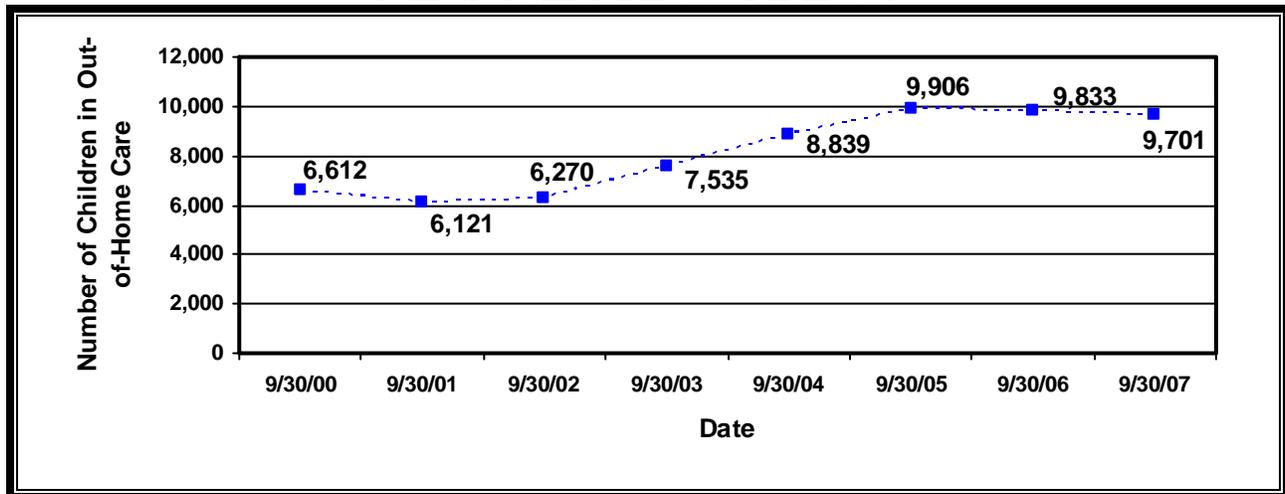


Data from the Department’s *Child Protective Services Bi-Annual Financial and Program Accountability Report* shows that in-home and out-of-home caseloads also increased in SFY 2007 and into SFY 2008; continuing the trend from prior years. The average monthly number of in-home cases increased 10% between SFY 2005 and SFY 2007 – from 4,798 in SFY 2005; to 4,856 in SFY 2006; and 5,278 in SFY 2007. Data from the first half of SFY 2008 shows continued growth of the State’s in-home services program. The average monthly in-home caseload in the first half of SFY 2008 was 5,237 – slightly higher than the monthly average of 5,134 in the first half of SFY 2007.

The average monthly number of out-of-home cases increased from 5,398 in SFY 2005; to 5,838 in SFY 2006; and 5,904 in the first half of SFY 2007. The number of children in out-of-home care provides another indicator of out-of-home workload. While total out-of-home *case* volume is increasing, the number of *children* served out-of-home is decreasing. According to the *Child Welfare Reporting Requirements Semi-Annual Report*, 9,906 children were placed in out-of-home care on September 30, 2005 – a 12% increase over the 8,839 children in out-of-home care on September 30, 2004. However, the annual rate of increase slowed from a high of 20% in FFY 2003 to 12% in FFY 2005, and a decrease of 2.1% was realized between September 30, 2005 and September 30, 2007. The following chart shows the number of children in out-of-home care on the last day of FFY 2000 through 2007.

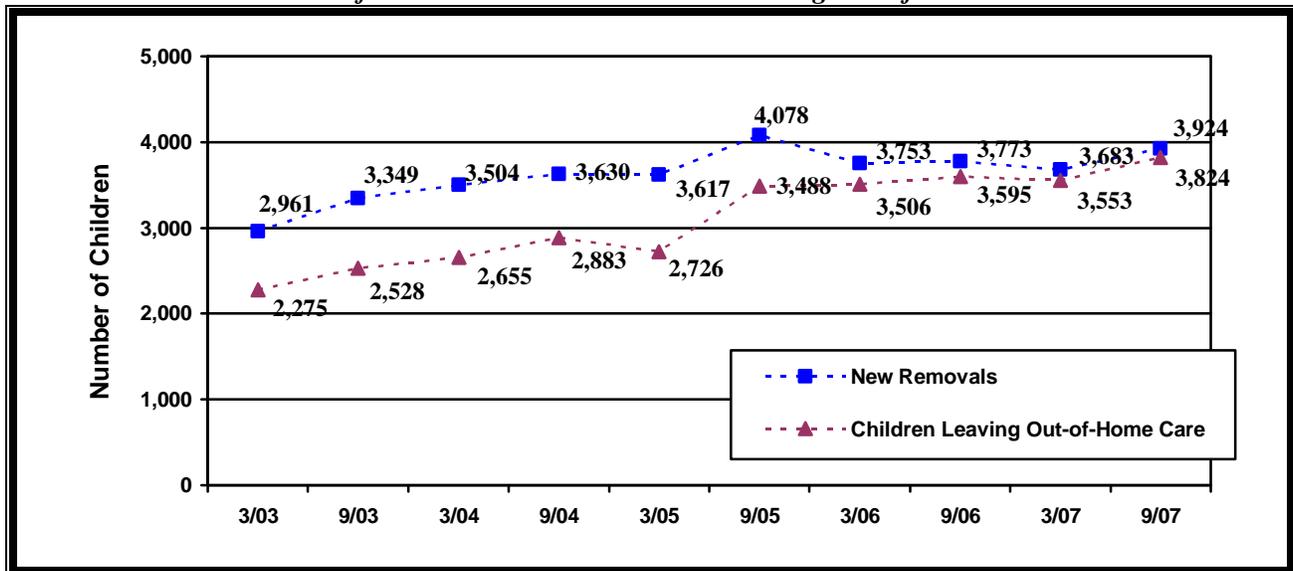
<sup>1</sup> The Division had been referring well over 5,000 reports annually to Family Builders for differential response, and had referred 1,145 reports from April 1 to June 30, 2004. The Family Builders differential response program was discontinued in June 2004, resulting in an increased of investigative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

Number of Children in Out-of-Home Care



The *Child Welfare Reporting Requirements Semi-Annual Report* provides the number of new child removals and the number of children leaving out-of-home care during the six month periods ending March and September of 2003 through 2007. 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 FFY 2007 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 during the last half of FFY 2007, and therefore increased CPS Specialist 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, December 2006, and December 2007; and the percentage of authorized CPS Specialist positions filled on the last day of each period. This data shows statewide improvement of staff retention from December 2005 through December 2007, although performance differs among

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districts. The percentage of authorized CPS Specialist positions filled has also continually improved statewide and in all districts but District 5. In 2007, District 3 faced the greatest challenges from turnover and vacant positions.

	% Retained of Filled Positions (Annualized)			% Filled of Authorized Positions		
	12-05	12-06	12-07	12-05	12-06	12-07
<b>District 1</b>	63.8	75.7	72.0	63.2	74.6	79.7
<b>District 2</b>	68.4	67.3	76.5	72.1	88.1	97.3
<b>District 3</b>	71.9	63.4	57.7	76.0	81.3	87.2
<b>District 4</b>	68.8	53.8	74.2	50.8	69.8	71.4
<b>District 5</b>	67.4	65.6	70.6	72.9	93.2	87.3
<b>District 6</b>	56.5	67.7	62.2	67.6	82.4	88.2
<b>Hotline</b>	88.7	76.1	67.2	100	100	95.7
<b>Statewide</b>	68.2	71.0	71.4	70.4	82.6	85.2

The data on percentage of positions filled is based on the number of authorized positions. In December 2006, the Division’s number of authorized CPS Specialist positions was approximately 88% of those required to meet the State’s caseload standards of 10 investigations, 19 in-home services cases, or 16 out-of-home children per CPS Specialist per month. Therefore, if the Division were to achieve 100% of authorized positions filled, staffing resources would continue to be less than those required to meet the caseload standards. Analysis done by the Division showed that as of September 2007 CPS Specialists were carrying caseloads that were 15% to 25% above the Arizona caseload standard, and that meeting those standards would require an additional 206 CPS Specialist positions.

The Division has been involved in many activities to recruit and retain the right staff, particularly for CPS Specialist and Supervisor positions. In SFY 2008 the Division initiated a 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 strategic process builds on previously implemented strategies, such as the “Realistic Job Preview” video that portrays the challenges and opportunities associated with child welfare work in Arizona. 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 SFY 2008, the strategies and activities to address staff recruitment, selection, retention, support, performance management and recognition 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. A Workforce Planning Model was implemented that encompassed strategy assessment, data collection, data analysis, implementation and evaluation.
- A competency model that reflects Family to Family values and principles, including family-centered and community-based practice, is in development and will be accompanied by a plan for moving the existing workforce to that competency model. In SFY 2007, the Division began

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to identify competencies for the CPS Specialist position through the Hiring for Fit initiative. This process has been expanded and folded into the Competency Model sub-team of the workforce planning initiative. The competencies for the CPS Specialist have been identified and incorporated into behavior-based interview questions for the hiring process, currently being 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 will enable the Division to thread the competencies throughout other aspects of performance management and staff recognition. For example, the Division is exploring ways to use the competencies in the development of Professional Skill Building Plans for staff, based upon findings from the Division's Practice Improvement Case Reviews. Other next steps involve identifying the competencies for CPS Supervisors and for CPS Program Specialists who perform Team Decision Making and Family Group Decision making activities. Just as with the CPS Specialist positions, the competencies will be incorporated into the recruitment, selection, development, performance management and recognition processes.

- 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 Division recognizes the critical role played by CPS Supervisors and has committed to strengthening the role of the supervisor to ensure workforce stability and decreased turnover. In addition to incorporating the competency model into the practices of recruitment, selection, performance management, and recognition for supervisory staff, the Division is reviewing and updating Supervisor Core Training to include coaching and mentoring. Other tools to support supervisors are included in Supervisory Circles.
- In order to improve staff retention, a thorough analysis of the reasons why employees leave positions, and why they stay, is being conducted. The exit interview process is being revised to be more relevant and consistent, thereby better informing the Division about retention strategies.
- A data "scorecard" is being developed to provide district level data regarding staffing needs. The scorecard displays 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 will also assist District Managers 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.
- Standards of Conduct training was provided to all CPS Supervisors during the months of January through March 2008. This training focused on the role of the supervisor in relationship to the Department's Standards of Conduct and Professional Ethics. As new

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training topics are developed, many will include either an added component or a separate training designed for supervisors.

## Part 1: Crosscutting Initiatives

The Division continues to pursue several multifaceted statewide initiatives that have produced positive change in multiple systemic factors and performance areas. These initiatives are described in detail below, and referenced throughout Section III of this Annual Report.

### 1. Family to Family

Arizona continues to embed the Family to Family initiative into Arizona's child welfare practice. This nationwide child welfare initiative, designed by the Annie E. Casey Foundation, provides principles, strategies, goals, and tools to achieve better outcomes for children and families. Using the Family to Family strategies, the Division is striving 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 disparities associated with race/ethnicity, gender or age in each of these outcomes

Family to Family defines four core strategies to achieve the child and family outcomes. These strategies are the hallmark of Family to Family and include:

1. *Recruitment, Development and Support of Resource Families* – Finding and maintaining kinship and foster families who can support children and families in their own neighborhoods
2. *Building Community Partnerships* – Establishing relationships with a wide range of community partners in neighborhoods where referral rates to the child welfare system are high and collaborating to create an environment that supports families involved in the child welfare system
3. *Team Decision Making (TDM)* – Involving resource families, youth, parents, community partners and case managers in all placement decisions to ensure a network of support for the children and for the adults who care for them
4. *Self Evaluation* – Collecting and using data about the child and family outcomes to find out where there is progress and where there needs to be change

Implementation began in Maricopa County and considerable progress has been made to implement all four strategies in that site. In late 2006 Maricopa County was selected as a Family to Family Anchor Site with Arizona's remaining counties being chosen as Network Sites for CY 2007. As a result, Arizona received more intensive technical assistance to further embed the strategies into practice. The Annie E. Casey Foundation remains committed to Arizona and renewed support of Arizona's Anchor and Network Sites for CY 2008.

Since 2005, Districts 2 through 6 have gained an understanding of the Family to Family approach and developed systems and resources to support Family to Family roll out. An initial strategic planning meeting on statewide rollout was held in April 2007, with technical assistance provided by the Annie E.

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**Section III, Part 1: Crosscutting Initiatives**

Casey Foundation to help the districts form initial roll out plans for all four strategies. The districts reconvened with the Annie E. Casey Foundation consultants in September 2007 to review their implementation plans in depth and plan next steps. Managers and others from the network sites also attended the Family to Family Mountain West Regional Convening in November 2007. The convening brought together child welfare stakeholders from the Family to Family sites in Arizona, Colorado and New Mexico; to gather “lessons learned” from colleagues, parents, youth and community partners as they work together to implement the goals and strategies of Family to Family. All districts had birth parent, foster parent, and past and current foster youth participation in these planning sessions. The Program Managers from all districts attend quarterly meetings to continually assess progress and identify next steps.

A statewide Family to Family Oversight Committee has also been formed and held its first meeting in April 2007. This committee of Division staff, youth, parents, resource parents, juvenile court representatives, faith-based leaders and other community partners monitors progress and makes recommendations about implementation of Family to Family.

Progress implementing each of the four Family to Family strategies is described below:

*Recruitment, Development and Support of Resource Families* – This strategy provides the framework for finding relatives and families for placement of children coming into care, with emphasis on increasing resource families in the neighborhoods and communities where needs are greatest.

- In SFY 2006 all six districts filled Recruitment Liaison positions. These Liaisons have developed Community Recruitment Councils and are continuing to actively engaging their communities in efforts to recruit new foster and adoptive families. The Community Recruitment Councils enlist foster and adoptive parents, foster youth, foster alumni, local contract agency staff, faith based and business partners, and any other community members with an interest in this initiative.
- The Home Recruitment Study and Supervision (HRSS) contract for child specific recruitment; targeted recruitment; resource family orientation; resource family initial, advanced, and ongoing training; and licensed foster family placement, tracking, and monitoring services became effective in November 2006 and remains in effect. The contract, which applies to providers statewide, dictates goals, objectives, payment points and reporting requirements that align with the Family to Family goals and emphasize shared parenting.
- To support the goal of keeping children connected to their families and neighborhoods, all contracted providers receive monthly data on the number of removals occurring within their assigned zip codes, along with Geographical Information System (GIS) maps providing the locations of child removals and placements. The maps also include data on the number of available resource homes so that providers and community partners can target recruitment efforts in communities where higher numbers of children enter out of home care and resource homes are not sufficiently available.
- All case management staff, statewide, participate in a scaled down version of the training required for all licensed resource families in Arizona. This curriculum, Partnering for Safety and Permanence—Model Approach to Partnerships in Parenting (PS-MAPP), further supports the goals of Family to Family and the shared parenting approach.

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- In order to build a bridge between resource families and the families of children who must be placed in out of home care, District 1 began implementation of “Ice Breaker” meetings in late 2007. Arizona’s other districts will also be implementing Ice Breaker meetings as they incorporate the Family to Family strategies into practice. These meetings are designed to initiate the relationship between the birth and foster families, to better support the child and maintain a stable placement. Establishing a relationship and sharing information among the adults in the child’s life can help reduce incidents of placement disruption. Whenever possible, the Ice Breaker meeting occurs within three days of placement with a resource family, unless the placement will last less than two weeks or there are concerns for the safety of the participants. A meeting should also be held when a child is moved from one resource family to another, in which case the meeting can include both sets of resource parents and the birth parents.

During the Ice Breaker meeting the birth and resource parents are introduced. Guided by a *Transition Questions Guide*, the birth parents educate the resource parents about the child’s likes, dislikes, bed and play habits, etc. Agreement is reached on the visitation schedule, phone schedule, and other forms of communication between visits. The meeting is expected to ease the transition for all parties and reduce placement disruptions by:

- increasing birth parent involvement and assurance the child’s needs are being met;
- helping the child feel the support and concern of both the birth and resource parents, and that both sets of parents are working for a common goal and not against each other;
- increasing the ability of the resource family to provide the child support and consistency;
- increasing the mutual awareness of the strengths offered by both sets of parents and reducing preconceived attitudes.

See Section III, Part 5, subsection A.9. *Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention* for more information on the activities and achievements of the district Recruitment Liaisons, the Community Recruitment Councils, and other Division initiatives to recruit, develop and support resource families.

*Building Community Partnerships* – The goal of this strategy is to develop true working partnerships with communities where needs are greatest in order to collaboratively strengthen neighborhoods and support families in areas where the highest numbers of children are referred.

- With training and technical assistance on community partnership development provided by the Annie E. Casey Foundation, Assistant Program Managers (APMs) in District 1 developed eleven Community Strategy Committees in SFY 2007. These Committees continue to strengthen partnerships with key stakeholders in neighborhoods where needs are greatest. Eight of the Committees are specifically targeted to zip code areas corresponding to District 1 management sections, and the remaining three are focusing on the specialized programs of Adoptions, In-Home Services and Young Adults. The Committees 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 community meetings conducted by the field APMs. Six Community Specialist positions assist the partnerships. Accomplishments among the teams are numerous and include activities such as:
  - development of monthly newsletters highlighting such topics as community resources, tips on self-care for staff, local events, etc.;
  - creating neighborhood-based resource guides to assist families and staff to find local services;

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- hosting community information fairs in targeted neighborhoods to inform residents of available services and to assist in prevention of abuse and neglect;
  - creating awareness of the need for resource homes in targeted areas and providing information to the community to assist with recruitment efforts;
  - securing donations from local partners to assist families in need.
- As the teams continue to strengthen and build momentum in 2008, the focus will be on integrating activities with the other Family to Family strategies. This will include activities such as increasing community partner involvement in TDM meetings, using data from the Self Evaluation Team to help guide efforts, supporting the work around engaging youth and decreasing disproportionality, and other identified goals.
  - All Teams are regularly provided with data on TDM occurrence and resource family availability in their zip codes, and ongoing orientation and training on TDMs has been delivered to District 1 community partners since late April 2007. This training prepares community partners to attend TDMs and act as a resource to the family. The trainings will continue throughout 2008 as community partner participation in TDMs increases.
  - Development of community partnerships within Districts 2 through 6 is progressing well and each district has strong representation from partners involved in their Family to Family planning and implementation efforts. The partnerships' early activities have included education of community stakeholders (such as schools, courts and faith-based organizations) about the Family to Family goals and identification of the areas of greatest need on which to concentrate efforts.

*Team Decision Making* – Team Decision Making (TDM) meetings provide a forum for family, friends, natural supports, Division staff, and community partners and providers to discuss the strengths and needs of the family, and to identify the best placement for the child that will keep him or her safe and connected to family and community. Trained staff that ensure the family's voice is heard and respected, including the family's cultural perspective and identification of significant relationships in the child's life, facilitate these meetings. TDM meetings are an opportunity to develop a plan to achieve the Family to Family outcomes on a child-by-child basis. The TDM facilitator guides the team to identify opportunities and resources to prevent removal and re-entry, or to quickly reunify with birth family if removal is necessary. The team explores resources to place children in their home communities, with siblings, and in family versus group care settings; and to support placement stability to prevent moves. Achievement of Family to Family and other Division outcomes is highly inter-related on an individual and aggregate level. For example, prevention of entry or re-entry and early reunification will reduce the number of sibling groups needing non-related foster homes, giving the Division more flexibility to manage its foster family resources so that homes are available for sibling groups when needed. In turn, with fewer sibling groups in out-of-home care and fewer sibling groups placed separately, the Division will experience less strain on its transportation and visit supervision resources and will be better able to provide frequent visitation with parents and siblings placed separately.

Activities and progress in the implementation of TDMs during SFY 2008 include the following:

- TDMs started in 2005 at the Phoenix office with the highest number of removals, and are now held throughout District 1 whenever a child is removed or removal is considered. Since the end of 2007, TDMs have been held throughout District I when it was necessary to discuss identification of a permanent family for a child already in out of home care. By mid-2008,

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TDMs will also be held whenever an unplanned placement change is considered; thereby minimizing placement disruptions.

- TDMs for potential or emergency removals began in March 2006 in District 2, and expanded district-wide by July 2007. District 3 began holding TDMs for potential or emergency removals in February 2007 in the Flagstaff office. Districts 4 through 6 have developed operating procedures, trained facilitators, and will implement TDMs for potential or emergency removals during 2008.
- All TDM meetings are led by trained, immediately accessible, TDM Facilitators. Thirty-one TDM Facilitators have been hired and trained across the state. Arizona has also developed internal capacity to provide ongoing TDM facilitation and awareness training to all new TDM Facilitators in Maricopa County, other Arizona counties, and neighboring Family to Family states. District 1 provided this training twice in 2007; and ongoing training will be supported in part by a designated trainer from Arizona's Child Welfare Training Institute.
- During calendar year 2007 there were 2,839 TDM meetings impacting 5,170 children in Maricopa County, which is a 144% increase from the number of TDM meetings facilitated in calendar year 2006 (1,164 TDM meetings impacting 2,352 children). Roughly 50% of these meetings were held prior to the child being removed. The team recommended in-home services for about half of the children. Data indicates that the mother attends in more than 77% of TDMs, and the father attends in just fewer than 40%. Youth twelve and older participated in 63% of meetings involving decisions made about their cases.

*Self-evaluation* – This strategy encourages the application of self-evaluation data in day-to-day management to achieve improved outcomes for children and families.

- All districts are committed to the self-evaluation process by supporting their Self-Evaluation teams. The teams will regularly review, discuss and disseminate information on the nine outcomes of Family to Family and data from the other core strategies. The Self Evaluation teams will work to ensure that data is integrated into day to day management activities and that change in outcomes and performance relative to the Family to Family core strategies is monitored regularly. With technical assistance from the Annie E. Casey Foundation, District 1 has developed a self-evaluation team consisting of staff, providers, community partners and other stakeholders. Data available to the team includes out-of-home episode and placement event data from the University of Chicago's Chapin Hall website. The team uses this data to evaluate progress toward the Family to Family goals. Self-evaluation teams are in the early stages of development within Districts 2 through 6. Representatives from these teams received direct technical assistance from Annie E. Casey Foundation in early 2008. These teams are currently gathering baseline data on the Family to Family outcomes.
- To build agency capacity to analyze data, the Division has allotted data analyst personnel to support Family to Family evaluation. The Division's data manager, CFSR manager, and a District 1 APM have also attended training provided by Chapin Hall. Plans to train Districts 2 through 6 on using the Chapin Hall website will be carried out in 2008.
- The Team Decision Making database is also functional, tracking all TDM meetings, their timing (before or after removal), participation by case role (mother, father community partner, etc.), and the recommendations made regarding custody and/or placement. As TDM meetings are

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implemented statewide, each district will be responsible for tracking and sharing TDM data with staff and community partners.

See Section III, Part 5, subsection A.3. *Quality Assurance System* for more information about the Division's activities and achievements in the use of data for quality improvement.

Family to Family activities beyond the four core strategies are also underway. These activities are centered primarily on District 1 and achieved the following progress in SFY 2008:

- The Division continues to work toward increasing birth parent and youth involvement in various activities. District 1 is collaborating with agency and community partners to use the *Building a Better Future* curriculum and technical assistance to create training for a parent mentoring program under development through a Maricopa County substance abuse contractor. *Building a Better Future* is a curriculum to train birth parents to become advocates and active participants in child welfare agency meetings, such as policy meetings. Representatives from Arizona attended the Annie E. Casey Foundation's convening in Kentucky in November 2006: "Parents Leading the Way: Setting a National Agenda in Child Welfare and Beyond." Eleven *Building a Better Future* sites from around the country shared information on program implementation with each other and Annie E. Casey Foundation consultants.
- District 1 has begun a partnership with the Annie E. Casey Foundation on the strategy of Eliminating Racial Disproportionality and Disparity (ERDD). The District 1 Diversity Committee will receive technical assistance on evaluating Maricopa County's data on race and ethnicity of children in care, and will work to educate system stakeholders about disproportionality and disparity.
- In late 2007 District I began receiving technical assistance from the Annie E. Casey Foundation in regard to youth engagement. A workgroup of current and former foster youth, HRSS contractors, resource families and ongoing supervisors will be meeting monthly throughout 2008 to develop plans on engaging teens, increasing family-like placements, and ensuring that teens exiting the system do so with connections to ongoing adult support.

## **2. Family-Centered Practice**

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 staff, continuously emphasized to existing staff, and embedded throughout the Division's philosophy, policies, programs and activities. Recent activities to promote consistent application of family-centered practice in the day-to-day work of all field staff include the following:

- The integrated *Child Safety Assessment (CSA)-Strengths and Risk Assessment (SRA)-Case Planning* process; Team Decision Making (TDM) meetings; and Family Group Decision Making (FGDM) meetings are some of the opportunities in which the Division applies family-centered practice principles to engage birth family in identification of strengths, needs, goals, and services. In SFY 2008 the Division put substantial effort into developing staff competency with the CSA-SRA-Case Planning process and expanded the use TDM meetings.

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- 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 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. These 2008 trainings included a "Train-the-Trainer" module, which will enable staff from the Child Welfare Training Institute to partner with staff from the Districts to continue providing this Engaging Families training for all initial assessors and other interested staff statewide. Concepts from this and previous engagement trainings are embedded in the Case Manager Core Training.
- Family-centered best practice tips 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.
- In conjunction with the Family to Family initiative, the Division continues to promote shared birth and resource family parenting of children in out-of-home care. Requirements are defined in the resource family HRSS contract (described below), and trained through the PS-MAPP training (described in Section III, Part 5, subsection A.4. *Staff and Provider Training*). In addition, District 1 began conducting Ice Breaker meetings in late 2007, with full district implementation in April 2008. Arizona's other districts will be implementing Ice Breaker meetings as they incorporate the Family to Family strategies into practice.
- In SFY 2008 the Division revised its supervisory training, including addition of content to support family-centered supervision. As a follow-up to the clinical supervision coursework provided during FY 2006, three additional one-day sessions were created for CPS Supervisors, Assistant Program Managers, and Program Managers regarding best practices in group and individual clinical supervision; modeling strengths-based family-centered practice; and use of the parallel process during supervision. Two of these sessions were provided during SFY 2008, and the third session will be held in August 2008. The concepts from these trainings will also be incorporated into Supervisor Core training.

**3. Integrated Child Safety Assessment, Strengths and Risks Assessment, and Behavior Based Case Planning**

The Division, in conjunction with the National Resource Centers for Child Protective Services and Family Centered Practice and Permanency Planning, developed an integrated CSA-SRA-case planning and clinical supervision process. Improvements in the CSA-SRA-Case planning process and clinical supervision have a direct impact on achievement of all CFSR performance areas. There is a clear and direct relationship to performance on areas such as prevention of repeat maltreatment; services to protect child(ren) in-home and to prevent removal and re-entry; quality of risk assessment and safety management; needs and services of child, parents and foster parents; and child and family involvement in case planning. In addition, individualized behavior based case planning will support appropriate assignment and timely achievement of permanency goals, and more comprehensive assessments will identify the child's important relationships and connections, and methods to maintain these relationships.

Representatives from both urban and rural districts, policy, training, the Attorney General's Office and technology participated in the CSA-SRA-Case planning development process. The integrated process features new documentation requirements and on-line instructions to prompt comprehensive information collection and recording. Application of concepts inherent to the safety assessment and critical decision

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making processes are included, such as “The Six Fundamental Questions” and the “Safety Threshold” analysis. The process is organized in a logical sequential flow. Documentation other than contact notes is organized by area of family or individual functioning or key decision, rather than chronologically. The CPS Specialist and supervisor can, therefore, review at once the information pertinent to a potential safety threat or risk factor, evaluate whether the information is thorough, and determine the level of risk and necessity of intervention.

The Division’s new case planning process was implemented with the changes to the CSA-SRA, and shifts practice from compliance based to behavior based case planning. Family members are assisted to identify strengths that will help them to achieve the goals in their case plan, behaviors that need to change to reduce or eliminate the identified risks and threats to child safety, and services and supports to achieve the behavioral changes. The resultant family intervention plan can be reviewed and modified between formal case plan staffings to avoid ineffective and wasteful service provision, and improve outcomes for families. In addition to the family intervention plan, each case plan for a child in out-of-home care has a health care plan, an educational plan, and an out-of-home characteristics section that identifies federally required information such as whether the child is placed in close proximity to his or her home. If applicable, the case plan also includes a visitation plan, supports for the out-of-home caregiver, independent living services for children age 16 or older, and actions to pursue a concurrent permanency goal. The case plan concludes with space to record participant attendance, approval and signatures.

Supervisors use the integrated tool to guide clinical supervision conferences and document the results. The improved process integrates clinical supervision requirements at critical decision points throughout the life of the case. During clinical supervisory discussions, the supervisor refers to the information gathered and documented by the worker. The new process replaces existing clinical supervision forms and guides the supervisor to review and discuss information with the worker at critical decision points.

The integrated process was implemented district by district between February and June 2006. An automated version of this process was implemented statewide between November 2007 and February 2008. All CPS staff that complete initial assessments, in-home case management, or out-of-home case management are able to use the automated version. Technical programming is still occurring to facilitate use of the automated process on adoption and independent living cases.

The Division has developed training, policy and quality improvement resources to support and monitor staff competency and application of the CSA-SRA-Case planning process. Major statewide supports include the following:

- The Child Welfare Training Institute has revised its curriculum on the CSA-SRA-case planning process for Case Manager Core training and all statewide trainings and refreshers, to include activities and practical applications. The trainings are designed to increase comprehension and address several levels of learning, thereby increasing consistency of practice and use of the process to guide safety assessment and case planning. Child Welfare Training Institute (CWTI) staff have also provided on-site and telephonic support for workers.
- Training is also being provided to supervisors. A one day class on supervision of the CSA-SRA-Case planning process has been developed for all existing supervisors and added to the Supervisor Core for all new supervisors. The Division provided periodic teleconferencing facilitated by national child welfare experts to support CPS Supervisors during implementation of the integrated clinical supervision process. Group supervision and Supervision Circles

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continue to be used throughout the Division to process, promote and reinforce family-centered concepts and practice principles in each district.

- From May through December 2007 the Division conducted case reviews in all districts to identify practice strengths and areas needing further improvement to achieve consistently high quality implementation of the revised CSA-SRA-Case planning process. Initial assessment and in-home services cases were included in this evaluation. Following these reviews, the supervisors, Assistant Program Managers and District Program Managers met with consultants from the National Resource Center on Child Protective Services and the National Resource Center on Family Centered Practice and Permanency Planning, who led the supervisors in discussions about CSA-SRA-case planning practice, findings from the reviews, and areas where support is identified or needed. Monthly Practice Improvement Case Reviews (PICR) of initial assessment cases (particularly application of the CSA-SRA-Case planning process) and worker specific feedback sessions began in October 2007 and continue to date. For more information on the Division's Practice Improvement Case Review and quality improvement system, see Section III, Part 5, A.3., *Quality Assurance System*.
  
- In October 2007 a statewide Assessment and Case Planning Specialist was hired. This Specialist:
  - serves as an expert in the CSA-SRA-case planning process;
  - provides technical assistance to Supervisors and CPS Specialists on implementation and application of the process;
  - develops experts at the front line level through targeted training, case specific consultation, mentoring, and individual and group supervision;
  - provides intensive on-site staff support;
  - consults with District Program Managers, Practice Improvement Specialists, CWTI trainers and Central Office Policy about practice standards and staff or system needs;
  - develops and advances a statewide plan for effective implementation and evaluation of the CSA-SRA-Case planning process;
  - coordinates with CHILDS staff to identify improvements for the automated CSA-SRA-case planning process; and
  - assists CPS Unit Supervisors to develop worker-level performance improvement plans.

For more information on the extensive work conducted by the Assessment and Case Planning Specialist in SFY 2008, see Section VI, *Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report*.

- Monthly meetings of all the Division's Practice Improvement Specialists, the CFSR Manager, the Division's Policy Unit Managers, the Assessment and Case Planning Specialist, the Child Welfare Training Institute Manager, and a senior Training Supervisor are held monthly to clarify practice standards and answer practice and automation questions identified during training or the PICR process. Cases read during the PICR are sometimes discussed as a group to process difficult clinical questions and achieve a shared understanding of the Division's practice standards. This team is also producing practice tips, interview guides, and other helpful tools for field staff. Meetings of the Division's administrators, CFSR Manager, policy managers and CHILDS manager are also being held twice monthly to monitor and support continual progress in the resolution of automation needs and provision of training and other supports to staff.

#### **4. Home Recruitment Study and Supervision Contract**

The Home Recruitment Study and Supervision (HRSS) contract for child specific recruitment; targeted recruitment; resource family orientation; resource family initial, advanced and ongoing training; and licensed foster family placement, tracking and monitoring services became effective in November 2006. The contract dictates goals, objectives, payment points and reporting requirements that align with the Family to Family goals and emphasize shared parenting. The Division believes that ongoing contact between resource families and birth families is an effective means to dispel myths and stereotypes about ethnicities, cultures, and people who are poor, mentally ill, or addicted to drugs or alcohol. When these myths and stereotypes are challenged, resource families and other team members will be more likely to support and facilitate activities to maintain connections with family, friends, community, faith and culture. Highlights of this contract related to the Division's goals and the CFSR performance areas include the following:

- Child specific recruitment activities must be tailored to the child's or sibling group's unique background, culture, race, ethnicity, strengths, needs and challenges.
- Contractors develop an individualized recruitment plan for each child referred, which must include 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 interviews. Family Group Decision Making may be used to facilitate contact.
- Semi-annual recruitment plans are submitted to the Division, including strategies tailored to the populations identified by the District. Target populations include, but are not limited to, sibling groups, specific age ranges, neighborhoods and/or ethnic/racial groups. These plans are developed in collaboration with the Community Recruitment Council.
- All contractors must fully implement PS-MAPP training as the required initial preparation and training program. For more information on PS-MAPP training, see Section III, Part 5, A.4. *Staff and Provider Training*
- The contract agency's Foster Care Specialist must arrange a one-to-one meeting with any foster family wishing to have a child removed, prior to placement or adoption disruption. When removal is being considered, the Foster Care Specialist and the CPS Specialist shall request a Child and Family Team or TDM meeting prior to the child's removal whenever possible.
- The Foster Care Specialist is required to make one visit within 72 hours of a child being placed in a resource home, make monthly visits to the resource family for the first six months after a new child is placed in the home, and make a minimum of quarterly home visits thereafter. For homes licensed in the past 6 months or with their first placement, weekly visits must occur during the first month of a child's placement. Monthly in-home visits are required throughout placement for foster homes providing care to medically fragile children.
- The Foster Care Specialist develops an individualized support, training and monitoring plan with each resource parent; including training and services requested or identified to be provided, crisis intervention services to be made available, any other supports needed to meet the special and unique needs of the family or the child, and time frames for training and support service provision.

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- The HRSS contract includes eleven outcomes and sixteen performance measures on which the agencies must gather and report data. Performance incentive payments are awarded to contractors who achieve at least twelve of the sixteen, based on the full year of performance. The performance measures promote shared parenting, sibling contact, placement stability, sibling group placements, placement within children’s own neighborhoods, timely application processing and training, resource family retention, and others. For example, two goals are: (1) When the case plan goal is reunification, resource families shall participate in a minimum of monthly contact with birth parents or primary caretakers, which could include participation in the monthly visitation; and (2) Resource Families shall facilitate a minimum monthly contact between siblings who do not reside with them.

## PART 2: SAFETY

### A. Program or Service Descriptions

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

##### *Healthy Families Arizona™*

The Healthy Families Arizona™ program is a community-based, multi-disciplinary program serving pregnant women, newborns and their families. The program's statutory authority was expanded in SFY 2004 to permit the program to serve women and their families prior to their child's birth, and to serve people who have a substantiated report of child abuse or neglect. Families can remain in the program until the child reaches age five. The program is designed to reduce stress, enhance family functioning, support positive parent-child interaction, promote child development and health, and reduce the risk of child abuse and neglect. This voluntary home visitation program provides a Family Support Specialist (FSS) who assists the family in obtaining concrete services and provides emotional support; informal counseling; role modeling; effective life coping skills; bonding; education on child development and school readiness activities; developmental assessments to identify developmental or behavioral health needs; and referrals when needed.

The program provides education on the importance of preventive health care, assistance and encouragement to access comprehensive private and public preschool and other school readiness programs, assistance in applying for private and public financial assistance and employment services, and assistance to improve parent-child interaction, develop healthy relationships and access prenatal care. The FSS works closely with the child's medical provider in monitoring the child's health. Families may be visited anywhere from weekly to quarterly, according to the family's level of need.

The contracts that began in January 2004 were renewed in January 2008. These contracts are now operating in their last year and a new request for proposal will be released in the summer of 2008. The original contracts included expansion plans based on demographics and risk factors. The program has expanded several times since 2004, increasing the number of program sites from 23 to 58. The program continues to serve over 150 communities throughout Arizona, including all of the Division's six administrative districts.

In SFY 2007 the Healthy Families Arizona™ Program funding level allowed the program to serve 5,869 families, which is an increase from the 5,008 families served in SFY 2006. In SFY 2007 the Program served 19.3% of eligible new births. The program budget for SFY 2008 is level funding at just over \$22 million. With this funding, an estimated 5,689 families and 19.3% of eligible new births can again be served.

Evaluations of the Healthy Families Arizona™ program continue to document its effectiveness. The 2007 program evaluation includes the following findings regarding program participants:

- *Child Abuse and Neglect:* 99.7% of participating families had no substantiated CPS reports.
- *Child Health:* The immunization rate for babies was 89.3%; compared to 79% for 2-year-olds in the State, and 82% for A.H.C.C.S. (the State's Medicaid program). 97.1% of children are linked to a medical provider.
- *Child Safety:* 94.5% of parents lock up household poisons, 98.7% use car seats and 89.3% use smoke alarms.

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- *Maternal Life Course:* 40% of mothers are employed full-time at 12 months, 10% are enrolled in school full-time; and 6.5% are enrolled in school part-time.
- *Maternal Stress:* Significant improvement has been observed in several areas, including parenting competence, problem solving, mobilizing resources, parent-child behavior, home environment and depression.
- *Most recent Participant Satisfaction Result:* 97.6% felt they received the services they wanted and needed.

Other Healthy Families Arizona™ evaluation results include an 86% engagement rate (4 or more home visits) and 56% of families remained in the program one year or longer. There was a 50% increase in the number of prenatal families served. 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.

***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. In 2008 the annual two day Child Abuse Prevention Conference included forty-four workshops and three keynote speakers. The conference provided information on the entire prevention and intervention continuum, from public awareness campaigns to prosecuting crimes against children. Over 720 people were in attendance.

In November 2006, Arizona voters passed Proposition 203, a citizen's initiative that will fund early childhood development and health care programs at the local level. The money is generated by a tobacco tax and will be distributed to local advisory boards statewide. In December 2007 the Arizona Early Childhood Development and Health Board/First Things First (AZECDH) released its first statewide needs and assets assessment, a requirement of the Proposition 203 legislation. The Division will now seek to use this comprehensive needs assessment to advance needed programs and services for Arizona.

Bumper stickers, bookmarks, posters and buttons with positive phrases such as "Make Time for a Child," "Prevention Works Wonders," "Praise Your Child Today" and "All Kids Need" continue to be distributed throughout the year at the Child Abuse Prevention Conference and various other community events throughout the state. Metal bubble pins with the phrase "Good Parenting Lasts a Lifetime" were recently purchased and will be distributed for Child Abuse Prevention month, April 2008. The Division continues to provide Department staff, the Governor's Office and service providers a list of all activities organized by the Regional C.A.P. Councils occurring during the month of April 2008.

For more information on these services and initiatives, and the Child Abuse Prevention Fund's accomplishments in SFY 2008, see Section VI, *Child Abuse and Prevention Treatment Act (CAPTA) Annual Progress Report*.

***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

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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. Services are available in all districts, and vary according to the needs of the community. In SFY 2008, 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 102,000 families and their children.

In SFY 2008 the Division's Office of Prevention and Family Support (OPFS) continued to provide technical assistance, training, and support services to program sites, including:

- 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 2007, featuring nationally recognized speakers and workshops on prevention programs and family centered practice principles.

In SFY 2008 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, Child Protective Services (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.

APSSF providers continued to participate in the ongoing contracted independent program evaluation during SFY 2008. Providers attend monthly program evaluation team meetings and submit data to the evaluators each month. The most recent program evaluation report indicated the following for program participants:

- 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%.

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- 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 9% to 14% over the last five 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.
- 7,154 families and 14,990 children, including families from Tribal Nations, received services in FFY 2007.

Data related to APSSF outcomes indicates the programs met or nearly met their targets for FFY 2007. This data included the following about Program participants:

- 99.7% did not have a substantiated report of child abuse or neglect for six months after receiving services.
- 95% indicated satisfaction with program services.
- 87% reported improvement in their parental competence.
- Overall, 82% 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).

Continuous Quality Improvement strategies include holding monthly evaluation meetings for all providers, and requiring 30 hours of on-going education in family-centered practice for everyone employed in the programs. Annual site visits are conducted to review the quality of all aspects of the programs. Technical assistance is given to the providers to critically examine their outcomes, get the best use out of their logic models, and incorporate lessons learned from the evidence based practice literature. The providers place an emphasis on quality service delivery, especially increasing the percentage of families that show improvement in at least one presenting issue and improving families' self-reported parenting competence.

***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

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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 100 youth per year.

In providing services to meet the needs of homeless youth, the Program assisted 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 2008 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:

- Of youth served from July 2007 through February 2008, 34% obtained employment and 68% of those that were employed secured 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%, none of the youth reported the behavior was eliminated by the time of case closure, but 63% reported the behavior was reduced at the time of case closure.
- Program representatives in Tucson report an increase in those clients reporting problems with substances, including alcohol and methamphetamine. All three program sites report increases in Marijuana use and use of pharmaceuticals that are easily located. The program administers assessments to determine frequency of usage and need for appropriately identified and available supportive services.
- Of youth served by the HYIP during the first eight months of SFY 2008 (July 2007 through February 2008), 34% completed all of their goals before closing and 45% were reunited with their families.

***Service Integration and Family Connections***

Service Integration is a fundamental change in the way the Department does business. It builds individuals' and families' capacities to improve their lives by focusing on prevention and early intervention. Through service integration, individuals and families assess their strengths, engage in developing plans to build on those strengths, and reach progressive goals in the areas of safety and self-sufficiency. The collective resources of the entire Department, along with the resources of our partner agencies, community-based organizations, and faith-based groups, are utilized in supporting families' efforts. The three primary goals of service integration include promoting self-sufficiency, strengthening families, and developing the capacity of extended families and communities.

The Department's service integration strategies serve families that are involved with Child Protective Services, families at risk of involvement with CPS, and individuals and families struggling to meet their basic needs for income, shelter, food, clothing and housing. Many family partners participating in Community Network Teams and the former Breakthrough Series Collaborative Teams are current or former foster and/or adoptive parents caring for children involved in the child welfare and/or developmental disability systems. The Department's major service integration strategies include the following:

- *Family Connections Teams* – These teams were developed in 2005 to reduce poverty and family violence by better integrating the Department's human service programs. These wraparound intervention teams engage families to establish goals for self-sufficiency, child safety, and overall child and family well-being. Through the collaborative development of comprehensive service plans, connections to housing, education, income, health care and substance abuse treatment are better coordinated. The responsibility for service delivery is shared among multi-disciplinary staff and case participants, including parents, children, faith-based communities, neighborhood groups, and treatment or service providers.

The multidisciplinary Family Connections Teams include child welfare, economic assistance and employment program staff and provide integrated prevention and/or early intervention services to at-risk families, to increase family stability and self-sufficiency and reduce involvement with the Temporary Assistance for Needy Families (TANF) and CPS systems. The current teams serve families with active enrollment or high risk for enrollment in the TANF program, but no or limited involvement with CPS. CPS Specialists and the Child Abuse Hotline can refer families to Family Connections teams. There are currently ten full Family Connections teams – six in Maricopa County and four in Pima County. Four teams are linked to domestic violence shelters, where they target families who are exiting shelters and need services to help stabilize. Two of the teams provide services to maintain kinship placements, and another two provide supports for families identified through child welfare Team Decision Making meetings (TDMs) and other Family to Family initiatives. These teams seek to prevent court dependency and/or child removal. An 11<sup>th</sup> team was developed in July 2007 and is presently in a testing phase. This team provides wraparound services to persons and their families recently released from prison to a highly concentrated geographical area.

- *Local Integrated Offices* – Local Department offices co-house programs and services such as Family Assistance Administration, Jobs Services, CPS, DDD, child support, and privatized employment providers to deliver a continuum of programs to families in need of multiple services. Many of the offices have redesigned their lobby and office space to accommodate co-location of community agencies and support a more integrated and smoother transition for

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families receiving multiple services. DES staff work cooperatively to coordinate local services within their offices and communities.

- *TANF Service Coordinators* – TANF Service Coordinators conduct an up-front assessment of families applying for TANF, to connect the family to all DES services and community services. Individuals involved in Grant Diversion, which is a one-time cash assistance to prevent the need for long-term services, are provided job development and post-employment support services. The goal is to reduce the TANF caseload by improving outcomes for families from the point of the initial interview by serving the family holistically, identifying the family’s strengths, and addressing all potential needs. There are currently 21 TANF Service Coordinators, including 13 in Maricopa County, six in Pima County and two in Cochise County.
- *Customer Service Representatives* – DES Customer Service Representatives screen families upon initial contact and connect each family to appropriate community and other Department programs. The goal is to improve customer service for families walking into Department offices and increase timeliness and access to needed services. There are currently ten Customer Service Representatives in Pima County, Maricopa County and the Show Low area.
- *Breakthrough Series Collaborative (BSC) on Service Integration* – Two years ago the Department began a BSC on Service Integration with 20 teams comprised of individual, family and community partners who volunteered their time along with local DES staff to provide personal experience and perspectives on the human service delivery systems available within their community. All 15 Arizona counties, including Native American tribal communities, were represented in the statewide integration effort to improve outcomes for the state’s most vulnerable populations. The BSC on Service Integration was completed in January 2008 through five regional Transition Summits aimed at spreading the work of the 20 BSC teams to the balance of Department offices and the broader community. Evaluation of the BSC was conducted from the onset through a contract with Arizona State University, Partnership for Community Development. The final evaluation report, “Transforming the Lives of Individuals and Families in Arizona: The Breakthrough Series Collaborative on Service Integration”, captures information from 105 innovations and breakthroughs that were created and tested by the teams. The documents, as well as the technical advice that accompanied their creation, are being used to infuse the innovations throughout the Department and Arizona communities. According to the evaluation, Department human service delivery systems were positively impacted in communities around the state, families were strengthened and self-sufficiency was enhanced. Through this effort, successes are being transformed into new ways of doing business and leading to more effective forms of service.
- *Service Integration Community Development/Family Leadership Workgroup* – This team promotes direct input from family members into Department programs, services, and practices. Engaging families in all aspects of service integration is the overall emphasis, accomplished through five focused areas: establishing qualified individual and family leaders to consult on Department policies and procedures and work closely with Department management; streamlining practices to reduce barriers and duplication for families accessing multi-agency assistance; planning a combined summit of county Community Network Teams and family leaders to promote institutionalizing family leadership within all levels of the Department; parents training other families in self-advocacy and understanding systems reform; and developing a compensation package for individuals and families who serve in leadership roles within State agency committees, workgroups and other related capacities.

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- *Community Network Teams (CNTs)* – 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. These 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. There are currently 21 CNTs in Arizona.

**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 high risk or other 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.

Hotline staff continue to 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 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 revised 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.

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 by a quality assurance specialist. Communications may not meet the criteria for investigation for reasons such as the concern: (1) does not meet 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

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group home facility license violations, to request copies of CPS reports, or to request community resource information.

The Hotline is responsible for processing 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. These requests are processed by support staff, rather than Hotline CPS Specialists. Total Hotline staff is now 92, including 72 Child Protective Service Specialists, nine CPS Unit Supervisors, five management staff, and six clerical staff.

The Hotline continuously gathers statistics regarding call volume and Hotline performance. Call center performance has continued to improve in two critical areas during this fiscal year, as follows:

- Incoming calls were answered directly by a Hotline Specialist 71.76% of the first eight months of SFY 2008 (July 2007 through February 2008). During the first eight months of SFY 2006 and SFY 2007, the percentage of calls answered directly was 64.15% and 66.86%. This figure represents the percentage of calls answered immediately by a Hotline Specialist, which are not waiting in queue for any length of time. The continued improvement may be credited, in part, to implementation of the call triage option in July 2006, whereby callers with short questions select the option for quick response, so they are not in queue with others who have concerns for a child. Statistics have also been improved by an increase of four front-line CPS Specialist positions in March 2006. During SFY 2008, Hotline management has placed greater emphasis on responding quickly 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 while other calls are in queue.
- The abandonment rate (caller hanging up while in queue prior to speaking with a Specialist) has also continued to improve during the last three fiscal years. During the first eight months of SFY 2008, abandoned calls are 11.58% of all calls received. During these same months in SFY 2006 and SFY 2007, abandonment rates were 14.31% and 13.78%. During SFY 2008, as in SFY 2005 and SFY 2006, the Hotline has maintained an average overall queue wait time of five minutes.

All training regarding Hotline functions is created and provided internally by Hotline management, which includes one designated Hotline trainer position. To build on Hotline initial training, ongoing training was implemented in January 2005 to address the current and long-term needs of Hotline Specialists. Several of the Hotline's ongoing trainings have been approved by the DCYF Child Welfare Training Institute for credit towards the mandated 24 hours of annual ongoing training. It is anticipated that the Hotline Initial Training program will also soon be approved. The 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 has been provided on a semi-annual basis, to partially meet requirements for all CPS Specialists within the Division to receive a minimum of 24 hours of ongoing training per year. Hotline staff also attend conferences and other training offered by the Department and community.

Between July 2006 and January 2008, ongoing training topics have included methamphetamine awareness training; procedural changes regarding the processing of mail and court orders; the correlation between domestic violence, animal abuse and child abuse; customer service and interviewing skills, with an emphasis on non-English speaking reporters and medical professionals; and documentation training.

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Upon completion of training to all Hotline staff, processing of the mail and court order items improved to within 24 hours of receipt. Upon completion of the customer service training, the percentage of abandoned calls from Spanish-speaking sources decreased.

Also during SFY 2008, Hotline Interview Cue Questions were revised to incorporate recommendations from the Child Fatality Review Team and Native American Tribal representatives. In July 2007 the Quality Assurance function was removed from an off-site location and is now stationed at the Hotline. This change created a more thorough review of the communications that do not meet report criteria and provided an avenue by which to more accurately assess specific training needs of Hotline staff. Lastly, the Hotline is currently working on a procedure for e-mail processing of private dependency petitions received by court personnel in Maricopa County, which will then be available for implementation statewide.

***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, all communications meeting the criteria of a report are assigned to a CPS Specialist for investigation and family assessment, including assessment 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 an extremely serious 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 or county law enforcement agencies.

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. 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, 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

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intervention, and the agency's knowledge of the family's whereabouts. In-home services are offered to families with low to moderately 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.

The Division received assistance from the National Resource Center for Child Protective Services and the National Resource Center for Family-Centered Practice and Permanency Planning to improve the practice integration of the safety assessment, risk assessment, and case planning processes and tools, their implementation in the field, related documentation, critical decision-making, and clinical supervision. See Section III, Part 1, *Crosscutting Initiatives* for more information on the CSA-SRA-Case planning and clinical supervision process improvement project.

***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.

Contracted services provided through the Division's Family Support, Preservation and Reunification "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 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 and 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 a birth parent's home or in the home of a pre-adoptive or adoptive kinship or foster family home. 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.

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- 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 in-home caseloads continued to increase in SFY 2007 and into SFY 2008. The average monthly number of in-home cases increased 10% between SFY 2005 and SFY 2007 – from 4,798 in SFY 2005; to 4,856 in SFY 2006; and 5,278 in SFY 2007. Data from the first half of SFY 2008 shows continued growth of the State's in-home services program. The average monthly in-home caseload in the first half of SFY 2008 was 5,237 – slightly higher than the monthly average of 5,134 in the first half of SFY 2007.

The Division uses in-home service units to manage delivery of integrated services and other in-home supports. Cases served include voluntary foster care, in-home court intervention, in-home dependency, integrated services and other in-home support cases. Districts I, II, III and VI have specialized in-home service units and districts IV and V have In-Home Services Specialists. The Division has recently hired a statewide coordinator to enhance and improve the delivery of these integrated in-home services.

District I has developed a specialized in-home services program for families who come to the attention of CPS due to having a substance exposed newborn. Together, these specialized units form the Substance Exposed Newborn Safe Environment (SENSE) program. The SENSE team includes the family, an In-Home CPS Specialist, and in-home service providers from the Healthy Families, Family Preservation and Arizona Families F.I.R.S.T. programs. The primary goal of the program is to ensure that these vulnerable infants and their families are provided a coordinated and comprehensive array of services to address the identified safety and risk factors.

## **B. Outcomes, Goals, Measures and Progress**

To integrate the Child and Family Services Review (CFSR) process and the Child and Family Services Annual Progress and Services Report, most of the Department's Child and Family Services State Plan outcomes and goals match those used to determine substantial conformity during the CFSR. The target percentage for all the CFSR goals is the standard for substantial conformity during a Child and Family Services On-site Review, and is therefore a long-range goal representing a very high standard of practice.

Progress toward achieving the State's safety outcomes and goals is measured using CHILDS data or the Practice Improvement Case Review (PICR). Arizona's participation in the CFSR On-Site Review in August 2007 provided case review data, substituting for the PICR in SFY 2008. CHILDS and the PICR provide statewide performance data. The CFSR data represents the performance of three Arizona counties, including the State's two largest counties and roughly 80% of the Division's caseload.

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Unlike the CFSR, the PICR measures safety outcomes using a sample of cases on which a report for investigation was received during the sample period, rather than only cases opened for in-home or out-of-home services. This has allowed the Division to gather information about the achievement of safety outcomes in cases closed at investigation, as well as those opened for services. Because of this sampling difference and differences in the case review instrument and rating standards, CFSR data and PICR data are not fully comparable. See Section III, Part 5, A.3. *Quality Assurance System*, for more information on the Practice Improvement Case Review.

**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**

***Goals and Measures***

Safety Goal 1: The percentage of investigations initiated within State policy timeframes will be 95% or more (Business Intelligence Dashboard – data current as of 6-21-08)

Calendar year 2005:	65%
Calendar year 2006:	78%
Calendar year 2007:	81%

Safety Goal 2: The percentage of investigations in which all children who are the subject of the report are seen face-to-face before investigation closure will be 95% or more

Calendar year 2005:	85%
Calendar year 2006:	85%
CFSR On-Site 2007:	91% <sup>2</sup>

Data on the State's Business Intelligence Dashboard demonstrates that Arizona improved its statewide rate of timely response to reports of maltreatment in CY 2006 and CY 2007. This data provides the percentage of reports to which Child Protective Services responded timely, either as the initial responder or within the mitigated timeframe if law enforcement or other emergency personnel made the initial response. In some cases where CPS responded late, the child was seen and confirmed to be safe by law enforcement or other emergency personnel within the required initial response timeframe. There are some limitations to the data on timely response. For example, the data does not account for the length of a delay, which could be minutes, hours, days or weeks. Furthermore, field supervisors are unable to easily correct response data once it has been saved in CHILDS.

Data also shows strong performance in the area of face-to-face contact with children who are the subject of a report. Practice Improvement Case Review and CFSR data indicate that the children who are the subject of the report are seen prior to investigation closure in 8 to 9 of every 10 investigations. PICR reviewers also found that in some of the investigations in which a child was not seen, reasonable efforts

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<sup>2</sup> The Arizona CFSR Manager read the final CFSR On-Site Review instruments to determine the percentage of applicable cases in which it was found that the children were seen within the State's required timeframes (Item 1, sub-question C). The State's requirement is that the children be seen prior to investigation closure. The actual percentage of cases in which it was found that the State met this standard was 81%. However, three of the review instruments that were marked as not meeting the standard also contained a statement from the reviewers that provided the date the children were seen. In all three cases the initial response to the report was late, but the children were seen during the investigation. Correcting for this, the percentage of cases in which the State met the standard for face-to-face contact with the children is 91%.

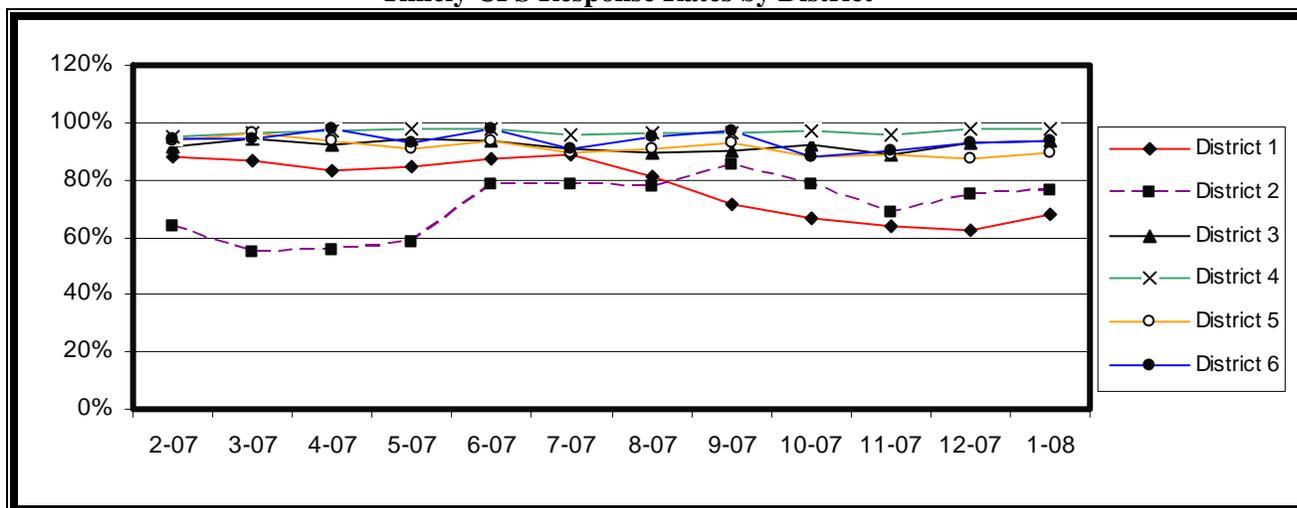
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were made to see the child but the child was not located or was out of the area and not available for contact.

Despite the improvements, timely response to reports of maltreatment remains an area needing improvement for Arizona. During the 2007 CFSR, 78% of cases were found to have met the required timeframes, which is less than the required 90% for a finding of substantial conformity. According to the *Final Report, Arizona Child and Family Services Review, February 2008*, many stakeholders reported that the Division “generally is effective in responding to maltreatment allegations in a timely manner.” Stakeholders in Pima County observed that the agency is not consistently able to respond timely, and attributed this to staff vacancies and turnover.

Dashboard data current as of June 21, 2008 indicates significant differences between districts’ rate of timely CPS response. From February 2007 through January 2008, District 4 maintained a high on-time response rate, achieving 95% or higher in every month. Performance for the other rural districts (3, 5 and 6) ranged between 88% and 98% in all months. District 2 saw overall improvement between the start and end of the year. However, District 1 experienced a decrease in its on-time response rate, dropping from 88.1% in February 2007 to 68.3% in January 2008.

**Timely CPS Response Rates by District**



**Factors Affecting Performance and Fiscal Year 2008 Accomplishments**

Report volume is often cited by staff as a factor affecting the Division’s ability to respond to reports timely. According to the *Child Welfare Reporting Requirements Semi-Annual Report*, the volume of reports for assignment to a CPS Specialist increased in the last half of FFY 2007, following declines in FFY 2006 and the first half of FFY 2007. CPS Specialists responded to 1,454 more reports in the second half of FFY 2007 than in the first half of that year, and 1,257 more than in the first half of FFY 2006. Communications identified as “actions” also take significant staff time and are not included in the number of reports for investigation. Actions include communications such as that a child is being released from detention and the parent is unable to come get the child or can not be reached, or that border patrol needs a child to be sheltered until he or she can be returned to his or her country of origin. Although Arizona is the fastest growing State, which is likely to increase reports, the Division remains hopeful that increased in-home services and specialized in-home staff will reduce the number of repeat reports and therefore the overall volume of reports for investigation. See Section III, Part 2, CFSR Item 3 for more information on the Division’s activities to increase in-home services.

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Staff and stakeholders also frequently cite CPS Specialist and Unit Supervisor vacancies, turnover and inexperience as factors affecting the Division's ability to respond timely. Analysis done by the Division showed that as of September 2007 CPS Specialists (including initial assessment and ongoing staff) were carrying caseloads that were 15% to 25% above the Arizona caseload standard, and that meeting those standards would require an additional 206 CPS Specialist positions. See Section 1, *Introduction and Overview*, for more information on the Division's staff resources and activities to improve staff recruitment and retention, and develop staff competency.

The Division's Hotline report acceptance and prioritization procedures also have a direct impact on timely response rates. Arizona law allows the Division to receive reports of potential maltreatment (risk). Therefore, the Division may be responding to a broader range of situations than other State's child protection agencies. These reports constitute a significant volume of work for the Division, and may hinder the agency's ability to respond on time to higher risk reports. To address this issue, a consultant from the National Resource Center for Child Protective Services met with Division Central Office and field staff in January 2008, to provide information on State models and best practices for differential response. This one day meeting resulted in a plan to review Arizona's Hotline procedures and align report acceptance and prioritization procedures with the Division's CSA and SRA tools and decision-making processes. This strategy will improve timeliness of response by correctly prioritizing reports of maltreatment so that reports indicating present or impending danger receive the fastest response. This assessment will also identify any changes that would need to occur to support differential response.

The Division continues to address timeliness of initial response through its quality improvement system, and this attention is believed to be responsible for the improvements in the last two years. Data on timely initial response, refreshed weekly, is available to management and all CPS Unit Supervisors on the Division's Business Intelligence Dashboard. The Dashboard uses a green, yellow and red stoplight symbol to give supervisors a quick visual indication of reports requiring response and the unit's current and recent performance rates. In SFY 2008 a "top-bottom" report was added to the Dashboard, so that supervisors and managers can quickly identify the highest and lowest performing staff, units, sections, or districts. Timely response is also evaluated during Practice Improvement Case Reviews. The PICR results are shared with district leadership and the assigned CPS Specialists and Supervisors. When the PICR results identify a need, a Professional Skill Building Plan is developed with the CPS Specialist and/or Supervisor to improve competency and outcome achievement. These tools assist supervisors and managers to monitor the frequency and documentation of timely CPS response, effectively manage staff resources, identify and share promising practices, and support staff to improve competency.

Stakeholders and case reviews also identify joint CPS-law enforcement investigation requirements as a factor affecting response timeliness. Law enforcement agencies do not always have sufficient staff resources to respond within the Division's required timeframes, and Division staff are sometimes reluctant to respond to serious reports unless jointly with law enforcement. This is especially true in sexual abuse and other cases where the quality of the interview can substantially impact the criminal investigation and potential for prosecution. The Division continually trains staff to make the initial response to ensure child safety and follow-up with law enforcement to complete the investigation jointly. The training-practice improvement-policy team is also updating the Division's *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* to include specific questions that can be asked by the CPS Specialist to explore sexual abuse allegations and child safety prior to law enforcement involvement. In addition, the Division has received approval for technical assistance through the NRC on Child Protection to facilitate a two day meeting with state and local law enforcement agencies to identify the basic fundamental principles for joint investigation of reports of child maltreatment that rise to the level of criminal conduct. These principles will form a statewide framework

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that will enable development of county joint investigation protocols that ensure the protection of children.

After Hours Units and advocacy centers continue to support on-time response. After Hours Units in Maricopa and Pima Counties respond to reports on nights and weekends, and sometimes respond to an overflow of reports during the week. Advocacy centers, such as Maricopa County's ChildHelp, are available in many counties for conducting interviews and/or obtaining medical examinations. Co-location of law enforcement at these sites makes it easier to coordinate a joint response with law enforcement, and therefore can increase timeliness in cases requiring joint investigation. Use of advocacy centers continues to expand. A new center opened in Goodyear in May 2008; and discussions are underway for an advocacy center proposed to open in Tempe in 2010.

The Division has also made modifications to CHILDS that will improve the accuracy of response date and time documentation. The automated CSA-SRA-Case plan includes a tab on which the CPS Specialist documents the date and time of initial response by law enforcement or other emergency responder (if applicable), the date and time of response by CPS, and a narrative description of the response action. The prompt to include a narrative description is especially helpful, since staff sometimes did not fully describe their response action within the routine case notes. This narrative description assists CPS Supervisors and Practice Improvement Case Reviewers to confirm the action taken met the State's definition of an initial response.

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**CFSR Item 2: Repeat maltreatment**

***Goals and Measures***

Safety Goal 3: 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

FFY 2005:	96.9%
FFY 2006:	97.4%
FFY 2007:	98.6%

Arizona achieved a rating of strength on repeat maltreatment during the 2007 CFSR, and continues to perform above the national standard of 94.6% for absence of repeat maltreatment. This measure is defined as the percentage of unique children who were the subject of a substantiated report within the first six months of the year who were the subject of another substantiated report within six months of the first report. Data from the Arizona CFSR Data Profiles indicates Arizona's absence of repeat maltreatment rate has steadily improved in federal fiscal years 2005 through 2007. In addition, 100% of cases were rated strength on the repeat maltreatment item during the 2007 CFSR On-site Review,.

The Division also reviews data on the percentage of children who were the subject of a CPS report in the first six months of the year and a second report within six months of the first, *regardless of the investigation finding*. In other words, all reports were considered, including those with unsubstantiated and propose substantiation findings. Following the federal syntax for the repeat maltreatment measure, the second report was not considered if it occurred within one day of the first report. For SFY 2007 the percentage of unique children who were the subject of repeated reports within six months was 9.8%, up slightly from 9.1% in SFY 2006. The SFY 2007 *absence* of repeated reports rate was 90.2%. In other words, 9 of every 10 children reported to CPS for suspected maltreatment are not reported to CPS again

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for at least six months. As in SFY 2006, nearly 8% of second reports were made within a week of the first report, which suggests they may be new information regarding the same family situation already being assessed by the Division.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

Arizona successfully prevents repeat maltreatment by conducting comprehensive assessments of safety, strengths and risks; providing prevention and in-home services; and using family-centered practice to motivate family participation and produce more individualized and effective case plans. For more information on these practices and programs, see Section III, Introduction and Overview, *Crosscutting Initiatives*. Division policy also requires staff to develop aftercare plans of services and supports to address current or anticipated needs. Dependent on the current level of risks and needs, the agency or in-home service provider gives the family contact information and other assistance to establish links with ongoing supportive programs in the community prior to reunification or case closure. Team Decision Making meetings also support aftercare planning by including community partners who can provide or link the family to aftercare services.

The State's low substantiation rate continues to be a factor affecting the State's absence of repeat maltreatment rate. Arizona's *Child Welfare Reporting Requirements Semi-Annual Report* indicates substantiation rates declined from between 14% and 17% during FFY 2003 and FFY 2004, to 11% in FFY 2005, and to 9% and 10% in FFY 2006 and the first half of FFY 2007. If the Division's substantiation rate increases, the State's repeat maltreatment rate will also increase.

Arizona's substantiation rate continues to be affected by the State's appeal process. Approximately 10% to 15% of proposed substantiated findings are appealed. The Division's internal Protective Services Review Team (PSRT) reviews all cases where a timely and eligible appeal has been initiated. Of these, the PSRT overturns between 40% and 50% of the proposed substantiated findings. Some of the reasons these are overturned are that the incident proposed for substantiation does not meet the statutory definition of abuse or neglect, the case documentation does not sufficiently and clearly support a finding of probable cause that child abuse or neglect occurred, substantial risk of harm (required in all neglect allegations) is not present or clearly documented, or the alleged perpetrator is not the child's parent, guardian or custodian. The Division's proposal to substantiate was upheld by an Administrative Law Judge and the Department's Director's Office in 87% of appeals heard in the last half of SFY 2007 and 89% of those heard in the first half of SFY 2008.

In SFY 2008, an item has been added to the Practice Improvement Case Review Instrument to assess whether the agency made a concerted effort to gather sufficient information to determine whether maltreatment occurred, and whether the State's substantiation guidelines were accurately applied to the information that was gathered. Reviewers have found that staff correctly apply the Division's substantiation guidelines in more than 80% of cases, but in some cases additional interviews or document reviews were necessary to accurately determine whether maltreatment occurred. Following each case review, feedback is provided to staff on the quality of the assessments and supports are provided to improve staff competency and practice. In addition, the Division's ongoing activities to improve safety assessment, risk assessment, and case documentation are expected to affect the accuracy of substantiation findings as an indicator of whether abuse or neglect that meets State statutory definitions did in fact occur. The automated integrated CSA-SRA-Case plan is designed to prompt comprehensive assessments of safety and risk, including the extent of current maltreatment and the circumstances surrounding maltreatment.

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In addition, the PSRT and the Child Welfare Training Institute continue to train new and existing staff on the substantiation guidelines and related documentation requirements. Training methods include:

- Core Training for new staff;
- individualized training to staff or units upon request;
- written feedback from the PSRT to the CPS Specialist when the PSRT amends a propose substantiation finding, explaining why the propose substantiation finding could not be supported and what observations and documentation would support a substantiated finding in the case; and
- maintenance of PSRT Tips in Public Folders, where they can be accessed by staff at any time, and
- delivery of a newly developed documentation training to start summer 2008.

Although the reduced substantiation rates do affect performance on the repeat maltreatment measure, they have not hindered the Division’s ability to ensure child safety. While the appeal process determines the report finding, the investigation finding does not dictate the level of CPS intervention with a family. The need for emergency intervention through voluntary or involuntary services is based on the assessment of safety and risk. Services may be provided by CPS regardless of the investigation findings. In fact, despite declines in the number of unique children who are the subject of a substantiated report (7,021 in FFY 2004; 5,884 in FFY 2005; and 4,341 in FFY 2006 according to the CFSR Data Profiles dated April 5, 2007 and March 4, 2008), the total number of new removals increased from 7,134 in FFY 2004 to 7,695 in FFY 2005 (according to the Division’s *Semi-Annual Report*). New removals decreased 2% in FFY 2007, while the number of unique children who were the subject of a substantiated report declined 26% from the prior year. Many other reports that were not substantiated resulted in provision of in-home services. On the other hand, Arizona law does not compel a family to accept services when no child in the family is at imminent risk of harm. While CPS may offer and encourage CPS or community services, the family has a legal right to refuse the services if grounds for a dependency petition do not exist. In some cases low to moderate level risks are known to be present but the family is unwilling to address them, resulting in repeated reports to CPS.

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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**

***Goals and Measures***

Safety Goal 4: The percentage of cases where pre-placement preventive services were provided, if appropriate, will be 95% or more

Calendar Year 2005:	72%
Calendar Year 2006:	61%
CFSR On-Site 2007:	78%

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Safety Goal 5: The number of children in out-of-home care will decrease by 200 or approximately 2% annually

Statewide 9/30/05:	9,906
Statewide 9/30/06:	9,833
Statewide 9/30/07:	9,701

Use of safety assessment, safety planning, and in-home services to prevent removal and re-entry continued to receive Division-wide focus in SFY 2008. Data continues to indicate increased use of CPS in-home services as an alternative to out-of-home care. The number of children in out-of-home care continued to decrease in FFY 2007, while the average monthly number of in-home cases increased 10% between SFY 2005 and SFY 2007. Data from the first half of SFY 2008 shows continued growth of the State's in-home services program. The average monthly in-home caseload in the first half of SFY 2008 was 5,237 – slightly higher than the monthly average of 5,134 in the first half of SFY 2007.

During the August 2007 CFSR reviewers found that in more than three quarters of cases the family was offered or provided a range of services, including therapeutic services, substance abuse treatment, parent aide, parenting education, medical services, child care, transportation and many others. In the remaining cases the reviewers found that the services were not sufficient to address safety or risk issues for children that remained in or returned to the home.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

Arizona's success at preventing removals and reducing the number of children in out-of-home care is the result of many interrelated improvements in the State's child welfare system. As described in Section III, Part 1: *Crosscutting Initiatives*, the Division and its partners have worked diligently to conduct more comprehensive safety and risk assessments, engage and motivate families through family-centered practices, develop behavioral case plans that are clearly directed to the identified safety threats and risks, and partner with family members and community partners during Team Decision Making and other meetings to support families where they live. The success of these activities is dependent on the availability of a full continuum of in-home services to address each family's unique needs. As observed during the 2007 CFSR On-Site Review, an extensive range of services is available to families. Services may be provided by the Division, other Divisions within the Department, and other State or community agencies.

The *Healthy Families Arizona*<sup>TM</sup> program, the Promoting Safe and Stable Families/Family Support and Family Preservation programs, the Family Connections program, and the Department's service integration initiative have been instrumental in meeting the needs of children and families that do not require ongoing protective services, addressing risks early and preventing maltreatment and out-of-home care. Stakeholders were complimentary of these and other Department programs during the 2007 CFSR On-Site Review. See Section III, Part 2.A. for more information on these programs and their activities during SFY 2008. The Department has also been increasing its communications about Department programs, so that staff are aware of and able to access information about programs in other Divisions. Periodic Department-wide emails were sent throughout SFY 2008 to summarize available programs and provide links for more information. The Department's intranet site has also been substantially improved so that staff can easily search for programs, learn about available services and eligibility criteria, and access applications and other forms.

The Division continues to collaborate with mental health and community-based providers to increase and improve in-home services for children and their families. When the family has multi-agency

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involvement, every effort is made to collectively develop a single, unified plan that addresses the needs and mandates of all the parties involved. Coordination of services through a Child and Family Team Meeting (CFT) is used throughout the State, when appropriate. The behavioral health service provider generally facilitates the CFT and include the parents, youth, caregivers, CPS Specialist, behavioral health providers, support persons invited by the family and other case participants. The CFT provides a facilitated process to identify the child's and family's strengths, needs and important cultural considerations. CFTs have been observed to be an effective means for preventing removals and developing aftercare plans for families that have significant risks but are motivated to participate in services, particularly cases referred to CPS because of the behavioral health needs of a young adult. See Section III, Part 4, CFSR Item 23 for more information on CFTs and other behavioral health services.

The Division provides an In-Home Services Program for families with risks that necessitate ongoing protective services. Since February 2006, the Division has maintained specialized CPS units and staff to serve families in home, statewide. In March 2006, the statewide Family Support, Preservation and Reunification Services (In Home Services Program) contract was implemented to provide an accessible continuum of family-centered services based on family needs identified through the CSA-SRA-Case planning process. In addition to its twelve In-Home case management units, District 1 continues to use "monitoring units" to provide in-home services to more families. These units provide consultation and oversight to ensure services are being provided according to the contract requirements. Assessment, case planning, and contacts with the family are conducted by the contract agency staff. The Division continues to expand the array of available in-home services. For example, District I has developed 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 these vulnerable infants and their families are provided with a coordinated and comprehensive array of services to address the identified safety and risk factors.

In SFY 2008 the Division's contracted In Home Services Program providers, State and local managers, specialized in-home staff, and University partners worked to monitor and improve service quality. For example:

- In all districts, meetings between in-home service providers and district managers are generally held quarterly to discuss program strengths, needs and progress; assess the referral volume and appropriateness; identify provider and Division staff training needs; and overcome barriers to service delivery. In some districts, cases are debriefed as a group as a clinical learning exercise. Contact between providers and Division staff also occurs at the unit level. The District 1 in-home services case monitoring unit meets monthly with provider agencies to review their files and assure that the original referral reasons are addressed and services are being provided timely. In some areas (such as Yavapai County), supervisors and CPS Specialists are in regular contact with the in-home providers to overcome systemic barriers to service delivery, in addition to providing consultation on individual cases.
- The Division hired an In-Home Services Statewide Coordinator in March 2008 to support the integrated in-home services program. The Coordinator provides technical assistance to local contract monitors, facilitates communication between the Division and the contractors, and collaborates with district contract monitors and a program evaluator to assess the effectiveness of in-home services.

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- The Division has been developing a range of methods to evaluate the delivery and quality of in-home services. Current activities include the following:
  - The In-Home Services Statewide Coordinator reviewed the existing contract monitoring tools, which differ between agencies and districts. A single statewide contract monitoring tool and related procedures are close to finalizing. The tool and procedure will be used by local contract monitors in all districts to review provider files, thereby ensuring statewide consistency in the monitoring process and producing data that allows comparisons between agencies and districts.
  - Meetings of District Program Managers, Automation Liaisons, and Contract Administrators were held in SFY 2008 to review the performance measure data being provided to the Division by the provider agencies. To improve data quality and comparability, Division and provider agency representatives are developing more precise operational definitions of the contract’s performance measures. The Division has also been exploring means to link in-home case data with CHILDS data, to evaluate whether families served have subsequent substantiated reports or removals.
  - The Statewide Coordinator is finalizing satisfaction surveys for completion by participating families and referring CPS Specialists. It is expected that these tools will be in use statewide in the next few months. Most providers have been administering client satisfaction surveys, but the Division will be requesting that all agencies ask a required set of questions, to allow agency and district data comparisons.
  - A small mixed methodology evaluation of the Division’s In-Home Services Program is being conducted by Arizona State University. Phase I of the evaluation involved in-depth interviews of service recipients. The data gathered from this qualitative phase is being transcribed and analyzed. Phase II, completed in May 2008, involved the administration of a survey instrument to measure familial level of risk, strength and functioning. The final report summarizing these two phases will be submitted to the Division in July 2008.
  - In July 2005 the U.S. DHHS, Administration for Children and Families, granted Arizona a waiver to conduct a child welfare demonstration project using Title IV-E funds. With the waiver, the State is delivering comprehensive in-home and community based services that: (1) facilitate earlier reunification of children in congregate and licensed foster care settings with their parents, custodians, or guardians; (2) reduce re-entries into out-of-home care; (3) prevent recurrence of child abuse and neglect; and (4) improve child and family well-being and functioning. The evaluation of this demonstration project will provide additional information to inform in-home service programs. For more information on the Expedited Reunification IV-E Demonstration Project, see Section III, Part 3.A.
- CPS In-Home Units, APMs, staff in District 1 and Peer Recovery Coaches have participated in “Building a Better Future Training” through the Annie E. Casey Foundation. Peer Recovery Coaches are employed by TERROS, Maricopa County’s Arizona Families F.I.R.S.T. provider, to provide peer support to certain populations of families who have identified substance abuse

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issues. The Parent to Parent Recovery Program was developed from a DHHS grant awarded to the Division in 2007. See Part III, Part 1, *Crosscutting Initiatives* for more information.

- The Child Welfare Training Institute (CWTI) provided CSA-SRA-Case planning process training to the Division's in-home staff beginning in 2007. This training focused on Family-Centered Practice, comprehensive family assessment of strengths and risks, safety assessment, safety planning; and behavior-based case-planning. The CWTI continues to offer refresher courses to in-home and other staff. Building on this training, an advanced *Assessing and Engaging Families* course began in April 2008 and will be offered statewide, to all workers. This training builds staff skills in family engagement for comprehensive family-centered assessment, guided by the CSA SRA CP process.

The Division continues to address staff vacancies and turnover to increase its ability to serve more families early and in-home, to prevent escalation of risk, removal and re-entry. See Section III, Introduction and Overview, *Staff Resources* for more information.

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

***Goals and Measures***

Safety Goal 6:	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
	Federal Fiscal Year 2005: 99.88%
	Federal Fiscal Year 2006: 99.79%
	Federal Fiscal Year 2007: 99.84%
Safety Goal 7:	The number of child fatalities resulting from child abuse or neglect per year will be zero
	State Fiscal Year 2005: 24
	State Fiscal Year 2006: 21
	State Fiscal Year 2007: 17
Safety Goal 8:	The percentage of cases where the risk of harm for each child is comprehensively assessed and all safety-related concerns are addressed will be 95% or more
	Calendar Year 2005: 40%
	Calendar Year 2006: 36%
	CFSR On-Site 2007: 65%

The Division's data indicates that absence of maltreatment in foster care is a strength for the State. Arizona has continually excelled in this area and surpassed the national standard of 99.68% since at least 2003. According to data produced by the Division using the federal syntax, only 27 of the more than 17,000 children served in out-of-home care during FFY 2007 were the subject of a substantiated report of maltreatment by the out-of-home caregiver.

The Division entered an after investigation substantiated finding of child death due to abuse or neglect in relation to 17 children in 16 families in SFY 2007, down from 21 children in SFY 2006 and a 29% decrease from SFY 2005. The Division had received a prior report of child maltreatment on 44% of the

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families with a substantiated child death by maltreatment in SFY 2007. Eight of the deceased children were girls and nine were boys. All of the children were under age six at the time of death, and 82% were age three or younger. More than three quarters of the deaths in SFY 2007 were due to physical abuse, such as blunt force trauma.

The overall quality of safety assessment, risk assessment, and safety plan development was rated more highly in the 2007 CFSR On-site than in earlier Practice Improvement Case Reviews (PICR), but continues to require improvement. This higher performance during the CFSR had been anticipated by the Division for two reasons. First, the PICR evaluates performance in these areas on a sample of cases that had a report of maltreatment during the review period, including cases closed at investigation that are not eligible for review during the CFSR. Reviewers have observed that safety and risk assessment and provision of services tend to be more comprehensive in cases that are opened for in-home or out-of-home services. Second, the Division applies a rating standard based on the State's CSA and SRA tools and procedures, which exceed the federal practice standard. The Division's PICR continues to identify a need to increase the consistency of fully comprehensive assessments, but progress is being observed toward the high practice standards defined by the Division's CSA-SRA-Case planning process.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

The Division's ongoing work to achieve consistent application of the CSA-SRA-Case planning process is a primary factor affecting performance in this area. During SFY 2008 the Division persistently pursued this objective through training, supervision, and quality assurance. For more information on the CSA-SRA-Case planning process and related activities, see Section III, Part 1, *Crosscutting Initiatives*.

The Division's quality improvement system is one of the most promising avenues for developing staff competency and practice consistency with the comprehensive CSA-SRA-Case planning process. In SFY 2008 the Division began to review a monthly statewide random selection of initial assessment (investigation) cases using a revised Practice Improvement Case Review instrument that closely follows each step within the CSA-SRA-Case planning process, from initial response through aftercare planning. This instrument allows the district Practice Improvement Specialists to provide behaviorally specific feedback to the involved CPS Specialists and CPS Unit Supervisors, which supports the development of Professional Skill Building Plans to be used within the clinical supervision process to build the Specialist's or Supervisor's competency and skills. For more information on the Division's quality improvement system, including other activities to support clinical supervision, see Section III, Part 5.A.3., *Quality Assurance System*.

Caseload volume affects the amount of time staff can spend with families to hear their stories, engage them in assessment, and motivate them to make positive change. Division caseload continues to exceed existing staff resources. See Section III, *Introduction* for more information on Division caseload and staff resources, and a description of Division activities to address staff recruitment and retention issues.

The county and State Citizen Review Panels, and the State and local Child Fatality Review Teams provide another opportunity for staff to evaluate the Division's assessment practices and identify areas for improvement. The CRP provides feedback to local CPS offices and to the State administration as needed. In 2005 the Division's Practice Improvement Specialists were added as members of the County Citizen Review Panels, and they have been attending meetings since that time. These staff are able to provide timely feedback to the district and otherwise use the information obtained to improve practices in their districts. CPS field and management staff also participate in the case reviews and identify cases for review that are examples of both superior and problematic casework.

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See Section III, Part 5, A.9. *Foster and Adoptive Home Licensing, Recruitment and Retention* for information on the Department's process for selecting and monitoring out-of-home placements to ensure children in foster care are safe. See Section III, Part 4, CFSR Item 17 for more information on services to support caregivers to prevent maltreatment in out-of-home care.

**C. Strategies and Action Steps for SFY 2009**

The following strategies and action steps for SFY 2009 are the State's primary strategies for improvement of safety outcomes, and are the same strategies included in the State's proposed CFSR Program Improvement Plan. These strategies and action steps do not describe all the activities that may improve outcome achievement. Routine work activities, small programmatic changes, and initiatives in their early planning stages have been described under the appropriate service or program description or CFSR Item and will also have a significant impact on outcome achievement.

The following primary strategies and action steps were identified based on analysis of the State's NCANDS, AFCARS, Practice Improvement Case Review, CFSR On-site Review, and other data described in Parts 1 through 5; input from Division staff and child welfare stakeholders; and other strategic planning processes. These strategies will also support achievement of permanency and well-being outcomes. Likewise, strategies listed in other parts will support achievement of safety outcomes. For example, the systemic strategy of recruiting and retaining a competent workforce will improve the Division's safety outcomes of 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

1. 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

**Primary Strategy:**     **Provide training, targeted guidance, and supervision to increase staff skill in the application of the integrated Child safety Assessment (CSA)-Strengths and Risks Assessment (SRA)-Case Plan**

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

1. Provide easy access to policy guidance on implementation of the CSA-SRA-case plan
2. Employ the Quality Improvement System to gather data about implementation of the CSA-SRA-Case planning process and design worker-centered and systemic improvement strategies
3. Provide an array of trainings to CPS Specialists, CPS Supervisors, and Assistant Program Managers on use of the CSA-SRA-Case planning process and supervision of safety, risk and case planning decisions

## PART 3: 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.

Arizona Families F.I.R.S.T. provides an array of structured interventions to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse. Services are available statewide. Interventions are provided through contracted community providers in outpatient and residential settings. Specific modalities include educational, outpatient, intensive outpatient, residential treatment and aftercare services. In addition to the traditional services, AFF includes an emphasis on face-to-face outreach and engagement at the beginning of treatment; concrete supportive services, including transportation and housing; and an aftercare phase to manage relapse occurrences. Several residential providers also allow children to remain with their parent during treatment. Essential elements based on family and community needs are incorporated into the service delivery, such as culturally responsive services, gender specific treatment, services for children, and motivational interviewing to assist the entire family in its recovery.

More than 21,600 individuals have been referred to the AFF program since its inception in March 2001. The program continues to experience steady growth in program referrals. Data from the most recent program evaluation indicates that 5,087 individuals were referred in SFY 2007 for screenings or assessments for substance abuse treatment – a 7.6% increase over the previous year. The number of program referrals clearly demonstrates that CPS Specialists are identifying substance abuse treatment as a need for the families with whom they work. According to the SFY 2007 program evaluation, 4,181 clients received treatment and 4,471 received support services in SFY 2007. The clients served are predominately female (67%), relatively young (average of 31 years), and nearly 51% of participants possessed at least a high school diploma or GED. There has been an increase of Hispanic/Latino clients (31%), while the proportion of clients who are Native American (4%) and African-American (7%) remained the same.

This participant demographics data suggests that the manner in which treatment services are provided to AFF clients should be culturally appropriate and gender sensitive. In SFY 2008, providers have been reporting quarterly on their efforts to improve service delivery in this area, resulting in service additions. For example, in Maricopa County, TERROS has received awards for their strategies for improving the availability of culturally relevant services. Currently for AFF specific programming, the agency provides three Spanish language substance abuse treatment groups, one of which is for woman only. TERROS also subcontracts with Native American Connections for both outpatient and inpatient substance abuse treatment services and with Ebony House for outpatient substance abuse treatment services. In addition to programming, TERROS employs a diverse work force to engage and retain clients in treatment.

In SFY 2008, the AFF Program worked toward the following goals: (1) promoting recovery from alcohol

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and drug abuse for program participants; (2) reducing the recurrence of child abuse and neglect of program participants' children, and (3) establishing permanency for the children of program participants. Through extraordinary inter-agency coordination, AFF has created structures that support training, issue resolution, stakeholder involvement, communication, and system of care reforms. These efforts and the provision of substance abuse screening, assessment and treatment services are supporting achievement of the identified programmatic goals and desired outcomes. Arizona State University, Center of Applied Behavioral Health Policy, continues the programmatic evaluation. Data from the most recent program evaluation indicates:

- Children throughout the State whose parents have been engaged in AFF services were safe and reunited with their parents at rates that exceeded state averages.
- Individuals engaged in the AFF program received effective help that has facilitated a reduction in use and/or abstinence from illicit substances and abuse of alcohol.
- Throughout the state, individuals experiencing difficulties with substance use and child neglect or abuse were engaged in treatment services at impressive rates.
- Individuals engaged in AFF services received a complimentary set of services from this program and the publicly funded behavioral health system. For many of these individuals the AFF program facilitated access to behavioral health treatment services and supports.

AFF has continued to prioritize several program improvement strategies to enhance practice at the provider level. Mechanisms for oversight include quality improvement site visits and utilization of process data collected by the program evaluator. Strategies include:

- increasing the use of evidenced based and effective treatment strategies, particularly to treat methamphetamine users;
- contractual enhancements to further support best practices, in addition to procedures to improve data integrity and performance measures;
- integration of multi-systemic planning that incorporates family-centered practice principles such as participation in Child and Family Teams or Adult Teams to ensure consideration of the needs of the family, including children, are considered in service delivery;
- utilization of strategies that support client engagement including face to face contact when other methods have been unsuccessful;
- consistent oversight of program process performance measures to facilitate a reduction in days from referral to outreach (24 hours); successful outreach to assessment (5 days); and assessment to first service;
- ensuring provision of gender based services related to women's special needs; and
- increasing the availability of housing supports to address environmental barriers to recovery.

These strategies have resulted in service enhancements. For example, the Matrix treatment model is being followed by at least four AFF provides and most of the Title XIX providers in the State; two providers already offer sober housing options and another two are actively pursuing funding to create

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sober living environments; and several providers have added women's groups to their service delivery options. AFF staff completed CPS office visits in all districts to improve communication and enhance service delivery, and provider site visits in all districts to monitor contracts and ensure program fidelity to the AFF model. As site visits occur, specific evaluation recommendations for follow-up are being discussed along with action plans and time frames for implementation.

Efforts to engage stakeholders in the vision of AFF continued in SFY 2008. Each provider participated in or facilitated local collaborative groups. This process contributed to increased knowledge of community resources. In some areas these collaborations developed into the formation of local teams that worked together to address the needs of families across systems. These collaborations have resulted in service delivery that meets local community needs. For example, in Maricopa and Pima Counties the AFF provider participates in Team Decision Making meetings. Through this collaboration, levels of engagement and immediate access to needed treatment services have increased for the AFF program and child welfare staff expertise has increased in the area of substance abuse.

Statewide training on methamphetamine by experts in the field was resumed in SFY 2008, with the addition of 16 training sessions to be completed by June 2008. The primary target audience was new CPS Case Aides, CPS Specialists and CPS Unit Supervisors. The training was also open to Court Appointed Special Advocates (CASAs), Guardians ad Litem and other stakeholders interested in the impact of methamphetamines on families. This training increased attendee's awareness of the consequences of methamphetamine abuse, and developed skills in engaging and providing intervention for these seemingly difficult clients. If funds permit, this training will be offered quarterly to ensure that new staff are informed about methamphetamine abuse among CPS families and effective intervention.

The Office of Prevention and Family Support Services continues to lead a task force examining the methamphetamine impact on child welfare. A panel of experts from substance abuse organizations, behavioral health agencies, universities and others continue to meet quarterly to improve the child welfare response to families impacted by methamphetamine in order to ensure child safety and improve well-being. The efforts and recommendations of this group have thus far resulted in the following actions:

- A partnership was established with the Department of Health Services to identify a screening tool to enhance Child Welfare Specialists' identification of substance abuse related issues. The screening tool and corresponding in-service training material was initially distributed to Program Managers in April 2007 and continues to be distributed throughout the State.
- An informational series on the following practice point topics was developed in SFY 2007: 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 Guidelines for Utilizing Drug Testing. The series was partially distributed through Program Managers in SFY 2007 and 2008. Distribution and in-service training is continuing through SFY 2008, during specialized CPS methamphetamine abuse trainings. These Practice Points were primarily developed to assist CPS Specialists to explore maltreatment in the context of methamphetamine abuse. Two additional practice points on Treatment for Methamphetamine and Child Maltreatment will be rolled out in SFY 2009.

AFF providers continue to participate in strategies to increase parent engagement in substance abuse treatment services and increase CPS Specialists' skill and access to services to support their work with families in which substance abuse is a risk factor. For example:

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- Drug Courts play a significant role in some Arizona counties, such as Yavapai and Pima Counties, where there exists a close working relationship with the AFF provider and CPS staff. An Adult Drug Court began in Cochise County in September 2007 and was followed by a drug court for juveniles. The next step is to extend this to dependency cases.
- AFF providers are continually increasing their use of evidenced based treatment strategies. For example, the District VI AFF provider completed training and implementation of the Matrix program in June 2007. The provider used Family Team coaches to coordinate all the services within the agency on behalf of each family. Use of the matrix treatment model also continues in Maricopa, Pima, and Gila Counties, and by several Title XIX service delivery partners in other parts of the State.
- Several AFF providers, such as Westcare and Old Concho Communities, offer sober housing options as alternatives to residential care and to help preserve families. The District VI provider is applying for a SAMHSA grant to develop sober housing for AFF clients and others as needed.
- 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.
  - Pima County AFF providers also attend TDMs and have begun to participate in Preliminary Protective Hearings, together averaging about 25 per month. Attendance of the AFF provider representative at the Preliminary Protective Hearing allows immediate engagement of the client, improves program retention and completion, and supports achievement of family reunification.
  - TDM meetings were introduced outside Maricopa and Pima Counties in the last year. The number of referrals to the AFF program and engagement in treatment are expected to slowly increase as this becomes part of the collaboration between the agencies. AFF providers in Flagstaff began participating in TDMs in mid-May 2007. They now average about 5 per month. District 4's northern provider, Westcare, is working with CPS to be included in their TDM meetings.
  - CFT meeting attendance by District 4's northern AFF provider, WestCare AZ, continues to improve. They are now attending about 7 CFTs per month, and an average of 10 Adult Recovery Team meetings per month. The District 3 Yavapai County provider is currently attending an average of 35 CFTs per month.
  - All District 6 AFF provider sites have now been trained on 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.
- The District 1 provider, TERROS, has co-located clinical staff in nine CPS offices to enhance coordination and retention in treatment. Expansion of this strategy continues.

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- The Office of Prevention and Family Support was approved for a federal grant to implement the AFF Parent to Parent Recovery Program for certain populations in Maricopa County (Gilbert, Glendale, North Central and South Mountain). This program was implemented in April 2008 in partnership with the AFF provider in Maricopa County (TERROS), Southwest Human Development, the Family Involvement Center and other stakeholders (The Maricopa Regional Partnership). This Program will provide enhanced AFF services through the assignment of a trained Recovery Coach who engages the family and assists them in their recovery from substance abuse. Eligible families are those who are identified during the TDM process, by a CPS In-Home Services Specialists, or as part of District 1's program for Substance Exposed Newborns (S.E.N.S.E.). Eligible families have a child or children at-risk of removal, have parental methamphetamine use identified as a risk factor, and have been recommended for AFF and in-home services.

***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, and continued to serve families in SFY 2007. There is no waiting list to receive these funds, although affordable housing may not be available for rent in all communities. The most current data available demonstrates the Housing Assistance Program continues to support permanency, serving many children and families.

In SFY 2007:

- The Housing Assistance Program aided in the reunification or permanent placement of 3,587 children within 1,300 families, statewide – an increase from the 3,297 children and 1,024 families served in FY 2006.
- The total amount expended statewide increased from \$1,244,675.53 in FY 2006, to \$1,712,427.63 in FY 2007.
- An estimated \$21,419,483 would have been expended by the Division for foster care maintenance if the 3,587 children who benefited from Housing Assistance during SFY 2007 had entered or remained in foster care for the length of time housing assistance was provided to each family. Based on the State Fiscal Year Housing Assistance Program Expenditures of \$1,712,427.63 there is a State Fiscal Year cost avoidance of \$19,707,055.

***The Expedited Reunification IV-E Demonstration Project***

In July 2005 the U.S. Department of Health and Human Services, Administration for Children and Families, granted Arizona a waiver to conduct a child welfare demonstration project using Title IV-E funds. With the waiver, the State is delivering comprehensive in-home and community based services that: (1) facilitate earlier reunification of children in congregate and licensed foster care settings with their parents, custodians, or guardians; (2) reduce re-entries into out-of-home care; (3) prevent recurrence of child abuse and neglect; and (4) improve child and family well-being and functioning. The Expedited

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Reunification Program provides a wide range of services including counseling, family-centered assessment, team decision making, parenting skills training, home management skills, referral to other services such as substance abuse treatment, supportive links to community resources, discharge and aftercare planning, and availability of flexible funding to meet the individual needs of families.

Beginning April 2006, the child welfare demonstration project was implemented in two phases within Maricopa County's Gilbert, Tempe, and Thunderbird CPS Offices. The first phase involved cases in a "matched cohort." These cases were selected from existing open cases that included children that met the eligibility criteria. Beginning July 2006, only new cases of children entering out-of-home care were reviewed for entry into the project, forming the "randomized cohort." Phase 2 involved expansion of the project to three additional offices (Glendale, Avondale, and Talavi).

Semi-annual reports are being provided to the U.S. DHHS, most recently in April 2008. An interim evaluation report will be completed in November 2008. An initial evaluation report was completed at the end of the project's first phase. Key findings for the first phase included the following:

- A significantly higher percentage of the project cases that received the experimental service resulted in reunification, compared to cases that did not receive the service. Of 174 cases that entered the project, 88 received experimental services and 86 received regular services. Children from 47 cases (27%) were reunified. Within these 47 cases, 57% of children that received the experimental services were reunified, compared to 43% of children that received regular services.
- Re-entry into out-of-home care occurred in 21% of the 47 cases in which children were reunified. The re-entry rates were highest among the first phase matched cohort cases, and reduced to 14% to 15% in the randomized cohort, served between July 2006 and July 2007. Within the families served during the period, there was little difference in the re-entry rate for the waiver and comparison service groups. In general, the re-entries occurred about 3 months after reunification.
- Of the 174 cases in the first phase of the project, 26 had one or more new maltreatment reports after entering the waiver project. Only one of these reports was substantiated. It is still too early in the project to determine whether expedited reunification services have an impact on decreasing the number of substantiated abuse and neglect reports.

The project uses the North Carolina Family Assessment Scale-Revised (NCFS-R, originally developed by Kirk and Ashcraft, and later revised by Kirk) to measure child and family well-being. The purpose of this tool is to provide information about changes in family functioning occurring during service intervention. It also provides a structure for addressing the strengths and areas of need for each family for service planning and intervention. The NCFAS-R examines seven broad domains intended to describe family functioning: family environment, parental capabilities, family interactions, family safety, child well-being, caregiver/child ambivalence and readiness for reunification. Of the 174 cases in the Demonstration Project, 32 cases had initial and closure NCFAS-R ratings. The majority of these cases were families receiving waiver services in the matched case cohort. This small sample provides preliminary data that waiver families improved in several domains: parental capabilities, family safety, child well-being and caregiver/child ambivalence.

As the demonstration project has progressed, participants have more creatively planned reunifications, supported reunifications, and used flexible funds. Child and Family Teams (CFTs) continue to be the

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only forum to plan for expedited reunification in all project cases. CFTs for project families have an expanded approach that specifically involves a child welfare focus on child safety and a broader focus on the family system and needs of all family members, not just the identified child. Child Protective Services staff, service providers, and families have reported that the sense of “shared responsibility” in these cases has assisted tremendously with family engagement and stronger service participation. Team members have noted successes including more reunifications, improved communication and family well-being, and improved collaboration between project partners.

**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. Concurrent 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 risk factors 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 when 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. Use of the *Interview Guide* results in a case plan that is tailored to the unique needs identified by the family

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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 the Division whenever possible:

- 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 effective September 2006 confirmed 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 meetings, Child and Family Team meetings, and Family Group Decision Making meetings are used to identify caregivers, services and supports to meet each child's needs. In Maricopa and Pima Counties every removal or potential removal of a child requires a Team Decision Making (TDM) Meeting 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. TDMs will also be held for all placement transitions and reunifications for children in out-of-home care by the end of June 2008. See Section III, Part 1, *Crosscutting Initiatives* for more information on TDMs and Family to Family.

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

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successful for the child. To achieve the permanency goal and support the child and caregiver, a case plan specifying the necessary services and interventions is developed by the child, family members, out-of-home care provider, service providers, attorneys and 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 including 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. During the 2006 Legislative Session, financial resources were allocated to support grandparent caregivers. The legislation authorized a payment of up to \$75 a month for each grandchild living in a grandparent's home; in addition to a one-time "transition" payment of up to \$300 for purchasing necessary items when the child is placed (whether placed by CPS or not). The Division provides and facilitates other support and training to kinship families directly or in partnership with contracted provider service agencies or community resources.

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.

The Lodestar Family Connections Center opened in Phoenix in May 2004, to support permanency and placement stability. This center is a public-private partnership dedicated to the creation and preservation of adoptive, foster, kinship and guardianship families. The Center provides a place for families to gain access to information and community professionals who can help them build happy healthy families. All of the Center's activities are geared toward families parenting children other than their birth children. The Center provides information 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

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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 Division's District II (Pima County) has also opened a visitation center through Casa Los Niño's. This center will support and promote the parent/child relationship by having one consistent location for family visitation. Similar services are also available in Yuma County, District 4.

**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 mental 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 2007, 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.

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In FY 2007, Arizona received in \$2,100,00 of Adoption Incentive funds for adoptions finalized in FY 2006. This money was used to support adoptive home recruitment resources.

***Adoption Subsidy***

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

The number of children eligible and receiving Adoption Subsidy continues to increase. The number of children served in Adoption Subsidy grew from 9,389 on September 30, 2006 to 10,751 on September 30, 2007. In FFY 2007, 1,359 new special needs adoptions were subsidized, and the Department reimbursed \$1,373,158 of nonrecurring adoption expenses for 1,229 completed adoptions.

During SFY 2008 the Department continued to improve Adoption Subsidy procedures and services. Some of these projects will continue into SFY 2009.

- 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.
- The Adoption Subsidy pamphlet for families was revised, the Adoption Subsidy application form was updated, and new forms were added to address the efforts made to place children for adoption.
- 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 III, Part 5.A., subsection 9. *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 2007 and was identified in CHILDS as having been previously adopted. This review identified no children who entered out-of-home care in FFY 2007 and were the subject of an inter-country adoption ending in disruption or dissolution.<sup>3</sup>

**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 2007, 927 children attained permanency through permanent guardianship. This is an 8% decrease from 1,011 children who attained permanency through permanent guardianship in FY 2006. The total number of children receiving guardianship subsidy benefits in SFY 2007 was 2,022, which is a 24.7% increase over the 1,524 children who received guardianship subsidy benefits in SFY 2006.

***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) through participation in services, opportunities and activities through the Arizona Young Adult Program, which is Arizona's

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<sup>3</sup> In prior Annual Progress and Services Reports the Division identified children who had entered care following adoption in another country but were not the subject of a dissolution or disruption. The Division has received clarifying instructions and is now only reporting children who entered out-of-home care during the FFY who were the subject of an inter-country adoption ending in disruption or dissolution.

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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. Thirteen percent of the children in out-of-home care on September 30, 2007 had a permanency goal of independent living, up only slightly from the twelve percent on September 30, 2006 and 2005. The number of youth served by Arizona's Young Adult Program has also remained stable, at 1,164 on September 30, 2006 and 1,296 on September 30, 2007.

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 2007, approximately 160 former foster youth were served by this program, a 44% increase over FY 2006. Outreach efforts continue to increase public awareness of the Transitional Independent Living Program.

***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 the 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 200 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 V, *Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Annual Progress and Services Report*.

**B. Outcomes, Goals, Measures, and Progress**

To integrate the Child and Family Services Review (CFSR) process and the Child and Family Services Annual Progress and Services Report, most of the Department's Child and Family Services State Plan outcomes and goals match those used to determine substantial conformity during the CFSR. The target

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percentage for all the CFSR goals is the standard for substantial conformity during a Child and Family Services On-site Review, and is therefore a long-range goal representing a very high standard of practice.

Progress toward achieving the State’s permanency outcomes and goals is measured using CHILDS data or the Practice Improvement Case Review (PICR). Arizona’s participation in the CFSR On-Site Review in August 2007 provided case review data, substituting for the PICR in SFY 2008. CHILDS and the PICR provide statewide performance data. The CFSR data represents the performance of three Arizona counties, including the State’s two largest counties and roughly 80% of the Division’s caseload.

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

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

***Goals and Measures***

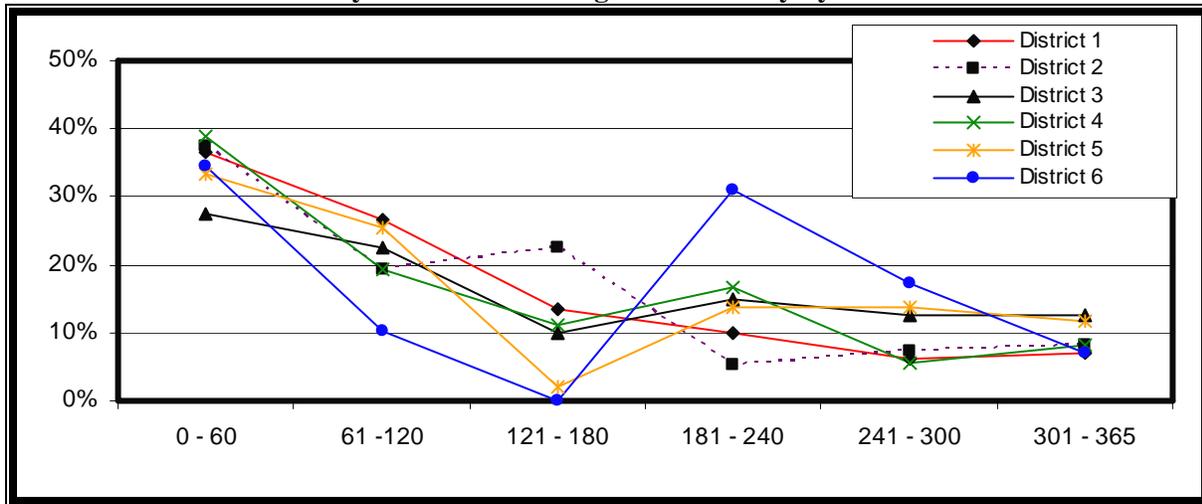
Permanency Goal 1: The percentage of all children who discharged to reunification in the 12 months prior to the year shown who *do not* re-enter out-of-home care in less than 12 months from the date of discharge will be 90.1% or more (CFSR Data Profile, C1-4)

AFCARS FFY 2005	80.3%
AFCARS FFY 2006	81.3%
AFCARS FFY 2007	82.8%

Arizona’s foster care re-entry rate has slowly improved over the last two federal fiscal years. The State is achieving this goal for more than eight of every ten children who exit to reunification. However, the State’s performance remains below the national target of 90.1% and the national median of 85.0% for this CFSR measure. Additional data includes the following:

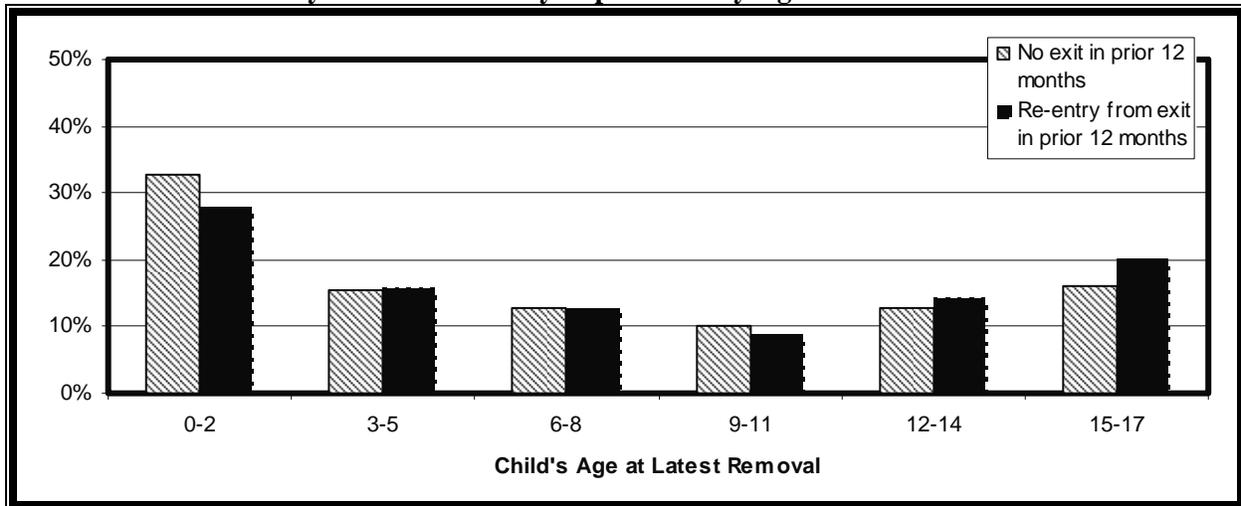
- All of the 13 applicable cases (100%) were rated strength on this item during the 2007 CFSR On-Site Review.
- In FFY 2007 all but Apache County had a *non* re-entry rate below the national target of 90.1% on the CFSR Round 2 re-entry measure, although Coconino County was very close at 90.0%. Gila County had the lowest rate of children *not* re-entering care – 76.6%. Maricopa County had the next lowest rate at 81.0%. Six counties and the combined counties of La Paz, Greenlee, and Santa Cruz had rates between 84% and 88%.
- Statewide, children who entered care in FFY 2007 and within twelve months of a prior exit (the CFSR Round 1 re-entry measure) were most likely to re-enter within 30 days of the prior exit. Within the statewide re-entry population, 22% re-entered within 30 days of the prior exit, 14% within 31 to 60 days of the prior exit, and 12% within 61 to 90 days. The percentage continues to drop, lowering to just below 8% in the 11<sup>th</sup> and 12<sup>th</sup> months after the prior exit. The overall trend of diminishing re-entries with the passage of time is apparent in all counties, most obviously Maricopa County. The following chart shows, by district, the time between prior exit and latest removal for children who entered care in FFY 2007 and within 12 months of a prior discharge from out-of-home care.

Days between Discharge and Re-entry by District



- Statewide, children who entered care in FFY 2007 and within twelve months of a prior exit were most likely to be age two or younger at the time of their most recent removal (28%) or age 15 through 17 (20%). Children that did *not* re-enter within 12 months of a prior exit were even more likely to be age two or younger (33%), but less likely than the re-entry population to be 15 through 17 (16%). The following chart compares the age at most recent removal of children in the re-entry population and children who did not have an exit within the prior 12 months before their latest removal.

Re-entry and Non Re-entry Populations by Age at Latest Removal



**Factors Affecting Performance and Fiscal Year 2008 Accomplishments**

The Division has diligently worked to develop a foundation of tools, procedures, programs and training to support reunification and prevent re-entry. During SFY 2008, the Division’s strategies to prevent foster care re-entry include those described in Section III, Part 1, *Crosscutting Initiatives* and other sections of this report. The strategies that most directly relate to prevention of foster care re-entry include the following, many of which are included in Arizona’s proposed CFSR Program Improvement Plan (PIP):

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- *The Cornerstones for Kids' Workforce Planning initiative* – Caseload growth, staff shortages, and staff turnover inhibit the Division's ability to provide frequent contact and other support following reunification. See Section III, *Introduction* for more information on case volume growth, staff resources, and the Division's ongoing activities to recruit and retain competent staff.
- *Strengthen the DCYF Quality Improvement System* – The quality improvement process uses case reviews and CHILDS data to encourage individual competency and systemic improvement of practices and programs affecting permanency outcomes. Information is gathered, analyzed and monitored on permanency outcomes, including re-entry. For example, in District 2 an Assistant Program Manager participates in the Pima County Juvenile Court Reactivation Workgroup in which data on re-entries and reactivated petitions is shared, analyzed, and used to identify strategies to reduce the number of children re-entering foster care. For more information see Section III, Part 5, A.3. *Quality Improvement System*.
- *Maintain a statewide continuum of high quality in-home services* – In SFY 2008 Division managers and staff collaborated with in-home service providers to improve the accessibility and quality of a full continuum of in-home services. These services are provided to prevent removals and to support families following reunification and prevent re-entry. See Section III, Part 3, CFSR Item 3, for a description of the Division's in-home services and related activities during SFY 2008.
- *Training, targeted guidance, and supervision to increase staff skill in the application of the integrated CSA-SRA-Case Plan* – 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 and thereby improve provision of individualized services to parents and children. More accurate assessment and provision of individualized services and supports are more likely to prevent re-entry. See Section III, Part 1, *Crosscutting Initiatives* for more information.
- *Expand the use of family team meetings, particularly Team Decision Making* – During the 2007 CFSR On-Rite review, stakeholders repeatedly mentioned Team Decision Making meetings as a useful method for engaging parents and kin. This Family to Family strategy involves parents and extended family in decision making at the point of removal and other key decision points. Community partners are increasingly present at TDM meetings, providing immediate access to community supports to achieve reunification and prevent re-entry. The Division encourages staff to hold a TDM meeting prior to removal, when the child's safety can be assured through a short-term protective action such as an in-home safety monitor. In some cases the family and team are able to identify a sufficient in-home safety plan that prevents the need for removal or re-entry.

During the 2007 CFSR, staff and stakeholders suggested that re-entry rates may be affected by a need for training on substance abuse recovery stages, including relapse, relapse prevention, and development of in-home safety plans that include supports and services to prevent removal if relapse occurs. The Arizona Families F.I.R.S.T. (AFF) Program continues to provide aftercare services with a focus on relapse prevention. In addition, two promising initiatives to improve access to substance abuse treatment services for families involved in the child welfare system are included in the State's proposed CFSR Program Improvement Plan:

- *Carry out Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services* – The Division and its partners are analyzing data on substance abuse treatment needs and capacity, toward a goal of increasing the availability of substance abuse treatment services for families involved with CPS.

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- *Implement the Parent to Parent Recovery Program in four Maricopa County communities* – The Division implemented this enhancement to AFF services in District 1 for specified populations. The program includes assignments of trained Recovery Coaches and provision of comprehensive interventions conducted by well-informed and integrated service delivery teams, to engage and assist families with parental methamphetamine use and a child at risk of removal.

For more information on these initiatives and other activities to address substance abuse see the description of the *Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together)* program in Section III, Part 3, A.1., *Time Limited Reunification Services*.

The State’s behavioral health system is another key factor in the Division’s ability to prevent foster care re-entry. The behavioral health system’s Urgent Response system and Child and Family Team (CFT) meetings are frequently identified by stakeholders and in case reviews as being effective methods to address risks, support families and prevent re-entry. CFTs are especially useful with young adults, who often re-enter because of their behavioral health issues. These meetings provide an opportunity for the youth, the parents, supportive kin and friends, CPS staff, behavioral health providers and any other involved agencies (such as juvenile justice or school system representatives) to jointly develop a plan to support the family in-home. For more information on collaborations with the State’s behavioral health system to improve access to high quality services see Section III, Part 4, A.2., *Services to Address Children’s Educational, Physical Health and Mental Health Needs*, and Section III, Part 4, CFSR Item 23.

**CFSR Item 6: Placement Stability**

***Goals and Measures***

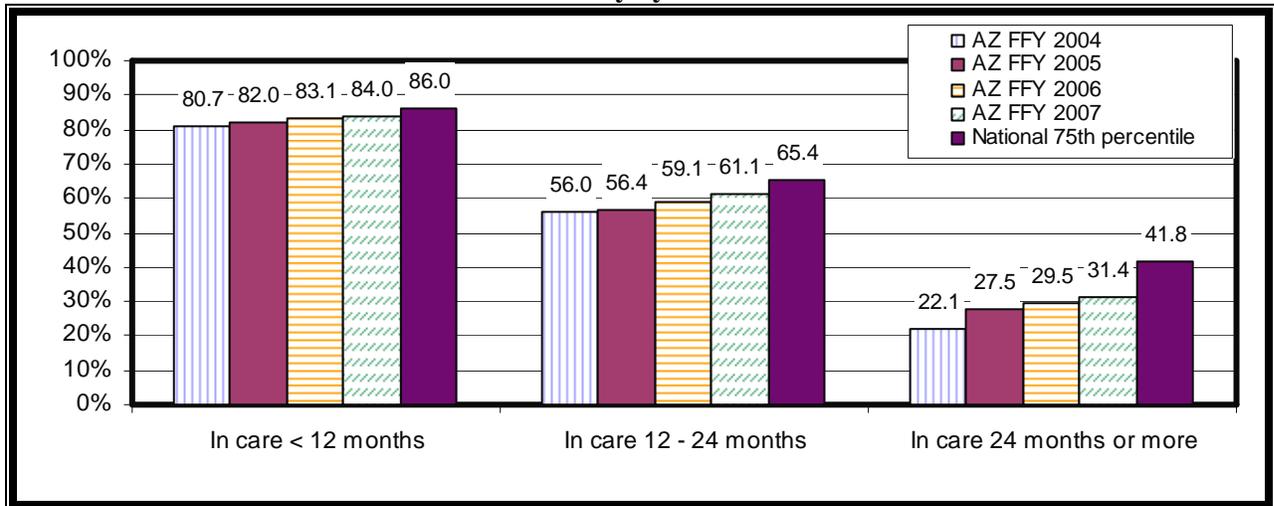
Permanency Goal 2:	Of children served in out-of-home care for at least 8 days but less than 12 months, the percentage who had two or fewer placement settings will be 86.0% or more (CFSR Data Profile, C4-1)	
	AFCARS FFY 2005:	82.0%
	AFCARS FFY 2006:	83.1%
	AFCARS FFY 2207:	84.0%
Permanency Goal 3:	Of 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)	
	AFCARS FFY 2005:	56.4%
	AFCARS FFY 2006:	59.1%
	AFCARS FFY 2007:	61.1%
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)	
	AFCARS FFY 2005:	27.5%
	AFCARS FFY 2006:	29.5%
	AFCARS FFY 2007:	31.4%

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Nearly 60% of children in care on the last day of FFY 2007 and 75% of children who exited care during FFY 2007 had experienced two or fewer placements during their removal episode. The State has not yet achieved the CFSR national standard on placement stability, but Arizona's performance continues to improve. Additional data includes the following:

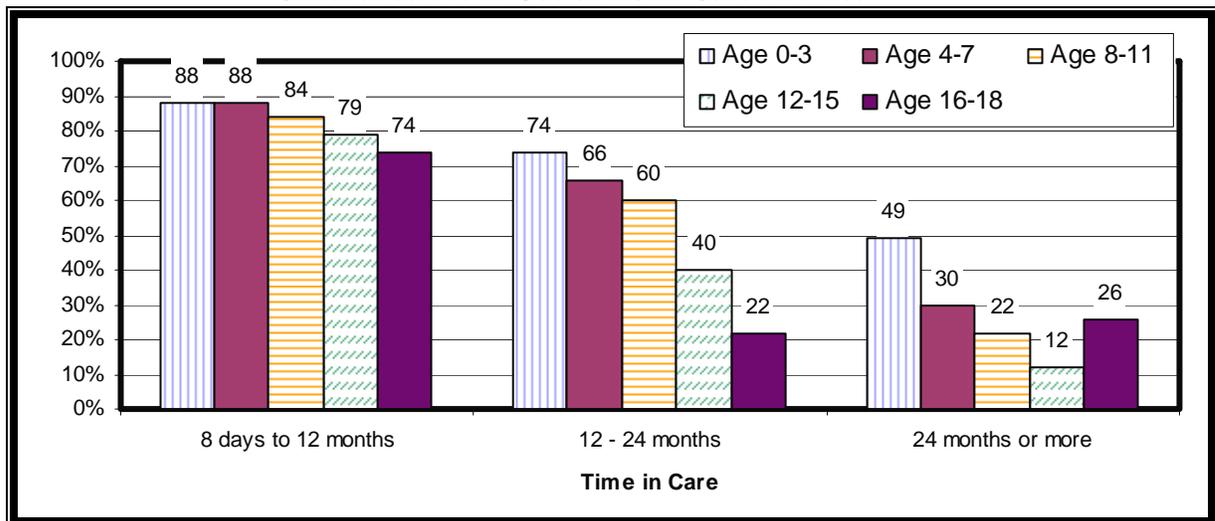
- The *Child Welfare Reporting Requirements Semi-Annual Report* indicates the median number of placements for children who exited care has maintained at one since FFY 2002. From FFY 2001 through FFY 2005, the average number of placements for exit cohorts has ranged from a high of 2.7 months to a low of 1.8. The average dropped to 2.3 placements for children exiting in the six months ending September 2007.
- According to the *Child Welfare Reporting Requirements Semi-Annual Report*, 75% of children who exited care in the six months ending September 2007 experienced two or fewer placements. This statistic includes all children exiting from out-of-home care, regardless of their length of time in care, up from 72% of children who exited care in the six months ending September 2006.
- Arizona's performance on CFSR Round 2 measure C4-1 is affected by the large percentage of children exiting care within 7 days of removal – 23% of children served in FFY 2007. These children were determined to require out-of-home care to ensure their safety. Greater availability of in-home services and use of Team Decision Making allow the Division to set up safety plans and services within days, so many children spend a very short time in care. These children most often have only one placement while in care, but are excluded from the placement stability measure for children in care less than 12 months. According to a Division report based on AFCARS, of children served during the year who have been in foster care less than twelve months (including those in care 7 days or less), the percentage who experienced no more than two placement settings reached 87.5% in FFY 2007, exceeding the Round 1 CFSR national standard of 86.7%.
- First-time entry cohort data contained in the CFSR data profiles issued by DHHS indicates the percentage of children who entered care in the first half of the year and had experienced two or fewer placements by the last day of the year or their date of exit increased from 79.3% in FFY 2004, to 79.5% in FFY 2005, and 84.0% in FFY 2006. This percentage dropped slightly in FFY 2007, to 82.8%.
- Data on Permanency Composite 4 contained in the CFSR Data Profiles issued by DHHS indicate placement stability has continually improved between FFY 2004 and FFY 2007. The State's composite score increased from 85.2 in FFY 2004, to 88.5 in FFY 2005, 91.5 in FFY 2006, and 93.5 in FFY 2007. This remains below the national standard of 101.5.
- The following chart shows that the State's performance on the CFSR Round 2 placement stability measures is closest to the national 75<sup>th</sup> percentile for children in care more than 7 days and less than 12 months, and moves farther from the national target the longer the child population has been in care. The State's performance has improved for all three groups, and the greatest improvement has been with children in care for 24 months or more.

**Placement Stability by Time in Care**



- In FFY 2007, Maricopa County and neighboring Pinal County were the highest performing. Pima County performed lowest on this composite, primarily due to lack of placement stability for children in care 24 months or more.
- The following chart provides statewide data on the percentage of children served during FFY 2007 who had two or fewer placements during the most recent removal episode, by age at the time of most recent removal and length of time in care. The younger the child’s age at removal, the more likely the child will have two or fewer placements.

**Percentage of Children with Two or fewer Placements in the Most Recent Removal Episode by Time in Care and Age at Latest Removal  
 Children served in Out-of-Home Care FFY 2007**



**Factors Affecting Performance and Fiscal Year 2008 Accomplishments**

Improvements in placement stability have coincided with reductions in the number of children placed in congregate care settings and increased family-like placements. Districts have avoided initial temporary

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shelter placements and other placement changes by increasing relative placements and using in-home services to support early reunification. In SFY 2008 the Division continued to monitor its use of congregate care and family-like settings. Between March 2005 and September 2007 there was a 25.2% decrease in the number of children served in group homes and shelters. The number of children under four years old in shelter care dropped from 108 in March 2005 to 31 in March 2006. The number of children under seven years old placed in group homes dropped from 36 in March 2006 to 4 in September 2006. The percentage of children in out-of-home care and placed either with relatives or foster parents has been above 70% since March 2005, reaching more than 75% in FFY 2006. The Division maintained these improvements at similar levels in FFY 2007.

Stakeholders report that experienced well-trained foster parents are more likely to provide stable placements. There has been an increase of inexperienced foster parents because of increased recruitment efforts and because many experienced foster parents adopt children and stop fostering. The State's efforts to improve placement stability through its resource parent recruitment, selection, training, and licensing supports are described in Section III, Part 1, 4. *Home Recruitment Study and Supervision Contract*, and Part 5, A.9. *Foster and Adoptive Home Licensing, Recruitment*.

Provision of sufficient support services is especially important for inexperienced foster parents. During the 2007 CFSR reviewers identified cases in which placement disruptions could be attributed at least in part to a lack of services to support the foster parents in meeting the children's needs. The Division's collaborations with the State's behavioral health system to improve supports for foster parents and the children in their homes are described in Section III, Part 4, A.2. *Services to Address Children's Educational, Physical Health, and Mental Health Needs* and CFSR Item 23. The Division is also working to improve the percentage of children and caregivers who have monthly in-person contact with their assigned CPS Specialist, and the quality of those contacts. Information on these efforts is located in Section III, Part 4, A.1., *Case Planning and Case Manager Contact with Parents and Children*, and CFSR Item 19. Child and Family Team (CFT) and Team Decision Making (TDM) meetings also provide opportunities for supportive contact with professionals, information sharing and problem solving. Use of TDM meetings to support placement stability is increasing, with District 2 adding TDMs at potential placement changes in June 2008. In other districts an emergency CFT is requested before a child is removed from placement, unless the child is unsafe in the out-of-home placement. Additional contact and support is provided by the contracted agency's foster home Licensing Specialists, Division Case Aides and District Foster Care Recruitment Specialists. For example, in District 6 the Foster Care Recruitment Specialist calls out-of-home caregivers within seven days of a new placement to ensure the caregivers have everything they need to care for the child and to answer any questions. These support services and efforts to engage youth in case planning may also prevent runaway episodes.

Engagement of resource parents in agency self-evaluation and improvement activities is another effective method to provide support. These activities build supportive partnerships between resource parents, DCYF managers, and other stakeholders; increase resource parents' knowledge about agency expectations and available support services; and provide resource parents avenues to address needs that might otherwise lead to placement disruption or withdrawal from foster parenting. Resource parents are increasingly included in Division workgroups and committees, both at the State level and in local districts, particularly as part of the Family to Family initiative. For example, District 3 conducted a series of resource family forums in the past year, to discuss the Family to Family strategies and the role and expectations of foster parents in this initiative. The forums provided an opportunity for resource families to discuss their concerns about system needs and gave resource families a better understanding of the system requirements.

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Case reviews and CHILDS data indicate the need for services and other systemic improvements to improve placement stability for young adults. The Division is hopeful that increased professional contact and improved behavioral health supports for youth and caregivers will reduce runaway episodes and otherwise assist young adults to achieve placement stability. The Division also consults with its Youth Advisory Board to identify system improvement goals and related activities, and continually consults with the behavioral health and juvenile justice systems that often jointly serve young adults in out-of-home care. For more information on the Division's activities to improve outcomes for young adults, see Section V, *Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Program State Plan*.

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

***Goals and Measures***

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
	Calendar year 2005: 83%
	Calendar Year 2006: 76%
	CFSR On-Site 2007: 80%

The following data indicates children in out-of-home care are assigned a permanency goal that meets the child's needs and complies with ASFA timeframes:

- The *Child Welfare Reporting Requirement Semi-Annual Report* shows that 50% of children in care on September 30, 2007 had a permanency goal of reunification, 22% had a goal of adoption, 13% independent living, 3% live with other relatives (which includes guardianship with a relative and long-term placement with a relative), 4% long-term foster care (with a non-relative), and less than 1% guardianship (with a non-relative). A goal was not yet established for the remaining 7% of children because they had very recently entered out-of-home care. There has been very little change in these percentages from year to year.
- District data from the period ending September 30, 2007 indicates that Districts 4 and 5 continue to have smaller percentages of children in care with a goal of long-term foster care with a non-relative or independent living (9.5% and 8.4%), and the other districts all have higher percentages (ranging from 16.4% to 18.2%).
- According to the CFSR data profiles, the median length of stay in foster care for children in care on the last day of FFY 2004 and FFY 2005 was 12 months, and increased to 13 months on the last day of FFY 2006 and FFY 2007. The fact that 50% of children in care had had been in care for roughly one year and 50% of children in care had a goal of reunification suggests that the Division is appropriately assigning reunification as the first goal and considering other goals if reunification has not been achieved within twelve to fifteen months of removal.
- The *Dependent Children in the Arizona Court System Fiscal Year 2006* report, published by the Arizona Supreme Court, Administrative Office of the Courts, indicates that the State's Foster Care Review Board (FCRB) recommended that a judicial finding should be made that reasonable

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efforts were made by the Agency to implement the permanency plan for the child in 95% of FCRB hearings held in FY 2006.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

The Division continues to strengthen its practice in this area by providing clear policies on selection and achievement of permanency goals, including timeframes for consideration of goals other than reunification. The Division has clearly communicated statewide that long-term foster care is a goal of last resort. Division policy requires management approval of the long-term foster care goal (the State's version of APPLA for children younger than sixteen), and many districts also require management approval for a goal of independent living (the Division's APPLA goal for youth age 16 or older). The timeliness of permanency hearings also supports the Division's ability to assign appropriate and timely permanency goals by requiring review and discussion of the permanency plan within twelve months of a child's removal. See Part 5, CFSR Item 27 for more information on permanency hearings.

Implementation of improvements to the safety assessment, risk assessment, and case planning process have assisted family and team members to establish appropriate permanency goals for children involved in the child welfare system. See Section III, Part 1, *Crosscutting Initiatives*, for more information on activities in SFY 2008 to develop staff competency and support consistent practice in assessment and permanency planning.

During the 2007 CFSR On-site Review, stakeholders reported that while concurrent permanency goals are often identified in the case plan, there is little activity by the Division to pursue the concurrent goal simultaneously with the permanency goal. With assistance from a national expert, the Division has begun work to strengthen concurrent planning practices in Arizona. A two day meeting of staff and stakeholders kicked off the project in late January 2008. Subcommittees on policy and procedures, infrastructure and systems, and stakeholder engagement have been formed. These subcommittees are updating the Division's concurrent planning policy, identifying systemic changes necessary for effective implementation of concurrent planning, and implementing strategies to educate and align stakeholders (particularly courts, attorneys, and tribes) with the Division's concurrent planning practices.

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

***Goals and Measures***

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)

AFCARS FFY 2005:	72.2%
AFCARS FFY 2006:	68.2%
AFCARS FFY 2007:	68.5%

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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)

AFCARS FFY 2005:	6.3 months
AFCARS FFY 2006:	7.0 months
AFCARS FFY 2007:	7.3 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 to reunification within 12 months of removal will be 48.4% or more (CFSR Round 2 measure C1-3)

AFCARS FFY 2005:	28.2%
AFCARS FFY 2006:	30.8%
AFCARS FFY 2007:	33.0%

Timeliness of reunification, guardianship, and placement with relatives was rated a strength in 74% of cases reviewed during the 2007 CFSR On-Site Review. CHILDS data confirms that approximately eight of ten children exiting to reunification are reunified within twelve months of removal (including those who exit in one week or less). Arizona has not achieved the CFSR permanency composite on Timeliness and Permanency of Reunification, and length of stay for children exiting to reunification continued to slowly increase in FFY 2007. However, timely reunification is being achieved for the large majority of children, the length of stay for nearly one quarter of children is one week or less, and Arizona's performance on CFSR measures C1-1 and C1-3 improved in FFY 2007.

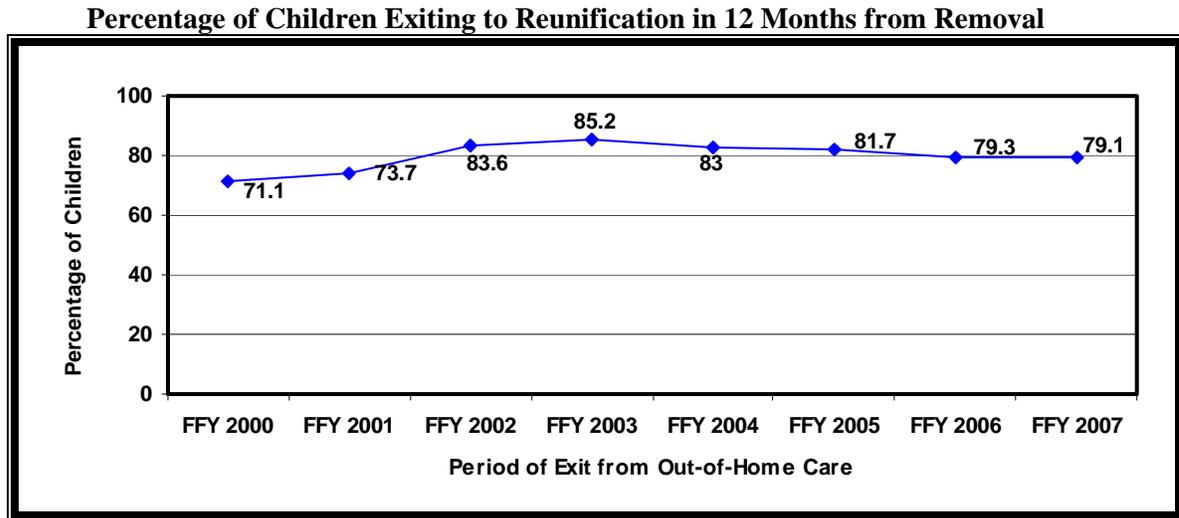
The Division hypothesizes that children who have viable options for early reunification are likely to avoid out-of-home care altogether or exit to reunification early – often within seven days of entering care. The Division believes that reserving out-of-home care for children who have no parent or caregiver who can be supported to provide safe care is a positive outcome, and the State's performance in comparison to national standards may in fact be indicative of success in preventing out-of-home care.

Additional data on reunification includes the following:

- On September 30, 2005, 2006 and 2007 approximately half of the children in out-of-home care had a permanency goal of family reunification. An additional 7% had been in care less than 60 days and did not yet have a permanency goal documented in CHILDS. In nearly all cases, reunification is also being pursued for these children. More than half of all children served in out-of-home care by the Division also discharge to reunification.
- The CFSR Data Profiles provide data on the percentage of children discharged to reunification, *excluding those who were in care for 7 days or less*, who exited within twelve months of their most recent removal (Permanency Composite 1, Component A, Measure C-1). This percentage decreased from 75.7% in FFY 2004 to 68.2% in FFY 2006, but improved to 68.5% in FFY 2007. Arizona's FFY 2007 performance is slightly below the national median of 69.9%, and does not achieve the national 75<sup>th</sup> percentile target of 75.2%.
- The following chart shows the percentage of children discharging to reunification, *including children in care for 7 days or less*, who do so within twelve months of their most recent removal. This percentage rose dramatically between FFY 2000 and FFY 2003, but has slowly dropped

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since FFY 2003. Arizona continues to exceed the Round 1 CFSR national standard of 76.2% for this performance measure.



- According to the *Child Welfare Reporting Requirements Semi-Annual Report*, the average length of time in care for children exiting to reunification has continually increased in the past four years. This average increased from 6.3 months in the six months ending September 2004 to 7.6 months in the six months ending September 2007. The median months in care for children exiting to reunification increased from 2.3 in the last half of FFY 2004, to 2.9 months in the last half of FFY 2006; but decreased to 2.8 months in the last half of FFY 2007. In other words, half of all children who exit to reunification spend less than 3 months in out-of-home care. Roughly one in four children spend one week or less in out-of-home care.
- The CFSR Data Profiles provide data on the median months in care for children exiting to reunification *excluding those who were in care for 7 days or less* (Permanency Composite 1, Component A, Measure C-2). The median length of stay for children discharged to reunification that had been in foster care for 8 days or longer was 5.5 months in FFY 2004, 6.3 months in FFY 2005, 7.0 months in FFY 2006, and 7.3 months in FFY 2007. In FFY 2007 the State’s median was longer than the national median of 6.5 months, and did not achieve the national target of 5.4 months.
- The CFSR Data Profile dated April 5, 2007 provides data on the percent of children in an entry cohort who reunify in less than twelve months. Specifically: Of all children entering care for the first time in the six month period just prior to the year shown, and *who remained in care for 8 days or longer*, what percent was discharged to reunification in less than 12 months from the most recent removal? (Permanency Composite 1, Component A, Measure C-3). The State’s percentage was 30.0% in FFY 2004, 28.2% in FFY 2005, 30.8% in FFY 2006, and 33.0% in FFY 2007. Performance improved in FFY 2006 and FFY 2007, but remains below the national median of 39.4% and the national 75<sup>th</sup> percentile target of 48.4%. Note that this data is a percentage of children exiting to all reasons, not just reunification. Therefore, the percentage of children exiting within 12 months is expected to be much lower than the percentage on measure C1-1, which limits the denominator to children exiting to reunification. Children exiting to reunification are of course more likely to exit within 12 months than children exiting to adoption or other goals.

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- FFY 2007 county data produced by the Children’s Bureau in February 2008, indicates that the rural counties of Apache, Navajo, Coconino, Graham, Mohave, Cochise and the combined counties of Greenlee, La Paz and Santa Cruz performed well on Permanency Composite 1, Timeliness and Permanency of Reunification. The State’s performance on Composite 1 during FFY 2007 was heavily influenced by Maricopa and Pima Counties, which comprise more than 75% of the State’s out-of-home population and had the first and third lowest performance on the composite measure.
- Timeliness of reunification, guardianship or permanent placement with a relative was identified as a strength in 74% of cases reviewed during the 2007 CFSR On-site Review, including 100% of the applicable cases reviewed in Pima County. In three quarters of the applicable cases reviewers found that the goal had been achieved in a timely manner or the agency made concerted efforts at timely permanency. Five cases were rated as needing improvement because of incomplete services to the parents or court decisions that prolonged reunification efforts despite a poor prognosis for achieving the goal.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

Much of the activity to support early reunification has been described in Section III, Part 1, *Crosscutting Initiatives* and other sections of this report. The strategies that most directly support timely reunification include the following, many of which are included in Arizona’s proposed CFSR Program Improvement Plan (PIP):

- *The Cornerstones for Kids’ Workforce Planning initiative* – Population growth, staff shortages and staff turnover inhibit the Division’s and the Court’s ability to persistently pursue reunification, particularly the time available to staff to engage and motivate parents. Reassignment of cases is especially troubling as service and progress may stall while the new CPS Specialist becomes acquainted with the family and case history. See Section III, *Introduction* for more information on case volume growth, staff resources, and the Division’s ongoing activities to recruit and retain competent staff.
- *Strengthen the DCYF Quality Improvement System* – The Quality Improvement process uses case reviews and CHILDS data to encourage individual competency and systemic improvement of practices and programs affecting permanency outcomes. Information is gathered, analyzed and monitored on permanency outcomes, including timeliness of reunification. For example, Districts 1 and 2 are currently analyzing data on children with short stays in out-of-home care (one week or less) to determine whether these removals could have been prevented using safety plans or in-home services. Aggregated and individualized feedback is provided to management and field staff, to guide systemic improvement and development of staff skills. For more information see Section III, Part 5, A.3. *Quality Improvement System*.
- *Maintain a statewide continuum of high quality in-home services* – In SFY 2008 Division managers and staff collaborated with in-home service providers to improve the accessibility and quality of a full continuum of in-home services. See Section III, Part 3, CFSR Item 3, for a description of the Division’s in-home services and related activities during SFY 2008.
- *Training, targeted guidance, and supervision to increase staff skill in the application of integrated CSA-SRA-Case Plan* – 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

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capacitates, which will improve timely pursuit of permanency goals and provision of services to parent, children and caregivers. The Division's Assessment and Case Planning Specialist has met with some ongoing units to provide individualized training on behavioral case planning. See Section III, Part 1, *Crosscutting Initiatives* for more information on the CSA-SRA-Case plan and related staff supports.

- *Recruitment, Development and Support of Resource Families* – One of four strategies of the Family to Family initiative, this strategy will potentially impact all permanency areas by seeking to place children with kin and within their home communities, thereby preserving connections to siblings, parents, extended family and school. The Home Recruitment, Study and Supervision contract is an important component of this strategy, which includes performance measures to promote shared parenting and other practices to preserve parental relationships with the child and other important connections. Shared parenting practices support reunification by maintaining the parent's connection to the child and knowledge of the child's needs and growth. See Section III, Part 1, *Crosscutting Initiatives* for more information.
- *Expand the use of family team meetings, particularly Team Decision Making* – During the 2007 CFSR On-Rite review, stakeholders repeatedly mentioned TDM meetings as a useful method for engaging parents and kin. This Family to Family strategy involves parents and extended family in decision making at the point of removal and other key decision points. The TDM process has proven especially effective in engaging fathers, mothers, extended family members, natural support systems and professionals to develop in-home safety plans or identify relatives for voluntary placement by the parents.
- *Concurrent Planning* – Concurrent planning is the simultaneous pursuit of reunification and another permanency goal in cases where the prognosis of reunification within 12 months is poor. The family and service team work together to increase the chances of reunification while simultaneously identifying and readying a placement to be permanent if reunification is not successful. With assistance from a national expert, the Division has begun to pursue methods to strengthen concurrent planning practices in Arizona. A two day meeting of staff and stakeholders was held in late January 2008. Subcommittees on policy and procedures, infrastructure and systems, and stakeholder engagement have been formed. These subcommittees are revising policy and procedure, identifying systemic changes necessary for effective implementation of concurrent planning, and implementing strategies to educate and align stakeholders (particularly the courts and attorneys) with the Division's concurrent planning practices.

During Arizona's 2007 CFSR staff and stakeholders identified the prevalence of substance abuse and addiction problems among parents involved with the Division as a factor affecting the ability to achieve timely reunification. Stakeholders reported that behavioral health services (particularly substance abuse treatment services) are not sufficiently available to meet the demand, especially in rural areas. Availability of appropriate treatments for crystal methamphetamine abuse and relapse issues were identified as challenges affecting timely and successful treatment and timeliness of reunification. Stakeholders also reported delays in receiving mental health assessments and services that in turn delay the reunification process. Stakeholders emphasized the need for timely provision of wrap-around services, services to address the needs of families with teenagers, availability of services for Spanish speaking families, and provider training on research based practices. The Division and its partners are involved in many statewide and local activities to prevent substance abuse and increase substance abuse treatment and aftercare services. The Governor's Office, law enforcement agencies and the Division of

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Behavioral Health Services have been especially active in these efforts. Two of the most promising initiatives begun in SFY 2008 are included in the State’s proposed CFSR Program Improvement Plan:

- *Carry out Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services* – The Division and its partners will gather and analyze data on substance abuse treatment needs and capacity, toward a goal of increasing the availability of substance abuse treatment services for families involved with CPS.
- *Implement the Parent to Parent Recovery Program in four Maricopa County communities* – The Division implemented this enhancement to AFF services in District 1 for specified populations. The program includes assignments of trained Recovery Coaches and provision of comprehensive interventions conducted by well-informed and integrated service delivery teams, to engage and assist families with parental methamphetamine use and a child at risk of removal. Approximately 150 families per year are expected to participate in the Parent to Parent Recovery Program. The program grant is for three years.

For more information on activities to address substance abuse and other mental health service needs see the description of the *Arizona Families F.I.R.S.T. (Families in Recovery Succeeding Together)* program in Section III, Part 3, subsection A.1., *Time Limited Reunification Services*. For more information on collaborations with the State’s behavioral health system to improve access to high quality behavioral health services see Section III, Part 4, subsection A.2., *Services to Address Children’s Educational, Physical Health and Mental Health Needs*, and Section III, Part 4, CFSR Item 23.

**CFSR Item 9: Adoption**

***Goals and Measures***

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)
	AFCARS FFY 2005: 33.8%
	AFCARS FFY 2006: 33.8%
	AFCARS FFY 2007: 35.9%
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)
	AFCARS FFY 2005: 26.7 months
	AFCARS FFY 2006: 27.7 months
	AFCARS FFY 2007: 27.3 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)
	AFCARS FFY 2005: 28.1%
	AFCARS FFY 2006: 32.2%
	AFCARS FFY 2007: 34.6%

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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)

AFCARS FFY 2005:	11.1%
AFCARS FFY 2006:	13.8%
AFCARS FFY 2007:	13.6%

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)

AFCARS FFY 2005:	40.2%
AFCARS FFY 2006:	44.9%
AFCARS FFY 2007:	52.4%

The State's achievement of timely adoption continued to improve in FFY 2007. The State is exceeding the national standard of 106.4 on CFSR Permanency Composite 2: Timeliness of Adoptions. The State's score was 110.8 in FFY 2004, 112.6 in FFY 2005, 121.9 in FFY 2006, and further increased to 129.6 in FFY 2007. The CFSR Data Profiles dated April 5, 2007, and March 4, 2008, provide the following data on the five CFSR adoption measures:

- Measure C2-1 is the percentage of children who discharge to adoption who do so within 24 months of their most recent removal. The national median is 26.8% and the national 75<sup>th</sup> percentile is 36.6%. Arizona achieved this goal for 35.9% of children exiting to adoption in FFY 2007, an increase over FFY 2006. The State has been performing slightly below the national 75<sup>th</sup> percentile, but performance has maintained well above levels at the time of the first CFSR. In FFY 2000, just 18.4% of children exiting to adoption did so within 24 months of removal.
- Measure C2-2 is the median length of stay for children exiting to adoption. The State's performance has dramatically improved since the first CFSR – in FFY 2000 the median time to adoption was 37.4 months. Recent performance has maintained at between 27 and 28 months since at least FFY 2004. The FFY 2007 median equals the national target of 27.3 months. This median indicates that 50% of the children exiting to adoption did so within 27.3 months of removal. Subtracting the 35.9% of children who exited to adoption within 24 months of removal from this 50%, it is shown that 14.1% of children exiting to adoption in more than 24 months but less than 27.3 months. The State is missing the goal of 24 months to finalization by just 3.3 months or less for these children.
- Measure C2-3 assesses the State's success at achieving adoption for children who have been in care for 17 months or more at the start of the year and do not achieve another permanent outcome (reunification, live with relatives, or guardianship) during the year. Arizona has continually improved and exceeded the national 75<sup>th</sup> percentile of 22.7% for this measure since at least FFY 2004. This measure does not consider the child's permanency goal, and it is likely that many of the children who do not exit to reunification, guardianship, or adoption by the end of the year are youth with a goal of independent living.

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- Measure C2-4 assesses the State’s success at achieving termination of parental rights (TPR) within the first six months of the year for children who had been in care for 17 months or more at the start of the year and were not already legally free for adoption. As with C2-3, this measure excludes children who exit during the year to reunification, live with relatives or guardianship. Arizona has continually exceeding the national 75<sup>th</sup> percentile of 10.9% since FFY 2005, although performance dropped very slightly in FFY 2007. As with C2-3, it is likely that many of the children for whom TPR was not achieved had a goal of independent living, so TPR was not being pursued.
- Measure C2-5 is the percent of children who became legally free for adoption in the prior year, who discharge to adoption in less than 12 months of becoming legally free. Arizona achieved substantial improvement on this measure in FFY 2007, reaching 52.4%, just 1.3% below the target goal of 53.7% for this measure.
- District and county FFY 2007 data shows that Districts 3 and 4 continue to perform especially well in this permanency composite. Counties in these districts were ranked first (Yuma), second (Yavapai), third (Mohave), and fourth (Coconino) on the overall composite (Composite data provided by the U. S. DHHS on February 19, 2008).

The *Child Welfare Reporting Requirements Semi-Annual Report* provides additional data related to adoption, including the following:

- The number and percentage of children in care on the last day of the FFY with a goal of adoption increased from 1,893 (21.4%) in FFY 2004; to 2,170 (21.9%) in FFY 2005; and 2,302 (23.4%) in FFY 2006; but dropped to 2,186 (22.5%) on the last day of FFY 2007.
- Adoption was the exit reason for 1,468 (19.9%) of the children who exited out-of-home care in FFY 2007.
- Of children in care with a goal of adoption on September 30, 2007, 50% were age five or younger, 20% were age 6 to 8, 19% were age 9 to 12, and 11% were age 13 to 17; 64% were legally free for adoption; and 90% were placed in an adoptive home.
- Of the 773 children who exited to adoption during the six months ending September 30, 2007, 61% experienced two or fewer placements, 25% were in three or four placements, and 14% had five or more placements. This data indicates improved placement stability for children exiting to adoption, compared to the six month period ending September 30, 2006.
- Thirty-six percent of children who exited to adoption in FFY 2007 were in their adoptive placement for at least two years at the time of adoption. This data suggests that identification of an adoptive placement is *not* a barrier to the adoption of many of the children who exit in more than 24 months from removal.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

The Division has continued to increase the percentage of adoptions occurring within 24 months of removal by monitoring adoption outcome data and by strengthening specialized recruitment efforts and adoption transition and support services. Activities and accomplishments in SFY 2008 include the following:

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- The Division's Home Recruitment, Study and Supervision (HRSS) contract has been especially helpful in achieving timely adoption. This contract requires timely child specific recruitment and targeted recruitment for sibling groups, teens, children whose ethnicity is over-represented in the foster care system and children with special needs. These activities increase the likelihood that an adoptive home will be available for each child with an adoption goal. The HRSS contract also allows agencies to jointly recruit and prepare homes for licensure and certification. Foster families wishing to adopt a child in their care who becomes legally free for adoption do not need to change to an adoption agency to be certified to adopt. Because the contract agencies provide standardized pre-service training for foster care and adoption, foster families wishing to adopt are not required to take additional training to become adoption certified. Contract agencies may also request that the Court certify their families for adoption at the time of initial foster care licensing, in the event the family is open to both foster care and adoption. See Section III, Part 1, *Crosscutting Initiatives* for more information on these contracts.
- The Division has been tracking district level performance on timeliness of adoption since the 2001 CFSR. The Division continues to distribute case level data in monthly reports to each district. These reports identify children with an adoption goal, their legal status, and their adoptive home identification and placement status, allowing districts to identify children who may be experiencing delays to finalized adoption. For example, the report is used to identify children who do not have an identified placement resource and require child specific recruitment, and to identify legally free children with a plan of adoption who require case transfer to the adoption unit. Assistant Program Managers and adoption supervisors in District I are using the reports to monitor movement toward adoption finalization. Central Office Adoption Policy Specialists are collaborating with adoption units in all Districts to ensure pertinent data fields in CHILDS are accurately completed, so that children with special recruitment needs are correctly identified and accurate outcome performance data is produced.
- Family to Family consultants have been providing technical assistance to District 1 on establishing permanency for youth. Consultants continue to meet with youth in foster care, youth who have been adopted as young adults, adoption staff, and provider agencies to promote the adoption of older youth. A workgroup has been developed to increase the number of older youth who are placed in foster and adoptive homes. The workgroup is reviewing and revising the current placement procedures. This workgroup consists of the District Office placement staff, supervisors from adoption and on-going units, a CPS Specialist who aged out of the foster care system, HRSS agency staff, the District Program Manager, foster parents, and consultants from the Annie E. Casey Foundation, including a consultant who aged out of the foster care system.
- The Division and representatives from Arizona's Indian tribes throughout the State met quarterly in 2006 to discuss ways to increase the number of Native American resource homes on and near tribal reservations in Arizona. These meetings resulted in an action plan to address many permanency issues for Native American foster children and the need for more Native American resource homes. The tribes requested creation of a full-time or part-time Division position dedicated to coordinating home recruitment efforts for Native American children. Recruitment for this new full-time position started in May 2007, but has been delayed by a statewide hiring freeze. Two native couples completed the PS-MAPP training in SFY 2007 and have been linked with contracted providers to complete the licensing process. The Division and tribal representatives anticipate more Native American resource homes will become licensed through State or tribal licensing authorities as a result of the dedicated recruitment position, once the hiring freeze is lifted.

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- The Division continues to provide families with transition counseling, goods and related services to resolve barriers to finalizing an adoption. These services are provided through state resources earmarked for adoption promotion and preservation. Adoption Specialists in each district can request funds to assist children in progressing to a finalized adoption.
  - In all districts, the Adoption Policy Specialist and Adoption Subsidy Supervisors provided technical assistance on adoption subsidy to adoption managers, supervisors, adoption specialists, contracted provider staff and prospective adoptive parents. Customized training formats varied from one-on-one in-person consultation with prospective adoptive parents; group basic training to new adoption case managers; question and answer workshops for experienced adoption case managers and supervisors to clarify policy, rules and statutes; and distribution of adoption subsidy program and application information through individual question and answer exchange, program booklets, checklists and mock agreement negotiation processes. In some districts, training is provided individually, when required by staff turnover. Group training sessions were offered to staff and contract agencies throughout the year in District 1. Adoption staff now call with questions up front to minimize incomplete applications and the resultant delay. Consumers report better understanding and ability to complete and submit applications. The Division has observed an increase in the receipt of complete, correct, and timely applications; which reduces the need for follow-up and other delays to application approval and adoption finalization. The increased communication has also allowed subsidy workers to provide more direction about accessing available services.
  - Child behavioral health and placement instability sometimes delay adoption for some children. The Division believes that it is important to provide services to reduce threats to placement stability prior to finalizing an adoption; and that pursuit of adoption should not be abandoned for children with severe behavioral health needs. These children may achieve adoption, but not until years after entering care, which negatively affects the State's data on timeliness of adoption. See Section III, Part 3, CFSR Item 6, and Part 4, CFSR Item 23 for more information on services and improvements affecting placement stability and child mental health outcomes.
  - Scheduling of termination of parental rights (TPR) hearings and resolution of TPR order appeals can delay adoption finalization. To reduce the need for TPR hearings, the Yavapai County court continues to review permanency issues on individual cases at regular intervals prior to the 12-month review. This provides sufficient notice to the agency regarding necessary services and guidance to parents about the court's expectations and statutory permanency planning timeframes. Pinal County began the Integrated Family court in February 2008 to hear cases in which the family is involved in more than one case type, and now has a fully staffed Assistant Attorney General's office. Both improvements are expected to have significant impact on court expediency toward permanency in Pinal County. The State has also observed a reduction in the number of TPR appeals filed and the time to resolve those appeals. See Section III, Part 5, A.2. *Case Review System* for information on activities to address delays to TPR resolution and other improvements to Court processes.
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**CFSR Item 10: Other planned permanent living arrangement**

***Goals and Measures***

Permanency Goal 14: 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

Calendar year 2005:	100%
Calendar year 2006:	70%
CFSR On-Site 2007:	36% (of 11 cases)

Permanency Goal 15: 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)

AFCARS FFY 2005:	27.6%
AFCARS FFY 2006:	33.4%
AFCARS FFY 2007:	36.9%

Permanency Goal 16: 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)

AFCARS FFY 2005:	94.5%
AFCARS FFY 2006:	94.7%
AFCARS FFY 2007:	95.6%

Permanency Goal 17: 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)

AFCARS FFY 2005:	45.3%
AFCARS FFY 2006:	39.3%
AFCARS FFY 2007:	33.9%

The CFSR Data Profiles indicate that Arizona has achieved the national standard of 121.7 on Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long period of Time. Arizona’s score was 118.7 in FFY 2005; 129.7 in FFY 2006; and reached 139.3 in FFY 2007. In FFY 2007 Arizona performed better than the national target on measures C3-1 and C3-3, and just 2.4% below the national 75<sup>th</sup> percentile on measure C3-2. Improvement was observed on all three CFSR measures, and was particularly strong on reducing the percentage of children exiting at age 18 who were in foster care for three years or more.

Arizona’s data on youth who turn eighteen in care shows progress in reducing time in care and placement changes, but continues to underscore the need for collaboration with youth and stakeholders to ensure access to services tailored to the distinct needs of these populations. Data includes the following:

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- The State's *Child Welfare Reporting Requirements Semi-Annual Report* confirms FFY 2007 reductions in median and average time in care for young adults who exit to age of majority. For children exiting to age of majority in the last six months of the year, the average time in care dropped from 46.1 to 37.6 months between FFY 2006 and FFY 2007. The median time in care dropped from 29.4 to 25.6 months between FFY 2006 and FFY 2007. Although improving, this population continues to spend more time in care than children who exit for any other reason. Children exiting to adoption in the last half of FFY 2007 had a higher median time in care (27.3 months), but a much lower average time in care (29.9 months). Fifty-three percent of children exiting to age of majority had been in care for more than 24 months, compared to 23% of all children who exited during this period.
- The State's *Child Welfare Reporting Requirements Semi-Annual Report* also provides evidence of improved placement stability for youth exiting to age of majority. Of youth exiting to age of majority in the last half of FFY 2006, 58% had five or more placements in the current removal episode and 21% had experienced one or two placements. These percentages held steady in the first half of FFY 2007, but in the second half the percentage of these youth with five or more placements dropped to 53% and the percentage with one or two placements increased to 28%. Despite the improvements, youth exiting to age of majority are less likely to achieve placement stability than other populations. Of all children exiting care in the last half of FFY 2007, just 10% experienced five or more placements and 75% had just one or two placements.
- Of youth served in FFY 2007 whose most recent goal was independent living, 49% were in a family or independent living setting, up from 42.6% in the year ending March 2006. Most of the increase is in the percentage of children in a supervised independent living setting: 20.4% in the year ending March 2006 and 25.8% in FFY 2007. Of children served in this year that had a goal other than independent living, 78.1% were living in a family or independent living setting: 3.7% in a pre-adoptive home, 30.8% with a relative; 42.5% in a non-related foster home, 0.1% in supervised independent living and 1% on a trial home visit.
- Of children with a goal of independent living, 13.9% had a most recent placement of runaway, down from 15.6% in the year ending March 2006; and 11.5% were in a restrictive care setting (residential treatment, detention, hospital, or correctional facility), virtually unchanged from 11.1% in the year ending March 2006. Of children served who do not have an independent living goal, just 1.4% have a most recent placement of runaway, and 2.5% were in a restrictive care setting. The high rate of children with a goal of independent living in restrictive settings (particularly detention and correction facilities), on runaway, or in a supervised independent living setting suggests that the goal is being properly assigned. The vast majority of these youth are age 16 or older.
- Placement differences between districts may indicate a need for different services or inter-agency collaborations to support youth living on their own in the community or incarcerated youth. Services to prevent runaways are most needed in urban areas. The following table shows the percentage of children served in FFY 2007 who had a most recent goal of independent living and most recent placement of detention or correctional facility, supervised independent living, and runaway.

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	<b>Independent Living</b>	<b>Detention/Corrections</b>	<b>Runaway</b>
<b>District 1</b>	21.3%	6.7%	15.3%
<b>District 2</b>	31.2%	4.5%	12.4%
<b>District 3</b>	36.6%	3.5%	5.2%
<b>District 4</b>	40.8%	6.1%	4.1%
<b>District 5</b>	21.4%	4.5%	14.6%
<b>District 6</b>	39.6%	2.1%	4.2%

An increasing number of children benefit from services designed to assist youth ages 16 or older. Data on participation in services includes the following:

- Between FFY 2000 and FFY 2007 the number of youth receiving independent living support and services increased by 34%. Youth served are primarily age 16 or older, and may have a goal of independent living or another goal.
- From FFY 2006 to FFY 2007 the percentage of youth who turned age 18 in care and elected to remain in voluntary care after their 18<sup>th</sup> birthday increased 34% from 445 to 595. This data demonstrates the success of the Division’s efforts to spread the word about the availability of continued care, encourage youth to take the option, and provide positive experiences so youth want to stay in care.
- The Independent Living Subsidy Program (ILSP) provides financial assistance and supportive services to assist older youth in care to maintain a stable living arrangement and permanent connections with caring adults up to age 21. The number of youth who are achieving permanency through participation in the ILSP has experienced steady growth, with an overall 7% increase in the past year.
- The number of students participating in post-secondary education and training programs with the assistance of an Education and Training Voucher (ETV) increased 121% between SFY 2004 and 2008 (through February 29, 2008), from 110 and 243 students.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

The Division continues to serve young adults through Young Adult Program Units, CPS Specialists, and contracted providers that have specialized knowledge about the needs of young adults and services available to meet those needs. During the 2007 CFSR On-site Review, stakeholders praised the State’s Independent Living Program (ILP) as being effective in meeting the needs of transitioning youth. A statewide Independent Living Policy Specialist provides consultation and technical assistance to staff and contracted agencies serving young adults, including annual meetings to develop competencies and identify systemic improvements necessary to achieve positive outcomes for these youth. Goal directed support and oversight is also provided by district managers, supervisors, and program specialists. For example, in District 2 an ongoing Program Specialist provides guidance to CPS Specialists who work solely on cases with an APPLA permanency goal (long-term foster care or independent living), to increase relational, physical and legal permanency.

During the 2007 CFSR On-site Review, stakeholders in two counties identified a need for more timely provision of independent living skills training for eligible youth. The Division’s proposed CFSR Program Improvement Plan (PIP) includes activities to improve in this area. The Division is revising a

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data report to gather more accurate data on provision of independent living skills training to youth age 16 to 18 in out-of-home care with a permanency goal or concurrent permanency goal of independent living or long-term foster care. This report will be used to identify trends and systemic barriers affecting goal achievement, and to identify specific children who need to be provided the service. Information gathered through analysis of the report will be provided to Division management and the CPS Specialists assigned to the eligible youth.

The Division recognizes the importance of involving youth to identify service and system improvements that will increase positive outcomes for young adults in foster care. Much of the Arizona Young Adult Program's success can be attributed to the involvement of youth, alumni and stakeholders (including caregivers, family members, faith communities, service providers, child welfare advocates and professional experts) in the continuous evaluation and growth of the program and services. Pinal County provides examples of the many benefits of such partnerships. A local non-profit has expressed interest in assisting youth to prepare for employment and obtain work experience, the local community college has agreed to incorporate ILP objectives into the Orientation to Student Development class curriculum, a community agency is partnering to provide transitional housing for youth ages 18 to 21, and a pilot project funded through the Department of Labor has been aiding youth to access housing services. Pinal County staff have made presentations to the Chamber of Commerce and other service organization on the needs of foster youth, and the contracted ILP service provider participates in the Pinal County Recruitment Council to assist in foster parent recruitment.

For more information on the Division's services and systems to support young adults, the Division's related accomplishments in SFY 2008, and action steps for continuous improvement in SFY 2009, see Section V, *Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Annual Progress and Services Report*.

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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**

***Goals and Measures***

This area was identified as a strength in 97% of applicable cases reviewed in Arizona's 2001 and 2007 CFSR On-Site Reviews. The 2007 CFSR Final Report states that "in 97 percent of the cases, reviewers determined that DCYF had made diligent efforts to ensure that children were placed in foster care placement that were in close proximity to their parents or relatives, or that were necessary to meet special needs."

The Division's District 1 has developed a methodology for producing data on this important outcome. Once available, District 1 will use CHILDS data to compare the zip code of removal with the zip code of 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. The Division's other districts are in the process of defining placement proximity. Districts are discussing the pros and cons of defining proximity by zip code, school district, or other area.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

The Division's continued strength in this area can be attributed to consistent communication and knowledge among field staff about the importance of keeping children in their home communities. The value of achieving this goal is communicated throughout the Division's policy manual, Family to Family publications and trainings, and the Division's resource family recruitment and training contract and related activities. For example, GIS maps are generated and shared with stakeholders and Division staff each June and December. These maps allow District managers, District Recruitment Liaisons and Councils, and contracted agencies to compare the location of available resource homes with children's areas of removal. The data supports the HRSS contracts that require contracted agencies to develop and submit targeted recruitment plans that focus on the neighborhoods where the children were removed. In smaller districts the Foster Care Recruitment Specialist is also able to track the individual cases of children placed long distances from home, to identify system needs and to work with the community to bring the child back home. See Section III, Part 1, *Crosscutting Initiatives* for more information on the HRSS contracts.

The Division's activities to reduce the number of children in out-of-home care and limit the use of congregate care also increase the percentage of children placed in their home communities. Recent reductions in the number of children in care, the increase in the number of licensed foster homes since 2005, and use of TDM meetings to identify relatives and significant persons have made it more likely that placements within the child's community are available. For information on activities to prevent removal and support kinship placements, see Section III, Part 2, CFSR Item 3, and Part 3, CFSR Item 15. The Division does expect that some children will continue to be placed away from their home communities to be placed with relatives or in therapeutic placements to meet their behavioral health, physical health or other special needs.

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**CFSR Item 12: Placement with siblings**

***Goals and Measures***

Permanency Goal 18: The percentage of cases where siblings in out-of-home care are placed together, unless contrary to the child(ren)'s best interest, will be 95% or more

Calendar year 2005:	71%
Calendar year 2006:	79%
CFSR On-Site 2007:	95%

This area was identified as a "consistent and substantial" strength in the 2001 CFSR and continues to be a strength for the Division. The 2007 CFSR Final Report stated that "in 95 percent of the applicable cases, reviewers determined that the agency placed siblings together in foster care whenever possible and appropriate."

The Division uses CHILDS data on the following measure to monitor performance on placement of siblings together: Of all cases with at least two children in out-of-home care, what percentage had at least two children placed with the same caregiver on the last day of the period? The number of cases with a sibling group in care on the last day of the SFY increased from 1,465 in SFY 2003, to 1,821 in SFY 2004, and 2,221 in SFY 2005; but decreased to 1,970 in SFY 2006 and 1,960 in SFY 2007. The percentage of these siblings groups that had at least two siblings placed together on the last day of the

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SFY increased from 80.8% in SFY 2003 to 82.4% in SFY 2004; decreased to 80.2% in SFY 2005 and 73.6% in SFY 2006; and again increased to 88.4% in SFY 2007. District performance in SFY 2007 ranged from 85% to 90%. This measure provides an indicator of change, but is limited in its ability to describe the experience of children in out-of-home care. The data can not account for the reasons for separation. Furthermore, a case is identified as “siblings placed together” if two children are placed together on the given day, even if another sibling is placed separately or the children spent other days in separate placements.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

Placement of siblings together is an area of strength for Arizona. According to the 2007 CFSR Final Report, “Stakeholders ... expressed the opinion that the agency makes concerted efforts to place siblings together. They noted that when siblings can not be placed together, usually because of the size of the sibling group, the agency makes concerted efforts to place them in close proximity so that they can have frequent visitation.” The Division continues to communicate to staff and stakeholders the value of sibling relationships and expectation that practice will support placement of siblings together. Communication of this message occurs through published Division goals, best practice tips in the DCYF policy manual, the Practice Improvement Case Review process, and Family to Family implementation. Other activities that support continual improvement in this area are described elsewhere in this report. Please see the following sections for more information:

- The Division continues to emphasize the need for thorough kinship searches and placement with kin. Relatives are often willing and able to provide temporary or permanent care for the entire sibling group. See Section III, Part 3, CFSR Item 15 for more information on Division efforts to support kinship placement.
- The Family to Family initiative employs four strategies toward a goal of “increasing the number and rate of brothers and sisters placed together.” The Division expects that achievement of other Family to Family goals, such as increasing the number and percentage of children served in-home and placed with relatives, will also reduce the number of sibling groups needing non-related foster homes and give the Division more flexibility to manage its foster family resources so that homes are available for sibling groups when needed. See Section III, Part 1, *Crosscutting Initiatives* for more information on the Family to Family initiative.
- The HRSS contract requires that providers submit a targeted recruitment plan with strategies “tailored to the populations identified by the District on a semi-annual basis,” including sibling groups. The HRSS contract also identifies an outcome of “siblings in foster care shall be placed together as an intact group (all siblings).” Performance incentive payments are awarded to providers who achieve at least twelve of the sixteen performance measures included in the HRSS contract. See Section III, Part 1, *Crosscutting Initiatives* for more information on these contracts.
- The Division gives priority to placement of siblings together. Although the Division discourages the use of congregate care settings, the Division does use group care facilities to keep sibling groups intact when kinship and other family settings can not be located. Of the ten children under seven years old who were living in group homes at the end of September 2007, nine were in the group home to avoid being separated from their siblings. Also, when safe and otherwise appropriate, Division staff may request to exceed a foster home’s current license capacity in order to prevent separation of siblings.

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

***Goals and Measures***

Permanency Goal 19:	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
	Calendar year 2005: 54%
	Calendar Year 2006: 58%
	CFSR On-Site 2007: 69%

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

Out-of-home caregivers, especially relatives, can provide excellent resources for facilitation of visits; including opportunities for frequent in-person and telephone contact with siblings and parents in a relaxed and natural environment. The Division is encouraging resource family involvement in visitation by communicating as one of the core elements during PS-MAPP training the expectation that foster and birth parents share parenting. The Division has also set expectations for shared parenting and resource family support of family visitation via the HRSS contract. This contract includes performance measures related to contact with parents and facilitation of sibling contact. Foster parents are expected to have contact with birth parents so both can receive and share information about the child, and to support the child’s connections to the family. Communication of this expectation should increase the number of resource families who bridge moderate distance gaps between the foster home and the child’s own home. See Section III, Part 1, *Crosscutting Initiatives* for more information about PS-MAPP training, shared parenting and the HRSS contracts.

Caseload growth and lack of transportation resources are often cited by staff and stakeholders as barriers to sufficient visitation frequency. Transportation is especially problematic in rural areas without public transportation, which places greater demand on limited agency resources. Achievement of the Family to Family goals of reducing the number of children in out-of-home care, and increasing placement of children with siblings, with kin, and within the home community reduce the number of children who require parent-child or sibling visitation facilitated by the Division. Therefore, the agency’s staff and transportation resources will be better able to meet the needs of children who remain in out-of-home care and require this service. See Section III, Part 1, *Crosscutting Initiatives* for more information on Family to Family.

Visitation centers are another method to support family visitation. In SFY 2007 Maricopa County opened three visitation centers that provide transportation, supervision, opportunities for visits on evenings and weekends, and documentation of the visits to the CPS Specialist. Pima County opened a similar visitation center in SFY 2008. These facilities supervise parent-child visits and sibling visits. By making the arrangements for visitation and providing or coordinating transportation for children and parents, this service has benefited families and freed CPS Specialists for other pressing duties. The visitation centers also transition visits to the family’s home and provide a detailed case note about each facilitated visit, which support movement toward permanency.

To address some of the misperceptions about visitation and provide training to those involved in visits, the Division continues to use the video developed by the Pima County Juvenile Court’s Model Court Committee, visitation sub-committee. This video provides information on visitation guidelines for parents, the importance of visitation, child’s behavior and issues after visits, sibling contact and

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continuing contact/visits with parents even if the child may not be reunifying. The video was completed in collaboration with Bob Lewis, shared parenting and permanency consultant. A Visitation Guide was also created, to be given to parents at the beginning of case. The video continues to be shown to birth parents, foster parents, behavioral health professionals, CPS Specialists, Assistant Attorneys General, attorneys representing parents and children and Juvenile Court Judges to educate on the importance of visitation and what to expect from visits. The video is also used when training kin and other significant persons identified to facilitate visitation.

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**CFSR Item 14: Preserving Connections.**

***Goals and Measures***

Preservation of connections was found to be a strength in 84% of cases reviewed during the 2007 CFSR On-site Review.

See Section III, Part 3, CFSR Items 11, 12, 13, 15, and 16 for information on the State's effectiveness at placing children in close proximity to the parent(s); placing with siblings; visitation with parents and siblings; placing with relatives; and promoting shared parenting and parental involvement in child related activities other than visits. Achievement of these outcomes is closely linked to the State's ability to maintain connections to neighborhood, community, faith, family, tribe, school and friends.

According to the *Child Welfare Reporting Requirements Semi-Annual Report*, 670 American Indian children were in out-of-home care on September 30, 2007; 7% of the out-of-home population on that date. Between April and September 2007, 266 American Indian children discharged from out-of-home care; which was 7% of all discharges. Of these children, 44% exited to reunification or live with other relatives, 15% to adoption, 14% to guardianship, 8% to age of majority, 15% transferred to another agency (most likely to tribal jurisdiction and eventual reunification or relative placement), and 3% exited to runaway. Of all children who discharged during that same period, 54% exited to reunification or live with other relatives, 20% to adoption, 12% to guardianship, 7% to age of majority, 4% transferred to the jurisdiction of another agency, and 3% exited to runaway. These differences suggest outcomes for Native American children continue to be influenced by cultural preferences for reunification and relative placement, and against adoption.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

The Division and State child welfare partners continue to communicate to staff, out-of-home caregivers and service providers the importance of connections to neighborhood, community, faith, family, tribe, school and friends; and to develop systems and resources that support maintenance of those connections. Much of this work has focused on placement of children within their home communities and with kin. Such placements provide the best possible method for keeping children in the same schools, maintaining relationships with friends and family, and ongoing participation in family, faith, and cultural events and traditions. For example, in District 5 the Family Group Decision Making Program Specialist attends bi-monthly congregate care meetings, to hear about children placed in group care settings and consider the possibility of holding a FGDM meeting to maintain or restore family connections. See Section III, Part 3, CFSR Items 11 and 15 for information on the State's activities to achieve placement with kin and placement in the child's home community. The Family to Family initiative and activities to embed family-centered practice principles and techniques also affect the Division's ability to maintain

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connections. For more information on these activities, see Section III, Introduction and Overview, *Crosscutting Initiatives*.

Through PS-MAPP training, Department licensing rules, and the State's Foster Parent Handbook the Division has set and communicated expectations that resource parents have regular contact with the birth parents, participate in shared parenting, and nurture children's ethnic and cultural identity. For example, the *Criteria for Mutual Selection* document, which is used in PS-MAPP training, informs potential foster and adoptive parents that to be successful they must be able to: "Build connections - Help children and youth maintain and develop relationships that keep them connected to their pasts;" and "Build self-esteem - Help children and youth build on positive self-concept and positive family, cultural and racial identity." Licensing rules cited in the Foster Parent Handbook state that "a foster parent will support the child's and the family's cultural and ethnic heritage and language. A foster parent can not compel a child to participate in cultural and ethnic activities against the child's or the family's wishes." The Handbook provides practical information on methods to support the child's development and maintenance of cultural and ethnic identity. For example, the Handbook suggests that foster parents "encourage the child to participate in ethnic and cultural events and holidays;" "interact with individuals of diverse backgrounds; acknowledge the child's culture by talking with the child about the child's culture; having food, magazines, books, toys, etc. geared to the child's ethnic or cultural group; and watching TV programs and listening to radio broadcasts with positive messages about the child's community. Internet web sites devoted to the child's culture may be useful resources."

The Division is also engaging in activities to develop staff understanding of the critical nature of connections to culture and community, and provide tools for fostering a sense of identity and connections for youth. With the support of Casey Family Programs, the Division participated in a Breakthrough Series Collaborative (BSC) on disproportionality that concluded in September 2006. The Division is receiving assistance from Casey Family Programs to roll out *Knowing Who You Are...Helping Youth in Care Develop Their Racial and Ethnic Identity*, a program developed by Casey that gives staff the tools they need to begin courageous conversations to help youth on their ethnic and cultural journey. The program includes a video, online course, and in-person training. Three sites have been chosen to participate in the initial rollouts. District 1's South Mountain office, which is located in a community with a large African American population, began the program in summer 2007. District 5's Apache Junction office (Pinal County) and District 2's Young Adult Program (YAP) units will receive the training by fall 2008. In the meantime, the District 2 YAP Units participated in a "cultural sharing" activity, where they made posters that told their stories and shared those stories with their peers. Staff learned things about each other that they had not known, even after years of working together. One of the *Knowing Who You Are* teachings is that sharing cultural backgrounds within the professional setting is essential to staff being prepared to do the work with their clients. This activity also creates a safe environment to ask questions about long held myths and stereotypes. In addition, District 1 held a cultural diversity conference in March 2008 with funding from Family to Family and Casey Family Programs, and is convening an Eradicating Racial Disproportionality and Disparity in Child Welfare workgroup in July 2008. The workgroup will consist of parents, youth, community members and Division staff.

The Division is also actively involved in collaborations with Arizona's Native American tribes to improve outcomes for Native American children, including preservation of connections to tribe and culture. For more information see Section III, Part 5, A.9., *Collaboration with Native American Tribes and Indian Child Welfare Act Compliance*.

**CFSR Item 15: Relative Placement**

***Goals and Measures***

Permanency Goal 21:	The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more
	Calendar year 2005: 90%
	Calendar year 2006: 86%
	CFSR On-site 2007: 73%

Data from the *Child Welfare Reporting Requirements Semi-Annual Report* indicates that 35% of children in out-of-home care on September 30, 2005; March 30, 2006; and September 30, 2006 were placed with a relative. This percentage dropped to 31.2% on September 30, 2007. This data underestimates to an unknown degree the percentage of children placed with relatives because identification of licensed relative placements requires an additional documentation step that is not completed in all cases. In addition, many families are served voluntarily while the children temporarily reside with relatives, preventing removal and dependency. These children are not in the State's out-of-home care population and therefore are not included in this statistic.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

The Division continues to participate in activities to improve searches for relatives and increase the percentage of children living with relatives or other significant people in the children's lives. The Division recognizes that the relationships between kinship caregivers, the children in their care, and the birth parents present special issues that require sensitivity, knowledge, and skill among CPS Specialists and service providers. The Division continues to develop the knowledge and skills of staff in relation to these special needs, and to identify services and supports to promote permanency and stability with kinship foster caregivers. Division accomplishments in SFY 2008 included the following:

- During the 2007 CFSR On-site Review stakeholders in two counties praised the agency's efforts to seek relative placements, noting that CPS Specialists always ask children to identify kin and significant others, and have access to a relative locator service. TDM meetings were also identified as helpful resource for locating kin.
- The revised integrated CSA-SRA-case planning process was implemented statewide in June 2007. This process directs staff to explore family connections as a resource for ensuring child safety and for placement options in the event that the child enters out-of-home care. The on-line tool guides the CPS Specialist to record the information obtained within the tool itself, providing a consistent location for kinship information in each case where a child is in out-of-home care.
- District 2 continues to use a form and process they developed to capture and periodically review information on relatives. This form stays with the case, allowing the CPS Specialist to easily locate relative contact information and information pertaining to their ability to care for the child(ren). The form is reviewed by the CPS Specialist every three months, to determine if circumstances might have changed for any of the relatives. The Juvenile Court Judges are aware of this form and make inquiries at court hearings.
- District 2's Kinship Family Connections unit is housed in the same building as the District's CPS kinship licensing and home study unit, facilitating communication and referrals. The Family

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Connections unit holds monthly Resource Day clinics that give relatives a “one stop” opportunity to get fingerprinted and obtain information about TANF assistance and the home study process.

- In some districts Kinship Liaisons conduct in-person contacts with kinship caregivers to identify and resolve unmet needs and provide a resource manual of local services and supports available to kinship caregivers.
- Use of the data dashboard and other managerial oversight of contact with parents continues to assist the Division to identify parents whose whereabouts are unknown or that have not had consistent contact with the CPS Specialist. Submission of requests to locate parents and relatives are completed by the CPS Specialist. When parents and relatives are located, efforts are then made to engage the parents and relatives to identify potential kinship caregivers.
- Relatives report that they are committed to caring for the children regardless of financial compensation, but the placements do put financial strain on their families. Licensed kinship foster caregivers receive financial benefits, the support of a licensing worker, and the greater perception of legitimacy afforded by completion of the home study and training process. State policy to encourage kinship foster caregivers to become licensed was strengthened in 2006 and 2007. The Division saw a 48% increase in the number of licensed kinship caregivers in SFY 2007 (*The Arizona Kinship Foster Care 2007 Program Report*). The Division’s HRSS contract providers assist the Division to train and license relatives as resource families.
- A 90 minute kinship module was added to the Core Training at the Child Welfare Training Institute in January 2008. This training uses both community professionals and kinship caregivers to educate new CPS Specialists on topics specific to kinship care including: available support services and resources, role and boundary issues, permanency for children placed with kinship families and feelings associated with kinship caregiving.
- DCYF is a member of the Central Arizona Kinship Care Coalition, which is an advocacy and information group of kinship caregivers and Phoenix area agencies involved with kinship caregivers. The Coalition has legislative, events, and education sub-committees that address issues of importance to kinship families. The coalition developed the Core Training kinship module. The Coalition also sponsors a yearly “Grandparent University” training for kinship caregivers, and a social event on Grandparent’s Day in September. In March 2008 the Coalition participated in a Caregiver’s Rally at the Legislature.
- Arizona’s Children Association used their newly obtained funding to initiate and enhance services for kinship caregivers in rural areas. Initiation of these programs creates greater community involvement in the provision of necessary supportive services to kinship foster caregivers.

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**CFSR Item 16: Relationship of child in care with parents.**

***Goals and Measures***

During the 2007 CFSR On-site review, 61% of cases were rated strength on Relationship of child in care with parents.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

As with parent-child and sibling visitation, transportation and foster parents' busy schedules present barriers to parental involvement in activities outside of visitation. Perceptions and myths about birth parents also create reluctance among some foster caregivers, CPS Specialists and other team members to involve parents more fully. The Division's PS-MAPP foster parent training and Ice Breaker meetings are two methods the Division is using to change these perceptions and encourage shared parenting. The Division is also working to place more children in their home communities, in close proximity to the parents and with kin. These placements provide natural opportunities for parental involvement in the day to day lives of their children. See Section III, Part 3, CFSR Items 11, 13, 14, and 15 for more information about factors affecting the Division's ability to maintain parent-child relationships and efforts to promote best practice and outcome achievement in this area. See Section III, Part 1, *Crosscutting Initiatives* for more information on Family to Family and other multi-faceted systemic improvements affecting performance in this area.

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**C. Strategies and Action Steps for SFY 2009**

The following strategies and action steps for SFY 2009 are the State's primary strategies for improvement of permanency outcomes, and are the same strategies included in the State's proposed CFSR Program Improvement Plan. These strategies and action steps do not describe all the activities that may improve outcome achievement. Routine work activities, small programmatic changes, and initiatives in their early planning stages have been described under the appropriate service or program description or CFSR Item and will also have a significant impact on outcome achievement.

The following primary strategies and action steps were identified based on analysis of the State's NCANDS, AFCARS, Practice Improvement Case Review, CFSR On-site Review, and other data described in Parts 1 through 5; input from Division staff and child welfare stakeholders; and other strategic planning processes. These strategies will also support achievement of safety and well-being outcomes. Likewise, strategies listed in other parts will support achievement of permanency outcomes. For example, Division efforts to expand the use of family team meetings, particularly Team Decision making meetings, will improve the Division's ability to identify services and supports to safely maintain children in-home and prevent removal, re-entry, and repeat maltreatment.

**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

1. Increase the percentage of children removed for which a TDM was held prior to the removal
2. Hold a TDM or CFT meeting prior to unplanned placement changes, in all districts
3. Increase father attendance at TDM and CFT meetings, when the father's attendance is not contrary to the child's safety or well-being

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4. Implement Icebreaker meetings for children placed in out-of-home care in Districts 1 and 2

**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

1. Strengthen agency policies, practice, and implementation of concurrent planning, statewide

## PART 4: CHILD AND FAMILY WELL-BEING

### A. Program or Service Descriptions

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

##### *Child Protective Services Case Management*

CPS case management services are available statewide to address children's 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, concurrent goal when applicable, 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 plan; and a contact and visitation plan. All 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 Division partners with the family to create a team of people to support the family. This 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, court hearings and Foster Care Review Board hearings to provide ongoing input into the case plan.

Arizona's case planning policies encourage family involvement by requiring 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. When concurrent planning is needed, the parents are encouraged to participate in the concurrent planning process and are informed of the concurrent permanency goal.

Children age twelve or older are to be: (1) informed about the Department's goal of achieving permanency for the child in a safe home; (2) informed of all available alternatives to achieve permanency

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for the child, including family reunification through the parents' successful participation in services, consent to adoption, consent to guardianship and adoption through termination of parental rights; (3) made aware that individualized services addressing the reasons for child protective involvement are made available to families; (4) informed about their parents' activities and progress toward reunification, unless returning home is not a possibility; (5) helped to identify significant adults with whom relationships can be maintained; and (6) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.

***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 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.

For more information on Division activities to ensure monthly caseworker contacts with children and parents, see section 3, Part 4, CFSR Items 19 and 20.

***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

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- 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. These goals and strategies are incorporated into this *Child and Family Services Annual Progress Report*. 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.

See Section III, Part 1, *Crosscutting Initiatives* for more information on the Family to Family initiative.

***Family Group Decision Making***

Family Group Decision Making (FGDM) is a strengths-based and culturally affirmative best practice model that involves families in decision making for the future of their children. This promising practice continues to be highly valued by families, CPS staff, and community members alike. Referred families may have children removed from their homes or children at risk of being removed due to child abuse and neglect. Though it can be used for a variety of purposes at various junctures in a case, typically FGDM is used to identify a kinship placement and/or permanency plan for a child. The Department also uses FGDM to connect adolescent youth with relatives or other significant persons. Through FGDM, the Division identifies members of a child's nuclear and extended family and invites them to join the CPS Specialist, resource staff, and other family supports in developing a placement and support plan for the child. The FGDM Specialist prepares all invitees (both family members and professionals) for their role at the meeting, where each attendee is viewed as a resource for the process and for the child. At the meeting, during private family time, the family members develop and agree upon a plan A and a plan B. They present the plans to the professionals and if their plan does not violate the CPS bottom line of safety, it is supported by CPS and presented to the Court for approval.

Between July 2007 and December 2007, 64 family meetings were held throughout the State. Family participants in those meetings numbered 532 and professional participants numbered 271. The total number of family participants at these meetings was 552, including 303 participants from the maternal family and 249 paternal family members, indicating nearly equal engagement from both sides of the family.

The Division continues to be committed to the FGDM model as a family-centered method for child welfare decision making. Accomplishment of the FGDM program during SFY 2008 included the following:

- All of the FGDM Specialists were approved to attend the American Humane Association FGDM conference that was held in Tucson, Arizona in June.
- The Assistant Program Manager overseeing the FGDM and TDM Specialists participated in a workshop on the integration of the two family involvement strategies in Arizona at the FGDM Conference.

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- Use of the FGDM model has expanded in Districts 1 and 2 to youth who are part of the Independent Living program. Youth in Transition Conferencing allows young people to take the lead in planning for their future. They identify and invite the people who are important to them to help create a plan for their independence, and are encouraged to talk with these people about what they want their lives to be like and what they need to make that happen. Adults are at the conference to help the youth identify his or her strengths, assets and needs. The process encourages the youth to build a circle of support and develop resources for independence. In Tucson, two of the three AYAP units have been trained on the Youth in Transition program and these units have identified 11 youth that they believe would benefit from this kind of meeting. The units are working with the youth to coordinate the meetings.
- An MSW intern is currently tracking progress of family plans in one district. The Division is devising a permanent way to track family plans.

In SFY 2009 the Division will review the information gathered at the FGDM conference to enhance the Arizona FGDM model. This process will begin with a meeting in late June of the FGDM Specialists, a Pima County Assistant Program Manager, and the CPS Program Administrator to share and discuss their learnings from the conference and generate ideas for implementing FGDM program improvements in the districts.

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

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 plan 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. The 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. 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 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 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.

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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 IDEA parent or surrogate parent is appointed for children who require special education evaluation and/or services. State law was changed in April 2007 to allow a kinship foster caregiver or foster parent to act as the IDEA parent in the absence of a birth parent. The law change also allows a surrogate parent, when needed, to be appointed by *either* a court *or* the Arizona Department of Education (ADE). This change has made the appointment process easier and faster and reduces delays to assessment and service provision.

As a result of State statute enacted in September 2006, the Division created an Educational Case Management Unit that employs two full time Case Managers to serve youth, statewide. The Case Managers develop and coordinate Educational Case Management Plans for youth in the Independent Living Program and to assist youth participating in the program to graduate from high school, pass the AIMS test, apply for postsecondary financial assistance, and apply for postsecondary education. The Department is partnering 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 developing educational plans to ensure individual educational needs are met.

The Educational Case Managers hold interviews with youth to complete an individual educational assessment. An educational assessment tool is being created that will identify progress towards the youth's graduation or completion of a graduate equivalency degree (GED); successful completion of the Arizona Instrument to Measure Standards (AIMS) test; identification and development of future educational goals, and assistance in identifying and applying for post-secondary financial aid assistance.

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

The State actively consults with and involves physicians or other appropriate medical professionals in assessing the health and well-being of foster children and determining appropriate medical treatment. Meeting the health care needs of foster children is a responsibility shared among parents, CPS Specialists, out-of-home care providers and medical providers. 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 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 foster children placed in Arizona, as well as those placed out-of-state.

CMDP covers a full scope of prevention and treatment health care services, when determined to be 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. 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.

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, annual medical exams and semi-annual dental exams. The CPS Specialist and out-of-home caregiver are responsible for ensuring that any follow up

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care or referrals for services are provided. 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 and provided to out-of-home care providers through a medical summary report generated in CHILDS. Data regarding medical treatment, certain diagnoses, immunizations and all other EPSDT services provided through CMDP is entered into each child's case record through an electronic interface, and is thus included in the medical summary report. The CPS Specialist provides copies of medical records directly to the out-of-home caregivers or through a form summarizing significant medical, educational, and developmental history and status information.

No changes are anticipated in the population and geographic areas served by the program. In CY 2007 18,632 children in foster care were enrolled in CMDP, down from the 18,891 in CY 2006.

***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, three 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, and the Pascua Yaqui Tribe. 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. All other behavioral health services are 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 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 in the child's Child and Family Team 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

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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.
- 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.

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- 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, which 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. 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 working on 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, Measures and Progress**

To integrate the Child and Family Services Review (CFSR) process and the Child and Family Services Annual Progress and Services Report, most of the Department's Child and Family Services State Plan outcomes and goals match those used to determine substantial conformity during the CFSR. The target percentage for all the CFSR goals is the standard for substantial conformity during a Child and Family Services On-site Review, and is therefore a long-range goal representing a very high standard of practice.

Progress toward achieving the State's well-being outcomes and goals is measured using CHILDS data or the Practice Improvement Case Review (PICR). Arizona's participation in the CFSR On-Site Review in August 2007 provided case review data, substituting for the PICR in SFY 2008. CHILDS and the PICR provide statewide performance data. The CFSR data represents the performance of three Arizona counties, including the State's two largest counties and roughly 80% of the Division's caseload.

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**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**

***Goals and Measures***

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

Calendar year 2005:	68%
Calendar year 2006:	67%
CFSR On-Site 2007:	46%

During the 2007 CFSR On-site Review, no significant differences were found between in-home and out-of-home cases on this item. Reviewers also found that the Division is less effective at assessing and meeting service needs for fathers than it is for children, foster parents and mothers.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

Activities in SFY 2008 that are directly related to assessment and service provision include the Division’s efforts to recruit and retain competent staff and the projects described in Section III, Part 1, *Crosscutting Initiatives*. Clearly, improving staff skill in the application of the integrated CSA–SRA–Case planning process will affect the percentage of cases in which comprehensive assessments of children, parents and caregivers are conducted. Embedding family-centered practice and family engagement principles into day-to-day field work increases the likelihood that services are provided to address each family’s unique needs. During the 2007 CFSR On-site Review, stakeholders reported that TDM meetings improve comprehensive assessment and service planning. The Division believes TDMs are a particularly effective strategy to improve the identification, location and assessment of fathers; and that the other Family to Family strategies will also improve initial and ongoing needs assessments and service planning. For example, the strategy of Building Community Partnerships helps the agency to identify and develop services and supports to address the needs of families served in each community.

Achievement of assessment and service provision goals and ratings of strength on CFSR Item 17 are correlated with goal achievement and strength ratings on many other CFSR Items. Those most directly related include CFSR Item 3 – Services to family to protect child(ren) in the home and prevent removal or re-entry, Item 4 – Risk assessment and safety management, Item 6 – Placement stability, Item 8 – Reunification, guardianship, or permanent placement with relatives, Item 10 – Other planned permanent living arrangement, Item 19 – Caseworker visits with child, Item 20 – Caseworker visits with parents, and the systemic factors of service array and resource development, and foster and adoptive parent licensing, recruitment and retention. For example, if a parent or child is not receiving monthly visits that sufficiently address outcomes and achievement of case goals, it is also probable that the agency did not conduct a sufficient ongoing assessment. As another example, if an unplanned placement change occurred because a foster parent was not provided sufficient support services, reviewers would rate both Item 6 and Item 17 as needing improvement. Because of these clear correlations, the Division’s strategies for improving in-home services, risk assessment and safety management, independent living services, caseworker visits, service array, and foster parent recruitment and retention are also the Division’s strategies for improving assessment and service provision. For more information on these areas and related activities, please see the discussions of these items in systemic factors in Section III, Parts 2, 3, 4, and 5.

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

***Goals and Measures***

Well-Being Goal 2:	The percentage of cases in which the child(ren) and family are actively engaged in case planning will be 95% or more
	Calendar year 2005: 52%
	Calendar year 2006: 56%
	CFSR On-site 2007: 52%

During the 2007 CFSR reviewers found that fathers were less likely to be involved in case planning than either mothers or age-appropriate children. In addition, children were slightly less likely to be involved in case planning than mothers.

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

The Division continues to make efforts to improve family involvement in case planning. The development and continued implementation of family-centered practice skills and forums for meaningful involvement of parents and youth in assessment and case planning continues to be an agency-wide priority. For information on initiatives and activities such as Family to Family and shared parenting, see Section III, Part 1, *Crosscutting Initiatives*. Application of the Division’s integrated CSA-SRA-Case planning process also provides an opportunity to engage parents and youth in initial and ongoing identification of their needs, strengths, goals, services and progress. The *Family-Centered Strengths and Risk Assessment Interview Guide* provides staff with questions they can use to gather information in a family-centered, engaging, motivating style; and the new behaviorally based written case plan will produce plans that are individualized to the unique family situation. For more information on the Division’s work to integrate and achieve consistent application of the CSA-SRA-case planning process, see Section III, Part 1, *Crosscutting Initiatives*.

CPS Specialist contacts with parents and children are an important opportunity to keep parents and children fully informed and seek their input about decisions affecting them. CPS policy was revised in SFY 2008 to require that the assigned CPS Specialist have monthly face-to face contact with the child and the caregiver in the child’s out-of-home placement. If the child is verbal, these contacts provide CPS staff the opportunity to discuss the current case plan with the child and obtain his or her thoughts and feelings about the plan. Policy also provides that if the permanency goal is to remain with the family or family reunification, the CPS Specialist is required to have face-to-face contact with all parents at least once a month, including any alleged parents, parents residing outside of the child’s home and incarcerated parents. Contacts with parents provide opportunities to discuss progress towards the behavior changes outlined in the case plan, and gather information to inform the CPS Specialist’s ongoing safety and risk assessment. See Section III, Part 4, CFSR Items 19 and 20 for information on factors affecting the frequency and quality of contacts, and Division efforts to improve these contacts. Improvements in CPS Specialists’ contacts with children is a primary strategy for addressing the need for greater involvement of children in case planning. Older children often participate and have input into the case plan at CFT, FGDM and/or TDM meetings, court hearings, foster care review boards, and case plan staffings; but staff are less skilled at engaging young children in case planning. Particularly with very young children, this is most effectively done through high quality in-person in-placement contacts.

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During the 2007 CFSR, stakeholders mentioned TDM, CFT and FGDM meetings as practice methods that support family engagement in case planning. These meetings provide family members opportunities to express their needs and identify the services they believe will be most helpful. Often these meetings are led by a trained facilitator who is skilled in participant engagement. Although many of these meetings (especially TDMs) occur prior to the development of the case plan, they provide significant information to identify family strengths and needs which are then considered during case plan creation. See Section III, Part 1, *Crosscutting Initiatives* for more information on the expanding use of TDM meetings. The Division believes that TDM meetings are an especially effective method for ensuring fathers and other non-custodial parents are identified, located, and engaged early and throughout the case.

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

***Goals and Measures***

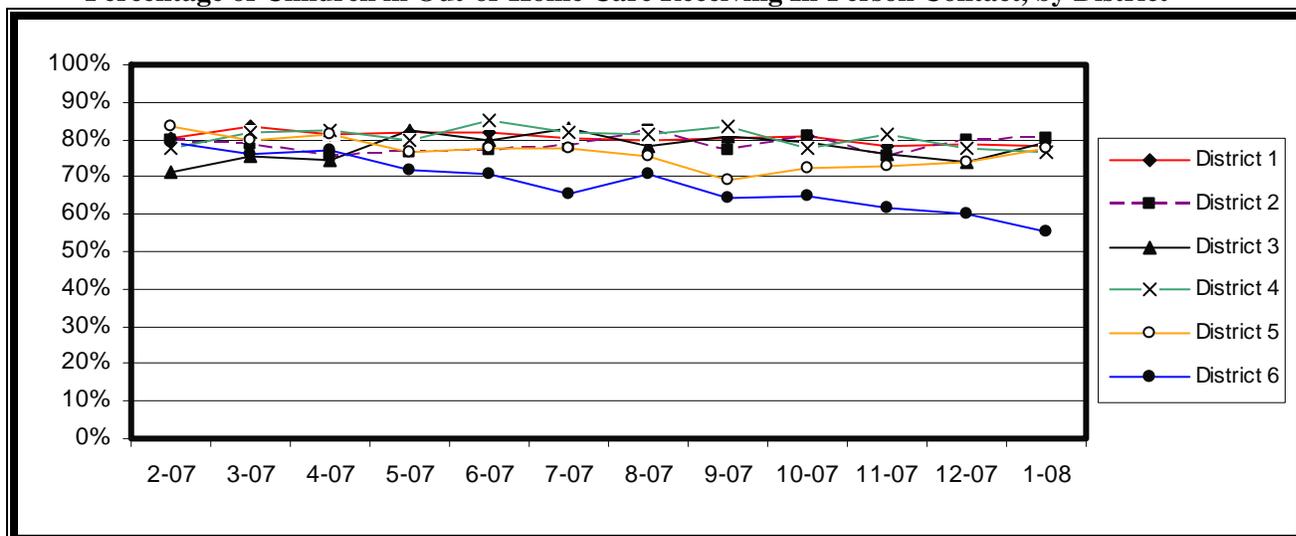
Well-Being Goal 3: The percentage of cases in which the assigned case manager has monthly face-to-face contact with the child(ren), and contact is at a frequency that meets the needs of the child(ren), will be 95% or more

Calendar year 2005:	60%
Calendar year 2006:	58%
CFSR On-site 2007:	66%

The majority of children in out-of-home care and those served in-home receive monthly in-person contact from the assigned CPS Specialist. Within the past year the State has achieved significant improvement in the frequency of in-person contact with children. Current performance data includes the following:

- The State's *Child Welfare Reporting Requirements Semi-Annual Report* indicates that the percentage of children in care on the last day of the month that received a documented in-person contact during the month maintained at between 61% and 68% between September 2003 and September 2006, but increased to 78% in March 2007 and 75% in September 2007.
- Data retrieved from the Division's Business Intelligence Dashboard current as of May 31, 2008, also demonstrates improvement in the percentage of children in out-of-home care receiving in-person contact. Excluding children whose most recent placement was out-of-State, in-home, parent/guardian, or runaway, the percentage of children that had a documented in-person contact during the month stayed generally in the range of 75 to 85% for most districts during the 12 months ending January 2008. Districts 1 and 4 performed the best in the year ending January 2008, with average monthly contact rates of 80%. District 6 was performing as well as other districts at the start of the year shown, but dropped below 70% in September 2007 and continued to decline on this measure through January 2008. The statewide average of monthly contact rates for the year ending January 2008 was 79%. This is a substantial improvement over the 12 months ending January 2007, in which the statewide average of monthly contact rates was 72%.

Percentage of Children in Out-of-Home Care Receiving In-Person Contact, by District



**Factors Affecting Performance and Fiscal Year 2008 Accomplishments**

The Division’s efforts to increase the percentage of children who receive monthly in-person contact continue to be effective. One of the most effective strategies for improving visit frequency is the Business Intelligence Dashboard. Supervisors can track summary statistics by unit and CPS Specialist, and can view case specific lists of child, parent and caregiver contacts that did or did not occur in each month. Case specific data helps supervisors to ensure every required contact occurs, documentation is updated and sufficient efforts are made to locate missing parents. The Dashboard is one component of the Division’s quality improvement system, which was improved by the addition of Professional Skill Building Plans in SFY 2008. Supervisors and managers are being encouraged to use Dashboard data to identify the need for a Professional Skill Building Plan and to measure improvement in relation to the plan. For more information on the Division’s quality improvement system, including the Professional Skill Building Plans, see Section III, Part 5, A.3., *Quality Assurance System*.

Revisions to Division CPS Specialist contact policy became effective October 2007, to conform with federal visitation requirements and CFSR visitation standards. Division policy always required monthly face-to-face contact with children in out-of-home care and children served in-home. The new policy eliminates all exceptions to monthly child contact, requires that monthly face-to-face visits occur in the child’s home or out-of-home placement, and requires that children older than an infant be visited alone for part of every visit. If the child is placed out of district under a courtesy supervision agreement, the courtesy supervision CPS Specialist may make the monthly face-to-face visit with the child and caregiver.

Case load volume and CPS Specialist recruitment and retention are the most frequently cited factors affecting the rate of CPS Specialist contact with children and parents. Case volume and the level of demand on CPS Specialists’ time also affect the quality of contacts with children and parents, including the length of contacts. See Section III, *Introduction* for more information on case volume and staff resources.

The Division is also continuing to provide training and tools to promote high quality discussion during contacts, and documentation of the ongoing assessment of strengths, needs and progress toward goals that occurs during contacts with parents and children. Stakeholders have emphasized the importance of

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parents and children receiving positive encouragement and recognition of achievements during contacts. The Division is providing training and tools to staff to support quality practice and documentation. For example:

- Districts continue to distribute “practice tips” and contact guides to field staff, to remind staff of parent and child contact policies and best practice standards and provide cues for discussion and documentation.
- The new integrated CSA-SRA-Case planning process continues to improve the quality of CPS Specialist contacts with parents and children by providing specific instructions on the content of conversations during the assessment process, including ongoing assessment throughout the life of a case. These instructions guide the CPS Specialist to focus on family strengths, service needs and outcomes. Additionally, the new behavioral case plan helps to focus parent contacts on behavioral goals, accomplishments, and what is working or needs to change. The integrated CSA-SRA-case planning process also requires the CPS Specialist to describe the efforts to locate parents and family members. For more information on the integrated CSA-SRA-case planning process and the Division’s work to increase staff competency applying the process, see Section III, Part 1, *Crosscutting Initiatives*.
- Newly developed documentation training will begin to be delivered in summer 2008.

***Data and Strategies to Achieve Child Monthly Contact Target Goals [Section 424(e)(1) and (2)]***

Division policy requires that CPS Specialists input visit documentation into CHILDS, including documentation of in-person contacts made by the assigned CPS Specialist or contracted case manager, case aides, out-of-district courtesy workers and out-of-state ICPC case managers. The State’s SACWIS, CHILDS, has discrete data fields to record the date and time of contacts, the parties present, and whether the contact was in person and in placement. Therefore, Arizona will report data on full population counts using management reports automatically generated from the State’s SACWIS. Arizona will submit the following data, as required:

1. The percentage of children in foster care under the responsibility of the State who were visited each and every calendar month by the caseworker handling the case of the child; and
2. The percentage of the visits that occurred in the residence of the child.

The caseworker visit data submitted for each FFY will comprise the full 12-month period. For the purposes of this data submission, the caseworker handling the case is defined as the case worker assigned to the case or another person who has been delegated responsibility by the case worker for visitation of the child, such as a case aide or an out-of-district courtesy caseworker. The Division is proposing the following target percentages of children in foster care who were visited during each and every full calendar month they were in care during the FFY: FFY 2008 – 44%; FFY 2009 – 49%; FFY 2010 – 55%; FFY 2011 – 90%.

The Cornerstones for Kids’ Workforce Planning initiative and activities to strengthen the Division’s quality improvement system are expected to improve the frequency and quality of contacts with children by increasing the availability of staff to perform this function, the amount of time staff are able to spend with children and their caregivers, and management ability to monitor achievement of the goals. For

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more information on these strategies, see Section III, *Introduction*, and Part 5, A.3. *Quality Improvement System*. In addition, the Division will use the following 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:

**Primary strategy:**     **Procure automated dictation/transcription services for case contact documentation**

**Goal:**                     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

1. Submit the draft scope of work for dictation/transcription services to the procurement office by 6/30/08
2. Submit request for proposals, evaluate proposals received and award contract by 11/30/2008
3. Begin services by 1/1/2009

**Primary strategy:**     **Provide training on high quality in-person child contacts to case aides statewide**

**Goal:**                     Gather information about child safety and well-being during case aide contacts with children, to supplement other information available to CPS specialists conducting safety assessment, risk assessment and case planning

1. Review existing case aide and CPS Specialist training curriculum on quality contacts with children, policy and policy exhibits, and other potential sources for curriculum development by 9/30/08
2. Write an advanced or refresher training curriculum on quality contacts with children by 12/31/2008
3. Deliver the training to case aides statewide who are identified as performing visitation services by 3/31/09

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

***Goals and Measures***

Well-Being Goal 4:     The percentage of cases in which the assigned case manager has contact with the parents as required by State policy will be 95% or more

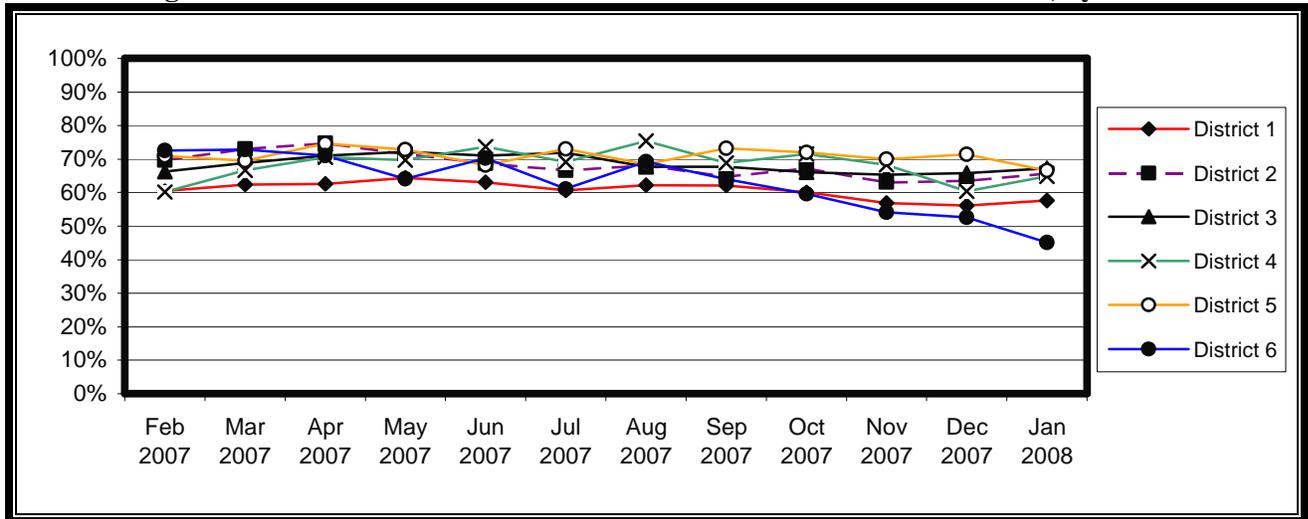
Calendar year 2005:	46%
Calendar year 2006:	46%
CFSR on-site 2007:	43%

Data retrieved from the Division’s Business Intelligence Dashboard current as of May 31, 2008, shows a trend toward improvement in the percentage of parents receiving in-person contact. This data shows performance on the following measure: Of all children in out-of-home care during the month who had a goal of family reunification, what percentage had at least one parent with whom in-person contact was documented during the month? This data *does not* exclude cases where the parents’ whereabouts are unknown, the parents reside out-of-State, or the parents are successfully avoiding contact with the CPS

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Specialist; therefore, the Division does not expect to ever achieve 100% on this measure. Data in the following chart shows that all districts were clustered in the 60% to 75% range through the first nine months of the year shown, but the rates for Districts 1 and 6 declined below 60% in November and December 2007. District 6 continued this decline in January 2008. District 5 performed the best in the year ending January 2008, with an average monthly contact rate of 71%. The statewide average of monthly contact rates for the year shown was 64%. This is a substantial improvement over the 12 months ending January 2007, in which the statewide average of monthly contact rates was 57%.

**Percentage of Out-of-Home Reunification Cases with In-Person Parent Contact, by District**



***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

The Division’s efforts to increase the percentage of parents who receive monthly high quality in-person contacts are primarily the same as those to improve contacts with children. Please see CFSR Item 19 for a description of activities and systems to achieve monthly high quality contacts with parents, such as the Division’s Business Intelligence Dashboard and provision of training and tools. In particular, the Division has endeavored to increase staff awareness about the benefits of contact with *all* parents – including those who are not an option for reunification and incarcerated parents.

Staff and stakeholders note that some parents do not want to be found or to have contact with CPS or the Courts, and that findings of paternity and child support are a deterrent to involvement by some alleged fathers. State policies require extensive and documented search for absent parents, guardians, custodians, extended family members and other significant persons as placement resources for children in out-of-home care prior to key decision points in the life of a case and no less than every six months. The Division uses the services of the Arizona Parent Locator Service (APLS) through the Division of Child Support Enforcement for the location of parents. The APLS searches ATLAS, Arizona Technical Eligibility Computer System (AZTECS), BG01, Motor Vehicle Division, and credit bureaus. If the APLS search is unsuccessful, or if the search is for other than a parent, such as a relative, the Division refers searches to a contracted agency for a search of automated databases such as national credit bureaus, driver’s license bureaus, birth and death records, criminal records, and other appropriate resources. Some Districts also have staff that are dedicated to this function and/or coordinate with the contracted agency.

The increasing prevalence of TDM meetings has also improved efforts to locate missing parents. District

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TDM procedures specifically require invitation of fathers and their rate of attendance is tracked in the TDM database. For example, the District 1 TDM procedure states that “attempts must be made to have birth parents or putative fathers attend this meeting unless there is some extraordinary reason not to invite them.” District 1 TDM procedures also require that the CPS Specialist identify with the family any relative or other significant person who could serve as a permanent placement or “forever connection” for the child. These kin can assist the CPS Specialist to locate and engage missing or unstable parents.

Staff and case reviewers have also noted that in many cases where monthly in-person contact by the CPS Specialist is not occurring, the parent is having monthly or more frequent contact with a case aide or other involved professionals. Families are sometimes less intimidated by these staff and are more willing to meet with them regularly. In low to moderate risk in-home services cases, these contacts often appear to meet the family’s needs.

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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**

*Goals and Measures*

Well-Being Goal 5: 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

Calendar year 2005:	91%
Calendar year 2006:	91%
CFSR On-Site 2007:	77%

Cases are rated strength in the CFSR On-site Review if the child’s educational needs were appropriately assessed and necessary services were provided, or if the agency made concerted efforts to advocate for services through the educational system. This area was identified as a strength in 34 of the 44 applicable cases reviewed. In four in-home cases and one out-of-home case, reviewers found insufficient assessment of the child(ren)’s educational needs. In three in-home and two out-of-home cases reviewers found that insufficient services were provided to address identified educational needs. The lower performance in the CFSR On-Site review may be due to small sample size or higher rating standards. CFSR reviewers were more likely than the Division’s Practice Improvement Case Reviewers to identify this area as applicable to in-home cases, and more of the cases rated as needing improvement were in-home cases. This suggests that the CFSR Reviewers applied a higher expectation for agency involvement in the educational needs of in-home children, such as an expectation that the agency address the children’s educational needs even when those needs are not directly related to the reason for agency involvement.

*Factors Affecting Performance and State Fiscal Year 2008 Accomplishments*

Arizona’s strong performance in this area has been achieved through a system-wide effort to communicate the necessity of positive educational outcomes for youth in the child welfare system, and resolve systemic issues that hindered timely and continual access to educational services. To ensure that the Division attends to the educational needs of every child served through in-home services or out-of-

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home care, a detailed and comprehensive Child's Educational Case Plan has been clearly delineated as part of the new CSA-SRA-Case plan. This child-specific educational plan clearly documents goals, action steps and responsible parties related to the child's educational needs and services. Continuing inter-agency collaborations have produced local and statewide resources that inform Division staff, educators and others about the educational needs of dependent youth and break down barriers to educational stability and timely provision of educational services.

The Division continues to participate in the Arizona Education Summit Team (AEST), sponsored by Casey Family Programs. The AEST includes members from the Governor's Office, the Department of Economic Security, the Arizona Department of Education, the Office of the Attorney General, Casey Family Programs, Judges from Pima and Maricopa Counties, foster parent and CASA representation, alumni representation, the Children's Action Alliance, the Arizona Early Intervention Program, and increased Department representation (including the Division's new Education Liaisons). In SFY 2007 several Arizona counties also began to develop education summit teams. The state level AEST identified two objectives for 2008, to support the progress of the county teams:

- to provide technical assistance to local counties from the 2007 convening, to assist counties in defining the parts of their local plans they want to implement in 2008 and to help them identify the technical assistance and financial need to implement those plans; and
- to organize a follow-up convening that will not only include the same counties from 2007, but also include educators from local team areas to better support the implementation and spread of work.

In SFY 2008 the AEST planned a 2009 convening, which is expected to focus on mutual learning through sharing of local team accomplishments. Some of these local team accomplishments include the following:

- In Yavapai County a committee has been established with representation from the Attorney General's Office, the Court Appointed Special Advocates (CASA) Program, CPS, Juvenile Probation, the Juvenile Court, Big Brothers/Big Sisters, and contract attorneys representing children and parents. Goals are being formulated regarding the educational issues of dependent and delinquent youth. The committee is meeting with school districts to encourage their involvement in the committee. A major goal is that the County will hold a summit in 2008.
- The Maricopa County team identified four school districts that have large populations of dependent and delinquent youth. An education forum is scheduled for summer 2008, which will be attended by school district superintendents. Guest speakers will include Superior Court Judges and former foster youth. The planning committee is chaired by a local Juvenile Court Commissioner, and members include representatives from CPS, the Governor's Office, CASA and the AOC.
- Pima County held an education summit in October 2007, at which two workgroups were formed to focus on engaging parents in their children's education and keeping children in school. Participants included judges and other representatives from the juvenile court, along with representatives from the Division, juvenile probation, all Pima County school districts and other community agencies.
- Pima County has formed a workgroup to develop a caregiver-school-CPS collaboration pilot involving an elementary school and a parent-model group home in Pima County. The pilot would develop a process to introduce the children to the new school, assess and track the

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children, and make recommendations of what information goes with the child to the next school. This process could then be implemented with other group homes. For the 2008-09 school year the committee is developing a teacher training that will address the education issues of youth in care and be delivered with the help of a CPS Specialist and youth or alumni of care. The school is also addressing early evaluation of students; and with CPS collaboration, a process to collect and move educational records. Data will be collected based on input from stakeholders to define quality education.

In addition to supporting the county teams, Casey Family Programs continues to promote the *Endless Dreams* curriculum, which is a resource to provide educators information about the educational needs of foster children and how to more effectively work with this population. The *Endless Dreams* curriculum is currently available through the ASSET Professional Development Team, in cooperation with Casey Family Programs. The 15 hour self-paced online course is designed to provide teachers, counselors, and other educators working with youth in foster care insight into the educational implications of out-of-home placement and strategies for working with these youth in the classroom.

The Arizona's Children Executive Committee's Training Subcommittee is also targeting its work toward improved educational outcomes. The subcommittee is charged with designing and implementing a curriculum to educate the school system about CFTs and the role of educators in CFTs, educate families of children with behavioral health needs about the educational system and its role in their child's life, and educate the behavioral health system about educational processes and the role of educators in CFTs.

Furthermore, the Arizona legislature and Governor Napolitano have passed legislation to support educational outcomes for youth in foster care. For example:

- The Educational Case Management Unit, created from 2006 legislation, employs two Educational Case Managers to serve foster youth, statewide. These Case Managers develop and coordinate Educational Case Management Plans for youth who are in the Independent Living Program. Services include assisting youth to graduate from high school or complete the Graduate Equivalency Degree, pass the Arizona Instrument to Measure Standards (AIMS) Test, and apply for post-secondary education and financial assistance.
- New law enacted in 2007 allows a surrogate parent to be appointed by either a court *or* the Arizona Department of Education (ADE). In addition, State law is now aligned with the federal IDEA that allows foster parents to act as the IDEA parent when the birth or adoptive parent is unavailable or unable to serve. Subsequently, applicable Division Policy was amended in September 2007 to direct CPS staff in meeting the educational needs of children in out-of-home care. These changes included information on enrolling children in school; maintaining a child in his/her home school district; obtaining educational records; and the provisions for special education evaluation and/or services, including appointment of a surrogate parent.

The Division and its partners have consulted with youth to assess the effectiveness of the improvement activities and identify new goals and activities. During the annual Arizona Youth Conference in August 2007, more than 75 youth living in foster care gathered for three days to brainstorm ideas and identify policy and practice recommendations to improve their educational experiences in foster care. The youth identified topics of interest and divided into teams. Discussion areas included topics such as education supports, education and privacy, education and money, and extracurricular activities. Youth recommendations were tracked and distributed to the Department, Child Welfare Committees, the Governor's Youth Advisory Committee, the Arizona Commission on Post-Secondary Education and

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other entities. These recommendations will inform policy creation, collaboration development, outreach activities and best practice for meeting the educational needs of youth in foster care. See Section III, Part 3, CFSR Item 10 for additional information about the Division’s performance and activities to support educational outcomes for young adults, including the Education and Training Voucher Program.

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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**

***Goals and Measures***

Well-Being Goal 6: 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

Calendar year 2005:	84%
Calendar year 2006:	78%
CFSR On-site 2007:	75%

Arizona’s data indicates that CMDP is successfully providing quality health care services to children in Arizona’s foster care system. Case reviews found physical health care to be a strength in 84% of cases in 2005, 78% in 2006, and 75% in 2007. This data may underestimate the actual percentage of children receiving the required services because complete documentation is not always available in the case record. In cases rated as needing improvement, preventive dental care was the service most likely to be missing or behind schedule, although Arizona still maintains a high rate of dental service provision. This finding is consistent with the CMDP’s performance data provided in the following table.

In 2007, CMDP achieved the highest rate among Arizona’s AHCCCS health plans for performance in the following measures: dental visits (ages 3-21), adolescent well care, children and adolescent’s access to primary care, and EPSDT exams (ages 3-6). CMDP is considered the benchmark for Arizona on the children’s oral health measures for AHCCCS contracted acute care health plans. CMDP has exceeded the AHCCCS statewide average and the national Medicaid mean for all measures in CY 2006 and CY 2007. The following chart provides the percentage of children who received EPSDT visits, dental visits and access to a primary care physician.

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Performance Indicator	AHCCCS Statewide Average	National Medicaid Mean	CY 2005 CMDP Performance	CY 2006 CMDP Performance	CY 2007 CMDP Performance*
EPSDT Visits 3 – 6 Years	58%	62%	67%	69%	93%
Adolescent Well-Care Visits	33%	39%	62%	65%	92%
Children’s Access to PCPs	78%	N/A	88%	88%	86%
12–24 months	85%	92%	92%	93%	95%
25 months – 6 years	77%	82%	84%	84%	88%
7 – 11 years	76%	83%	87%	87%	84%
12–19 years	78%	79%	93%	93%	83%
Dental Visit (3 – 8 years)	N/A	N/A	71%	71%	Not available
Dental Visit (3 – 21 years)	58%	43%	70%	78%	78%

\* The 2007 data has not yet been validated by AHCCCS.

Information on immunization rates was obtained through an AHCCCS audit of CMDP immunization records for Title XIX eligible children who reached 24 months of age between October 1, 2006 and September 30, 2007. The 2007 CMDP immunization rates reflect the Health Plan Employer Data and Information Set (HEDIS) performance standard that the immunizations be received on or before the child’s second birthday. Many children in the CMDP sample have been in the custody of the Department for only a portion of the time between ages 0-2, so CMDP historically has included all children who are current on their immunizations but received the required immunization(s) at some point beyond the exact date of their second birthday. Because the 2005 data did not reflect the HEDIS standard, comparison data that also does not reflect the HEDIS standard has been provided for 2007 (see CMDP internal rates). The HEDIS standard is being achieved for 81% or more of children for each immunization.

**Immunization Completion Rates 0-2 Years of Age**

	CMDP 2005 Audit (N = 299)	Avg. AHCCCS Health Plans (N = 5253)	CMDP 2007 Audit (CMDP internal rates) (N = 319)	Avg. AHCCCS Health Plans (N = 4563)
<b>DTP4</b>	88%	84.5%	81.3% (84%)	84.2%
<b>IPV3</b>	92%	93%	89.3% (90%)	92.6%
<b>MMR1</b>	95%	93.6%	95.4% (96%)	93.7%
<b>HIB3</b>	93%	85.7%	91.4% (93%)	92.7%
<b>HBV3</b>	88%	89.5%	88.0% (88%)	93.5%
<b>VZV</b>	89%	86.7%	92.6% (94%)	91.2%

***Factors Affecting Performance and Fiscal Year 2008 Accomplishments***

During the 2007 CFSR stakeholders praised the services of CMDP, noting that most services are readily available and easily accessed. One of the most important factors supporting this area of strength is the inclusion of the health care program (CMDP) within the child welfare agency. This arrangement allows close coordination between the health care program and other child welfare programs and provides flexibility to respond to the unique health care needs of foster children. In SFY 2008 CMDP maintained its successful practices and pursued innovative and effective methods to further improve the provision of high quality, comprehensive, medically necessary health care services and supports to Arizona’s children in out-of-home care. Examples include the following:

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- The automated interface between CMDP and CHILDS continues to provide an excellent tool to track medical and health care services delivered to children in foster care. Based on approved claims data, CMDP submits to CHILDS information on child physical health services, diagnoses and providers. At the same time, enrollment and disenrollment information is electronically transmitted to CMDP from CHILDS, based upon removal start and end data entered by the case manager.
- Since 2000, CMDP has reviewed and tracked EPSDT visits to ensure all required screenings have occurred. The EPSDT Coordinator, a licensed registered nurse, reviews all EPSDT forms submitted by medical providers to ensure that any referrals indicated (for example, for dental or behavioral health treatment) are provided, and initiates referrals to the Division of Developmental Disabilities (DDD) or Children’s Rehabilitative Services (CRS) when appropriate. The EPSDT Coordinator verifies if the service or referral has occurred based on claims data in the CMDP information system. If it has not, the EPSDT Coordinator notifies the CPS Specialist of the services or referrals that have been requested by the primary care physician (PCP) and requests a reply indicating the appointment date and outcome. If CMDP does not receive a response from the CPS Specialist within two weeks, a second e-mail is sent. In the past 12 months, CMDP has reviewed 11,422 EPSDT forms for quality and completeness. In 2007, approximately 1,099 referrals were communicated to the CPS Specialist and tracked by CMDP to ensure that the service was completed. All 2007 EPSDT referrals were tracked until completion.
- CMDP also continues to provide medical care coordination to pregnant teens (about 30 teens per month) and other children identified as medically “at risk.” Specialized medical case management services were provided to over 390 children/youth in these special populations to ensure they received continuous quality health care services.
- Outreach activities conducted by CMDP rely on written and verbal communication with the member and all responsible parties, such as the assigned CPS Specialist, out-of-home caregiver and PCP. CMDP outcome data suggests that these intensive outreach efforts are effective. In FFY 2007 and SFY 2008 these outreach activities included the following:
  - During FFY 2007, 827 immunization reminders were sent to the CPS Specialists and PCPs of 12 month old infants in out-of-home care, and 674 monthly reminders were sent to the CPS Specialists and PCPs for 18 month old toddlers in out-of-home care, notifying them of immunizations that are due or past due according to Arizona State Immunization Information System (ASIIS) reporting. In addition, the number of EPSDT visits recorded in claims data was compared with the number of EPSDT visits that the infant should have had by his or her age. This information was also reported to the PCP and custodial agency representative. Based on the results of the 2007 AHCCCS Audit, these are proving to be successful interventions.
  - Each month, all new CMDP members’ CPS Specialists and PCPs were notified of those infants and other youth that had immunizations due or past due according to ASIIS reporting. In FFY 2007, 1,193 notifications were sent.
  - EPSDT reminder cards were sent twice a year to the member’s placement or the member’s CPS Specialist (if no placement address is available) for all members age two through 20 years of age. The 10,734 EPSDT reminder cards in FFY 2007 also included

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immunization reminder language. All members 18 and older are mailed the reminder cards directly.

- In 2007, 4,224 special quarterly immunization and EPSDT visit reminder cards were sent to the placement or CPS Specialist for all members who were 24 months or younger. These cards identify the number of EPSDT visits and immunizations necessary by the time the member reaches age two.
  - In 2007, 13,228 dental visit reminder cards were sent to the member's placement or CPS Specialist twice a year for members ages 1 through 20. All members 18 and older are mailed reminder cards directly.
  - Thirty-three reminder letters were mailed to the placement for members who did not have any service (EPSDT, dental, or outpatient visit) delivered within 120 days after enrollment with CMDP.
  - "All about Me and EPSDT" is a poster in English and Spanish that was sent to the caregivers of 932 members under 24 months old. The poster is designed to go with the child in the event of a placement change, outlines all of the EPSDT visits and immunizations that need to occur before the child reaches age two, and includes places for photographs and other milestones.
  - The CMDP Handbook for CPS Specialists and Probation/Parole Officers, the Member Handbook and the Provider Manual all include sections on EPSDT requirements. Articles and information about EPSDT exams are also included in CMDP's Provider and Member Newsletters, Custodial Agency Newsletter, the DCYF Arizona Statewide Newsletter for Foster and Adoptive Families and on the CMDP website. The CMDP website includes current EPSDT screening forms, which providers can download.
  - Regularly scheduled training programs on EPSDT requirements are conducted by the Program Development and Medical Services staff to CPS staff and foster caregivers. Sixteen were conducted in FFY 2007.
- Primary Care Providers (PCPs) are assigned to foster children, and in 2006 CMDP first introduced the "Medical Home" concept for a PCP provider. A medical home is defined by the American Academy of Pediatrics as primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate and culturally effective. The process of PCP selection and assignment began in January 2001. The percentage of children in placement with an assigned PCP improved from 12% in May 2001 to 68% in May 2006. In April 2008, PCP assignment dropped to just over 50% due to an error in the PCP assignment process. This has since been fixed and CMDP will be allocating additional resources to process the backlog of assignments.
  - Since August 2006, CMDP has maintained a web-based tool to assist out-of-home caregivers and CPS Specialists in locating and selecting health care service providers, such as Primary Care Providers, dentists, specialists, and/or pharmacies by geographic location, specialization and/or languages spoken by the provider.

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- CMDP continues to use on-site visits, provider newsletters and targeted trainings to educate healthcare providers on the importance of age appropriate, complete and comprehensive EPSDT examinations. In FFY 2007, CMDP performed targeted on-site training interventions with 610 healthcare providers for the purpose of improving specific quality measures. CMDP has been tracking and trending the results of such interventions as a Performance Improvement Project (PIP) called “Quality of the EPSDT visits.” The first measurement indicated that the on-site trainings during 2006 were effective in improving developmental and behavioral assessments as part of the EPSDT exam. Statistically significant results from 2007 indicated there was a 5% increase in the completeness of developmental assessments and an 8% increase in the number of completed behavioral health assessments since the 2004 baseline measurement.
- To provide optimal health care for CMDP members while preserving fiscally responsible management of federal and State funds, CMDP initiated a formulary or Preferred Medication List on April 4, 2005. Total pharmacy costs for calendar years 2005 and 2006 were lower than the pharmacy cost for 2004, despite an increase of 22% in membership from 2004 to 2006. Generic utilization has gone from 54% in 2004 to greater than 73% in 2007. Pharmacy costs for 2007 demonstrated less than 1% growth since January 2006, with the monthly member population remaining relatively stable during this same time period. National pharmacy trends demonstrate an 8-10% increase in costs over this same period.
- Active utilization review, discharge planning and medical care coordination by the CMDP nursing team has kept the total hospital days for children in out-of-home care relatively constant since January 2004, despite an earlier increase in membership. Total inpatient days for CY 2007 were less than for 2006 or 2005. This not only impacts cost savings, but is a reflection of better managed care by the PCPs and health plan.

The Division will be building on CMDP’s service excellence in SFY 2009 by intensifying healthcare focused outreach to increase CPS Specialist, out-of-home caregiver, and PCP awareness about the general and child-specific physical, dental and mental healthcare needs of children in out-of-home care. CMDP will continue the activities described above and initiate additional strategies that are included in the Division’s proposed CFSR Program Improvement Plan. The proposed PIP strategies include focused analysis and outreach to children that do not have evidence in the automated billing system of physical, dental or mental health services within 120 days of entering out-of-home care. The Division’s CFSR Manager will assist CMDP to research the situation of children in this target population and conduct follow-up with CPS Specialists, medical providers and others to ensure necessary health care services are provided.

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

***Goals and Measures***

Well-Being Goal 7:    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

Calendar year 2005:	78%
Calendar year 2006:	78%
CFSR On-site 2007:	72%

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Arizona's Practice Improvement Case Review data and the 2007 CFSR data indicate that behavioral health care is an area of strength for roughly three quarters of children served in-home or in out-of-home care. Furthermore, data on RBHA activities indicates behavioral health services for children are improving. Urgent Response is available statewide and stakeholders confirmed during the CFSR On-site review that urgent response is occurring and assessments are being produced. As of December 2007, 72% of all children entering foster care, and 80% of children ages 0 to 5, received an Urgent Response assessment. Data also indicates an increase in the number of children entering foster care who are determined Title XIX eligible, and therefore eligible for behavioral health services through the RBHA. The percent of children determined Title XIX eligible and enrolled increased from 42% in September 2003, to 61% in March 2006, and 62% in January 2008.

***Factors Affecting Performance and SFY 2008 Accomplishments***

Collaboration between the Division and the DBHS is one of the most important factors supporting achievement of child mental health outcomes. In addition to meetings between Division district staff and local mental health agencies, Division and DBHS staff meet regularly at the State level. An important avenue for strategic collaboration has been the Division's continued participation as an active member of the Arizona Children's Executive Committee (ACEC), to create and support an integrated system of care among all of Arizona's child-serving systems. Division leaders participate in the monthly ACEC meetings to improve coordination and collaborative efforts, discuss and resolve any system barriers to care, and address any related efforts in the delivery of behavioral health services to children and families. The ACEC includes representation from the Department of Health Services, the Arizona Health Care Cost Containment System, the Department of Education, the Department of Juvenile Corrections and the Administrative Office of the Courts. The ACEC and its subcommittees have produced or initiated several improvements to Arizona's behavioral health system of care, including a system of case reviews, improved educational system participation in Child and Family Teams, development of a Universal Release of Information, a survey of substance abuse treatment facilities in Arizona and development of the ACEC strategic plan. The Division participates in the following ACEC subcommittees:

- The Clinical Subcommittee is charged with developing a guidance document for system integration, including: Phase 1- Develop a single Consent for Release of Information Form and process; Phase 2- Develop a guidance document outlining how services can be integrated by providers; Phase 3- Train on that system integration guideline document. The subcommittee created a Universal Consent for Release of Information Form which has been referred to the Governor's Office of Children, Youth and Families for consideration. The Clinical Subcommittee is also developing an independent case review process to identify systemic barriers and develop recommendations to resolve these barriers.
- The Training Subcommittee is currently charged with designing and implementing a curriculum to educate the school system about CFTs and the role of educators on CFTs, educate families of children with behavioral health needs about the educational system and its role in their child's life, and educate the behavioral health system about educational processes and the role of educators in CFTs.
- The Substance Abuse Subcommittee is currently developing and completing a survey of existing adolescent substance abuse treatment programs.
- The Division is also involved in an ad-hoc committee called the Children in Detention Workgroup that is working to clarify the Medicaid eligibility process for children in detention

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and transition them into the community in a more coordinated way. The workgroup is considering a proposed agreement between the Department, AOC and AHCCCS to have Department eligibility workers at detention facilities to process AHCCCS enrollment. The workgroup has also discussed having AHCCCS train and support county probation and detention staff to become “AHCCCS eligibility workers.”

The Division’s Office of Prevention and Family Support Program Manager, Statewide Behavioral Health Coordinator, and Statewide Behavioral Health Appeals Coordinator also meet regularly with DHS/DBHS in strategic planning meetings to discuss shared goals and priorities, data sharing and data reports. DBHS publishes quarterly reports that can inform discussion at the strategic planning meetings. One such report is the DHS/DBHS Quarterly Contractor Performance Improvement Activity Report. This report includes the following quality improvement measures: Access to Care (assessment in 7 days and first behavioral health service in 23 days), Coordination of Care (referral to PCP and coordination with PCP), Appropriateness of Services, and Sufficiency of Assessments. These reports provide information about the rates at which children are receiving timely and appropriate services. ADHS/DBHS also publishes quarterly data in the Member Services Report, which analyzes complaints from Title XIX/XXI members receiving behavioral health services in the ADHS/DBHS system. This report examines such categories as access to services, coordination of care and clinical decisions related to services. DBHS monitors the covered services and complaint categories in order to target improvement efforts to specific RBHAs and their sub-contractors and improve performance statewide. DBHS works closely with the RBHAs to provide technical assistance and ensure a timely response to improvement needs indicated by the performance data.

In SFY 2008 the Division also continued its collaboration with other State and community agencies to develop and monitor written protocols for service provision, including protocols for dually adjudicated youth; Urgent Response; and family engagement in assessment, services planning and system improvement. The Interagency Practice Protocols for Services to Dually-Adjudicated Youth and their Families have been implemented, accompanied by a Letter of Agreement that includes the signatures of the State agency Director’s from the Department of Economic Security, DHS and DJC. The final signature was added to this Letter of Agreement in January 2007. The Division has also participated in the development of the DBHS Practice Protocols for CFT practice (completed in November 2007), CASII Protocol Review (completed in November 2007), Out Of Home Care Services (completed in April 2007), Home Care Training to Home Care Client (completed in February 2007); and the following DBHS Provider Manuals: Coordination with other Governmental Entities (completed in November 2007); Outreach, Engagement and Re-Enrollment (completed in February 2008); Behavioral Health Medical Records (completed in March 2008), and Support and Rehabilitative Services (completed in January 2007). The ADHS/DBHS has researched and published these best practices documents to assist behavioral health providers in Arizona’s public behavioral health system. By requesting and considering public comment from the Division, the behavioral health system is better prepared to address the unique needs of children in the child welfare system.

Further collaboration is occurring around training and service development to address the needs of infants and toddlers and increase capacity for infants and toddlers to remain within their primary caregiving relationships. Activity in SFY 2008 built on improvements and activities from prior years, which included:

- development by ADHS of a Core Behavioral Health Assessment format and guidelines with a CPS addendum, to address the specialized needs of CPS children related to abuse, neglect and the removal process;

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- statewide ADHS implementation in August 2005 of a separate *Birth to Five Core Behavioral Health Assessment* that includes a CPS addendum, a developmental assessment and a focus on the primary caregiver relationships of the child;
- DBHS provision of Circles of Security training in June 2006 to assist provider staff to accurately assess and treat young children’s mental health issues in the context of their primary care giving relationships;
- DBHS issuance of a DC: 0-3R, DSM-TR 4, and ICD10 crosswalk to assist clinicians to assign the correct diagnostic code required for reimbursement when working with children under the age of 3;
- and DBHS Independent Case Reviews (ICR) and Clinician Surveys to monitor the effectiveness of the 0-5 assessment, primarily overseen by a 0-5 Workgroup through DBHS, which indicated improvement over the previous core assessment in identifying and meeting the emotional and behavioral health needs of small children.

In SFY 2008 the Division continued to team with ADHS and AOC to support Court Teams for Infants and Toddlers, including creation of a Best for Babies Court Teams model in the Phoenix metropolitan area of Maricopa County. Court Teams is an innovative approach to work with the Juvenile Court and infant and toddler serving agencies to provide coordinated developmental assessments and services to small children when they are placed in foster care. The Court Teams were originally developed in Yavapai County and have now expanded to include seven Arizona counties (Cochise, Santa Cruz, Maricopa, Mohave, Pima, Yavapai and Yuma). Technical Assistance by PCAAz Inc., (the agency that implemented the original “Best for Babies” Court Teams model in the Prescott area) was provided in SFY 2008 and is scheduled to end in September 2008. The Court Teams will become a community driven and community based initiative. In January 2008 court team members from the seven Arizona counties met to share their many successes implementing their Court Teams plans over the past year. For example, in Maricopa County a series of brown bag lunches have been sponsored by the Court Team to educate Judges on issues relevant to young children entering the foster care system. In Santa Cruz County, team members are meeting on a regular basis to discuss complex cases involving young children and collaborate on treatment options to meet the children’s needs. Systemic barriers are also identified through this process, to improve the service delivery system. In Pima County “Baby CASAs” are being recruited and trained on advocating for the needs of infants and toddlers in foster care. All participating counties have implemented or are in the process of implementing a Best for Babies Checklist to help guide the court and other team members in meeting the unique needs of these vulnerable children.

The Division is also working with DBHS to update the Birth to Five Practice Protocol that provides clinical guidance to behavioral health providers of infants and toddlers; and is working with the Birth to Five Assessment Workgroup of DBHS staff, local providers and other state agency representatives to modify the Birth to Five Assessment used by providers. The Birth to Five Assessment is an evaluation tool and provides preliminary recommendations to the Court for dependent children recently removed from their home. Best practice for this age group is to complete an assessment in multiple encounters over time, due to the young child’s rapid development, challenges associated with attachment and the socio-emotional consequences of the child’s separation from their primary attachment figure. The assessment worker must assess the presence of trauma related behaviors, potential developmental delays, and the caregiver’s ability and readiness to meet the child’s needs. Therefore, the workgroup is streamlining the core assessment and its attendant addenda to support longitudinal engagement with these young children and their families. The revisions identify the elements of the assessment process that are

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pertinent to address in the initial session and subsequent meetings over a 45 day period, while retaining the components that are critical to assessment and service planning. These collaborative efforts are intended to eliminate the practice of completing a birth to five assessment in a single encounter at intake.

To further develop the ability of professionals to recognize the behavioral and developmental needs of infants and toddlers, CPS Specialists were provided the opportunity to attend the Infant Toddler Mental Health Coalition of Arizona Conference in September 2007. The conference focused on early intervention and treatment of infant and toddler mental health, and benefited court team staff, mental health specialists, program managers, placement staff and CPS Specialists responsible for infants and toddlers with behavioral or developmental needs. The conference also provided CPS staff the opportunity to meet with stakeholders and providers in the community, to identify needs and learn about other services.

As they did in the 2007 CFSR On-site Review, staff and stakeholders frequently identify DBHS's Urgent Response system and CFTs as systemic strengths. CFTs were frequently cited as a promising methodology for coordination of behavioral health service planning and involvement of parents and youth in case planning. Statewide, the number of children removed from their homes and referred by CPS to the Title XIX behavioral health Urgent Response system rose to 80% in December 2006, but dropped to 74% in December 2007. The December 2007 performance remains well above the baseline of 40% in 2004. In December 2006 CPS referred 93% of children under the age of five for Urgent Response. This rate has also dropped, to 80% in December 2007. The monthly RBHA referral rate has varied between 93% and 36%. Preliminary case review and anecdotal information suggests there are multiple factors affecting referral rates. Most notably, children are not referred when: 1.) the child is already enrolled and participating in services at the time of the removal; 2.) the circumstances of a removal suggest the child will be returned to a biological parent within 72 hours (e.g. a parent is hospitalized overnight and CPS was called to care for the children until the parent is discharged); 3.) it has been determined that a child would not be eligible for Title XIX services. The rate of children referred that received the Urgent Response from the behavioral health system has maintained between December 2006 and December 2007 at roughly 90%.

Appropriate use of Title XIX funding is another factor affecting achievement of child mental health goals, particularly the issue of timely access to services raised by stakeholders during the 2007 CFSR On-site Review. When Title XIX funding is appropriately used to pay for therapeutic services and placements, family members are better able to access services and the Division is better able to fund other services that prevent the need for out-of-home care and promote placement stability. The percent of children determined Title XIX eligible and enrolled increased from 42% in September 2003 to 61% in March 2006, and 62% in January 2008. In July of 2004, only 38% of children enrolled in CMDP (3,077) became enrolled in the Title XIX behavioral health system. In July of 2007, 61% of children enrolled in CMDP (5,772) became enrolled. The Division and its behavioral health partners also achieved an increase in the percentage of foster children in behavioral health placements whose placement is paid with Title XIX funding – from 60% in 2005, to 76% in 2006, and 77% in 2007.

The Division continues to use the Title XIX appeals process when a Title XIX eligible child is denied a service by the RBHA. The number of appeals increased from about 23 in 2002, to 94 in 2006, and 133 in 2007. Of the 133 appeals resolved in CY 2007, 118 (89%) were resolved in the Division's favor, six were resolved in favor of the RBHA, two appeals were settled by agreement, and seven were withdrawn by the Division prior to a Fair Hearing due to the lack of medical necessity. This suggests that CPS Specialists are advocating for appropriate services to meet the behavioral health needs of foster children by appealing denials or terminations of recommended services. Currently, requests for services are being

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completed more quickly and appeals are being settled prior to hearings in most cases. Districts outside of Maricopa County have reported almost no need to appeal because the RBHAs in those areas are funding and delivering behavioral health placement services to their children.

Co-location of behavioral health and Division staff continues to be an effective means to access behavioral health services. For example, two CPS liaisons continue to serve in Community Services Units at the two Juvenile Court facilities in Maricopa County. These units are comprised of peers from Juvenile Court Administration, Magellen, and Juvenile Probation. The Units are charged with diverting dependencies and delinquencies through preventive services and addressing the immediate needs of the Court. The CPS Liaisons support effective Division and Court relationships and processes by observing CPS staff in the courtroom and developing check lists for CPS Specialists on topics such as “writing a court report” and “in the court room.” The CPS Liaisons also track privately filed dependency petitions to determine whether the dependency could have been avoided through early intervention and identify systemic issues for discussion by the Tinker Toy Collaborative (a collaborative agreement between CPS District 1 and Maricopa County juvenile probation). For more information on co-location of Division and behavioral health staff, see Section III, Part 5, A.7., *Agency Responsiveness to Community*.

The Division has also developed services that address the mental health needs of children and their caregivers. For example, the Division’s in-home service array provides intensive or moderate level therapeutic support for families. See Section III, Part 2, CFSR Item 3 for more information these services. The Comprehensive Medical and Dental Program provides services to address the mental health needs of children who are not Title XIX eligible. The Arizona Families F.I.R.S.T. program provides substance abuse assessment and treatment services. The Division may also provide specialized psychological evaluations or other services on a case by case basis.

**C. Strategies and Action Steps for 2009**

The following strategies and action steps for SFY 2009 are the State’s primary strategies for improvement of well-being outcomes, and are the same strategies included in the State’s proposed CFSR Program Improvement Plan. These strategies and action steps do not describe all the activities that may improve outcome achievement. Routine work activities, small programmatic changes, and initiatives in their early planning stages have been described under the appropriate service or program description or CFSR Item and will also have a significant impact on outcome achievement.

The following primary strategies and action steps were identified based on analysis of the State’s AFCARS, Practice Improvement Case Review, CFSR On-site Review, and other data described in Parts 1 through 5; input from Division staff and child welfare stakeholders; and other strategic planning processes. These strategies will also support achievement of safety and permanency outcomes. Likewise, strategies listed in other parts will support achievement of well-being outcomes. For example, Division efforts to improve the quality of safety assessment, risk assessment, and case planning will also improve the Division’s identification and provision of effective services to children, parents, and out-of-home caregivers.

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**Primary Strategy:**     **Intensify healthcare focused outreach to increase CPS Specialist, out-of-home caregiver, and PCP awareness about the general and child-specific physical, dental and mental healthcare needs of children in out-of-home care**

**Goal:**                     Increase the number and percentage of children that receive adequate physical, dental and mental health services

1. Maintain a system of reminder notifications for EPSDT exams, dental exams and immunizations

**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.

1. Request updates from ADHS on implementation of CASII, of which Arizona’s modified version will be used to identify children with complex needs in order to determine whether a behavioral health case manager is needed
2. 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
3. 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
  - Family Involvement Subcommittee
  - Adolescent Substance Abuse Treatment Subcommittee
4. 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
5. 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

**Primary Strategy:**     **In partnership with ADHS and other partners, develop a system to gather and analyze data to identify systemic barriers and service gaps to 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

1. In collaboration with ADHS, identify the key child mental health service provision goals to be tracked utilizing existing data

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**Primary Strategy:** *Carry out Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services*

**Goal:** Increase the availability of substance abuse treatment services for families involved with CPS

1. Identify mechanisms to collect data on substance abuse treatment needs and capacity
2. Provide and review reports to the Governor on service capacity and prioritization of substance abuse services for families referred to CPS

**Primary Strategy:** **In collaboration with the agencies comprising the Arizona Families F.I.R.S.T.'s Maricopa Regional Partnership, implement the Parent to Parent Recovery Program in four Maricopa County communities, including assignment of trained Recovery Coaches and provision of comprehensive interventions conducted by well-informed and integrated service delivery teams, to engage and assist families with parental methamphetamine use and a child at risk of removal**

**Goal:** Reduce repeat maltreatment and child removal or re-entry by increasing methamphetamine-using parents' motivation to engage and continue in substance abuse treatment services and to use family, social, and community supports

1. Develop structural program components for implementation of the Parent to Parent model
2. Initiate elements of the Parent to Parent model in collaboration with involved stakeholders

## **PART 5: SYSTEMIC FACTORS**

### **A. Program Descriptions and Fiscal Year 2008 Accomplishments**

#### **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, forms management, 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 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 2008 the CHILDS Project continued to hold monthly DAL meetings, attended by District Automation Liaisons (DALs) representing each of the local districts. 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.

In SFY 2008 the CHILDS project's priority was to develop and add to CHILDS the integrated CSA-SRA-Case plan, to guide decision making and improve documentation of holistic safety and risk assessments. The new CSA-SRA-Case plan in CHILDS provides several features to assist CPS staff:

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- Thorough instructional text is easily available throughout the instrument, instructing the CPS Specialist about the type of information to be considered and documented in each section, and providing access to related policy and best practices. The instrument includes hyperlinks to related web sites, and instructional text is displayed in balloons and pop-ups.
- Warnings are displayed within the automated instrument, to alert staff when information is missing that must be entered before the supervisor can approve the window. These warnings assist CPS staff to enter complete and accurate assessment information, and enforce data accuracy for some AFCARS elements.
- The instrument includes features that make it easy and intuitive to use. For example, staff move through the instrument's section using tabs. These tabs allow staff to move sequentially through the instrument, or staff can move to any section without having to scroll through prior sections.
- The instrument includes areas within which the CPS Unit Supervisor documents information that he or she has reviewed the documented information, conducted clinical supervision with the CPS Specialist and approves of the decision. Integration of the supervisory processes and documentation into the CSA-SRA-Case plan instrument supports more efficient supervision, ensures supervision has occurred and been documented, and assists the supervisor to review and consider each critical decision within the initial assessment process.
- Documentation can now be entered with rich text features (i.e. underlining, bold text and other standard features found in any word processing software).

## **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. During the 2007 CFSR On-Site Review, two of the four case review system items were identified as strengths: Item 26 on court or administrative review no less frequently than once every 6 months, and Item 27 on court or administrative permanency hearings no later than 12 months from foster care entry and every 12 months thereafter. Item 25 on written case plans developed jointly with the parents and Item 28 on TPR proceedings in accordance with ASFA were identified as needing improvement and will be addressed in the State's CFSR Program Improvement Plan. The CFSR findings confirmed that the State has processes in place that meet federal case plan and TPR requirements, but identified a need to improve the consistent implementation of these procedures. Case reviewers and stakeholders identified a need for greater involvement of youth and fathers in case plan development, and some stakeholders reported that the requirement to update the case plan every six months is not met timely in all cases.

### ***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.

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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 routinely attached to reports to the Court, and discussed at Court and FCRB hearings. The Division's Court report outline require the CPS Specialist to provide information about various aspects of the case plan, including the permanency plan, 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. See Section III, Part 4, CFSR Item 18 for more information on the Division's written case plan format, the factors affecting the Division's performance on engagement of parents and children in case plan development, and stakeholder input regarding this area. The State's comprehensive assessment and case planning process has also been revised as described in Section III, Part 1, *Crosscutting Initiatives*.

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

Stakeholders reported during the 2007 CFSR On-Site Review that cases are reviewed at least every six months by both the FCRB and the courts. They noted that in some counties, such as Pima County, cases are routinely reviewed by the court every three months. Many stakeholders also reported that

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permanency hearings are held every 12 months and are conducted in a timely manner, although some stakeholders in Pima County and Pinal County reported that continuances and other factors sometimes delay the permanency hearings. Data from the SFY 2006 *Dependent Children in the Arizona Court System* report, published by the Arizona Administrative Office of the Courts, indicates that 14,478 children were scheduled for an FCRB hearing during SFY 2006, a 10% increase over 13,140 during SFY 2005. This includes children for which a dependency petition is filed and who remain in care long enough to be scheduled for a review. To accommodate the growing need for FCRB hearings, seven new boards were added in SFY 2006, including four in Maricopa County, two in Pinal County and one in Yavapai County.

The State's high performance in timeliness of periodic review and permanency planning hearings has resulted from long-term continual collaboration between the Division, the Administrative Office of the Court (AOC), and county Juvenile Courts throughout Arizona. These entities came together to implement Model Court and ASFA requirements, and since that time have continually communicated to identify needs and improvement strategies related to the dependency process and child welfare outcomes, many of which have been described elsewhere in this report. See Section III, Part 4, A.7., *Agency Responsiveness to Community* for information on accomplishments and activities in SFY 2008 that are directly related to Court hearings and processes.

***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.

In FFY 2007 Arizona continued to exceed the national 75<sup>th</sup> percentile on CFSR measures C2-3 and C2-4, which measure timely termination of parental rights and timely achievement of permanency for legally free children. See Section III, Part 2, CFSR Item 9 for information on the Division's performance related to these measures.

The August 2007 CFSR On-Site Review found that the State has a system in place to file for TPR in a timely manner. However, delays in filing were noted in some counties, and reviewers noted inconsistency in the documentation of compelling reasons when a motion for TPR was not filed. Stakeholders reported that clear procedures for timely filing of TPR motions and timely scheduling of hearings are in place, but suggested scenarios in which the procedures are not consistently followed, such as when the court chooses to prolong reunification efforts or a child does not have an adoptive home identified. Delays in Pinal County were attributed to rapid caseload growth and staff shortages in the court and the local Attorney General's Office. Through a shifting of resources, the Office of the Attorney General created the Pinal/Gila Unit and fully staffed that Unit in November 2007.

The Division and the Courts also identified a delay in the resolution of appeals of TPR orders caused by the volume of appeals filed and scheduling by the Court of Appeals. A rule change was adopted and

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became effective January 1, 2007. The new rules 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. These new rules are expected to reduce delays to finalized adoption for a significant number of children. In addition, the State's two appellate divisions have been tracking data on timeliness of TPR rulings. The State's Chief Justice has identified as a priority reduction in 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. As a result, both courts have adopted changes in their methods for processing appeals in dependency matters. Statistics provided by the two divisions show significant progress. Division I decreased the average days between notice and decision from 259 in SFY 2007 to 176 in the period of November 2007 through May 2008. Division II decreased the average days between notice and decision from 289 in the period of November 2006 through April 2007 to 101 in the period of October 2007 through mid-June 2008.

***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 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, and therefore have knowledge of the interested parties who should be invited. The FCRB's process for sending notices to interested parties undergoes revisions and improvements every year. More information was added to FCRB notices and readability was improved in 2006. Furthermore, in SFY 2007 and much of SFY 2008 the FCRB sent a brochure to all youth in out-of-home care over age 12, inviting them to participate in review hearings and explaining how they can give a statement on-line at the FCRB web site; and sent a brochure to all placements, statewide, explaining the role of the FCRB.

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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.

### **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.

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) staff review of all 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;

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- 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 ensure compliance with policy, accurate data entry, and to 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 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 published a new Quality Improvement Manual in SFY 2008. This 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. Current data reports provide information on areas such as open cases with no case note documentation for 60 days, placements of children in out-of-home care, achievement of adoption milestones and AFCARS errors. The Central Office Reports and Statistics Unit ensures timely distribution of data reports, and

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provides training and technical assistance to district and Central Office personnel on the development and analysis of data. The Division's District Automation Liaisons ensure timely distribution of data within the districts and lead the districts' data analysis and data integrity activities. Districts must maintain and implement procedures for report distribution, use and data analysis, and for the timely entry of missing data and correction of data errors. The Reports and Statistics Unit maintains User Guides for the Division's priority reports. The District Automation Liaisons and Practice Improvement Specialists have received training to develop basic data analysis skills, so they can support the field supervisors and district managers who use the data reports in their day-to-day work. 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. This improves accessibility and timeliness of data, 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 field staff monitor and manage their district's, area's and unit's caseload by viewing preconfigured data and creating analytical reports related to Key Performance Indicators (KPIs). The dashboard became available to CPS Unit Supervisors on February 1, 2006. 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. During SFY 2008 the Division increased the dashboard's analytical possibilities by adding variables such as ethnicity and child removal zip code. "Top – Bottom" performance reports were also added to the child removal and exit and CPS Specialist visitation 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 can not 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 DCYF 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
  - identifies training needs for direct service and management staff.

Arizona's participation in the CFSR On-Site Review in August 2007 provided case review data, substituting for the PICR in SFY 2008. In October 2007, Arizona's six districts began to participate in monthly reviews of randomly selected initial assessment/investigation cases. A new Initial Assessment PICR Instrument was created to evaluate achievement of CFSR safety

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outcomes and staff competency with the CSA-SRA-Case planning process. Each year, 334 initial assessment cases will be reviewed. In SFY 2009 the Division will create new In-Home and Out-of-Home PICR Instruments and will again review these case types. The Division plans to review 233 in-home and out-of-home cases per year.

The Practice Improvement Case Review Instruments include substantial item rating guidance to improve reliability. All PICR instruments will continue to include items and instructions from the CFSR On-Site Review Instrument. Additional guidance based on State policy and best practices clarifies when a case should be rated strength versus area needing improvement. Cases are reviewed by management and other staff in the district. Each completed instrument is read by the District Practice Improvement Specialist to ensure reviews are accurate and thorough. The State's CFSR Manager reviews a random sample of the completed instruments and the related case documentation to ensure rating accuracy and statewide consistency.

Distribution and discussion of case review results occurs monthly within all districts. Discussions among district staff are clinical and 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 is the means by which the agency promotes 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. In late 2007, a Division workgroup that included CPS Supervisors from all Districts revised the Clinical Supervision review guide for ongoing cases, to better assist the Supervisor and CPS Specialist to identify child safety concerns; the needs of the child, parents and out-of-home caregivers; relevant services to be continued or provided; and barriers to achieving the permanency goal. When fully implemented this guide will be used to facilitate discussion that focuses on the needs of the child, parents and foster parents and achievement of CFSR safety, permanency and well-being outcomes.

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 DCYF employee. The Plans describe, in behavioral terms, the professional skill(s) to be acquired by the CPS Specialist, Supervisor, Manager or other DCYF 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 case review item is rated as needing improvement, unless the contributing issues are clearly and solely systemic (such as unnecessary

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restrictions on parent-child visitation due to court order, despite advocacy by the agency). Professional Skill Building Plans must also be developed with any DCYF 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. Assistant Program Managers, District Program Managers and the Child Welfare Program Administrator ensure that Professional Skill Building Plans are being created, implemented and reviewed by reviewing at least two Plans for each unit/section/district each month.

Professional Skill Building Plans are tools to add structure and accountability to the clinical supervision process. Supervisors and Assistant Program Managers in all districts received training on Professional Skill Building Plans, and the entire QI system, in May and June 2008.

- *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 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. The District Program Manager or Central Office leadership team must clearly define the responsibilities and expected products for each committee or workgroup, and must ensure that each Quality Improvement Team is given performance data and other information that will enable an in-depth and well-rounded understanding of the identified 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/state's outcome areas of strength;
  - a description of best practices, system strengths, and improvement strategies that have produced positive outcomes in the district/state;
  - identification of the district's/state's outcome areas needing improvement;
  - a summary of current and planned district/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. The first statewide quarterly report was published in April 2008. Districts will begin publishing quarterly reports by late July 2008.

#### **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

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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 & advanced courses for supervisors
- 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
- Out-service training (conferences and seminars in the community)
- Tuition reimbursement
- The Arizona State University School of Social Work stipend program
- The Arizona State University Advanced MSW program
- Policy training
- District offered training
- CHILDS training
- 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. Between October 1, 2006 and November 30, 2007, 867 new foster homes were licensed. All of these new foster parents completed either the PS-APP or PS-Deciding Together through one of the Division's licensing agencies. As of September 2007, the majority of the over 6,500 licensed foster parents attended a minimum of six hours of in-service training with Mini PS-MAPP as a required in-service training in 2006 and 2007 for all licensed foster parents.

For more information on the Division's staff and provider training programs, including accomplishments in FY 2008 and objectives for FY 2009, see Section IV, *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 III, 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

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another planned permanent living arrangement. Available services, including the following, have been described in Section III, Parts 1 through 4, of this Report:

- Healthy Families Arizona Program
- Promoting Safe and Stable Families Programs
- Homeless Youth Intervention Program
- Child safety, 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, 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 living 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. The Division and its partners continue to expand the array and accessibility of services as demand grows and new needs are identified. Examples of progress in SFY 2007 include the following:

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- *Service Integration* – Service Integration is a fundamental change in the way the Department does business. It builds individuals’ and families’ capacities to improve their lives by focusing on prevention and early intervention. Through service integration, individuals and families assess their strengths, engage in developing plans to build on those strengths, and reach progressive goals in the areas of safety and self-sufficiency. The collective resources of the entire Department, along with the resources of our partner agencies, community-based organizations, and faith-based groups, are utilized in supporting families’ efforts. The three primary goals of service integration include promoting self-sufficiency, strengthening families, and developing the capacity of extended families and communities.

The Department’s service integration strategies serve families that are involved with CPS, families at risk of involvement with CPS, and individuals and families struggling to meet their basic needs for income, shelter, food, clothing and housing. Many family partners participating in Community Network Teams and former Breakthrough Series Collaborative Teams are current or former foster and/or adoptive parents caring for children involved in the child welfare and/or developmental disability systems. The Department’s major service integration strategies include Family Connections Teams, Local Integrated Offices, TANF Service Coordinators, Customer Service Representatives, the Breakthrough Series Collaborative on Service Integration, Service integration Community Development/Family Leadership Workgroup, and Community Network Teams. For more information on these strategies, see Section III, Part 2.A.

- *Integrated In-Home Services* – In-Home services were enhanced in March 2006 through implementation of a statewide integrated service contract with community providers. The contract increased the array of services available and includes two service levels, intensive and moderate. In-home services are now available statewide. The average monthly number of in-home cases increased 10% between SFY 2005 and SFY 2007. Data from the first half of SFY 2008 shows continued growth of the State’s in-home services program. See Section III, Part 2, CFSR Item 3 for more information about the Division’s in-home service array.
- *Family to Family* - The Family to Family initiative includes strategies of community partnership and self-evaluation for identification of community needs and development of services to meet those needs. Team Decision Making is another strategy of Family to Family, and an important service for families. See Section III, Part 1, *Crosscutting Initiatives* for more information on Team Decision Making and other Family to Family strategies that are improving services to children and families.
- *Receiving, Assessment and Visitation Services* - The Divisions’ success in placing young children in family settings has raised challenges about how to best use the resources and expertise of agencies that had previously provided emergency shelter services for at-risk children and their families. In December 2006 several shelter partners in Maricopa and Pima Counties expanded their work to provide receiving, assessment, and visitation services to children and families. By making the arrangements for visitation and providing or coordinating transportation for children and parents, this service has benefited families and freed CPS Specialists for other pressing duties. The visitation centers also transition visits to the family’s home and provide a detailed case note about each facilitated visit, which support movement toward permanency.
- *Home Recruitment Study and Supervision* – Family-based care is the most appropriate and healthy setting for children who cannot remain safely at home. To build system capacity to place children in a family setting, the Division implemented a resource family Home Recruitment,

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Study and Supervision (HRSS) contract with community providers for recruitment, training, and support of culturally and ethnically diverse foster or adoptive resource families. The enhanced contracts require service providers to meet specific performance measures intended to improve the overall outcomes for children and families. See Section III, Part 1, *Crosscutting Initiatives* for more information.

- *CPS Staff Recruitment and Retention* – Perhaps the Division’s most valuable service and resource is the Division’s own direct service staff. The Division believes that achievement of critical goals such as timeliness of response to reports for investigation and frequency of in-person contact with children and parents will improve when the right people are hired into a work environment that encourages staff to define child welfare as their career. The Division began implementing staff recruitment and retention strategies in SFY 2006 and continued these in SFY 2007 and 2008. See Section III, Part 1, *Crosscutting Initiatives* for more information.
- *Service Integration for Dually Adjudicated Youth* - Arizona continues a collaborative effort to better serve youth and families who are dually involved in the state child welfare and juvenile delinquency systems. The Dually Adjudicated Interagency Initiative finalized a formal Letter of Agreement that provides partner agencies with a best practice framework for serving youth who are dually adjudicated and involved in multiple systems (including child welfare, juvenile justice and behavioral health). The Executive Committee of the Initiative created four sub-committees to further the goals of reducing the incidence of (1) dependent youth who become involved in the delinquency system (and vice versa), (2) delinquent youth who penetrate deeper into the juvenile justice system, and (3) siblings who become involved in either system. The sub-committees are focusing efforts in the areas of data sharing, information sharing, staff cross-training and out-of-home care. The Governor’s Office continues to facilitate and monitor the Executive and Sub-Committee work, with support from the Child Welfare League of America. Each committee has developed and is implementing and monitoring an action plan around outcomes specific to their topic area.

Many other examples of partnerships to develop and improve services are included throughout this Annual Report. Extensive and continual collaboration occurs between the Division and Arizona’s Department of Health Services, Division of Behavioral Health Services. See Section III, Part 4, CFSR Item 23 for complete information on child mental health assessment and treatment services. The Division has also partnered with Arizona’s Department of Education and Casey Family Programs to develop and improve educational services for youth in out-of-home care. See Section III, Part 4, CFSR Item 21 for more information on these services. The Division’s Comprehensive Medical and Dental Program is viewed favorably by foster parents and is achieving high performance in immunization rates and other critical indicators. See Section III, Part 4, CFSR Item 22 for more information on child physical health services.

**6. Current Executive Initiatives**

During FFY 2008, Arizona did not use Title IV-B funding for initiatives to promote healthy marriage, responsible fatherhood, positive youth development or rural development. Arizona did use Title IV-B funding for one faith-based community initiative, a statewide leadership event. In October 2007 the Division joined Senator Leah Landrum-Taylor, the Governor's Office on Faith-Based Initiatives, the City of Phoenix, and a number of contract agencies in hosting this statewide leadership event. The goal of the event was to explore ways the faith community could help youth stay connected with their families and communities, make wise choices, graduate from high school, proceed to college, and find and maintain

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safe housing. This conference incorporated former foster youth to lead breakout sessions, as well as three nationally recognized keynote speakers. The Division continues to explore appropriate ways to engage the faith community and to participate in faith-based outreach activities. In FFY 2009 the Division plans to develop a series of church bulletin inserts that will be distributed to congregations across the State as a foster and adoptive parent recruitment effort.

**7. 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 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 Program 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 was received in SFY 2008:

- *The Family to Family Oversight Committee* – This committee of Division staff, youth, parents, resource parents, juvenile court representatives, faith-based leaders, and other community partners monitors progress and makes recommendations about implementation of Family to Family.
- *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 III, 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

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and violence; or improving transportation, health care, child safety and career training; are just a few of the issues CNTs work collaboratively to resolve.

- *Governor’s Children’s Cabinet* – The Cabinet’s purpose is to remove barriers to success by focusing attention and resources on problems facing Arizona’s children, families and communities; and by coordinating policies and service delivery systems. The Cabinet membership includes Governor Janet Napolitano, Directors from child serving State agencies, a presiding Juvenile Court Judge, and the Governor’s Office for Children, Youth and Families. The priority goals of the Cabinet include:
  - Children have access to affordable, high quality physical and behavioral health care and grow up in healthy environments.
  - Children start school ready to succeed and have quality educational experiences from preschool through graduate school.
  - Children live in safe, stable and supportive families and neighborhoods.
- *Community Strategy Committees* – With training and technical assistance on community partnership development provided by the Annie E. Casey Foundation, Assistant Program Managers (APMs) in District 1 developed eleven Community Strategy Committees in SFY 2007. The Committees 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 community meetings conducted by the field APMs. Six Community Specialist positions assist the partnerships. Development of community partnerships within Districts 2 through 6 is progressing well and each district has strong representation from partners involved in their Family to Family planning and implementation efforts. See Section III, Part 1, *Crosscutting Initiatives* for more information on Community Strategy Committees and the Family to Family initiative.
- *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 III, Part 1, *Crosscutting Initiatives* for more information on Community Recruitment Councils and the Family to Family initiative. See Section III, 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, having replaced the Maricopa County Collaborative. The Collaborative includes members from the

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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 funding of the Program. Participants include community partners, service providers and government agency representatives.
- *The Arizona Substance Abuse Partnership (ASAP)* – This partnership was established by Executive Order of Governor Napolitano in June 2007. ASAP is chaired by the Governor's Chief of Staff and composed of representatives from State government entities (including the Division), federal entities and community organizations. ASAP serves as the single statewide council on substance abuse prevention, enforcement and treatment. It is ASAP's mission to ensure community driven, agency supported outcomes to prevent and reduce the negative impacts of alcohol, tobacco and other drugs by building and sustaining partnerships between prevention, treatment and enforcement. Through coordination among its members and their agencies and organizations, ASAP strives to ensure that substance abuse funding is spent in the most efficient and efficacious manner. ASAP has identified four strategic focus areas for 2008: 1) child welfare and substance abuse; 2) law enforcement and drug trafficking; 3) emerging trends and the state's capacity to respond; and 4) data driven decisions and policy development. There are currently six sub-committees that assist ASAP in meeting their goals:
  - Arizona Underage Drinking Committee
  - Substance Abuse Epidemiology Work Group
  - Emerging Issues Sub-Committee of the Substance Abuse Epidemiology Work Group
  - Methamphetamine Task Force
  - Co-Occurring Policy Advisory Team
  - Workforce Development Committee
- *Maricopa County Vision for Youth aka Passages* – The Department has continuously participated in the *Passages* community collaborative sponsored by Casey Family Programs. This collaborative developed a common vision plan to best assist older youth to make a successful transition to adulthood. This vision identifies six collaborative efforts: Alumni & Peer Mentoring, Universal Literacy in Transitional Youth, Community Support for Youth Development, Continuing Improvement of Well Coordinated Resources and Training, Coalition for Transitional Services, and A Network of Centers for Comprehensive Seamless Services. This collaborative is involved in numerous activities to implement this plan, including completion of a "youth friendly" resource guide and identification of approximately 25 housing units for youth with mental health challenges. *Passages* also finalized various partnerships through a charter signing ceremony, demonstrating the commitment of a number of community based agencies to the efforts of *Passages*.
- *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 Governors Office for Children and Families. The target populations are youth

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transitioning from foster care or juvenile justice settings and homeless youth. The group has identified the need to build 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. See Section V, *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 on 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.
- *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. In August 2007 representatives from all of the Divisions stakeholder groups – including youth, parents, Native American tribes, judges, attorneys, foster parents, and others – were interviewed during the CFSR On-Site Review.

***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 both the State and county levels. At the State level, the Court Improvement (CI) Advisory Committee and Strategic Plan provide much of the structure for collaborative improvement activities. The Division’s Assistant Deputy Director; the CPS Program Administrator; the Division’s CFSR Manager; and a CPS Unit Supervisor continue to participate in the Court Improvement Advisory Committee, through which the Court’s improvement activities are identified, facilitated and monitored. The Advisory Committee includes Juvenile Court Judges, court administrators, an attorney general, a child and family policy advocate, and others. The Division’s CFSR Manager also provides ongoing input into the Court Improvement Program (CIP) strategic plan and activities during consultations with the State’s CI Coordinator, and Arizona’s CIP Administrator and CIP Operations Manager served as case reviewers during Arizona’s 2007 CFSR. These collaborations greatly benefit both the CIP and the Division by providing opportunities for agency cross-training and to jointly examine the expectations for collaboration and outcome achievement that are placed on the Division and the Courts through the CFSR, the State Title IV-E and Child and Family Services Planning processes, and CIP reassessments.

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In SFY 2008 the Division supported the efforts of the CIP and the Administrative Office of the Courts to achieve the CIP's current objectives for improving outcomes for children and families involved in dependency cases. The following progress toward these objectives has been achieved:

- *Objective 1: Improve the recording and tracking of data related to dependency case proceedings*

The primary activity for this objective is a long-term project to improve the court's information system, known as JOLTSaz. A full new system is being built. There will be a single database structure for all participating JOLTSaz counties (Pima and 13 rural counties).

- *Objective 2: Expedite the court process to assure early permanency for children*

Activity in this area had addressed the need for faster resolution of appeals on dependency cases. A rule change was adopted and became effective January 1, 2007. The new rules 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. These new rules are expected to reduce delays to finalized adoption for a significant number of children. In addition, the State's two appellate divisions have been tracking data on timeliness of TPR rulings. The State's Chief Justice has identified as a priority reduction in 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. As a result, both courts have adopted changes in their methods for processing appeals in dependency matters. Statistics provided by the two divisions show significant progress. Division I decreased the average days between notice and decision from 259 in SFY 2007 to 176 in the period of November 2007 through May 2008. Division II decreased the average days between notice and decision from 289 in the period of November 2006 through April 2007 to 101 in the period of October 2007 through mid-June 2008.

- *Objective 3: Improve the quality of legal representation for children and parents in dependency case proceedings*

The dependency attorney curriculum currently used by the CIP addresses relevant CAPTA requirements. While the curriculum was developed for a target audience of attorneys representing children, parents and the State, other parties who may be involved in the dependency process (such as CPS specialists and supervisors, Judges, probation officers, and CASA and FCRB volunteers) are invited to attend the trainings. This multidisciplinary participation has proven an effective means to increase all parties' understanding of the State and federal requirements associated with the attorney's role in the dependency process. It has also provided opportunities for positive dialogue about issues specific to the local court and/or county.

- *Objective 4: Evaluate the effectiveness of courts in handling dually involved cases*

Pursuant to recommendations made in the *Arizona Dual Jurisdiction Study*, a report on Arizona youth who were involved in both the dependency and the delinquency systems, in February 2005 the CIP Advisory Committee endorsed several recommendations as prospective goals for the CIP over the next several years. These goals and related progress are as follows:

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- Involve educational institutions in dependency matters – The collaborative activities described in Section III, Part 4, Item 21, including the activities of the AEST and the efforts of DBHS to involve educational partners in CFTs, have been aimed at increasing the involvement of educational institutions in dependency matters. In addition, the Deputy Associate Superintendant of Exceptional Student Services from the Arizona Department of Education (ADE) has been appointed to the CIP Advisory Workgroup. This individual is directly involved with State policy related to special education services. Furthermore, the CIP and the Dependent Children’s Services Division of the Arizona Supreme Court sponsored a Southern Arizona Regional Collaborative summit in November 2007, including a workshop titled “Addressing the Education of Arizona Children and Youth in Foster and Out-of-Home Care – Problems, Actions and Update.” The workshop’s panel included a judicial officer, a CPS Specialist, an Assistant Attorney General and a Deputy Associate superintendant from the ADE. The panel presented practical information on meeting the educational needs of children in the child welfare system, such as information on enrollment, selection of a special education parent, educational liaisons, educational resources, CPS reforms and policy, and education related legislation.
- Identify video conferencing sites so children placed out of town can participate in their court hearings without having to drive long distances – An assessment of each court’s ability to use video-conferencing is occurring.
- Institute more juvenile drug courts throughout the State – Currently, 17 cities in 10 counties have a juvenile drug court program, including Phoenix, Mesa, and Tucson. It is hoped this will expand to all 15 counties.
- Combine dependency and delinquency hearings, when applicable – This has been attempted in some courtrooms with limited success. There are consistent efforts to ensure all involved parties are aware when a youth they are serving is dually adjudicated. Using JOLTS, the courts are able to effectively identify these youth when they come to court for either a dependency or delinquency matter. Inclusion of juvenile probation officers in the county caseload teams also improves the ability of the Division and the juvenile probation agency to coordinate their services to better meet the needs of these children.
- Shorten/minimize detention stays for inappropriately placed children – County level efforts in Maricopa County (the “Tinker Toy Project”) and Pima County (the Dually Adjudicated Youth Group, a subcommittee of their Model Court committee) are addressing the needs of these children. Both groups have engaged the Division, Juvenile Probation and behavioral health staff in a collaborative effort to identify appropriate placements and services for dually adjudicated youth.
- Dually involved youth report – The SFY 2006 Dependent Children’s Services statistical report includes a report on the dually adjudicated population. This report is being updated and expanded and provides valuable data to the many agencies and stakeholders working to improve services to this population.

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- *Objective 5: Evaluate the effectiveness of the Arizona dependency case process*

The Dependent Children's Services Division continues to conduct operational reviews of county courts. In an ongoing effort to improve the effectiveness of this process and provide counties with more usable information, a subcommittee of the CI Advisory Workgroup recommended changes to the operational review process. This subcommittee consisted of two dependency judges, CI staff, the statewide CASA Program Manager, the Division's CFSR Manager, an Assistant Attorney General, a representative from the Arizona Department of Education, and a representative from the Arizona Department of Health Services. CI staff are developing a questionnaire to gather input from all parties involved in the dependency process. There is an interest in receiving input from parents and children regarding issues such as legal representation and the clarity of the dependency process.

In SFY 2007 Dependency Caseflow Management Training rolled out to the State's remaining twelve counties that had not participated in the original pilot. Caseflow follow-up meetings were held in the State's southern region in May 2007, the central region in June 2007, and the northern region in August 2007. These meetings allowed county teams time to report on their progress and develop additional goals and objectives. The time was also used to inform attendees about the Fostering Court Improvement program and its website of Arizona AFCARS data, and about the work led by the Governor's Office for Children, Youth and families to improve coordination of services for juveniles involved in multiple systems.

- *Objective 6: Provide an annual statistical report to the counties*

The Dependent Children's Services Division's FFY 2006 annual report is available at [http://www.supreme.state.az.us/dcsd/docs/data/data\\_bk\\_06.pdf](http://www.supreme.state.az.us/dcsd/docs/data/data_bk_06.pdf).

- *Objective 7: Collaborate & build relationships with Arizona's tribes*

The CIP has sought to build relationships with Arizona's tribe by inviting tribal judges, attorneys and court personnel to trainings and regional collaborative summits; and inviting tribal participation in the CI Advisory Workgroup. A Hopi Tribal Family Court Judge has been appointed as a member of the CI Advisory Workgroup. The CI Coordinator also continues to attend the Tribal-Federal-State Court Forum, whose purpose is to strive for consistency, cooperation and agreement among the three entities so jurisdiction and other issues are addressed and resolved proactively. The CI Program has also begun working with Casey Family Programs to develop a statewide educational event on the ICWA and tribal issues.

- *Objective 8: Provide information/training to judges*

The Administrative Office of the Courts continues to provide annual Dependency 101 training, which is required for all judges newly assigned to dependency cases within the prior year. CIP staff also continue to develop and deliver special "Dependency Track" training sessions at the annual Judicial Conference.

- *Objective 9: Populate Court Improvement Advisory Workgroup with those who share responsibility for providing care, representation & protection for children removed from their homes*

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Membership of the CI Advisory Workgroup totals 36 representatives that reflect the diversity of those who play an active role in child welfare cases. The chair of the workgroup is also the chair of the Committee on Juvenile Courts and is officially appointed by the Chief Justice in that capacity.

- *Objective 10: Evaluate appropriateness of implementing open dependency court statewide*

This evaluation was completed in FFY 2006.

- *Objective 11: Collaboration with DCYF*

The Division has been involved in all of the activities listed above, through participation in the CI Advisory Workgroup and other methods. Collaboration also occurs at the county level, as described in the following paragraphs.

At the county level, all districts are participating in improvement activities with local judges and court personnel. Maricopa, Pima and Yavapai Counties have particularly strong court collaboration, and these counties serve more than 80% of the State's dependent children. In Maricopa County, various forums have been developed to ensure frequent strategic discussion between District 1 management and the Maricopa Juvenile Court. The District I Tinker Toy Collaborative of decision makers from Juvenile Court Administration, Juvenile Probation, the Regional Behavioral Health Authority (RBHA) and the Division continued to meet monthly throughout SFY 2008. These meetings have resulted in many outcome related projects, including the following activities in SFY 2008:

- The Division and its partners have developed a training curriculum on the needs of children age 0 to 5 (Best for Babies). Training was provided in March and April for Judicial Officers, CPS Supervisors, CPS Managers, and Assistant Attorney Generals. The District plans to expand the training in SFY 2009 to RBHA providers and attorneys and Guardian ad Litem representing parents and children in dependency matters.
- The Division and its partners have developed an after hours court orientation for youth ages 12 – 18, to provide an overview of the Court Process and give the youth contact information for team members he or she will be involved with at Court. The orientation includes presentations by a Judge, a former foster youth, CPS staff, a GAL and/or parent's attorney, an Assistant AG and others; and ends with a pizza dinner. The orientation is delivered monthly to youth placed in a group home or with a resource family. Resource family members have a separate orientation and receive continuing education hours towards their license.
- The Community Services Unit, which is comprised of staff from the RBHA, Court Administration and CPS, continues to work toward diverting potential dependencies and delinquencies as well as troubleshooting case specific Court issues and concerns.
- The Court has implemented various strategies to reduce wait times for CPS staff. Assistant Attorneys General and Guardian ad Litem are now assigned to specific Judicial Officers to reduce waiting times that could occur while the Assistant Attorney General or Guardian ad Litem was completing a hearing in another courtroom. This has also been proposed to parent's attorneys.

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- The Tinker Toys Collaborative is sponsoring an Educational Forum to engage the large Maricopa County School Districts in becoming more involved with the Court, CPS and Juvenile Probation. The Forum is scheduled for June 2008 and is sponsored by Casey Family Programs.
- Maricopa County is seeking to implement a pilot Drug Court Program that will compliment the SENSE (Substance Exposed Newborn Safe Environment) program, which is a collaboration of CPS, Contracted Family Preservation agencies, the Arizona Early Intervention Program and the AFF provider in Maricopa County, TERROS. Drug Court will focus on cases with a newborn whose parent's drug of choice is methamphetamine. The focus of the program is to keep the children in the home while working with parents who have an in-home intervention or dependency filed.

In Pima County, monthly meetings are held between the District Program Manager, the Juvenile Court Administration and Presiding Judge, and CASA program administrators. Quarterly meetings are also held with CASA administrators, FCRB administrators, Division Assistant Program Managers and CPS Unit Supervisors to discuss issues and concerns. Pima County's Model Court Working Committee continues to employ sub-committees and workgroups to address identified needs. The Model Court's sub-committees include:

- The Pima County Dually Adjudicated Youth Workgroup, to improve services and outcomes for dually adjudicated youth;
- The Education Committee, to improve educational outcomes for court-involved youth;
- The Adult Substance Abuse Committee, to increase the successful provision of timely and effective substance abuse services to parents; and
- The CPS-Court Data Committee, that examines data elements tracked by the court and the Division (such as adoption dates and placement data) to ensure accuracy in both systems.

Best Practice was the theme for this year's Pima County Model Court goals. The Pima County stakeholders chose three goals that target long-standing court practices that affect parents and children in dependency cases and have sought research-based change strategies. The current goals and progress are as follows:

- Goal 1: Enhance and implement cross-systems strategies for parents who abuse substances, to give them their best opportunity for success in the dependency process.

After hearing from experts that what works well for methamphetamine treatment also works for other substances, this goal was revised to address *all* parental substance abuse cases. A sub-committee was formed, chaired by a Pima County Judge, the Pima County Attorney General Chief Counsel and the Pima County Court Division Director. Tasks were broken down into four specific areas and action steps, including:

- Action Step 1: Facilitate immediate engagement of parents, children, CPS, the Court, adult and children's behavioral health providers, attorneys and community partners in the dependency process, by implementing changes in the Pre-hearing Conference, the initial case plan, and the first 60 days of the dependency case as recommended by participants in the 9/28/06 meth forum.

A workgroup designed a "Roadmap to Family Reunification" that takes into account the likelihood that parents in the early stages of recovery are not capable of managing – nor do they benefit from – case plan tasks that involve more than compliance with random

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drug screens, engagement in treatment, and beginning supervised visits with their children. The roadmap is color-coded and easy to understand, and delineates suggested time frames for all customary CPS case plan tasks. A CPS Assistant Program Manager agreed to pilot the roadmap in her five ongoing CPS units, and the court's Family Drug Court Supervisor designed a tracking database to follow outcomes in the pilot cases and a comparison group. Laminated copies of the color-coded "roadmap" will be given to all judges to keep on their benches, and will be handed out in Pre-Hearing Conferences for each participant to reference alongside the family's individualized and official proposed case plan. CPS workers in the pilot units have also been given a new "Psychological Evaluation Consult" form for obtaining guidance from the unit's psychological consultant in lieu of requiring a psychological evaluation in every parent's case plan. The hope is that this will reduce demand and expedite group testing and individual psychological evaluations for those parents who genuinely need and could benefit from them. A second workgroup continues to meet to develop recommendations about what should be addressed in the Pre-Hearing Conference, in what order, and by whom.

- Action Step 2: Give parents timely and effective substance abuse, therapeutic and support services by implementing the "Protocol for Adult Network Referral Process" for CPS families.

This protocol is intended to improve interagency coordination and reduce roadblocks for parents who are on a 12-month timeline for establishing their recovery from substance abuse. The local RBHA took the lead to write the protocol and has obtained commitment to implement from the three provider agencies. The protocol is represented on a one page colorful flowchart that helps parents, attorneys, CPS staff and treatment providers understand how the dependency case proceeds, and delineates the responsibilities and the timing of substance abuse treatment. The protocol has been fully implemented. Liaisons from Pima County's three provider agencies were identified; oriented to the court process through meetings, a tour, and attendance at the court's Parent and Family Orientation Program; and began attending Pre-Hearing Conferences and Preliminary Protective Hearings. Each agency has committed to attending all Preliminary Protective Hearings one day each week. Members of the workgroup observed hearings using an observation tool, and changes and improvements were made as appropriate. Training was conducted and the co-chairs sent a letter out to the dependency contract attorneys about implementation of the protocol, and the Community Partnership of Southern Arizona (CPSA) has designed a database to track treatment and dependency outcomes for all cases in which a network liaison was able to engage with the parent at the beginning of the case.

- Action Step 3: Promote sustainability of Family Drug Court and identify problem-solving strategies that can be applied to all dependency cases with substance abuse allegations, including motivating parents with rewards and sanctions.

Family Drug Court (FDC) continues to be a laboratory for best practice in dependency cases with parental substance abuse, and its results inform and educate court stakeholders. For example, the FDC staff and treatment providers trained contract attorneys and others on the rationale for adding a trauma treatment component to Family Drug Court services, the high correlation between childhood trauma and later substance

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abuse, and the high number of substance abuse cases that are co-occurring with anxiety and other mental disorders.

- Action Step 4: Establish strategies to engage the community in supporting children and families beyond sobriety for long-term stability.

A workgroup gathered information about community resources that support recovery and reinforce long-term stability. The workgroup positioned a resource table in the court lobby near the Family Drug Court courtroom, hosted by volunteer members of the local “Meth-Free Alliance.” Volunteers provide flyers and resource information to parents, CPS workers and contract attorneys. This workgroup has been very successful in recruiting members from community agencies – including the local community college, the Department of Economic Security and the Meth-Free Alliance. The workgroup is exploring ways to maintain, update and disseminate information to families and professionals.

In addition, the Parental Substance Abuse Committee organized an all-day training, hosted by NCJFCJ, to broaden the “call to action” from stakeholders to the community at large. The January 2008 training, "Full Circle: Recovery Takes a community," focused on prevention, how the community can support families with substance abuse issues, and audience awareness of the need for services and the impact of parental substance abuse on families. Fifty percent of the audience were community members.

- Goal 2: Improve educational outcomes for dependent children

The Court identified resources to convert the Educational Consultant position from volunteer to paid. A former CASA and surrogate parent with expertise in the educational needs of dependent children occupies the position, and co-chairs with a judge a committee on educational outcomes for dependent children. Some of the committee’s accomplishments include the following:

- An education summit entitled “Weaving the Net – Connecting Our Roles” is scheduled for October 2008, to be co-hosted by the Court, NCJFCJ, and Casey Family Programs at a local high school. It is anticipated that 400 representatives of school districts, charter schools, probation, behavioral health, CPS and law enforcement will attend. Local and national speakers and breakout sessions using case scenarios will be followed by strategic planning sessions.
- A workgroup has been formed to develop and implement alternatives to school suspension and expulsion. Discipline policies have been exchanged and several speakers have presented on available alternative programs. Palo Verde High School as been selected to be a pilot site, and the projects targeted for this fall include cross-training, accountability conferencing training, expanding the Davis Monthan Air Force Base mentoring program to include a school-based program, truancy prevention discussions, and exploring ways that school discipline contracts can be coordinated with and incorporated into court-ordered probation conditions. A challenge has been finding the time and resources to begin data collection.
- Another workgroup is developing a resource guide for stakeholders working with children ages zero to five years.

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- Goal 3: Provide better and more effective ways for the child’s voice to be heard in all aspects of dependency proceedings.

Chaired by Paul Bennett from the University of Arizona Law School’s Child Advocacy Clinic, this committee is close to finalizing and disseminating their recommendations to the Model Court Working Committee. Members of the committee were asked to look at current protocols for child attendance at hearings, identify those that had arisen from bureaucratic needs rather than children’s needs, and switch to a mindset in which children (at least those 12 and over) will be presumed to attend and participate in hearings. Challenges such as lack of transportation resources; increased burden on courts and attorneys to notify youth of hearings, write objections to youth attendance when applicable; and location of safe and appropriate space for children who attend only part of a hearing and must wait for their caregivers outside the court room. This committee has recommended distribution of the Children’s Action Alliance publication *Getting From Here to There: A Guide to the Dependency Court for Children and Youth in Foster Care* to all children in dependency cases, along with other age-appropriate materials. Additionally, they have recommended that all children be given a card which will include a brief summary of a child’s rights. The committee hosted training in the spring for contract attorneys, CASAs, and judges, in which a panel of current or former dependent children answered a series of questions about their experiences with the court dependency system.

In northern Arizona (District 3), the District Program Manager meets quarterly with Juvenile Court Judges in Coconino, Yavapai, Navajo and Apache counties. Discussions have been about implementation of the CSA-SRA-Case planning process, the Family to Family strategies, relationships between the Division and the CASA program, and service or practice concerns identified by the Court. The court caseload teams have evolved into teams addressing different issues in each county. Navajo and Coconino Counties have Dependency Court Committee meetings on a quarterly basis. The Yavapai and Navajo County courts will be hosting “Mini-summits” in late 2008 for CPS and Court staff, CASAs, Attorneys, and FCRB members. The Yavapai County summit will focus on improving educational outcomes for children in out of home care. Division staff are participating in the planning committees for these summits. In Yavapai County, sub-committees are focused on the Best for Babies initiative, Resource Family training, school involvement, and other issues.

Yavapai County Presiding Juvenile Court Judge Robert Brutinel continues to be very active in Court improvement activities at the County and State levels. Judge Brutinel serves as Chair of the Arizona Court Improvement Advisory Workgroup and has been instrumental in many of the accomplishments of the CIP. In SFY 2007 the Yavapai County Court, the Division, and other community members developed the Best for Babies initiative that focuses on the needs of children age birth to three. The initiative is based upon research that infants and toddlers in the child welfare system do best when there is continuity of caregivers and are at increased risk of developmental, behavioral health and physical health issues when there are multiple abrupt changes in caregivers. The Court, CPS, CASAs and service providers work together to foster on-going contact, manage transitions and work towards permanency in recognition of the special needs of this population. This initiative combines periodic court oversight with a developmental checklist that identified key services that all children ages zero to three should receive when they are removed from their homes, such as physical and behavioral health services. The Best for Babies initiative expanded in SFY 2008 from Western Yavapai County to the Cottonwood area.

Best for Babies has also spread to Yuma and Mohave Counties, within the Division’s District 4. The Yuma County team includes the Juvenile Court Judge, an Assistant Attorney General, a CASA representative, CPS Unit Supervisors and the CPS Assistant Program Manager. The group is focusing on

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the nutritional, physical, emotional and cognitive needs of children age birth to five, and the legal process for these children following removal. Since the team started in 2007, there have been three separate trainings. The first training introduced the project and its goals, the second included presentations from medical doctors on the physical and behavioral health needs of children birth to five, and the third training was delivered by a nutritionist and a licensed clinical therapist with expertise on the special needs of abused or neglected children age birth to five. Recognizing the relationship between the early years and outcomes later in life, the members of the Best for Babies initiative are now joining with the juvenile probation agency to organize a fourth training on the needs of older youth served by probation or child welfare. This training will include information on special education, gangs, and internet issues. The prospective trainers and speakers will include special education experts, the Chief Justice, the DES Director, and a panel of youth currently or previously served by the Division's Independent Living Program or the juvenile probation agency.

The Mohave County Best for Babies Team has been renamed the Mohave County Children's Action Team, chaired by Judge Richard Weiss. Team members include representatives from CPS, the Division of Developmental Disabilities, local attorneys, CASA, Mohave Mental Health, Court Administration, Mediation and others. Presentations on needs and services for children age birth to five are offered at monthly meetings. Recent topics have included Child and Family Support Services through NARBHA, Arizona School for the Deaf and Blind, dentistry for young children, and Medical Home Cross Training. Discussions are ongoing regarding specialized training for "Baby CASAs" and Dependency Attorneys. Judge Weiss has also formed the Mohave County Juvenile Court Collaboration Project to address systemic issues and support for safety, well-being and timely permanence for children involved with the Juvenile Court system. This group includes agency leaders from many of the same agencies involved in the Mohave County Children's Action Team.

In District 5, the Pinal County case flow/court improvement meetings merged into the integrated family court process in SFY 2008. Integrated Family Court officially began in Pinal County in February 2008, and there continue to be monthly meetings to evaluate progress and issues with the new process. District 5 staff are also partnering with the Pinal County court and domestic violence advocates to create a Safe Exchange/Visitation Center for children in families with a history of domestic violence. The Gila County Court continues to have regular case flow management meetings, usually quarterly. As a result, communication between the court, Assistant Attorney Generals and CPS has greatly improved. Gila County and CPS staff are now pursuing the Best for Babies model. District 5 Division staff and the Gila and Pinal County CASA Programs have also collaborated on various activities in SFY 2008, including the annual CASA volunteer training, the Gila County Recruitment Council, support to local foster parent support groups, and attendance at local community events. In Pinal County the CASA Program sponsored a Christmas Party for more than 300 children. In April 2008 local CASAs obtained tickets for foster parents and foster children to attend the Diamondbacks Baseball game, chaperoned by the CASAs, Judges and CPS staff.

***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 2008 to discuss challenges facing youth as they prepare for adulthood; and provide input on the program goals and objectives in the State Plan on Independent Living. The 2007 Annual Arizona Statewide Youth Conference featured workshops facilitated by youth trainers from the Oregon based FosterClub All-Stars program. Youth spent three days participating in various activities that resulted in a number of recommendations on improving

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placement stability and educational outcomes for youth in the child welfare system. Youth presented these recommendations to a panel of decision makers that included the Department's Director and court staff. 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.

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. These include, but are not limited to, the Governor's Children's Cabinet, the ICWA Liaison Meetings, the Family to Family Oversight Committee, 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. In addition, in SFY 2008 stakeholders representing all major partners in the child welfare system were interviewed during the August 2007 Child and Family Services On-Site Review. Their input was summarized in the Final Report, Arizona Child and Family Services Review, issued by the U. S. Department of Health and Human Services in February 2008. This report was a primary source for identifying the strengths, needs, and improvement strategies described in this Child and Family Services Annual Progress Report, including the strategies that are also included in the State's proposed CFSR Program Improvement 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

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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 Practices (CPIP). This office, established in January 2007, combined the former Community Services Administration, Intergovernmental Operations and Service Integration office. CPIP 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.

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In May 2006 the Arizona Juvenile Justice Commission and the Governor's Division for Children held a Child Welfare Juvenile Justice Summit. Multidisciplinary teams from each Arizona county and a state-level team – nearly 250 attendees – participated in the learning and planning Summit to promote greater integration of services provided to children and families in their communities. Primary speakers were representatives of the Child Welfare League of America's Child Welfare and Juvenile Justice Systems Integration Initiative. On the second day, a diverse group of leaders from each of Arizona's 15 counties formed a State team to reflect and review the information, and begin action planning for Arizona's own initiative. Eight county teams submitted proposals to work on action plans developed at the Summit and are moving forward with this initiative locally. A state team of child welfare and juvenile justice state agency directors, policy makers, and family and youth advocates, as well members from the AJJC, also began developing action plans, leading to the official establishment of the Interagency Coordination and Integration Initiative. This Initiative is currently working to improve outcomes for dual jurisdiction youth and families that cross multiple systems.

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 2007 7,377 children discharged from the care of the Department. Sixteen 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 2007 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 sixteen of these children were in the care and custody of the Department for at least one day during FFY 2007 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. See Section III, Part 3, CFSR Item 23 for complete information on collaboration to support child mental health assessment and treatment 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 III, Part 3, CFSR Item 21 for more information on these 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) and Childhelp® Children's Center of Arizona (Phoenix). 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). CPS Specialists will be co-located to the Southwest Family Advocacy Center in Goodyear when it opens this summer.
- 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.

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- 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 Casa Grande (Pinal County) in-home service providers are located in the same building as the Division's local in-home unit. In District 2, two Family Connections Units are housed with CPS staff.
- In Pima County, two Vocational Rehabilitation Specialists are housed in the same office as the County's Young Adult Program, and 98% of their clients are YAP youth. The County's Education Liaison is also housed at this office, to address the educational needs of YAP youth.
- 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 III, 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.

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

### ***Collaboration Activities***

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 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.

In January 2007, the Department implemented 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;

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- 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 outlined in the State IV-B Plan, and consult regarding implementation of the ICWA and participation in 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.

The Division contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) to provide consultation, technical assistance and liaison services to 21 tribal governments in Arizona. The ITCA disseminates information among tribal leadership to promote awareness of child welfare matters, performs policy analysis, sponsors public forums to ensure tribal leadership understand federal and State policy initiatives, and sponsors the annual Indian Child and Family Conference and Child Protective Services Training. The Department continues to support Indian tribes by providing resource personnel with expertise in child welfare and crisis interventions who deliver training related to child safety and strength and risk assessment, case planning, and the Indian Child Welfare Act at ITCA sponsored conferences, training academies and seminars during each calendar year.

The Division also offers opportunities for tribes to participate and collaborate in important tasks, such as policy development and agency evaluation. Opportunities in SFY 2008 included review and revision of concurrent case planning policy, and the Federal CFSR in August 2007. In addition, a Department Native American Advisory Council was created at the executive level in SFY 2008. Several influential elected tribal leaders were invited to serve on the council to provide input and offer recommendations to the Department's executive team.

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. In SFY 2008 the Division and Arizona's Indian tribes achieved the following accomplishments related to the identified action steps:

- *Continue meetings with Indian Tribes to update, finalize, and develop new Inter-governmental Agreements (IGA) and Memos of Understanding (MOU) with Arizona Indian tribes pertaining to involuntary child custody proceedings involving American Indian children in State court – The Colorado River Indian Tribe is in the process of drafting an intergovernmental agreement pursuant to several meetings with Division's representatives. Initially the tribe and Division representatives formulated a Memorandum of Understanding regarding CPS referrals and investigative procedures specific to the Division service area in which the tribal community is located. The tribe has since decided an intergovernmental agreement would better serve their community. Follow up meetings with the tribe will resume when the tribe's attorney and social*

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services staff have framed a semi-final draft of the agreement. The projected completion date is December 2008. The Hopi and White Mountain Apache Tribes, through their respective Tribal Attorneys, are also working on proposed agreements. In March 2008, the Division's Indian Child Welfare Specialist and an Assistant Attorney General also met with the Salt River Pima/Maricopa Indian Community about an intergovernmental agreement. The tribe indicated they have a good working relationship with the Department's CPS Offices in Maricopa County and felt a formal agreement was not necessary.

- *Provide ICWA and cultural awareness training to increase awareness and knowledge among CPS staff of the Indian child Welfare Act and Indian cultures* – A comprehensive two day ICWA training continues to be available three times a year through a contract with the ITCA. During SFY 2007, approximately 80 CPS Specialists completed the ICWA Seminars. ICWA training is also available twice a year for social work student interns. During SFY 2007, approximately 30 student interns completed the training.
- *Continue to hold regular meetings between the Division's Indian Child Welfare Specialist and State and tribal ICWA liaisons to develop a quality assurance instrument for reviewing ICWA cases under the jurisdiction of the Division; and to ensure inter-agency coordination, communication, and collaboration on ICWA cases* – An ICWA case review process is in its early stages of development. An ICWA specific evaluation tool from the State of Idaho is being modified to fit Arizona practice standards based on Arizona statutes and department ICWA policy. Logistical steps are also being discussed with management as to how cases will be identified and selected; how relevant case file and legal information will be obtained, such as via interviews, review of hard files or in CHILDS; coordination with the Office of the Attorney General; how to minimize inconveniences to the field staff; and how confidential information will be safeguarded. The case review will be conducted by a team consisting of tribal and State representatives. The projected timeframe for resolving the case review methodology and logistical issues is December 2008. Implementation of ICWA case review will follow shortly thereafter.
- *Continue to provide quarterly updates to the Tribal Social Services Work Group and ICWA liaisons on the number of children under State custody* – The Division's Indian Child Welfare Specialist continues to provide quarterly data on American Indian children under State custody to the State/Tribal ICWA liaisons and the Tribal Social Services Directors' working group. The following are examples of the type of data provided:
  - Family reunification or remain with family was the permanency goal for more than half of the Native American children in out-of-home care on September 30, 2007. Independent living or long-term foster care (including long-term placement with a non-relative) was the goal for 16% of the children. Adoption was the next most common permanency goal, at 13% (46% of these are adoption by relative, 31% by the foster parent, and 23% by a non-relative). Guardianship or long-term placement with a relative was the goal for 6% of the children. Less than 1% had a goal of non-relative guardianship, and the remaining 12% of the children did not yet have a permanency goal assigned. (*Indian Child Welfare Act Report 45*, data extracted on January 29, 2008)
  - Of the Native American children in care on September 30, 2007, 51% had been in out-of-home care for 12 months or less, 26% had been in care between 13 and 24 months, and 22% had been in care for 25 months or longer. Sixty-eight percent were age 12 or

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younger, and 32% were age 13 or older (including 4% who were age 18 or older). Of the younger children, 58% had been in out-of-home care 12 months or less, 28% had been in care between 13 and 24 months, and 14% had been in care for more than 24 months. Of the older youth, 36% had been in out-of-home care 12 months or less, 24% had been in care between 13 and 24 months, and 40% had been in care for more than 24 months. (*Indian Child Welfare Act Report 45*, data extracted on January 29, 2008)

- *Maintain a pool of qualified and trained expert witnesses, available to the Office of the Attorney General, to provide expert witness testimony in State dependency and severance proceedings* – Creating a pool of qualified and trained expert witnesses is and will continue to be difficult as the expectations and qualification standards are high. The Division sought CPS Specialists to volunteer for this duty, but no staff expressed an interest. The State and tribal ICWA liaisons have had numerous conversations within the last few months to assess interest and resources within tribes. Some tribal affiliates expressed concern this role would create be a conflict of interest, because they in essence would become a witness for the State. Other tribal affiliates were cautious but saw the role as an opportunity to help preserve the Indian child’s best interest. Therefore, on a case by case basis these affiliates are willing to testify as a qualified expert witness when requested by the State Attorney General. In view of these considerations, the liaison group decided to work with the ITCA to sponsor a workshop on “How to Prepare and Provide Testimony in Court” at the December 2008 Indian Child and Family Conference, rather than pursuing a plan to offer specialized ICWA Qualified Expert Witness training to interested State and tribal ICWA liaisons. A generic training focusing on the State judicial process and the role, responsibilities, and expected knowledge of an effective witness will be more beneficial to tribal affiliates than a specialized qualified expert witness training. Training will be provided by local tribal and State professionals who have expertise in this area.
- *Establish within the Division, in Maricopa County, another specialized ongoing case management unit to serve Native American children* – A specialized case management unit in Maricopa County continues to provide family reunification services to approximately 200 Native American children. The unit is staffed by six Native American and three non-Native American CPS Specialists. It has not been feasible to expand the specialized case management unit in Maricopa County due to budgetary constraints and high demand for CPS Specialists statewide. The proposal for expansion in Maricopa County will be reconsidered when budgetary and other prohibitive factors are no longer present.
- *Continue to implement a culturally appropriate foster/adoptive family recruitment plan in collaboration with Native American communities and Native American organizations to increase the number of licensed/certified Native American foster and adoptive homes* – The Native American Foster/Adoptive Families Recruitment work group convened in August 2005 to develop the Division’s first comprehensive and coordinated statewide recruitment plan for Native American children in state custody. The State and tribal ICWA liaison group is now responsible for monitoring the implementation of the Native American Foster/Adoptive Families Recruitment Plan. Until the Native American Home Recruitment Specialist position is filled, the Division’s Indian Child Welfare Specialist continues to collaborate with Native American tribal affiliates statewide to implement strategies to recruit foster and adoptive homes for Native American children under the care and responsibility of the State. The Division’s effort to hire a full time position has been adversely affected by a hiring freeze. Once hired, the Native American Home Recruitment Specialist will be dedicated to raising awareness among urban native organizations and urban native population about the number of Native American children

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in foster care, and will assist State staff, private contractors and tribal programs to recruit homes for Native American children.

- *Continue to support and collaborate with the Inter-Tribal Council of Arizona and Casey Family Programs to enable Indian tribes to receive Title IV-E funding by providing training and technical assistance* – The Division continues to provide training and technical assistance to tribes expressing an interest in implementation of a Title IV-E agreement. This has included CHILDS training and on-site training and technical support.
- *Continue to provide technical support and training to assist the Hopi Tribe to implement their Title IV-E agreement* – The Division entered into a Title IV-E agreement with the Navajo Nation in April 2007, and renewed an agreement with the Hopi Tribe in the same month. The Navajo Nation Division of Social Services moved its Title IV-E implementation pilot site to a site with a higher potential Title IV-E eligible population. Staff at the new site are scheduled to complete CHILDS training and Department security clearance requirements in summer 2008. Completion of these requirements and other related tasks has been challenging for the tribe due to frequent administrative and staff changes. The Hopi Tribe has experienced similar challenges and positions critical to the implementation have remained vacant for months. All tribal staff previously trained in CHILDS, title IV-E regulations and case management have left the program. The Department remains readily available to provide needed technical support and training to the tribes. At this time the Navajo and Hopi tribes have not provided a definitive target date to start referring potentially eligible children to the Department for eligibility determinations.

The Title IV-E training and consultation process with the other twenty Arizona Indian tribes was completed in SFY 2007 by the Casey Family Program Indian Child Welfare Specialist, in collaboration with the Inter-Tribal Council of Arizona. No additional Indian tribes have expressed an interest in forming a Title IV-E agreement with the Department. Factors that influence interest vary from tribe to tribe and include costs versus benefits, the complexity of Title IV-E rules and regulations, and tribal internal/external infrastructure and readiness. Tribes have expressed a desire for direct tribal access to Title IV-E funding via the Department of Health & Human Services.

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

Compliance with the Indian Child Welfare Act is 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:

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- *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*

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 can not 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.

During SFY 2007 the specialized case management unit in Maricopa County (often referred to as the ICWA Unit) provided on-going family reunification services to approximately 200 Native American children. According to the unit supervisor, 27 new cases involving 51 children were

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accepted into the unit. The unit's consistent effort to preserve the family is driven by cultural sensitivity demonstrated by staff and active tribal participation. Approximately one third of the children are reunified with birth parents within a reasonable time; one third of the children are appointed legal guardians who are either relatives and/or non-relatives, and less than one third of the children become legally free for adoption. The Unit is staffed by six Native American and three non-Native American CPS Specialists. Distance and geographic locations of Native American children's Indian tribes remain a challenge for the unit, as does the lack of licensed Native American resource families. Despite these challenges, performance trends consistently noted by the ICWA Unit include:

- expeditious identification of potential relative caregivers;
- Native American parents are more likely to engage in case planning and participate in case plan tasks on a consistent basis;
- fewer case plan goal changes from family reunification to adoption;
- significant collaboration and communication with the children's Indian tribe; and
- less time in out-of-home care.

All other Districts have designated staff that specialize in the implementation of the ICWA. These staff provide consultation and training regarding ICWA requirements, and facilitate services for Native American children and their families through tribal Social Services. The designated Division and Tribal staff (often referred to as ICWA liaisons) meet quarterly to discuss and resolve issues relating to case management and coordination of resources, and to exchange information about new policy and procedures and meet other training needs.

The number of children identified as Native American children in SFY 2006 and SFY 2007 were 262 and 153 children respectively. In each of these cases, the parent(s) and the Indian child's tribes were served by legal notice with return receipt by the Attorney General Office. In the majority of these cases, the children were placed with an extended family member. When a family member is not available, the child is usually placed in non-Native Foster Homes licensed by the State. The Division's Indian Child Welfare Specialist is considered the state "qualified expert witness" and is frequently called upon to provide testimony in State court dependency and/or severance proceedings. The Specialist provided testimony in court or signed an ICWA affidavit certifying to the fact that the Department had made active efforts to prevent the breakup of the Indian family in the new dependency and/or severance petitions filed by the Office of the Attorney General pertaining to a Native American child dropped in SFY 2008. As previously mentioned, during calendar year 2006 140 new dependencies and/or severance petitions were filed involving 262 Native American children; whereas during SFY 2007, 85<sup>4</sup> new petitions were filed involving 153 Native American children. Implementation of Family to Family in SFY 2007 and fewer Native American families being reported for child maltreatment seem to be significant factors. In preparation for these hearings, the Specialist continues to perform a wide range of tasks; to include a complete review of case file information including legal and court documents. The Division's Indian Child Welfare Specialist collaborates with the Office of the Attorney General prior to dependency or termination of parental rights proceedings to prepare and provide qualified expert testimony in Juvenile Court. This provides an opportunity to assess the Department's overall compliance with the major ICWA requirements on a case specific basis, including active efforts to prevent the breakup of Indian families. Feedback is provided directly to the CPS Specialist, and areas needing improvement are integrated and reinforced in CPS Specialist CORE training. In addition to internal processes focused on compliance, periodic

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<sup>4</sup> Initial dependency or severance petitions received and recorded by DCYF Indian Child Welfare Specialist

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meetings with tribal affiliates and designated State and tribal ICWA liaisons further assist the Division to monitor ICWA implementation and compliance.

- *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.

***Description of the understanding, gathered from State consultation with Tribes, as to who is responsible for providing the assurances for Tribal children delineated at Section 422(b)(8) of the Act, whether children are in State or Tribal custody, for each Tribe in the 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 has contracts and services in place to increase Native American families' access to services. In SFY 2008, the Division contracted with seven tribal nations to provide APSSF Family Support and Family Preservation services to families and their children. The Division also continues to hold Title IV-E agreements with the Hopi Tribe and Navajo Nation. In addition, Indian tribes continue to interface and coordinate with private contracted Chafee providers located in their area to access independent living services for Native American children who are under the care and responsibility of Native American foster care programs. On April 30, 2008, Division representatives met with the Tribal Social Services Directors to gather additional comments and input as to how to enhance current practice so tribal children in tribal foster homes can benefit to the fullest from the ETV program and Chafee funds. One strategy under consideration by Indian tribes is to develop a contract between the Division and the Inter-Tribal Council of Arizona, Inc. (ITCA), for ITCA to administer the ETV program with tribal communities. ITCA has frequent and reoccurring contact with the twenty-two Indian tribes for increased exposure, where Chafee and ETV update meetings can be coordinated quarterly.

***Action Steps for SFY 2009***

In SFY 2009 the Division will take the following steps to improve services and increase ICWA compliance on cases involving Native American children.

- Continue meetings with Indian Tribes to update, finalize and develop new Intergovernmental Agreements (IGA) and Memorandum of Understanding (MOU) with Arizona Indian Tribes

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Pertaining to involuntary child custody proceedings involving American Indian children in state court

- Provide ICWA and cultural awareness training to increase awareness and knowledge among State CPS staff
- Coordinate State CPS policy and procedures training with the Inter-Tribal Council of Arizona and the Arizona State University College of Public Programs for the benefit of state and tribal CPS staff
- Continue State and tribal ICWA liaison meetings to develop an ICWA quality assurance case review tool and complete quality assurance case reviews and recommend program improvement
- Continue to provide quarterly updates to the Tribal Social Services Work Group and ICWA liaisons regarding children under State custody and responsibility
- Continue regular meetings between the Division’s Indian Child Welfare Specialist and State and tribal ICWA liaisons to ensure effective interagency coordination, communication and collaboration on ICWA cases
- Continue to explore ways to create a pool of qualified and trained expert witnesses that is available to the Office of the Attorney General for testimony in State dependency and severance proceedings
- Continue to collaborate with Department recruitment staff, private contractors and Indian tribes to recruit Native American foster/ adoptive families

**9. 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 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.

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

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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 are not in full alignment with the Adam Walsh Child Protection and Safety Act of 2006. Legislation was proposed in the 2008 Arizona Legislative Session that would have brought the State into full alignment. The proposed legislation had bipartisan support and received a final vote in the state House of Representatives (36-8) on the last day of session, but failed to receive a final vote in the state Senate. Arizona has been provided a delayed effective date of July 1, 2009, for State legislative amendments, and legislation will again be proposed in 2009 to put the State in full alignment.

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.

Arizona was the subject of a Title IV-E audit in March 2007. The audit verified that a criminal background check meeting federal requirements was conducted concerning the foster parent(s) in every case reviewed. In addition, criminal background checks for group care agency staff were found to comply with ASFA and group care requirements. The final report states “The provider licenses and criminal history cards and clearances (45CFR 1356.71, Social Security Act Section 472(a) (20) and 45CFR 1356.30) were included in the family foster homes and child care institutions providers files.”

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

Arizona’s diligent home recruitment efforts target potential foster and adoptive parents who reflect the

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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 "Children Need Homes" logo, receipt and promotion of national ADOPTUSKIDS media packets, and statewide proclamation of Adoption and Foster Care month. In SFY 2008 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.
- In May 2008 a 6 month audio campaign began running in a locally owned grocery store chain with nearly 150 stores across Arizona. Each store will run one thirty-second ad per hour, every hour the store is open. Further supporting this audio campaign is a print campaign providing contact information (877-KidsNeedU and web site) on 3 million plastic and 3 million paper bags.
- 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. The newsletter was expanded to four pages, to be more comprehensive. To develop articles, the Division has more frequently collaborated with agencies 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 has also begun in agency lobbies and to other interested persons.
- The Division continues to participate in community outreach events such as the Women's 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 adoptive 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.
- The Division has funded a position dedicated to receiving and responding to issues and concerns expressed by prospective and current foster, adoptive and kinship parents (resource families). This position was filled in October 2007. The position is responsible for providing program specific information to resource families throughout the State having concerns or issues pertaining to foster

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parent licensure, adoption certification, or contracted home recruitment, study and supervision services. This position researches the issue and facilitates communication between the resource family and community partners, Program Managers and other Division officials. A centralized data base system has been designed to record and track all issues received by resource families and community members. The data recorded thus far shows a progressive increase in the use of this position to support resource families and others. For example, 52 issues were received in February 2008, up from 24 issues received in October 2007.

- The Home Recruitment Response Line (877-Kidsneedu), which receives calls from prospective foster and adoptive parents, has added additional staff. The phone line is now also staffed for weekend coverage. The Division has also recently initiated a practice of calling families 30-45 days after their initial call to the 877-Kidsneedu phone line to see how families are progressing through the licensing process and to offer any needed assistance.
- 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. An initiative in Santa Cruz County has produced six Spanish speaking families who are pursuing foster home licenses to care for teens. Licensing agencies, along with Southeastern Arizona Behavioral Health Services, Inc. (SEABHS), formed this collaboration to recruit homes for Spanish speaking teens placed outside of Santa Cruz County. Most recently, Division staff solicited input from members of the Youth Advisory Board on marketing concepts. Input gathered from these meetings inspired the development of teen TV ads that are currently in use. In addition, a workgroup has been developed to increase the number of older youth who are placed in foster and adoptive homes. The workgroup is reviewing and revising the current placement procedures, to increase family placements of older youth.
- The Division continues to seek appropriate ways to engage the faith community and to participate in faith-based outreach activities. On October 3, 2007 the Division joined Senator Leah Landrum-Taylor, the Governor's Office on Faith-Based Initiatives, the City of Phoenix, and a number of contract agencies in hosting a statewide leadership event. The goal of this event was to explore ways the faith community could help youth stay connected with their families and communities, make wise choices, graduate from high school, proceed to college, and find/maintain safe housing. This conference incorporated former foster youth to lead breakout sessions, and three nationally recognized keynote speakers.
- 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

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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 to celebrate National Foster Care Month in May 2008.

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/racial population of children in custody and the neighborhoods where the children were removed. The Division contracts with agencies such as Black Family Children Services, Agape, Casa De Los Ninos and Aid to the Adoption of Special Kids, whose focus is recruitment of families for African 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. 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. See Section III, Part 1, *Crosscutting Initiatives* for more information on the Division's HRSS contract.

Division contract administrators and District Recruitment Liaisons have met with contracted providers to monitor implementation of the Home Recruitment, Study and Supervision (HRSS) contract. The Division met with a subcommittee of HRSS contracted agency representatives in September and October 2007 to define and operationalize the contract outcomes, thereby improving the Division's ability to compile outcome data across agencies. In May and November 2007 the contracted agencies reported outcome data to the Division. HRSS contract outcomes include the following:

- Increase the number of newly licensed homes within targeted neighborhoods
- Increase the number of children placed within their own neighborhood
- Increase the percentage of children in out of home placement who had monthly contact with siblings who are not placed together
- Increase the percentage of resource families that reflect the race, ethnicity and national origin of children in out of home care
- Increase the percentage of children ages nine and older that are placed within a family setting
- Increase percentage of resource families who feel supported

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 Geographical Information System (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 were 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 distributed in August 2007, January 2008 and June 2008. 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 for targeted 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

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needed to identify a suitable adoptive home for a waiting child. The Division is collaborating with 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/ racially diverse children.

Technical assistance on targeted and child specific recruitment has been provided to Division and contracted agency staff:

- In June 2007 Dr. Denise Goodman, a consultant with the Annie E. Casey Family to Family initiative, provided teaching assistance on targeted recruitment, including developing recruitment plans, and child specific recruitment for adoption workers and HRSS contracted child specific recruiters. Dr. Goodman discussed matching between children and resource parents, and the importance of transitioning children from foster to adoptive homes. Individual case consultation was provided for several children in congregate care and children who are legally free for adoption with no adoptive placement identified.
- Dr. Goodman returned to Arizona in September 2007 and offered a "Train the Trainer" session on "The First 48 Hours," specifically for HRSS providers. "The First 48 Hours" is training for resource parents on what to expect the first 48 hours after a child is placed into their home. "Recruitment is Everyone's Business" training was also facilitated by Dr. Goodman in September 2007. This training was attended by Division staff, including the payment processing units responsible for resource family payments.
- In January 2008 Dr. Goodman and Michael Sanders, an Annie E Casey affiliate, provided teaching assistance to staff on placement of children entering care and Child Specific Recruitment resources.
- Mr. Sanders also provided teaching assistance regarding Youth Engagement and Child Specific Recruitment in January 2008 and on Youth Engagement in February 2008, and returned for two days each month between March and June 2008.
- Pat O'Brien, Executive Director of You Gotta Believe!, provided teaching assistance to Division staff and HRSS contracted partners in July 2007 to discuss methods for recruiting homes for teenagers and supporting those placements.

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

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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. A draft request for proposals, which will be finalized and published in 2008, was developed for a contract to provide adoption support services in a more comprehensive way.

Data indicates that the State’s resource family recruitment and retention strategies have been successful. For example:

- The Office of Licensure, Certification, and Regulation (OLCR) processed 608 initial foster home licenses during the first two quarters of FFY 2008, compared to 552 initial foster home licenses during the last two quarters of FFY 2007. This is a 10% increase from late FFY 2007 to early FFY 2008.
- The OLCR processed 1,240 renewal foster home licenses during the first two quarters of FFY 2008, compared to 1,095 renewal foster home licenses during the last two quarters of FFY 2007. This is a 13% increase from late FFY 2007 to early FFY 2008.
- The number of licensed Division foster homes decreased from 3,256 at the end of FFY 2006 to 3,119 at the end of FFY 2007. In spite of the small overall decrease, the number of licensed foster homes in September 2007 was 37.6% higher than March 2005. In addition, the number of bed spaces available increased from 6,469 to 6,639 between September 30, 2006 and September 30, 2007 – a 2.6% increase.

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

	<b>Available foster Homes</b>	<b>Children in Out of Home care</b>
<b>White</b>	66%	42%
<b>Hispanic</b>	18%	35%
<b>African American</b>	11%	13%
<b>American Indian</b>	1%	7%
<b>Other</b>	4%	3%

***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.

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A statewide marketing campaign to recruit foster and adoptive homes for children was launched in November 2006 and continued through 2007. 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 newspapers around the state, such as the *Arizona Daily Star*, the *Arizona Republic*, the *Arizona Daily Sun* and the *Tatum Sun Times*, and *Today's News-Herald* (serving the Lake Havasu City and lower Colorado River area).

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 contact 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 resourced 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 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 2007 the Division featured 58 children on AdoptUsKids who were legally free for adoption with no identified adoptive placement. This is a decrease from the 64 children who were featured in FFY 2006. However, in FFY 2007 the Division increased the number of finalized adoptions. Children legally free for adoption continue to be displayed on both the national and local adoption registries. In March 2007 the Division had 853 families listed on the Adoption Registry. That number increased to 872 adoptive families on the registry in March 2008. 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 2009***

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 2009 to

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further increase the number of foster, adoptive and kinship homes recruited and retained, particularly in targeted geographic communities and communities of color.

1. Update Geographical Information System (GIS) map projects semiannually using CHILDS data, to assist in identifying targeted communities and the ethnic distribution of children in care from those communities. Continue to share maps with stakeholders to help providers develop diligent targeted recruitment strategies and activities for their individual communities.
2. Monitor the HRSS contract agencies to ensure children and resource families are visited a minimum of once a quarter and to ensure each licensed foster family has a Professional Development Plan in place.
3. With the support of the Annie E. Casey Family to Family initiative's Recruitment Development and Support strategy, work collaboratively with statewide staff to continue providing technical assistance to community contract agencies and ensure contract agencies have the necessary training/tools to develop targeted and child specific recruitment plans.
4. Increase awareness of the individualized needs of children who have a case plan of adoption but no identified family.
5. Increase community awareness about the need to cultivate permanent connections for older youth.
6. Use general 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.
7. Expand the Division's support to foster, adoptive and kinship families through training, advocacy and services
8. Continue to provide a personal response to families making inquiries to the foster, adoptive and kinship recruitment line, 877-KIDSNEEDU (877-543-7633) and the foster parent advocacy line within 72 hours of inquiry.

**B. Strategies and Action Steps for SFY 2009**

The following strategies and action steps for SFY 2009 are the State's primary strategies for improvement systemic factors, and are the same strategies included in the State's proposed CFSR Program Improvement Plan. These strategies and action steps do not describe all the activities that may improve outcome achievement. Routine work activities, small programmatic changes, and initiatives in their early planning stages have been described under the appropriate service or program description or CFSR Item and will also have a significant impact on outcome achievement.

The following primary strategies and action steps were identified based on analysis of the State's NCANDS, AFCARS, Practice Improvement Case Review, CFSR On-site Review, and other data described in Parts 1 through 5; input from Division staff and child welfare stakeholders; and other strategic planning processes. These strategies will also support achievement of safety, permanency and well-being outcomes. For example, Division efforts to recruit and retain staff will impact the Division's ability to achieve all the safety, permanency, and well-being outcomes.

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**Primary Strategy:**     **Implement Cornerstones for Kids’ Workforce Planning Initiative 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

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
2. Strengthen the role of the supervisor to improve CPS Specialist workforce stability and decrease turnover
3. Gather, analyze and use data on staff turnover and retention to reduce turnover and improve competency ratings

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

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

1. Develop processes to increase CPS administrator, manager, supervisor and worker involvement in self-evaluation and quality improvement activities
2. Implement the Family to Family core strategy of Self-Evaluation

**Primary Strategy:**     **Implement the Family to Family strategy of Recruitment, Development, and Support of Resource Families**

**Goal:**                     Assure that children who cannot be protected in their own home will be placed with a safe and stable family member or with a family from their own community or neighborhood

1. Monitor data to support HRSS (Home Recruitment, Supervision and Support) contractor achievement of the contract’s eleven performance measures and other contract requirements
2. Promote the agency philosophy of “support of resource families is everyone’s business”
3. Identify staff and systems to receive, respond to and track issues, concerns and questions about resource family licensure, certification, supervision and support; and compile this information to guide systemic improvement

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**Primary Strategy:**     **Implement new Juvenile Court rule on notice to caregivers**

**Goal:**                    Increase the percentage of out-of-home caregivers who receive notification of any court hearing with respect to a child in their care

1. Implement and support a juvenile court rule of caregiver notification of hearings

# **Section IV**

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

## CHILD AND FAMILY SERVICES TRAINING PLAN

### A. Training System 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.

#### Highlights for Fiscal Year 2008 include:

- Trained statewide on the revised Child Safety Assessment - Strengths & Risk Assessment – Case-planning process, (CSA-SRA-Case planning process) including training on the tool automated in the Division's child welfare information system, CHILDS, for a total of 539 trainings, including follow-up and other training opportunities for all staff.
- Revised Case Manager Core Training to fully incorporate that process and train new hires in the use of the CSA-SRA-Case planning process.
- Revised and finalized Documentation Training to incorporate the CSA-SRA-Case planning process requirements, to begin in FY2009.
- Revised the Mental Health and Child Development segment of Case Manager Core Training to include updated information and practices.
- Included an introductory segment for PS-MAPP training into CPS Case Manager Core to familiarize new staff with the training that is provided for resource parents.
- Implemented new Advanced Supervisor Core Training.
- Reviewed and approved 22 different continuing education trainings for credit toward the Child Protective Services (CPS) employees' 24-hour continuing education requirement. These continuing education hours can be achieved by attending specialized workshops or conferences related to job skills development, such as methamphetamine abuse; they may attend advanced trainings on a variety of topics offered through the CWTI; and they may also attend in-service trainings provided within their own districts and units, to be reviewed and approved by the CWTI Training Administrator, per policy.
- Provided 16 additional classes statewide on Working with Methamphetamine-Impacted Families.
- Initiated the development of coursework for CPS Supervisors on using Clinical Supervision Circles to facilitate best practices in both management and social work with families.
- Initiated required coursework for CPS investigators on Assessing and Engaging Families.

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- Acquired the license and initial training for I-Link, a Web-conferencing tool, to explore the feasibility of its use in providing computer-related trainings statewide

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 collaborates with the districts to train on new initiatives, such as the revised CSA-SRA-CP Process that began in early 2007, and is continuing throughout 2008, as well as Team-Decision-Making and other trainings related to the roll-out of the Family-to-Family project statewide. 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 will begin refresher trainings in the CSA-SRA-CP Process in Spring 2008. 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.

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.

Initial in-service and ongoing child welfare training costs are allocated according to the Department's approved cost allocation plan using the Arizona Random Moment Sampling System (ARMSS). 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).

**Case Manager Core**

Case Manager Core (initial in-service training for case managers) provides 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

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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 focuses 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, 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 in the lab. Trainees are also provided 'stand-alone' CHILDS classes on all aspects of child welfare (investigations, case management, adoption, etc.). The CHILDS portions of the training, as of January 2008, incorporated all of the automation of the CSA-SRA-CP Process so that trainees have hands-on experience in using that automation.

The Case Manager Core 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.

**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.

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- *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.

The estimated cost in FY 2009 is \$1,000,000 for an estimated 450 trainees.

**Supervisor Core 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. 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 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; 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). 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. In the spring of 2008, an additional class was added to the Supervisor Core on Supervision of the CSA-SRA-CP Process.

The estimated cost of in FY 2009 is \$220,000 for an estimated 100 trainees.

**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 in the provision of services to the family such as transportation to visits and appointments, and visitation with children. They also support CPS Specialists by assisting the family in applying for necessary resources and addressing issues related to improving conditions in their 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

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Unit and/or field units conduct this training. Trainers use various presentation methods, including lecture, group exercise, role play, PowerPoint, audio and video. Funding of this training is cost allocated to Title IV-E for state employees and also uses Title IV-B and state general funds.

The estimated cost for FY 2009 is \$260,000 for an estimated 350 trainees.

**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. 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.

The estimated cost in FY 2009 is \$592,000 for an estimated 800 trainees.

**Workshops and Advanced Trainings**

Workshops and advanced trainings are offered annually for all Division staff. Topics available via these workshops and trainings include mental health, 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.

Division policy requires that staff employed in CPS classifications receive 24 hours of advanced training per year. The Division is currently collaborating with Arizona State University to implement a plan to offer specific advanced training modules to enhance the skills and knowledge of employees at varying levels of experience. Based upon surveys of employees and priorities of the Division, planned Advanced Training topics for the next 1-2 years include, but are not limited to: Behaviorally-based case-planning with families; Advanced Clinical Supervision for CPS Supervisors and Assistant Program Managers; Secondary Trauma for CPS staff and how CPS Supervisors can support their staff who are experiencing secondary trauma; Job Survival Skills; Client Engagement & Assessment for the CPS Professional; Documentation for the CPS Professional; Visitation; Advanced Domestic Violence; Advanced Substance Abuse; and "Knowing Who You Are: Helping Youth in Care Develop Their Racial & Ethnic Identity". The plan is to offer these training modules periodically statewide to provide continuing education opportunities for all CPS staff, contingent upon training development and delivery resources within the Division's partnership with the Universities. The Advanced Domestic Violence course has already been offered in two districts and is planned to be offered statewide.

Annual conferences are provided to management and field staff. These conferences include the:

- Division's Supervisor and Management Forum/Leadership Conference
- Summer Institute, sponsored by the Division of Behavioral Health Services
- Children Need Homes Conference, sponsored by the Arizona Foster Care and Adoption Coalition
- Child Abuse Prevention Conference, sponsored by Prevent Child Abuse of Arizona
- Cultural Diversity Conference, sponsored by the Department
- 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

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The estimated cost in FY 2009 is \$440,000 for an estimated 1,200 trainees.

**Specialized Training Programs**

In addition to the aforementioned trainings, Childhelp USA offers training to child welfare staff on the following topics: Legislative Advocacy, Neuropsychological and Behavioral Reactions to Abuse, Professional Testimony, and Medical issues, such as head trauma, bruises, burns, abdominal injuries and fractures. These trainings occur approximately nine times per year and are either a half day or full day in length. Childhelp USA is also partnering with the Division to facilitate advanced Forensic Interviewing 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.

Estimated Cost: \$ 300,000 for an estimated 1,500 trainees.

**Foster Case Review Board Volunteer Training**

The Arizona Foster Care Review Board (FCRB) provides orientation and training for its volunteers and other staff. The volunteers perform case reviews pursuant to the Adoption Assistance and Child Welfare Act and the Adoption and Safe Families Act, and play an important role in promoting effective permanency planning for children in foster care. FCRB training is designed to enable volunteers to actively and competently participate in case reviews and formulate recommendations to the Juvenile Court. Staff and volunteers of the Foster Care Review Board attend trainings on the following topics:

- Family Group Decision Making
- Indian Child Welfare Act
- Advocacy
- Removal Review Process
- Legislative Process
- Dually-adjudicated Children
- Family Drug Court
- Orientation to Child Protective Services
- Family-centered Strength Based Practice
- Medication Nutrient Interactions In Children
- Selected educational programs related to Arizona's abused and neglected children

The estimated cost in FY 2009 is \$214,600 for an estimated 1,220 trainees.

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**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 practices, legal implications, and training issues.

The estimated cost in FY 2009 is \$50,000 for an estimated 100 trainees.

**Provider Training**

Contracted provider agencies deliver the 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 can not 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.

Number of newly licensed foster homes (source 9/30/07 Child Welfare Reporting Requirements):  
Between October 1, 2006 and November 30, 2007, 867 new foster homes were licensed. All of these new foster parents completed either the PS MAPP or PS-DT through one of our licensing agencies.

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Number renewals (source 9/30/07 Child Welfare Reporting Requirements):

As of September 2007, the majority of the over 6,500 (60% of 3,500 licensed foster homes are two parent households) licensed foster parents attended a minimum of six hours of in-service training with Mini PS MAPP as the only required in-service training in 2006 and 2007 for all licensed foster parents.

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.

Between July 1, 2006 and June 30, 2007, the PS-MAPP Trainers delivered thirteen (13) eight-day PS-MAPP Leader sessions and certified 259 new PS-MAPP Leaders. During the same time period, the PS-MAPP Trainers delivered seven (7) PS-DT Workshops and certified 101 PS- DT Leaders.

Between July 1, 2007 and April 11, 2008, the PS-MAPP Trainers delivered eight (8) PS-MAPP eight-day Leader sessions and certified 140 new PS-MAPP Leaders. During the same time period, the PS-MAPP Trainers delivered four (4) PS-DT Workshops and certified 58 PS-DT Leaders.

Between August 2006 and January 2008, 10 in-service trainings that are part of the PS-MAPP program were delivered by a PS-MAPP Trainer to licensed foster parents and licensing agency staff. These trainings are used as trainer the trainer sessions for the licensing agency staff to then offer to foster parents.

As reported in another section of this report, all licensed foster parents who were not prepared and training under either PS MAPP or PS Deciding Together were required to complete a Mini PS MAPP session by November of 2007. As of this date, approximately 99.5% of foster parents have completed six hour Mini PS MAPP training.

During 2007, eleven foster parent licensing training workshops were delivered to contracted provider licensing agency staff. To date in 2008, two foster parent licensing training workshops are been delivered to contracted provider licensing agency staff.

The state level six PS-MAPP Trainers in collaboration with staff of the OLCR project the following training schedule for next year for foster and adoption agency staff:

- 6 eight day PS-MAPP Leader Certification Sessions;
- 4 two day PS- DT Workshops;
- 24 one day Foster Family Assessment/Licensing Workshops;

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- 12 two day Foster Family Assessment/Licensing Workshops;
- 12 one day Licensing Inquiry/Interviewing Workshops; and
- 24 sessions (3, 6, 8 hour trainings) In-Service Workshops.

Foster and adoption provider agencies will provide to applicants for foster home licensing and adoption certification and currently licensed foster parents and certified adoptive parents the following types of training:

- PS-MAPP 10 meeting family group sessions;
- PS-DT (1:1) program;
- In-Service training; and
- Medically Fragile Training.

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

The estimated cost in FY 2009 is \$899,000 for an estimated 7,500 trainees (Includes PS-MAPP/Pre-Service and leadership trainings, as well as Foster/Adoptive In-Service).

**University/College Partnerships**

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

- Tuition reimbursement is 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 FY 2008, 131 Division staff received tuition reimbursement for job-related courses.
- Up to ten staff members are selected annually to participate in the Two-Year or Advanced MSW Program provided by Arizona State University (ASU) West Campus. This program enables 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 that they received an educational leave benefit. Ten staff participated for FY 2008, and it is anticipated that ten staff will participate in FFY 2009.
- 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 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). Twenty-four students graduated with an MSW in May 2008 and three more are projected to graduate in August 2008. An additional 33 students were active in the program during FY 2008 but are not yet ready for graduation. In FY 2008, the BSW program expanded from the rural areas of southern Arizona to include the Phoenix and Tucson metropolitan areas. The total number of BSW students participating in this program in FY2008 was 10. One of the ten is projected to graduate in

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August 2008. It is anticipated that 40 MSW students and 9 BSW students will participate in this program in FFY 2009.

The estimated cost in FY 2008 is \$2,300,000.

**B. Measures of Effectiveness and SFY 2008 Accomplishments**

Core and other 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 to evaluate the effectiveness of its training program. For example:

- After each Case Manager Core class, and each Supervisor Core class, 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.

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. The first year and initial findings were reported to the CWTI on June 28, 2006. Current research is focusing on the efficacy of two different models of field training.

- The Division's Quality Improvement System and its related case record review process uses a tool that measures both strengths and areas needing improvement within its child welfare program. The Division's review process is based upon the federal Child and Family Services Review correlated with the requirements of the revised CSA-SRA-CP 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 Development Plans. The case record review process assists the CWTI in determining the effectiveness of training, and identifying areas requiring additional training. For example, recent case reviews have revealed some systemic barriers to closing cases, and these are being addressed by changes in the CHILDS system. Earlier case reviews had revealed the need for further training in Documentation, and that training is due to begin in June 2008.
- In 2006 the CWTI re-established and convened 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, the Training Advisory Committee considers staff training needs identified by CPS Unit Supervisors during clinical supervision with CPS Specialists.

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- Discussions at the Training Advisory Committee relative to the implementation of the CSA-SRA-CP 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 has also discussed recommendations on comprehensive training policies and Supervisor Core content for 2007. Those recommendations were implemented in April 2007, and the Supervisor Core revisions were completed for February 2008. Initial feedback on those courses has been very positive.
- The CWTI also participates in statewide Program Managers' meetings to discuss issues pertinent to training and solicit feedback from the Program Managers. 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.
- In FY 2008, the CWTI initiated participation 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 CSA-SRA-CP policy experts as well as the Practice Improvement manager to identify needs and provide training and support statewide.
- The CWTI heads a Supervisor Core Advisory Committee, which provides input, oversight, and planning for Supervisor and Manager training.
- The Division is partnering with Cornerstones for Kids, a national child welfare consulting group, to evaluate its recruitment, hiring, and training, processes, in an effort to recruit and retain a qualified workforce. The CWTI is an active participant in this project's committees, and will make revisions based on the outcome of the project's research, discoveries and implementation plans.
- 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.

Based on the information obtained through the evaluation methods described above, the CWTI continually revises and improves the Division's training system. Current FY 2008 changes proposed related to this obtained information include:

- Increased training on and explanation of the core concepts of Safety, Risk, and Case-planning throughout the Case Manager Core
- Addition of a course for Supervisors on supervision of the CSA-SRA-CP Process
- Refreshers on both the concepts and automation of the CSA-SRA-CP Process
- Continued development of Advanced Training classes to provide more in-depth information in certain content areas;
- Required trainings in Behaviorally-based case-planning for all CPS case managers and CPS Supervisors
- Enhanced field training activities for new hires, including guided case discussions with CPS Supervisors
- Required Documentation trainings for all case management staff and case aides
- Required trainings on quality visitation between parents and their children in care

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- Secondary Trauma trainings for all CPS staff
- Job Survival skills trainings for all CPS staff
- Advanced Clinical Supervision skills for all CPS Supervisors and Assistant Program Managers
- Inclusion in Case manager Core of a presentation on Kinship Care and engaging relative support for families
- Collaboration with Policy and Practice Improvement staff on a process for improved communication and reinforcement of the policies and concepts in the revised CSA-SRA-CP Process; a process for providing practice Tips and Questions and Answers is being streamlined to assist staff in their implementation of this important Process

**Alternative Training Methods**

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. The CWTI researched alternative modes of training delivery during FY 2007. During last year's pilot with some of the Attorney General's material, some challenges were discovered, including the capabilities of outdated and low-capacity computers in certain areas in the State. Also, for FY 2008, the face-to-face training of the CSA-SRA-CP Process and related material was determined to be integral to the Case Manager Core, and the Training Advisory Committee concluded that the majority of coursework in the Core does not lend itself to computer-based delivery. However, the CWTI has continued to explore expansion of this technology to other trainings; for example, a computer-based training on Standards of Conduct in Social Work was delivered to all DCYF staff in January of 2008, with a successful outcome. Such a model may be useful for other stand-alone trainings in the future, depending upon the topic and desired participation.

The Division also has acquired a license and is pursuing a pilot in the use of Web-conferencing, which may prove to be useful particularly in the areas of providing refreshers in CHILDS.

**SFY 2008 Accomplishments**

- Trained statewide on the revised CSA-SRA Case planning process, including training on the tool automated in the Division's child welfare information system, CHILDS, for a total of 539 trainings, including follow-up and other training opportunities for all staff.
- Provided follow-up training and local support to Managers state-wide, to embed use of the new CSA-SRA-Case planning process in child welfare practice, including one-to-one, unit, and section assistance on use of the CSA-SRA-Case planning process.
- Revised Case Manager Core to fully incorporate that process and train new hires in the use of the CSA-SRA-Case planning process.
- Revised and finalized Documentation Training to incorporate the CSA-SRA-Case planning Process requirements, so that it can be rolled out in FY 2009.
- Revised the Mental Health and Child Development segment of the Case Manager Core to include updated information and practices.
- Included an introductory segment for PS-MAPP training into CPS Case Manager Core to familiarize new staff with the training that is provided for resource parents.

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- Reviewed and approved 22 different continuing education trainings, for credit toward the CPS employees' 24-hour Continuing education requirement, adopted in the last fiscal year. These continuing education hours can be achieved by attending specialized workshops or conferences related to their job skills, such as methamphetamine abuse; they may attend advanced trainings on a variety of topics offered through CWTI; and they may also attend in-service trainings provided within their own districts and units, to be reviewed and approved by the Training Administrator, per policy.
- Initiated required coursework for investigators and other staff on Assessing and Engaging Families.
- Acquired the license and initial training for I-Link, a Web-conferencing tool, to explore the feasibility of its use in providing computer-related trainings statewide.
- *Supervision Circles Training* – As a follow-up to the clinical supervision coursework provided during FY2006, three additional one-day sessions were created for CPS Supervisors, Assistant Program Managers and District Program Managers regarding best practices in group and individual clinical supervision, modeling strengths-based, family-centered practice, and utilization of the parallel process that occurs during supervision to improve outcomes for children and families through support of their child welfare workers. Two of these sessions were provided during FY 2008, and the third session will be provided in August 2008. The concepts from these trainings will be further incorporated into the Supervisor Core training program for the future.
- *Refresher trainings in the revised CSA-SRA-Case planning process* – In response to the need, as demonstrated through the case review process, for CPS staff to have a clearer understanding and improved utilization of this revised and expanded Process, the CWTI created new refresher trainings in this Process. These were begun in late FY 2008, and will be provided on a regular basis state-wide.
- *Methamphetamine Training* – In response to the growth of methamphetamine-involved families served by Arizona CPS, the Division established a Methamphetamine Task Force in FY 2006. The Task Force sponsors methamphetamine training for CPS staff and community agencies (public and private). During FY 2007 and 2008, 16 more of these trainings occurred statewide for both staff and interested stakeholders in all counties. Other work by the Methamphetamine Task Force has included creation of laminated Tips for Engaging substance-using families, as well as screening Tips. These are now distributed to all CPS offices and in the Core Training as well.
- *Infant and Toddler Mental Health* – This conference was made available to CPS staff in FY 2007 and FY 2008, and will again be provided in FY 2009.
- *Enhanced Field Training Guidelines and requirements*: In an effort to ensure the quality and consistency of on-the-job training received by new case managers, the CWTI has further revised its Field Training Manual for 2008, to include an enhanced Field Exercise Checklist and related Guidelines for CPS Supervisors, District Field Training Supervisors, and their new trainees. This Manual clarifies further the roles and responsibilities of CPS Unit Supervisors and Field Training Supervisors, and provides an outline of the basic skills that must be covered during the employee's on-the-job training experience. These 2008 changes to the Manual will be

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distributed and discussed at District Leadership Meetings in May 2008, and will be incorporated into the Supervisor Core for all future new supervisors.

- The Supervisor Core training program, revised in late 2006 to better meet the needs of new CPS Unit Supervisors, has provided more hands-on training relative to the daily job needs and activities of new supervisors, and includes additional training to assist CPS Supervisors in the post-core training of newly hired CPS Specialists. In FY 2008, three Advanced Supervisory modules were added to this training as well. Initial feedback has been extremely positive on all courses at this time.
- Initiation of a monthly meeting between Policy, Practice Improvement and Training departments to ensure a complete Quality Improvement feedback loop on training needs, policy questions, and current field practice.
- Participation of the Training department in the Cornerstones for Kids project on Workforce Development.

### **C. Strategies and Action Steps for SFY 2009**

In FY 2009, the Division and the Child Welfare Training Institute will continue to provide comprehensive and applicable training to CPS Specialists and CPS Supervisors that incorporates techniques for skill acquisition, knowledge of agency policy and procedures, and statewide information systems. The Division will also maintain and build upon the training improvements that were accomplished in FY 2008. The Division and CWTI will continue to emphasize in training the Division's priorities, such as family-centered practice, engagement of fathers, comprehensive and reliable safety and risk assessment, behaviorally-based case-planning, and provision of in-home services to maintain children in their homes, when it is safe to do so. In addition to maintaining the current training system and recent improvements, the Division and CWTI will pursue further improvement through the following objective and activities:

**Strategy: Institutionalize a system to obtain and review information about the efficacy of the Division's training programs in achieving Division outcomes and goals, and improve the accessibility and content of training as indicated**

1. Continue to use the CWTI Training Advisory Committee to provide input into training needs and strengths.
2. Continue to review the results of weekly Case Manager Core Training Evaluations and the ASU research on trainees' Self-Assessment of Skills Knowledge, and Abilities; and improve Case Manager Core Training as indicated by these evaluations.
3. Continue Case Manager Core revisions as needed, to reflect Division initiatives (for example, the implementation of the new CSA-SRA-CP Process; Kinship Care, Child Development; and family-centered case practice).
4. Assess the pilot CPS Specialist Coaching Unit; compare this unit to another field training model; determine if expansion is warranted and feasible, or if implementation of a different model is indicated; and make recommendations to the Division as to the best model of provision of field training to new staff.

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5. Continue to explore the feasibility of using alternative modes of training delivery to make training more readily accessible to participants statewide, when appropriate to the training subject, specifically through the Web-conferencing pilot. The CWTI will ensure that the quality and integrity of the training content is maintained first and foremost, and utilize alternative delivery in a way that reduces participant travel, but also adheres to adult learning principles.
6. Provide advanced training in high quality CPS Documentation to all existing field staff statewide.
7. Continue to provide training refreshers in CHILDS and the CSA-SRA-CP Process, and identify whether refreshers are needed in other areas, such as documentation and Behavioral Case-planning.
8. Contingent upon resources, continue plans to implement advanced coursework for continuing education for CPS employees, in partnership with the Universities.
9. Provision of other needed courses such as Quality Visitation, Secondary Trauma, & Job Survival skills, contingent upon resources.
10. Continued provision of Supervision Circles, and incorporate more advanced skills on clinical supervision into the Supervisor Core.
11. Continued collaboration and monthly meetings with Policy and Practice Improvement staff on a process for improved communication and reinforcement of the policies and concepts in the revised CSA-SRA-CP Process; to outline a process for providing practice Tips and Questions and Answers to assist staff in their implementation of this important process; and identification of gaps and training needs in the field.
12. Provision of Team-Decision-Making training as part of the Family-to-Family initiative.
13. Continued participation in the Cornerstones for Kids Workforce Development project.
14. Participation in the *Knowing Who You Are* program, in partnership with Casey Foundation, to support ethnic identity of youth in care.
15. Provision of further trainings targeted toward those who work with youth in CPS care, such as the Reproductive Health training outlined below.
16. Further define, develop, and implement a method to evaluate the overall efficacy of the training programs and the training system as a whole.

**Training and Technical Assistance**

The Division is planning to use various National Resource Centers for Training and Technical Assistance in FY 2009. However, the number and allocation of the Division's Technical Assistance days will largely depend upon the Practice Improvement Plan that evolves from the federal Child and Family Services on-site Review in August of 2007. Therefore, the exact number of TA days are not known at this time. Areas of work that are currently identified include the following:

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- *Reproductive Health Training* – The Division will continue to work with the Governor’s Office to provide a curriculum on reproductive health training, with an emphasis on positive youth development. This would be geared toward case managers who work with older youth in care, and would address “how to talk with teens about sex” and about sexual health in general. The Arizona Young Adult Program (YAP) worked with trainers to refine a curriculum which was delivered to approximately 80 case managers and life skills trainers during the annual AYAP staff training and development conference in November 2007. Specifically, the training was designed to increase staff knowledge of adolescent development, specific to sexual health and behaviors, and the impact of abuse and trauma on health and behaviors, and to improve communication skills with youth in care around these issues. The training was composed of two modules, one focused on the components of healthy sexuality, understanding adolescent sexual behavior, and current trends in sexual behaviors and outcomes. The second module focused on improving communication skills to ensure staff are equipped to facilitate conversations with youth in care, specific to reproductive health and behavior.

The Division plans to offer this curriculum to staff that have completed their initial probationary period of employment, as part of the plan for advanced training described in Training Objective 4. Funding for this training will be charged to the program of Federal payments for foster care and adoption assistance, in accordance with Certification (D) of the Chafee Foster Care Independence Program Act.

- *Permanent Family Connections for Older Youth* – The Division is planning to develop a comprehensive plan for increasing the number of older youth in care who attain permanency through permanent family connections. The Division anticipates it will request five days of technical assistance from the NRC for Youth Development for this project. The Division would like assistance to develop strategies that will aid older youth in care to build permanent family/kin connections, and to identify a method to track established CFCIP outcomes long term, including methods to contact former foster youth up to age thirty to assess outcomes after they leave care. The project is still in process.
- *Concurrent Case-planning* -- The Division will be working with the NRCFCPPP (Family Centered Practice and Permanency Planning) on Concurrent Case Planning, however the exact number of additional days have not yet been requested or approved.
- *Differential Response* -- The Division is also working with the NRCCPS (Child Protective Services) on Differential Response with extra focus on the Child Abuse Hotline - however the exact number of additional days have not yet been requested or approved.

# **Section V**

## **Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Program State Plan**

## Chafee Foster Care Independent Living Services and Education and Training Vouchers (ETV)

The following information is submitted to serve as a report on SFY 2008 accomplishments and planned activities for SFY 2009. This report provides information as outlined in Program Instructions ACYF-CBPI-08-03, dated April 18, 2008. Such information includes the following: progress achieved, planned activities to meet the purposes of the CFCIP, and planned changes in service for the next year for the CFCIP and ETV programs.

As Arizona has not elected to establish trust funds, there is no information included as to section 477(b)(2)(A). Under section 477(b)(3)(B), the State in FY 2006 and 2007 used up to 30% of funds available for the costs associated with room and board, specifically rent and utilities (and deposits), food, clothing, personal care, furniture, household cleaning and maintenance items, and other basic household goods. The State plans to use up to 30% of funds available for these same costs in 2007 and 2008. Chafee funds expended for room and board totaled \$225,076 for SFY 2006, \$762,136 for SFY 2007 and \$286,833 for SFY 2008 (through March 31, 2008).

The State's Chafee Foster Care Independence 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. Arizona monitors the effectiveness of these programs through goals and related program statistics, reflected within relevant sections below. Arizona refers to its state CFCIP as the *Arizona Young Adult Program (AYAP)*.

### **A. Program Descriptions and State Fiscal Year 2008 Accomplishments**

#### ***Transition to Self-Sufficiency: Independent Living Plan and Arizona Young Adult Program***

An individualized independent living plan supporting the transition to adulthood is developed for all youth in out-of-home care, age 16 or older. This plan includes goals and tasks related to the development of daily living skills, completion of secondary education, planning for post-secondary education, employment readiness, permanent connections and other areas such as health and wellness. This plan complements other services provided towards attainment of the assigned permanency goal.

Youth identified as "likely to age out of foster care" are typically 16 and older, with an assigned permanency goal of emancipation (or "independent living", as categorized in the state automated system). These youth are part of the State's Chafee population, and are referred for participation in services and opportunities available through the AYAP. Other youth captured in the Chafee population include youth who reached the age of 18 while in care, youth in care age 16 or older with a plan of adoption, and young adults 18-21 who were previously in care at age 16 or older.

The AYAP provides specialized case management in two areas of the State along with various training and advocacy activities designed to support a successful transition to adulthood. Local offices provide both "welcome" and "discharge" packets to program youth. These packets contain an array of information on program services, opportunities and community support available to youth in care and alumni. The number of youth participating in independent living skills training and transitional living

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support services to current and former foster youth continues to increase. Comparing FFY 2006 to 2007, the number of youth participants increased from 831 to 1200, an increase of 369 participants or 44%.

In August of 2007, the annual AYAP statewide youth conference received support from both the Children's Action Alliance and Casey Family Programs. Over three days, youth facilitators from the FosterClub organization provided a variety of activities to assist approximately 90 Arizona youth in brainstorming activities to illicit policy recommendations for improving education outcomes and out-of-home placement experiences. Youth presented their recommendations to a panel of child welfare and education administrators that provided feedback and a commitment to address recommendations to their fullest potential. Many of the recommendations surrounded better and more consistent supports for both secondary and post-secondary education, including educating school staff on the challenges of youth residing in foster care, including privacy issues. Other recommendations related to issues involving visitation, medication and the quality and quantity of caregivers and case managers.

In 2008, the AYAP continued to see former foster youth who left care at age 18 or older, opt to re-enter the State foster care program. Training and technical assistance on the re-entry policy continues to be provided statewide, on an as needed basis. Youth who remain in care benefit from more comprehensive support and assistance as they pursue post-secondary education and employment goals.

The state Independent Living Subsidy Program (ILSP) continues to be a valuable resource providing monthly stipends to older youth in care who are living on their own. The number of youth participating in the ILSP continues to increase from 441 to 488 from SFY 2006 to SFY 2007, an increase of 47 youth or 11%. The number of youth participants for the first 7 months of SFY 2008 is 459 and is expected to increase prior to closure of the state fiscal year.

In SFY 2008, the AYAP refined work previously completed with national experts (Lambda Legal, National Center on Lesbian Rights-NCLR, CWLA) to improve policies and guidelines to staff serving Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth in care. Training opportunities and promising curricula are currently being explored. In SFY 2009, the AYAP plans to provide training on these new policies, as well as on other general issues facing LGBTQ youth in care. Training is anticipated to focus on the importance of providing support to youth in all areas of their development, including the development of their sexual orientation and gender identity.

With the assistance of legal and local immigration experts, the Division continues to explore and discuss the legal and funding issues faced by this population in order to establish policies focused on meeting the needs of undocumented youth. Once policy and procedures have been fully developed technical assistance will be provided subsequently throughout the state. Many immigrant youth were brought into Arizona as young children without the benefit of legal entry. These children have no ties to their country of origin and often do not speak their native language. These children must maneuver the often complicated and cumbersome process of becoming a legal resident or potentially face deportation. When developed, policy will provide information and guidelines for case managers specific to these and other issues facing undocumented youth.

Affordable housing and reliable transportation remains a significant need for young adults who have transitioned from foster care into their communities, particularly those outside the urban areas. In SFY 2009, the AYAP plans to continue exploring opportunities to partner with local housing authorities around the State and to work with non-profit agencies and other community stakeholders to address the transportation needs of youth and young adults.

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***Education, Training, and Services Necessary to Obtain Employment***

Department case managers recognize the need to provide youth with skills to enhance their employment opportunities. Case managers and contract providers assist youth in the development of job readiness skills such as resume writing, interviewing skills, and job maintenance. Youth are linked with opportunities for job shadowing and volunteering, as well as federal School-To-Work and Workforce Development programs. Youth are additionally referred for Vocational Rehabilitation (VR) Services (as needed) with VR counselors available on site at the two AYAP case management offices. VR counselors provide services directly to youth in care who are referred by their case managers. This co-location has resulted in expedited services to youth and allows for expedited information sharing. Statistics on the number of program youth participating in VR services is not currently gathered as youth may enter these services through avenues outside the Department, such as local high schools.

Efforts continue to more fully explore the services and outcomes occurring with youth who participate in Vocational Rehabilitation (VR) and Workforce Investment Act (WIA) programs. The VR staff in Phoenix and Tucson continues to serve approximately 100 youth referred directly from the AYAP units. The IL Coordinator has begun meetings with the local Workforce Investment Boards (WIBs) to ensure local programs are aware of the needs of eligible foster youth, to develop positive working relationships, and to consider ways to more creatively address the employment needs of Arizona's foster youth. In SFY 2009 the AYAP will more closely examine the services and outcomes for youth involved in VR and WIA services with the goal of engaging more youth successfully in these services. The Shared Youth Vision (SYV) State Team will also continue work to build stronger, sustainable partnerships between State agencies to better prepare youth for the demands of Arizona's workforce.

In SFY 2008, the Division continuously participated in the State SYV Team. Arizona's SYV Team's pilot project proposal, Partners Assuring Youth Success (PAYS) was approved. The PAYS program employs a Youth-Adult Partnership model to better engage and retain youth in services. Mulvaney Consulting Group, an experienced provider of services to the target population, employs a Project Manager who provides training and support to two Community Liaisons. The Community Liaisons are young adults who have experienced the system and are successfully transitioning to adulthood. Program services include assessment, service planning, and a variety of experiential teaching approaches to skill building, placement and support. The Project Manager and Community Liaisons work with community educational entities and employers simultaneously with youth to develop contacts, provide input and training on working with youth, and develop strategies for assuring that any placement serves both the needs of the youth and of the institution or business.

At the end of the current quarter, there were 34 youth enrolled in the Partners Assuring Youth Success (PAYS) program. During this reporting period 32 youth were enrolled in education programs, and 10 were employed. Currently six (6) of the youth are in the post-18 category. All program participants meet weekly with their assigned community liaisons. They complete tasks and assignments specific to the accomplishment of the objectives and goals identified in their Service Plan. In SFY 2009, the State Team will continue to provide oversight and develop policies, procedures and tools for replication of the project in other areas of the state.

***Education and Training Vouchers (ETV)***

The Education Training Voucher (ETV) program is administered by the State child welfare agency. The Division has maintained local "Area Coordinators" in each District who assist the state ETV Coordinator in the review and approval of all ETVs. The ETV Area Coordinators participate in an annual meeting

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with the State ETV and IL Coordinators to review the program and provide input on refining and strengthening the program.

Program youth continue to provide input and recommendations to the State ETV and IL Coordinators to refine and enhance Arizona’s ETV Program. Youth are a driving force in facilitating ongoing improvements to this program. It is anticipated that the development of a website specifically for use by youth in care will sponsor a section that provides for online submittal of the State ETV application. This application is currently downloadable on the State website.

The following chart displays the number of youth participants in the ETV program:

		SFY 2006	SFY 2007	SFY 2008
<b>SFY 2006 Participants</b>				
	Active for One Year	87	0	0
	Active for Two Consecutive Years	42	42	0
	Active for Two Years (1 Year Absent)	5	0	5
	Active for Three Consecutive Years	40	40	40
	Total	174	82	45
<b>SFY 2007 New Participants</b>				
	Active for One Year	0	93	0
	Active for Two Consecutive Years	0	53	53
	Total	0	146	53
<b>SFY 2008 New Participants</b>				
	Active for One Year	0	0	145
	Total	0	0	
<b>Total All Years</b>		174	228	243

Although the ETV Program in Arizona is state administered, in SFY 2009 the Division will begin to explore the feasibility of collaborating with an outside entity to administer the ETV program and provision of post-secondary supports and services for former foster youth.

***Prepare Youth to Enter Post-Secondary Training and Educational Institutions***

Division staff recognizes the importance of education in the life of youth in care. CPS Specialists, caregivers, and contracted providers work together to ensure youth receive necessary educational services, such as tutoring, special equipment, special education services, etc. These team members also work with high school programs to help youth make up lost credits or address other educational issues. When necessary, CPS Specialists ensure a surrogate parent is assigned to address special educational needs. Youth are introduced to the wide range of post-secondary education and training opportunities through participation in university, community college and vocational program tours (including Job Corps), college success skills classes and other community based preparatory program and activities, such as Arizona Gear Up (Gaining Early Awareness and Readiness for Undergraduate Programs). GEAR UP is a national college access program with partnerships with 18 schools in [Coolidge](#), [Flagstaff](#), [Miami](#), [Globe](#), [Phoenix](#) and [Yuma](#). The purpose of GEAR UP is to significantly increase the number of students who stay in school and are prepared to enter and succeed in postsecondary education.

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The state ETV Program continues to provide financial assistance to eligible youth entering or continuing post-secondary education and training programs. The State universities continue to work cooperatively with the AYAP to encourage participation of youth in financial aid and preparatory programs and provide support through available campus mentoring and other support programs.

In 2006, a new State statute allocated \$500,000 to enhance the ETV Program and establish two educational case management positions. These staff assist case managers to develop and coordinate education plans for youth in the Independent Living Program. These positions are also mandated to help youth graduate from high school, pass the Arizona Instrument to Measure Standard (AIMS) test, apply for postsecondary financial assistance, and apply for post-secondary education. In SFY 2008, statewide, direct assistance from the two Education Case Managers was provided to approximately 200 youth. The Education Case Managers are also in constant communication with staff and provide general technical assistance on a daily basis. In SFY 2008, the Education Case Management Unit assisted CPS Specialists in meeting the educational needs of youth in a variety of ways, including:

- Developing a "Request for Release of Education Records" form in order to help expedite obtaining student school records.
- Contacting schools to verify and obtain credits, and assisting to satisfy any other enrollment requirements.
- Advocating for students at school meetings and IEP meetings by ensuring IDEA guidelines are followed.
- Assisting case managers to procure necessary tutoring services or other youth specific needs.
- Identifying and assisting to complete scholarship and grant applications (including the FAFSA and ETV) for post-secondary education and training.

In SFY 2009, the Education Case Management Unit will continue these activities as well as finalize an "Education Assessment" form. This form will be used during in person interviews with students, as a tool to help case managers as well as the Education Specialists gather pertinent information and prepare an effective educational case plan. The Education Specialists will also be available to assist kinship caregivers or foster parents who are appointed as IDEA or Surrogate Parents, for the purpose of acting as the IDEA parent in the absence of a birth parent. (State law was changed in April 2007 to allow such appointments and has resulted in an expedited process which has reduced delays for assessment and service provision.)

***Mentors and Interactions with Dedicated Adults***

The AYAP recognizes the significant impact a positive, long-term connection with even one adult has on outcomes for youth in care; therefore, building mentoring opportunities for youth in care and alumni of foster care continues to be a priority for the Division. In SFY 2008, the number of youth participating in AYAP services that were reported to be involved with a community advisor or mentor increased to 480 of 1,100 youth currently served (44%), with an additional 15% of youth involved in extra-curricular or community based activities. This data only reflects the number of youth participating in "formal" mentoring relationships. Many youth report having supportive adults in their lives who they identify as "mentors," but these connections were made informally rather than through a formal referral process. Local field offices work with available mentoring programs to build resources for youth transitioning out of care. In Districts 1 and 2, youth in the Young Adult Program are referred to a variety of community mentor programs, such as District volunteer and contracted services programs, Big Brothers/Big Sisters, corporate/business mentor programs, and other community based mentor programs.

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Throughout the State, CPS Specialists help youth identify and build supportive relationships with mentors, family members, friends, and other federal and State programs serving youth. Existing community mentor programs such as Phoenix Youth at Risk, the Florence Crittenton “STARS” program, Aid to Adoption of Special Kids (AASK) Community Advisor Program and other peer mentoring models being used in Pima and Pinal counties. The universities have agreed to work with the State to develop on-campus mentoring opportunities for current and former foster youth who are enrolled at the university. In My Shoes Peer Mentoring Program in Tucson matches youth in care between the ages of 16 and 17 with an adult who was once raised in the foster care system. Each mentor is expected to make at least a two year commitment to assist in the youth’s transition out of the foster care system and into the community. In My Shoes has expanded their services to include other activities including clubs, internships and other volunteer opportunities. In My Shoes serves approximately 200 foster youth annually through their clubs, one-on-one matches and other support services. In SFY 2009, the AYAP will continue to expand mentoring opportunities around the State through recruitment and engagement of education, faith-based institutions and others in local communities.

***Support and Services to Former Foster Care Recipients Ages 18 through 20***

Foster care services are often necessary beyond the age of majority. The number of youth voluntarily continuing care beyond age 18 continues to increase. Arizona has continued to see an increase each year in the number of youth electing to remain in care voluntarily past age 18. From FFY 2006 to FFY 2007, the number of youth who participated in continued voluntary foster care increased from 445 to 595, an increase of 150 youth or 34%. 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 18<sup>th</sup> birthday) to remain in foster care and participate in services may do so until their 21<sup>st</sup> 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 now have the option of returning to the State agency for these services, including transitional living support and the cost of foster care. This policy became effective in May 2006.

Contracted services play a significant role in the foster care program for youth ages 18 through 20. The scope and development of contracted services have undergone review and redesign with tremendous input from program youth and community stakeholders. Contracted providers work closely with Division CPS Specialists, holding a transition staffing for youth who plan to move from Division supervised case management to an aftercare program. These providers have reported that the process has been a great benefit to all involved and has ensured the youth are able to maintain safe living arrangements while receiving continuous support toward their life goals.

On a statewide basis, direct financial assistance is available to eligible former foster youth through the community based Transitional Independent Living Program providers. These programs are funded through State and federal resources and include assistance for finance, housing, counseling, employment, and education. Youth are also referred to existing community programs designed to assist transitioning youth. There were 168 youth receiving Transitional Independent Living Services in FFY 2007.

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Medical coverage remains an area of support for youth in Arizona. Under Subtitle C, Section 121 of P.L. 106-169, Arizona continues to provide health care coverage to eligible young adults, ages 18-20. The coverage transitions with the young adults from foster care through the Young Adult Transitional Insurance (YATI) program. The coverage falls under the Arizona Health Care Cost Containment System (AHCCCS), which is the State Medicaid program. Arizona maintains an expedited process for enrolling eligible youth in YATI. Chafee funds are also available to support students who remain residents of Arizona but attend school out of State to purchase short-term basic health plans through the schools they attend. There are on average, 200 youth a year who are enrolled in AHCCCS through the YATI program.

Through the TILP and Education and Training Vouchers, Arizona continues to make aftercare services available to any current resident of Arizona who is age 18-20 and aged out of care, or was in care at age 16 or older in any State or federally recognized tribal foster care program. Arizona works cooperatively with other State and tribal entities to verify foster care status and services eligibility.

In SFY 2009, collaborative work will continue among the Divisions within the Department of Economic Security to streamline referral processes for participating youth. Throughout the Department and with community organizations there exists an emphasis on collaboration and creativity to ultimately find solutions to housing, employment, education, or other barriers experienced by our youth. The Department has re-emphasized the rights of children in care to file a formal complaint/grievance when foster care services are recommended for closure (or for other reasons) if they are unable to resolve concerns at a lower level. The Independent Living Rules Package which is being finalized for formal approval contains a similar provision for complaints/grievances. This rule package is anticipated to be submitted for legislative approval during SFY 2009.

#### ***Service and Program Collaboration***

Under section 477(b)(3)(F), a number of activities are in progress to enhance service collaborations with other Federal and State programs for youth in Arizona. The State is currently working to streamline enrollment of eligible former foster youth into the Workforce Investment Act (WIA) programs. The State participated in the federally sponsored Department of Labor's Shared Vision for Youth, Regional Forum in December 2004. Arizona's team, which consists of members from WIA, Job Corps, the Governor's office, the Department of Education, the Arizona Young Adult Program and others, is striving to improve employment outcomes for youth by increasing their access to workforce programs and educating the workforce community on the special needs of youth in care, youth transitioning from the juvenile justice system, and homeless youth.

The Statewide Youth Advisory Board and alumni groups such as HUBS (Helping Us Bridge Systems) and the Foster Care Alumni of America-Arizona Chapter remain available and provide forums for teens and young adults to express their needs and recommendations in the development and refinement of services and programs. Youth in care and alumni continue to participate in the State's Youth Advisory Board, where youth study issues, identify solutions, and make recommendations for positive change. Local offices continue to work collaboratively with a variety of agencies and community organizations to increase support and opportunities for youth in care. Collaborations and partnerships within the Department, with youth in care and alumni, and with external stakeholders such as Casey Family Programs, Aid to Adoption of Special Kids, Arizona's Children Association, Children's Action Alliance and the Courts, have resulted in improved services and resources, such as the following:

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- Alumni facilitated orientation training to youth in care, on the *Getting from Here to There: a Guide to the Dependency Court for Children and Youth in Foster Care*, which was created with the support of the Children's Action Alliance.
- Alumni, with support from the Division and community partners, are providing training to prospective foster and adoptive parents, and case managers, on the challenges faced by older youth in care.
- The *Place, Vision and Voice* project with Arizona State University is exploring funding opportunities to support development a variety of media to educate the community on the true needs and characteristics of youth in care.
- An increase in the Independent Living Subsidy stipend available to youth was approved during the 2007 legislative session. Youth may now receive up to \$795.00 per month to assist in meeting their living expenses.

The program partnership with Vocational Rehabilitation (VR) has maintained co-location of VR staff in the Phoenix and Tucson Young Adult Program offices. Efforts continue to build a similar resource in rural areas. This valuable resource has not only resulted in expedited services to disabled youth, but has also allowed for identification of previously unknown disabilities. This collaboration has also allowed easier screening of youth, and subsequent referrals to the developmental disabilities and adult mental health systems. Additionally, the Yuma Private Industry Council (YPIC), one of Arizona's workforce centers, provides career development resources, as well as GED preparation and training to foster youth residing in Western Arizona, through Arizona Western College.

Maricopa County has developed a community partnership meeting that includes representatives from the local AYAP, service contractor (Florence Crittenton, Inc.) and local homeless youth agencies (Tumbleweed, Inc. and HomeBase Youth Services, Inc.) who identify and address the needs of youth in transition. Community agencies contracted to provide Independent and Transitional Independent Living services are addressing a number of transitional needs with youth served. Contractors statewide are diligently pursuing partnerships with local housing authorities and community based transitional living programs to create resources around affordable housing. Contractors are also required to address sexual health issues in addition to personal responsibility and youth "ownership" of service plans. While contractors are required to emphasize abstinence education in their work with youth, they also have access to comprehensive health care information and services through local health departments.

The Governor's Office continues to facilitate a work group to address teen pregnancy and STD prevention for youth in systems of care. This work group includes members of the Governor's Office on Children, Youth, and Families, the state AYAP, community Teen Pregnancy Prevention organizations, Department of Education, Department of Health Services and others. This group is actively working to explore, identify and implement strategies to address the high rates of teen pregnancy and sexually transmitted infections among youth in foster care and the juvenile justice systems. Efforts continue to develop a comprehensive health education policy for youth in systems of care. During SFY 2008, Case managers in the AYAP participated in training learned how to talk to youth about sexual health, reproduction and related issues. The training event, "Talking With Teens....It's Not Just About Sex" was well received and is planned to be integrated into the Training Schedule for SFY 2009. The Department of Health Services has partnered with the County Health Departments to provide similar training at the local level, to staff working with juvenile justice and dually adjudicated youth.

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The existing Youth Advisory Board continues to inform the state CFCIP, Governor, and Department and Division administrators of the needs of youth in care. Youth participated in the October 2007 Children Need Homes Foster/Adoptive Home Recruitment Conference in Phoenix, co-facilitating training activities for licensed foster and adoptive parents, and others. Efforts continue to involve youth in statewide foster home and adoptive home recruitment efforts and training. The Division has included older youth as a population for targeted recruitment in the Home Recruitment Study and Supervision contract implemented in November 2006. During SFY 2009 the statewide Youth Advisory Board plans to continue work with the State recruitment specialists to develop targeted recruitment strategies for homes for older youth in care and will again co-design and facilitate a program at the 2008 Children Need Homes Conference.

Many youth in care require ongoing services to address mental health needs as they transition to adulthood. Protocols for transitioning youth into the adult mental health system have been developed throughout the State. The Regional Behavioral Health Authorities (RBHAs) have worked closely with local CPS offices and the two Young Adult Program sites to refine and strengthen transition services for older youth in care. Most local areas have protocols in place which focus on the transition of health care services from the child to adult system. Youth in care continue to report feeling they are “over-medicated” and that the mental health system lacks effective services and providers who work well with teens. During SFY 2009, the AYAP plans to increase outreach to the mental health provider agencies to provide information specific to the needs and challenges facing older youth in care.

Arizona continues a collaborative effort to better serve youth and families who are dually involved in the state child welfare and juvenile delinquency systems. The Dually Adjudicated Interagency Initiative has finalized a formal Letter of Agreement that provides partner agencies with a best practice framework for serving youth who are dually adjudicated and involved in multiple systems (including child welfare, juvenile justice and behavioral health). The Executive Committee of the Initiative created four sub-committees to further the goals of reducing the incidence of (1) dependent youth who become involved in the delinquency system (and vice versa), (2) delinquent youth who penetrate deeper into the juvenile justice system, and (3) siblings who become involved in either system. The sub-committees are focusing efforts in the areas of data sharing, information sharing, and staff cross-training and out-of-home care. The Governor’s Office continues to facilitate and monitor the Executive and Sub-Committee work, with support from the Child Welfare League of America. Each committee has developed and is implementing and monitoring an action plan around outcomes specific to their topic area.

To address the needs of homeless youth, the Department’s Community Partners and Innovative Practices office is working in collaboration with the Arizona Council to End Homelessness (ACEH). Staff from the Division’s Young Adult Program participate in meetings with homeless youth and providers from programs serving homeless youth to identify barriers to youth remaining in care and/or services after turning 18. These meetings have provided information about the reasons why youth do not respond to traditional service programs. AYAP staff are scheduled to present information about their program to the homeless provider community at their annual conference in October 2008, and will continue to work with homeless youth and providers to resolve systemic or other issues impacting homelessness for former foster youth.

***Case Manager and Provider Training***

Current and former foster youth, including members of the state Youth Advisory Board, have been instrumental in assisting with the development and coordination of training provided to CPS Specialists, caregivers (including contracted group home staff), and foster and adoptive parents. Training

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participants benefit by increasing their understanding of those issues faced by youth who are transitioning from foster care to adulthood.

In SFY 2008, current and former foster youth participated in the following training related activities:

- Provider agency training of foster and adoptive parents;
- Development and examination of an advanced staff training curriculum designed to reduce teen pregnancy and sexually transmitted infections by teaching staff how to communicate effectively with teens about sexual health and reproduction;
- Youth panels and other training activities through the Child Welfare Training Institute's (CWTI) new case manager training;
- Planning activities and mentoring of peers during the 2007 Youth Conference; and
- Collaboration with the state CFCIP by co-facilitating the delivery of training on permanency to case managers and contract staff serving youth in the Arizona Young Adult Program.

The training that involved youth was funded through Title IV-E or Chafee, depending upon the appropriateness of the curriculum. Financial and other incentives were provided to support youth in these activities.

In SFY 2009, the Division plans to continue to use incentives to support the integration of youth into various program and training opportunities, including development and implementation of CWTI case manager and supervisor core and advanced training. These curricula will address a variety of “teen issues” and be offered to group care staff, foster and adoptive parents, and agency administrators and field staff. Current and former foster youth will also continue to participate in the annual AYAP staff training and training to community partners. The use of incentives has been a critical support in ensuring youth and alumni participation in training and other program activities.

Program staff continues to provide training to members of the CASA (Court Appointed Special Advocates), FCRB (Foster Care Review Board) organizations and other community groups upon request. This training informs participants of the Division's services and supports for youth transitioning out of foster care to adulthood. Staff are also participating in the Knowing Who You Are (KWYA) training and development being sponsored and delivered by Casey Family Programs. KWYA provides a suite of tools to help prepare child welfare professionals to help youth in care develop their racial and ethnic identity.

#### ***Consultation and Coordination with Indian Tribes***

The Inter Tribal Council of Arizona (ITCA) and the state ICWA Policy Specialist support coordination of program activities with tribal communities. The State IL and ETV Coordinators and contract providers continue to be available to tribes to assist in the development of tribal specific education and training programs for youth and caregivers.

Services funded by the state CFCIP (including contracted life skills training and the ETV) are available to youth in tribal foster care programs and young adults formerly in tribal foster care programs on the same basis as youth in state foster care programs. Youth age 13-18 in tribal programs are referred through their tribal case manager, and young adults formerly in a tribal foster care program self-refer for services. Youth and young adults submit their ETV applications directly to the State ETV Coordinator.

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Tribal social service staff assists Department providers by verifying the former foster care status of young adults 18-20 who request aftercare services and in educating tribal youth as to the availability of these services. Provider agencies have reported successful outreach to the following tribes: Ft. McDowell Yavapai, Salt River, Gila River, San Carlos Apache, Tohono O'Odham, Tohono O'Odham Xavier and Pascua Yaqui. The number of youth in tribal foster care who receive aftercare services or the ETV is not tracked separately from other eligible youth. Nearly seven percent of youth served, who are wards of the Department, are identified as Native American.

State contracts for Independent Living and Transitional Independent Living require outreach and collaboration with local tribes to ensure that training is accessible and culturally appropriate. Community providers are required to increase outreach, collaboration, and engagement of Tribal youth in services. Efforts to engage tribes have resulted in a minimal number of referred youth. In SFY 2009, efforts will continue to educate tribal entities on services available to youth and young adults currently and formerly in care in tribal foster care systems. Tribal staff has reported great difficulty in engaging their youth in adult services and in tracking the location of youth once they turn 18. Ongoing input from tribes has been sought through the Inter Tribal Council of Arizona (ITCA) who is contracted by the Department to provide training to member tribes, and through the Department Tribal Liaison staff. Additionally, Department staff will assist in renewing efforts to obtain approval for technical assistance from the National Child Welfare Resource Center on Youth Services to assist tribal communities in ensuring safety, permanency and well-being for youth exiting the tribal foster care system.

#### ***Involvement of Youth in State Agency Efforts***

The Department and the Division values and supports the involvement of youth in State agency efforts to improve programs and practices, and to educate staff and the community about the needs of older youth in care. Youth in care and alumni are viewed as the true experts, whose voices are invaluable to continuous improvement efforts in Arizona. Current and former foster youth are invited to participate in the Statewide Youth Advisory Board (YAB), which meets on a quarterly basis or more often, as needed. Arizona's Governor, her staff, and the Department's Director and staff also participate in Board meetings (as available), providing youth with ongoing opportunities to voice concerns, problem solve, and be involved in new or ongoing initiatives. The AYAP also supports the development of local YABs, to ensure youth have the opportunity to tackle systems and resource issues on the local level. In many areas, youth board members have attended leadership trainings to better prepare them for participation on the local or state YAB. Pima County is pursuing a partnership with the local Foster Care Alumni of America Chapter, in building their local YAB.

Through the State YAB, youth have partnered with the State Office of Licensing, Certification and Regulation to provide opportunities for youth and young adults to participate in site monitoring of group home facilities. During SFY 2009, efforts will renew to refine and implement a plan that will also support their involvement in a number of activities related to the licensing and monitoring of group care facilities, including Corrective Action Plan reviews, yearly renewal activities, unannounced site visits, and review of facility policy/procedures on visitation, allowances, discipline, youth employment, and other teen issues. Additionally, youth have developed a tri-fold resource card for use by their peers in group care.

Youth in care participated in the first round of the CFSR reviews through interviews with reviewers. Youth have provided input into Arizona's 2007 CFSR through participation by a youth board representative in the Statewide Assessment Team, participation of youth statewide in focus groups and interviews, and completion of a survey by many youth. Youth will continue to be involved in CFSR activities and in the building of the State Program Improvement Plan.

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The AYAP continues to support youth participation in the Arizona Chapter of the Foster Care Alumni of America through paid memberships for youth aging out of care and continuous outreach through email lists, the State YAB, case management staff and contract providers.

**B. Measures of Effectiveness**

Arizona monitors the effectiveness of its Independent Living Program and Educational and Training Voucher Program through the following Independent Living Program/Educational and Training Voucher Program goals.

ILP/ETVP Goal 1: The percentage of youth in the Independent Living Program participating in the Independent Living Subsidy (ILS) Program will be 25% or more.

In FFY 2007, 43% of the youth in the Independent Living Program participated in the Independent Living Subsidy (ILS) Program.

ILP/ETVP Goal 2: The percentage of participants in the Independent Living Program and Transitional Independent Living Program who complete high school or obtain a GED will be 83% or more.

88% of the participants in the Independent Living Program and Transitional Independent Living Program completed high school or obtained a GED (ILP FFY 2007: 61% ; TILP FFY 2007: 27%).

ILP/ETVP Goal 3: The percentage of participants in the Independent Living Program and Transitional Independent Living Program who were enrolled in a college or trade school after completing high school or obtaining a GED exceeded the 45% benchmark (ILP FFY 2007: 65%; TILP FFY 2007: 68%).

ILP/ETVP Goal 4: The percentage of participants in the Independent Living Program and Transitional Independent Living Program who are employed exceeded the 45% benchmark (ILP FFY 2007: 48%; TILP FFY 2007: 46%).

This data indicates that the Division has continued to meet or exceed goals around participation in the IL Subsidy Program, completion of high school or obtainment of a GED, enrollment in post-secondary education and employment

Other data on the education, training, and employment of young adults includes the following:

- 81% of the young adults currently in the Young Adult Program had graduated from high school or completed a GED, or were continuing their education in school or in preparation for a GED.
- 64% of the young adults discharged in FFY 2007 had graduated from high school or completed a GED, or were continuing their education in school or in preparation for a GED.

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- 72% of the young adults currently in the Young Adult Program have completed or are currently participating in independent living skills training. An additional 9% participated in some training, but quit prior to completion of training.
- 73% of young adults discharged in FFY 2007 participated in Independent Living Skills Training.
- 65% of the young adults currently in the Young Adult Program (age 17 and older) are employed or participating in employment related training.
- 32% of the young adults discharged in FFY 2007 were employed or participating in employment related training at the time of discharge.
- 26% of the young adults discharged in FFY 2007 who were not employed at the time of discharge had been employed in the past.
- 59% of discharged young adults who completed high school or earned their GED were participating in or had completed post-secondary education or training
- The number of ETV recipients increased 29% from FY 2006 (176 students served) to FY 2007 (227 students served).

The Division also monitors data on the participation of former foster care recipients ages 18 through 20 in services and supports provided by the Division. Of young adults discharged in FY 2007, 61% participated in continued voluntary foster care (past age 18) prior to discharge:

- 17% remained in care to their 21<sup>st</sup> birthday.
- 12% left care during their 20<sup>th</sup> year.
- 28% left care during their 19<sup>th</sup> year.
- 43% left care during their 18<sup>th</sup> year.

During the last year, 168 former foster youth were provided aftercare services through the Transitional Independent Living Program. This includes youth who aged out of tribal or other state foster care systems. Young adults benefited from this service as follows:

- 83% of young adults enrolled in a health plan, a 9% increase during the year.
- 80% of young adults maintained or moved into stable living situations, a 7% increase during the year.
- 23% of young adults were living on their own, (in independent housing) an increase of 10% during the year.

### **C. Strategies and Action Steps for SFY 2009**

In SFY 2009 the Division and the Arizona Young Adult Program (AYAP) will continue to support youth involvement in the design and implementation of various program and policy enhancements and related training. Collaborations with other State agencies and community stakeholders will also be maintained. In addition to ongoing program improvement, priorities include strengthening partnerships around housing, transportation, education, and employment. In addition to maintaining the current initiatives and recent improvements, the Division and the AYAP will pursue further improvement through the following objectives and activities:

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**Strategy:                    Develop new placements, services, and supports to address the needs of young adults in out-of-home care**

1. Continue to recruit and engage education, faith-based, and other community stakeholders, to expand mentoring programs (such as *In My shoes*) and resources to ensure all youth in the process of transitioning from foster care have an adult mentor.
2. Explore opportunities to partner with local housing authorities around the State and to work with non-profit agencies and other community stakeholders to address the housing and transportation needs of youth and young adults.
3. Continue support of the State Shared Youth Vision (SYV) Team's pilot project to engage youth from two rural communities into workforce activities, incorporating the principles of positive youth development and peer mentoring, and prioritizing youth who are parenting or involved in the juvenile justice system.
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 successfully in these services.
5. Continue participation in the Shared Youth Vision Team to build sustainable partnerships between State agencies to better prepare youth for the demands of Arizona's workforce and review the Service Integration initiatives for strategies that may be duplicated to positively impact youth.
6. Continue to collaborate with the Divisions within the Department of Economic Security to streamline referral processes for participating youth.
7. Continue to receive assistance from legal and local immigration experts to establish policies on meeting the needs of undocumented youth and responding to issues of immigration and naturalization; and provide statewide training and technical assistance on the developed policies and procedures.
8. 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.
9. Engage the Youth Advisory Board and the State recruitment specialists to develop targeted recruitment strategies for homes for older youth in care and again co-design and facilitate a program at the 2008 Children Need Homes Conference.
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 case manager and supervisor core and advanced training, participation in the annual AYAP staff training, and training to community partners.
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.

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**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**

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.
2. Develop an internal grievance process in the Independent Living Rulemaking Package to provide due process when the Department denies the opportunity for youth to remain in care beyond age 18.
3. 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.
4. Provide professional experience to older youth who desire to pursue social service careers and use CFCIP funds to support youth intern positions responsible for various activities, including the facilitation of local youth advisory boards and the assistance of local efforts to recruit foster and adoptive homes for older youth.
5. The Department will explore the feasibility of collaborating with an outside entity to administer the ETV program and provision of post-secondary supports and services for former foster youth.

# **Section VI**

## **Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report**

## CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) ANNUAL PROGRESS REPORT

**A. Update the program areas selected for improvement from one or more of the 14 program areas set for in Section 106(a) of CAPTA.**

**1. Improving the intake, assessment, screening, and investigation of reports of abuse and neglect.**

*Child Protective Services Specialist Group Care Investigations*

**Goal:**

To provide specialized staff capacity and expertise to conduct investigations of reports of child abuse and neglect in licensed group care facilities statewide. Investigations include joint investigations with law enforcement or other agencies as necessary.

**Objectives:**

Investigate all reports of child abuse and neglect in licensed child welfare facilities through the continued use of specialized staff. Investigations include:

- coordination with Child Abuse Hotline staff, group care facilities staff, law enforcement, licensing authorities, CPS Specialists assigned to child victims, and other state agencies including the Division of Developmental Disabilities (DDD) and the Department of Health Services (DHS); and
- joint investigations with law enforcement for all reports alleging extremely serious conduct. This includes sexual abuse and any other conduct that, if true, would constitute a felony offense.

**Update:**

The Division of Children, Youth and Families maintains a specialized unit (Group Care Investigation Unit) located in District I (Maricopa County) to conduct investigations of all reports of child abuse and neglect concerning children residing in licensed group care facilities. This Unit continues to be effective in promoting the protection of children placed in residential settings. The Group Care Investigators help achieve the statutory mandate to investigate 100% of reports of child abuse and neglect.

The Group Care Investigation Unit met its goal of conducting investigations of all reports received concerning licensed agencies. During this reporting period, the Unit received 82 reports on licensed facilities. Of the 82 reports, 76% pertained to facilities licensed by the Department of Economic Security (DES) and 24% were facilities licensed through the Department of Health Services (DHS). Of the facilities licensed by the DES, 66% were supervised by the Division of Children, Youth and Families and 10% were supervised by the Division of Developmental Disabilities (DDD).

Of these 82 reports, three investigations resulted in a substantiated finding of child abuse and/or neglect. The three cases proposed for substantiation involved low risk physical abuse, minor injuries not requiring medical attention. All other reports were unsubstantiated.

In addition to investigating reports concerning group care facilities statewide, the Group Care Investigation Unit also investigates reports of child maltreatment concerning licensed foster homes in

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District I. During this reporting period, 120 reports were received and investigated by this Unit. The Unit also responded to 37 reports that did not contain an allegation of child maltreatment, but required an action on part of CPS.

The CPS Specialists in the Group Care Investigations Unit coordinated investigation activities with CPS field staff, the group care facilities and other involved State agencies. Investigations are conducted jointly with the licensing authority [DHS and the Office of Licensing, Certification and Regulation (OLCR)] and/or law enforcement when appropriate to avoid duplication of work, reduce the number of interviews with the alleged victims and perpetrators, and to permit licensing issues to be addressed concurrently with the CPS investigation. The outcome of all investigations is provided to the licensing authority to determine if any licensing violation occurred and to take licensing and/or corrective action to ensure child safety and well-being.

During this reporting period, Unit staff delivered two training sessions regarding policies and procedures for the investigation of reports pertaining to licensed facilities to a group care facility and a foster care agency (included foster parents), with approximately 15 persons attending each session. Twelve training sessions were delivered to newly hired CPS Specialists, with an average of 12 to 15 staff in attendance per session.

***Arizona State Child Fatality Review Program***

**Goal:**

To reduce preventable child fatalities through the systematic, multidisciplinary review of child fatalities in Arizona; through interdisciplinary training and community-based prevention education; and through data-driven recommendations for legislative and public policy.

**Objectives:**

- Review all child fatalities in Arizona and make a determination that the fatality was or was not preventable.
- Submit an annual report to include recommendations for legislative and public policy aimed at preventing child fatalities.
- Provide recommendations for improving the child welfare system including policy and procedural changes and training related to the prevention of child fatalities.

**Update**

The Child Fatality Review Program continued to work on its goals of reducing preventable child fatalities and making recommendations for improvement. Members of the State and local teams accomplish this through case reviews, training, community education and data-driven recommendations for legislative and public policy changes. By statute, the State team includes representatives of the Arizona Chapter of the American Academy of Pediatrics, Indian Health Services, law enforcement, a prosecuting attorney's office, a county health department, a military advocacy program, Child Protective Services, American Indian agencies and a county Medical Examiner's Office. State law also delineates the composition of each local team. Local teams, covering all counties, must include local representatives CPS, the county Medical Examiner's Office, the county health department, law enforcement, and the county prosecuting attorney's office. Other team members include a pediatrician or family physician, a psychiatrist or psychologist, a domestic violence specialist and a parent.

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The responsibilities of the State Child Fatality Review Team include:

- the development of standards and protocols for local child fatality review teams and to provide training and technical assistance to these teams;
- the development of protocols for child fatality investigations including protocols for law enforcement agencies, prosecutors, medical examiners, health care facilities and social service agencies;
- to study the adequacy of statutes, ordinances, rules, training and services to determine what changes are needed to decrease the incidence of preventable child fatalities and, as appropriate, take steps to implement these changes;
- providing case consultation on individual cases to local teams if requested; and
- public education regarding the incidence and causes of child fatalities as well as the public's role in preventing these deaths.

The Child Fatality Team Program reviewed 100% (1,161) of child deaths that occurred in 2006. Two-hundred and fifty (250) volunteers contributed more than 5,000 hours of their time to accomplish this incredible task. Through their efforts, Arizona gained invaluable information about the causes of child fatalities and what actions can be taken to reduce preventable deaths of children.

The Fatality Review Teams began participating in the Child Death Review Case Reporting System via the National Center for Child Death Review, including use of the Center's standardized reporting tool. Arizona's Child Fatality Review Program staff participated in efforts to improve the National Child Death Review Reporting System including development of a program to interpret data coding. Participation in this reporting system enables Arizona's child fatality data to be compared with other participating states, and improves Arizona's understanding of the circumstances of child deaths nationally. Information gained from this reporting system will be used to develop strategies to reduce child fatalities in Arizona.

#### **Key 2007 Child Fatality Review Program Findings**

In 2006, 1,161 children died in Arizona.

- 454 (39%) children's deaths could have been prevented. This is a 5% increase from 2005 (388 or 34%).
- 646 (56%) of the children were one year of age or younger, a 2% decrease from 2005 (667 or 58%).
- The majority of childhood deaths (743 or 64%) were the result of natural causes, a decrease of 3% from 2005 (765 or 67%).
- 270 (23%) were the result of an accidental injury, a 1% increase from 2005 (253 or 22%).
- 164 (14%) children died as a result of motor vehicle related crashes, an increase of 2% from 2005 (134 or 12%). As in previous years, motor vehicle related crashes continued to be the most common cause of preventable deaths.
  - 157 (96%) were determined to have been preventable, an increase of 2% from 2005 (126 or 94%).
  - The most common contributing factors were lack of vehicle restraints and excessive driving speed.
- 9 (1%) of the children died from fires or burns in contrast to 20 (2%) in 2005.
- 48 (4%) children committed suicide, a 1% increase from 2005 (36 or 3%).
  - Twelve of these children were less than 15 years old.
  - Access to firearms and lack of mental health treatment were the most commonly identified preventable factors in these deaths.

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- Abuse of drugs or alcohol contributed to 12% (140) of all child deaths, a 1% increase from 2005 (131 or 11%).
  - Substance abuse was a factor in 46% (29) of homicides; 35% (17) of suicides; and 22% (59) of accidental deaths.
- Of the unexpected infant deaths (90 or 8%), unsafe sleeping environment (81 or 90%), unsafe sleeping position (45 or 50%) and co-sleeping (32 or 35%) were identified as contributing preventable factors.

Of particular concern to the Department is the finding that 60 (5%) of Arizona's children died as the result of maltreatment, a 1% increase from 2005 (50 or 4%). Note: An accidental or natural death may be classified as a maltreatment death if, in the opinion of the team, a caretaker's negligence or action contributed to or caused the death. Of these children:

- 59 (98%) were determined to have been preventable.
- 53 (88%) of these children were living with their parents at the time of their deaths.
- 46 (77%) were children five years old or younger.
- 15 (25%) were due to natural cause (e.g. prenatal substance exposure; neglect which resulted in an illness; failure to obtain medical care; etc.)
- 8 (13%) were due to accidents (e.g. motor vehicle crashes resulting from parental substance use).
- 1 (2%) was due to suicide (e.g. a victim of abuse committed suicide; parent failed to obtain mental health care for a depressed child; etc.).
- 21 (35%) children had prior involvement with a CPS agency, including Arizona Child Protective Services and child protective services in other jurisdictions such as tribal authorities and other states. This is an 11% decrease from 2005 (23 or 46%).

The most common factor contributing to child fatalities was drug or alcohol abuse (30 or 50%) and lack of supervision (10 or 17%). Methamphetamine was the substance most frequently identified as contributing to maltreatment deaths 19 (63%), followed by alcohol (9 or 3%) and marijuana (9 or 3%).

From the factors identified in the reviews of the child deaths in Arizona, the 2005 and 2006 annual Fatality Review Program reports and the 2006 Citizen Review Panel Report recommended that parents and other caregivers be educated on safe sleeping environments for infants. The Department, in collaboration with the Citizen Review Panel and the Child Fatality Review Program, developed a *Safe Sleep for Your Baby* pamphlet. This pamphlet provides concise guidelines for parents and caregivers to establish and maintain safe sleep environments for babies. Department policy now requires CPS staff to review and leave the pamphlet with all caregivers of children one year and younger.

The 2007 Child Fatality Review Program report and the 2007 Citizen Review Panel Report expressed concern that some mandatory resources failed to accurately diagnose (and subsequently failed to report) maltreatment during treatment of a child who later died from maltreatment. The Child Fatality Review Program and the Citizen Review Panel initiated reports to CPS in these cases. To address this concern, the Department developed a mechanism to notify hospitals that a child died due to maltreatment, if the hospital was known to have previously provided care for the child and the hospital staff failed to recognize and/or report a suspicion of maltreatment of that child. (See Department Response to the 2007 Citizen review Report, Recommendation #1)

The 2007 Child Fatality Review Program Annual Report is posted on the Department of Health Services (DHS) website and is available to the public at this site.

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*Arizona Citizen Review Panels*

**Goal:**

Review policy, procedures and practice of the State and District Offices and determine the extent to which the State and local Child Protection System are discharging their child protection responsibilities.

**Objectives:**

- Convene, at least quarterly, to review case records including fatalities, near fatalities, high risk maltreatment, and other case types as required.
- Submit an annual report including recommendations for improving the child protection system.
- Provide feedback regarding policy, procedural and practice improvement to the State and District Child Protective Services system.

**Update:**

The Arizona Citizen Review Panels continued to focus their efforts on improving the State's response to children in need of protective services through the review of child fatalities, near fatalities and high-risk cases. Each Panel met more frequently than the required quarterly meetings.

- State Citizen Review Panel convened eight times and reviewed seven cases.
- Pima County Panel convened eight times and completed seven case reviews.
- Yavapai County Panel convened eight times and reviewed eight cases.

Of the 22 cases reviewed by the Panels, ten involved child fatalities due to maltreatment and 12 cases involved near fatalities and other high-risk cases. These 22 case reviews represented eight counties: Cochise (1), Gila (1), Maricopa (5), Mohave (1), Pima (6), Pinal (1), Yavapai (4) and Yuma (3).

The 22 cases reviewed contained 46 actual investigations of child abuse or neglect. In these cases:

- 16 cases remained open for services. Of these cases, 15 had completed case plan, and services were provided in 13 of the 15 cases.
- Lack of thorough safety assessments were noted in 2 cases.
- Policies were followed in 12 of the 22 cases.

**Case Record Review Findings**

The Panels concluded that Child Protective Services has generally fulfilled its child protection duties. Consistent with previous reports, the greatest strengths of the Arizona child protection system are its intake and screening information (reports) and the case planning process. The Child Abuse Hotline obtained sufficient information from reporting sources and accurately identified the maltreatment type and the risk level to the identified child victim. While the Panels noted that CPS has made significant strides in improving the quality of its investigation including assessment of child safety and risk of harm and ongoing case management, they expressed concern regarding the quality of the investigation and case management functions.

The following summarizes the Citizen Review Panel findings for the cases reviewed.

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***Prior Child Protective Service History***

- Twelve cases had previous involvement with Child Protective Services prior to the investigation reviewed by the Panel.

***Intake and Screening Stage***

- As in previous years, record reviews identified this stage as a strength of the Arizona child protection system. The Panels found that actions taken by the Hotline were complete, accurate and timely in 20 cases reviewed. In one case, the Panel noted that the report information did not reflect the identified allegation, and in the second case, the Panel disagreed with the decision not to accept a report.

***Investigation Stage***

- During the investigation stage, the Panels concluded that the CPS Specialists completed activities necessary for a thorough investigation in approximately 28 investigations. The Yavapai Citizen Review Panel found this stage to be an area of overall strength, noting the investigations were thoroughly completed.
- The State and Pima Citizen Review Panel noted the following concerns:
  - failure to interview all children and parents;
  - failure to obtain medical and law enforcement records;
  - failure to obtain medical exams;
  - failure to address allegations of injuries as stated in the report;
  - failure to address signs of drug use;
  - inconsistent collaboration with law enforcement; and
  - inadequate attempts to locate families who were subjects of reports.

***Crisis Intervention and Safety Assessment Stage***

- The Panels concluded that Child Protective Services adequately fulfilled its role of ensuring the child's safety.
- All three Panels expressed concerns about the quality of safety assessment.

***Investigative Findings/Determination Stage***

- In the majority of the cases, the Panels concluded that the case record documentation supported the finding.
- However, the State Panel noted that in seven of 12 investigations documentation did not support the finding. The Panel acknowledged that the inability to substantiate neglect could be related to how child abuse and neglect are defined by state statutes, which places emphasis on documented physical injuries and evidence of substantial risk of harm to a child.
- The Pima Panel identified a concern that a finding was made prior to obtaining and reviewing relevant documents.

***Case Planning and Implementation Stage***

- The Panel identified this stage as an area of strength.
- Case planning activities were documented in 17 of the 20 cases that remained open after investigation. Overall, case planning and ongoing case management activities were found to be timely and appropriate to the needs of the family.

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- Concerns noted included:
  - refusal by parents or guardians to participate in services;
  - inability of Child Protective Services to enforce case plans;
  - failure to include all family members in the case planning process; and
  - outdated case plans.

***Foster Family Section***

There were no reviews that involved foster care placements during this reporting period.

***Case Closure Stage***

- Fourteen of the 22 cases were closed at the time of the review.
  - The Panels disagreed with case closure in 6 of the 14 cases.
  - Concerns regarding case closure included: failure to adequately resolve safety issues; failure to assess the home environment and criminal backgrounds of non-custodial parents; case closure with investigative findings that had been determined prior to receipt and review of pertinent records; and parental drug use affected the ability to parent.

***Family Risk factors***

Throughout each review, Panel members identify risk factors for each case. Lack of parenting skills, mental health and substance abuse were the most prevalent risk factors identified in cases reviewed. It should be noted that more than one risk factor may be identified in a single case. Following is a list of the most prevalent risk factors and the number of times they were found in cases reviewed.

- Lack of parenting skills (17).
- Mental health problem ((12).
- Substance abuse (11) – methamphetamine identified in 9 cases.
- Lack of motivation to provide adequate care (10).
- Anger control problems (10).
- Domestic violence (8).

The 2007 Arizona Citizen Review Panel Annual Report is available at the following web address: [http://www.azdhs.gov/phs/owch/pdf/cr07\\_report.pdf](http://www.azdhs.gov/phs/owch/pdf/cr07_report.pdf). The Department's response to the recommendations in the Panel's December 2007 report was issued on April 18, 2008, and is included as an attachment to this Child and Family Services Annual Report.

**2. Enhancing the general child protection system by developing, improving, and implementing risk and safety assessment tools and protocols.**

***Automation of the Revised Child Safety Assessment, Strengths and Risks Assessment and Case Planning Process***

CAPTA funds were used to purchase software to support full automation of the Department's revised Child Safety Assessment (CSA), Strengths and Risks Assessment (SRA) and Case Planning (CP) process. The automation of the assessment and case planning process was deployed statewide on November 10, 2007. The automated assessment and case planning process provides several features to assist CPS Specialists as follows:

- Thorough instructional text is easily available throughout the instrument, instructing CPS staff to gather specific types of information that must be considered and documented in each step of the

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decision-making process, and provides direct access to related policy and best practices. The instrument includes hyperlinks to related web-sites, and instructional text is displayed in balloons and pop-ups.

- Enhancements were added in the instrument to ensure data entered by CPS staff is accurate. Warnings are displayed at the top of the window if information is missing before that window can be approved by the supervisor. These warnings also enforce the data accuracy for some of the AFCARS data elements reported in CHILDS.
- The instrument includes areas within which the CPS Unit Supervisor documents that he/she has reviewed the documented information, conducted clinical supervision with the CPS Specialist, and has approved of the decision. Integration and documentation of the supervisory functions including clinical supervision in the assessment and case planning instrument support more efficient supervision, ensure supervision has occurred and been documented, and assist the supervisor to review and consider each critical decision within the initial assessment process.
- “Usability” enhancements were provided in the instrument making it more intuitive for CPS staff (i.e. ability to underline/bold text, tabs within windows, other standard features found in any word processing software, etc.).
- Methodology of information collection facilitates a “solution-based” approach rather than the “compliance-based” approach traditionally used in child welfare information systems.

This enhanced assessment and case planning process:

- Improves practice integration of the CSA/SRA/CP process. Safety and risk factors populate the case plan.
- Sets a standard of practice for child safety and risk assessment and case planning.
- Creates statewide uniformity in practice.
- Creates a “template” that includes all required action steps from receipt of a report for investigation to case closure. Integrates clinical supervision requirements and documentation into the instrument.
- Directs the collection, analysis and application of information during the investigation of child maltreatment.
- Informs decision making about child safety and risk assessment and case planning.

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- 3. 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.**

*Child Abuse Prevention (CAP) Conference*

**Goal:**

Provide specialized intensive training to line staff and supervisors to enhance their skills and knowledge resulting in improved outcomes for children and families.

**Objective:**

- Support DCYF staff attendance at the annual Child Abuse Prevention Conference.

**Update:**

CAPTA funds continued to support CPS staff attendance at the annual Child Abuse Prevention Conference. The 19th Annual Child Abuse Prevention Conference was held on January 17-and 18, 2008. Attendance at the Child Abuse Prevention Conference provides an opportunity for individuals providing services to children and families and their supervisors to obtain new skills and knowledge through various workshops and interaction with national and Arizona child welfare experts. One hundred Child Protective Services Specialists and Supervisors from around the state attended the two day conference.

In addition to CPS staff participation, other stakeholders and partners attending the Conference included: Advocates, Educators, Healthcare professionals, Law Enforcement, Child Welfare professionals, Youth Services, Mental Health professionals, Juvenile Court Judges, CASAs, Prosecutors, Therapists, Childcare providers, Victim Services, Foster Home Licensing Specialists and Foster Parents.

The two day conference featured three keynote speakers and over 40 workshops. Participants were able to choose workshops according to their interest and skill level. Workshops offered focused on prevention, investigation, advocacy and program development.

The keynote addresses were as follows:

- Sharon W. Cooper, MD, FAAP encouraged the audience to consider the impact the media has had on the sexual exploitation of children and what role child welfare professionals have in protecting children from victimization through the media.
- Victor Vieth, JD challenged attendees to consider his proposal on how child abuse can be ended within 120 years. Through a plan that involves training both community members and child welfare professionals, Mr. Vieth inspired the audience to consider their role in making this dream a reality.
- Emily Balance, MEd, LPC provided those in attendance with an opportunity to learn new skills in dealing with the stress that comes with the helping professions. Participants learned to use humor, stress management and communication to enhance their well-being.

A sample of the workshops included:

- Cultural Considerations in Investigating and Prosecuting Child Crimes.

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- Addressing the Special Healthcare Issues of our Children in Foster Care.
- Working with Female Adolescent Sex Offenders.
- Interviewing Children about Domestic Abuse.
- Family Group Decision Making, A Family-Driven Strength-Based Practice.
- The Safety and Risk Assessment Decision Making Process.
- The Link between Animal Cruelty and Child Abuse.

The Child Abuse Prevention Conference final report summarized the conference and workshop evaluations. The three keynote speakers averaged a rating of 4.61 on a five-point Likert scale. A sample of attendee evaluation comments about the most valuable information gained from the conference included:

- “Learning new information to use and share with colleagues”.
- “Good information gained. It helps me to know what the other groups do and how they work.”
- “Many things learned.”
- “Networking was great! Dr. Vieth and Dr. Cooper were awesome!”
- “I felt supported as a CPS worker, that there is hope for children.”
- “Keynotes were amazing! Keep up the lighthearted, humorous luncheon session.”

The overall workshop evaluation average was 4.17 on a five-point Likert scale, indicating that participants found the workshops to be relevant, informative, and met their expectations.

Two pre-conference institutes were also held on January 16, 2008. Approximately 50 representatives from the State’s 18 regional Child Abuse Prevention Councils attended a workshop on reframing the prevention message, while over 75 representatives from child welfare, CASA, juvenile courts and the community attended a follow-up meeting to last year’s local Court Teams kick-off. Local Court Teams are in various stages of development in seven counties around Arizona and team members learned strategies from each other as each team reported on their successes and challenges over the past year. Local Court Teams focus on:

- increasing the capacity of Arizona’s Juvenile Court, child welfare and behavioral health providers to identify and address the unique needs of infants and toddlers in the foster care system;
- providing effective, integrated, and coordinated services to infants and toddlers in out-of-home care; and
- ensuring that juvenile courts have sufficient information to make decisions based on each child’s unique needs.

***Assessment and Case Planning Specialist***

**Goal:**

To build agency capacity by developing experts in child safety assessment and safety planning at the “front line” level.

**Objective:**

- Develop a plan to target specific CPS units for intensive on-site “hands-on” technical assistance.

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- Provide on-site “hands-on” technical assistance to at least three sites in each District during the 2007/2008 Federal Fiscal Year.

#### **Update:**

This full-time professional position was created for the sole purpose of providing intensive on-site 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. The intent is to:

- ensure staff fully understand and apply the revised child safety assessment, strengths and risks assessment and behaviorally based case planning process as designed to promote child safety, permanency and well-being; and
- build agency capacity by developing experts at the “front line” level.

In October, 2007 the statewide Assessment and Case Planning Specialist was hired. This Specialist:

- serves as an expert in the CSA/SRA/CP process;
- provides technical assistance to Supervisors and CPS Specialists on implementation and application of the process;
- develops experts at the “front line” level through targeted training, case specific consultation, mentoring, and individual and group supervision;
- provides intensive on-site staff support;
- consults with District Program Managers, Practice Improvement Specialists, CWTI trainers, and Central Office Policy about practice standards and staff or system needs;
- develops and advances a statewide plan for effective implementation and evaluation of the CSA/SRA/CP process;
- coordinates with CHILDS staff to identify improvements for the automated CSA/SRA/CP process; and
- assists CPS Unit Supervisors to develop worker-level performance improvement plans.

The Specialist, in consultation with the District Program Managers, developed a plan to target specific CPS units for intensive on-site “hands-on” technical assistance. The technical assistance focused on specific staff needs and areas needing improvement as identified the Department’s initial evaluation of the statewide implementation of the revised CSA/SRA/CP process. While this initial evaluation noted some progress in application of the model, several areas were identified as needing improvement. These included:

- information gathering and analysis of the six fundamental questions and how this analysis assists the CPS Specialist’s understanding of child safety;
- linkage between the safety assessment, risk assessment and case planning;
- effective use of clinical supervision in the decision making process;
- understanding the concepts of safety, present and impending danger and risk;
- understanding the application of the safety threshold when assessing child safety;
- understanding of use of safety monitors and safety planning;
- engagement of the child and family in the case planning process; and
- behaviorally based case planning.

In order to address the areas needing improvement, a series of on-site visits were completed across the State. Requests were made by the Program Managers, Assistant Program Managers, Unit Supervisors,

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and in some cases, direct line staff to hold both round table discussions and individual case specific consultation that focused on targeted areas needing improvement. The round table discussions focused on general areas that CPS Specialists were struggling with and improving skills and supervision of child safety assessment, strength and risk assessment and behaviorally based case planning. The range of staff skills in applying the model varied across the State. In some areas, CPS Specialists had made no attempts to access the automated system for fear of not knowing how to access the program or how to navigate the system. In addition, some Supervisors had not reviewed or approved key decision points in a case (i.e. present danger determination; safety decisions; strength and risk assessment; etc.) as they were uncertain of what constituted “clinical supervision” and how to describe or document this supervision in the automated instrument.

A total of 48 days was spent on-site across the State. The breakdown is as follows:

- District I—eight days of on-site visits.
- District II—nine days of on-site visits.
- District III—eleven days of on-site visits.
- District IV—ten days of on-site visits.
- District V—ten days of on-site visits.

The feedback from the Supervisors and front line CPS Specialists has been favorable. Once an initial visit was made to a local office, CPS Specialists and Supervisors felt more comfortable requesting more direct “hands-on” instruction on the basic concepts of assessing and managing child safety and future risk of harm throughout the life of a case. Supervisors have commented that they are now receiving “Missing Mandatory Data” edits, indicating that staff have begun using the automated instrument and had completed a step in the process that required supervisory review and approval. More requests have been received directly from field Supervisors for both focus groups and individual consultation with staff in the area of behaviorally based case planning as this appears to be a significant struggle for both Supervisors and CPS Specialists.

In order to determine the effectiveness of the technical assistance, the Specialist completed periodic reviews of randomly selected cases for each CPS Specialist that received individual technical assistance. Improvements were noted in the following areas:

- increased comfort level with accessing and navigating the automated instrument;
- increased knowledge level of front line staff;
- more comprehensive information gathered in the various domains;
- movement toward more comprehensive (and less incident based) assessment;
- analysis of the six fundamental questions—more thorough and concise information; and
- a beginning practice shift to a comprehensive approach to child safety and case planning.

The Assessment and Case Planning Specialist will continue to provide intensive on-site staff support during the coming year and will focus on District I (Maricopa County), the largest metropolitan area of the State and District VI. In fact, the Department is considering establishing a second Assessment and Case Planning Specialist full-time position via state funding as District Management and field staff have found this technical assistance to be an invaluable tool in the successful implementation of the CSA/SRA/CP process.

**B. Identify the activities that the State intends to implement with its CAPTA State grant funds and any changes in activities for 2009.**

*DCYF Child Protective Services Specialist for Group Care Investigations*

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CAPTA Basic State Grant funds will continue to support specialized investigations of child abuse and neglect reports received on children in congregate care (group care and residential settings). This activity does not differ from the previous plan.

***Child Abuse Prevention (CAP) Conference***

CAPTA Basic State Grant funds will continue to support CPS staff attendance at the Child Abuse Prevention Conference held annually in January. This assistance provides opportunities for CPS staff to learn from and network with national and Arizona child welfare experts. This is one of several advance training 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 State Child Fatality Review Program***

CAPTA Basic State Grant funds will continue to support the Arizona Department of Health Services (DHS) State Child Fatality Review Program through an Interagency Service Agreement. The program activities include physician consultation, case processing and preparation of cases for review, maintenance of a database, and data analysis resulting in child death prevention recommendations. There continues to be 13 local Teams statewide and a State Child Fatality Review Team that meets quarterly. 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 are managed by the Department of Health Services Child Fatality Review Program through an Interagency Service Agreement. Grant funding is used to support a management position, equipment, and State and Local Panel coordinator activities. The Panels, located in Maricopa, Pima and Yavapai Counties, use volunteer members who have established working relationships. This activity does not differ from the previous plan.

***Assessment and Case Planning Specialist***

CAPTA Basic State Grant will continue to fund the Assessment and Case Planning Specialist 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/CP process and will provide targeted technical assistance; case specific consultation; mentoring; and individual and group supervision to Supervisors and CPS Specialists. In the coming year, the Specialist will also focus on assisting CPS Unit Supervisors to develop worker-level performance improvement plans and coordinate periodic teleconferencing facilitated by national child welfare experts. This activity is does not differ from the previous plan.

***Group Supervision Circles***

CAPTA Basic State Grant funds will 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, initial and ongoing case record reviews reflect

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a general lack of 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/CP model in supervision. A series of three seminars with Supervisors statewide will focus on the use of strength-based supervision to facilitate and stimulate critical decision-making and integration of the child safety assessment and case planning model into day-to-day supervision. This is a new activity for this plan.

**C. Describe any updates to the services and training to be provided under the CAPTA 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 DCYF does not use CAPTA 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 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 Arizona's legal criteria for a Child Protective Services 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 in the Division's Child Welfare Training Institute (CWTI).

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 basis for legal criteria 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

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in order to gather family demographics and current address. This information is often helpful in locating and assessing safety or risk to a child.

Hotline staff are also provided a minimum of two “ongoing” training sessions each year, addressing interview and recognition skills; child safety and strength and risk assessment; and data research and entry skills. Future Hotline training plans include more intensive training on the safety and risk assessment protocol used by the Division.

**3. Training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect.**

CAPTA funding is not used at this time to provide training to mandated reporters.

Training for mandated reporters is provided by various persons and agencies, both internal and external to Department of Economic Security (DES). 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, which is 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 available services are available on the Department’s website.

During 2008, the Child Abuse Hotline’s standard report form was added to the DES intranet site, making it available to any Department personnel to forward to requestors via e-file. Other related documents, such as the Hotline Interview Cue Questions and CPS Response System are also available via link from the Department’s website. A new training video is planned for the future as budget limitations allow.

**D. Explain substantive changes, if any, in State law that could affect eligibility, 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 as an attachment in the Child and Family Services Annual Report.

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- E. Submit a copy of the annual report from the Citizen Review Panels and a copy of the State agency's most recent response to the panels and State and local child protective services agencies, as required by Section 106(c)(6) of CAPTA.**

The annual report of the Citizen Review Panel is located at:

[http://www.azdhs.gov/phs/owch/pdf/cr07\\_report.pdf](http://www.azdhs.gov/phs/owch/pdf/cr07_report.pdf).

The Department's response to the Panel recommendations is included as an attachment to the Child and Family Services Annual Report.

- F. Describe 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 (Section 106(b)(2)(A)(xxii) of CAPTA).**

Legislation was proposed in the 2008 Arizona Legislative Session that would have brought the State into full alignment 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 required by the Adam Walsh Child Protection and Safety Act. The proposed legislation had bipartisan support and received a final vote in the state House of Representatives (36-8) on the last day of session, but failed to receive a final vote in the state Senate. Arizona has been provided a delayed effective date of July 1, 2009, for State legislative amendments, and legislation will again be proposed in 2009 to put the State in full alignment.

Fingerprint clearance cards continue to be issued by the Arizona DPS. The Board of Fingerprinting determines (grants or denies) a request for a "good cause" exception. An officer of the court may obtain the results of the State and Federal criminal records check from the DPS.

The DPS is also alerted (via the Arizona Automated Fingerprint Information System) anytime a fingerprint clearance card applicant is arrested. The DPS confirms the offense for which the applicant is arrested. If the offense is a prescribed offense that precludes the issuance of a clearance card, the DPS suspends the card and notifies the applicant and sponsoring agency. The clearance card may be reinstated when the applicant provides documentation of the outcome of the arrest.

# **Section VII**

## **Financial**

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**Section VII: 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 FFY 2009, 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 \$ 279,000. 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 will cooperate in submitting the required fiscal reports for the Title IV-B Plan.

***Payment Limitations – Title IV-B, subpart 1:***

During FFY 2006, Arizona did not expend any part of IV-B-Part 1 funds for foster care maintenance, adoption assistance, or childcare related to foster day care. This figure has not changed from 1979.

IV-B-Part 1 funds are used to provide neglect intervention and treatment services. The total Federal IV-B-Part 1 funds expended equals \$ 5,661,014 during 2006. The State provided general fund matching funds equal to \$ 1,887,005. The State further provided additional general funding in the amount of \$6,583,543 for a total State contribution of \$ 8,470,548 in 2006.

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV**

Fiscal Year 2006, October 1, 2005 through September 30, 2009

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	\$ 5,661,014
a) Total administration (not to exceed 10% of estimated allotment)	\$ 0
6. Total estimated title IV-B, Subpart 2 Funds (FOR STATES: This amount should equal the sum of lines a-g.)	\$ 9,621,558
a) Total Family Preservation Services	\$ 2,354,992
b) Total Family Support Services	\$ 2,768,948
c) Total Time-Limited Family Reunification Services	\$ 2,425,474
d) Total Adoption Promotion and Support Services	\$ 583,071
e) Total for Other Service Related Activities (e.g. planning)	\$ 414,561
f) Monthly Caseworker Visits (STATES ONLY)	\$ 939,577
g) Total administration (FOR STATES: not to exceed 10% of estimated allotment)	\$ 134,935
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. \$ _____	
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required) Estimated Amount \$ 500,091 plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds. (FOR STATES ONLY)	\$ 2,344,164
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).	\$ 225,076
10. Estimated Education and Training Voucher (ETV) funds.	\$ 801,120
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 \$ ___0_____.	
b) Indicate the amount of the State's allotment that will not be required to carry out ETV \$ ___0_____.	
c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP \$ ___750,000_____ for ETV program \$ ___500,000_____.	
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, 2006.	
Signature and Title of State/Tribal Agency Official	Signature and Title of Central Office Official

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV**

Fiscal Year 2008, October 1, 2007 through September 30, 2009

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	\$ 5,722,115
a) Total administration (not to exceed 10% of estimated allotment)	\$ 571,467
6. Total estimated title IV-B, Subpart 2 Funds (FOR STATES: This amount should equal the sum of lines a-g.)	\$ 8,044,021
a) Total Family Preservation Services	\$ 1,585,304
b) Total Family Support Services	\$ 1,585,304
c) Total Time-Limited Family Reunification Services	\$ 1,585,303
d) Total Adoption Promotion and Support Services	\$ 1,585,303
e) Total for Other Service Related Activities (e.g. planning)	\$ 792,652
f) Monthly Caseworker Visits (STATES ONLY)	\$ 116,805
g) Total administration (FOR STATES: not to exceed 10% of estimated allotment)	\$ 792,651
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>570,972</b> plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds. (FOR STATES ONLY)	\$ 2,525,936
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).	\$ 757,780
10. Estimated Education and Training Voucher (ETV) funds.	\$ 850,853
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 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: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision
5. Total estimated title IV-B, Subpart 1 Funds	\$ 5,722,115
a) Total administration (not to exceed 10% of estimated allotment)	\$ 571,467
6. Total estimated title IV-B, Subpart 2 Funds (FOR STATES: This amount should equal the sum of lines a-g.)	\$ 8,043,322
a) Total Family Preservation Services	\$ 1,585,304
b) Total Family Support Services	\$ 1,585,304
c) Total Time-Limited Family Reunification Services	\$ 1,585,303
d) Total Adoption Promotion and Support Services	\$ 1,585,303
e) Total for Other Service Related Activities (e.g. planning)	\$ 792,652
f) Monthly Caseworker Visits (STATES ONLY)	\$ 116,805
g) Total administration (FOR STATES: not to exceed 10% of estimated allotment)	\$ 792,651
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. \$3,000,000	
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required) Estimated Amount <b>\$570,972</b> plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds. (FOR STATES ONLY)	\$ 2,525,936
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).	\$ 757,780
10. Estimated Education and Training Voucher (ETV) funds.	\$ 850,853
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 SUMMARY OF CHILD AND FAMILY SERVICES**

*State or IT: Arizona*

*For FFY 2009*

*OCTOBER 1, 2008 TO SEPTEMBER 30, 2010*

SERVICES/ACTIVITIES	TITLE IV-B		(c) CAPTA*	(d) CFCIP*	(e) ETV*	(f) TITLE IV- E	(g) State Local Donated Funds	(h) NUMBER TO BE SERVED		(i) POPULATION TO BE SERVED	(j) GEOG. AREA TO BE SERVED <small>(Include both # and type of areas to be served)</small>
	(a) I-CWS	(b) II-PSSF						Individuals	Families		
1) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		1,585.3	521.0				307.1		5,689	Families	46 Communities
2) PROTECTIVE SERVICES	5,722.1		50.0						39,466	Reports of abuse/neglect	Statewide
3) CRISIS INTERVENTION (FAMILY PRESERVATION)		1,585.3					10,701.4			Families	46 Communities
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES		1,585.3					2,000.0		9,825	All children in Foster Care	Statewide/reservation
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		1,585.3					1,000.0	2,489		Children free for adoption	Statewide/reservation
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE						16,165.5	14,714.1	7,691		All eligible children	
(B) GROUP/INST CARE						24,013.0	16,209.5	1,530			
7) ADOPTION SUBSIDY PMTS.						51,401.9	25,257.3		11,290		Statewide
8) INDEPENDENT LIVING SERVICES				2,525.9			2,171.0	2,000		Eligible children	
9) EDUCATION AND TRAINING VOUCHERS					850.9		170.6	342		Eligible children	
10) ADMINISTRATIVE COSTS		792.7				29,760.5	48,610.1				
11) STAFF TRAINING		792.7				4,360.9	5,229.1				
12) FOSTER PARENT RECRUITMENT & TRAINING						1,321.5	2,913.6				
13) ADOPTIVE PARENT RECRUITMENT & TRAINING						925.0					
14) CHILD CARE RELATED TO EMPLOYMENT/TRAINING											
15) MONTHLY CASEWORKER VISITS		939.6						13,700		Receiving at least one visit.	
								6,713		Receiving monthly visits each and every month.	
16) TOTAL	5,722.1	8,866.1	571.0	2,525.9	850.9	127,948.3	129,283.8				

\* States Only, Indian Tribes are not required to include information on these programs

**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 2006: October 1, 2005 through September 30, 2006**

1. State or ITO: Arizona		2. EIN: 866004791		3. Address: 1789 West Jefferson Street, Site Code 750A Phoenix, AZ 85007		
4. Submission: [ ] New [X] 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	\$ 5,661,014.	\$ 5,661,014.		34,537	Reports of abuse/neglect	Statewide
a) Total Administrative Costs (not to exceed 10% of Federal allotment)	\$ 566,101.	\$ 0.				
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - g.)	\$ 9,621,558.	\$ 8,681,981.				
a) Family Preservation Services	\$ 1,736,396.	\$ 1,795,905.		19,603	Families	46 Communities
b) Family Support Services	\$ 1,736,396.	\$ 2,506,301.		7,668	Families	46 Communities
c) Time-Limited Family Reunification Services	\$ 1,736,396.	\$ 2,399,560.		479	Children in foster care	Statewide
d) Adoption Promotion and Support Services	\$ 1,736,396.	\$ 976,861.	1,893		Children free for adoption	Statewide
e) Total for Other Service Related Activities (e.g. planning)	\$ 868,199.	\$ 412,606.				
f) Monthly Caseworker Visits (FOR STATES)	\$ 939,577	\$ 0				
g) Total Administrative Costs (FOR STATES: not to exceed 10% of total allotment after October 1, 2007)	\$ 868,198.	\$ 590,748.				
7. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 2,344,164.	\$ 2,344,164.	1,173			Statewide
a) Indicate the amount of State's allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 703,249.	\$ 225,076.	275			
8. Total Education and Training Voucher (ETV) funds	\$ 801,120.	\$ 801,120.	176			
9. 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, 20__.						
<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>

# **Attachments**

## Agency Response to the Citizen Review Panel’s 2007 Recommendations

### *State Panel Recommendations*

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All findings and panel recommendations from the seven cases reviewed by the State Panel were considered in determining the recommendations. The Citizen Review Panel respectfully submits the following recommendations to the Department of Economic Security, Division of Children, Youth, and Families:

**Recommendation 1:** The panel identified cases in which child maltreatment was not accurately diagnosed during treatment at hospital emergency rooms and the children subsequently died as the result of a subsequent episode of maltreatment. Providing this feedback to hospital quality improvement committees could improve Arizona hospitals’ response to maltreatment. The Citizen Review Panel recommends development of a mechanism to notify hospitals that a child has died due to maltreatment, if the hospital was known to have previously provided care for the child and in the opinion of the panel the hospital staff failed to recognize and/or report a suspicion of maltreatment of that child.

**Response:** *The Department agrees with this recommendation. The Division implemented similar procedures in September 2007 to improve provider accountability and will integrate additional procedures to fully implement this recommendation immediately. The Division, through its Comprehensive Medical and Dental Program (CMDP), has a Quality of Care Review Policy and Procedure in place. Any quality of care concerns identified by the Citizen Review Panel will be referred to the Division’s Policy Unit Manager. The Policy Unit Manager will coordinate the referral of the specific case and identified quality of care concern to the CMDP Quality Management Coordinator. The concern will be investigated in accordance with policies and procedures established by CMDP’s Quality of Care Committee. This investigation includes:*

- *sending an acknowledgement letter to the Citizen Review Panel of the quality of care concern within seven business days from receipt of the concern;*
- *requesting supporting documentation and/or medical records;*
- *reviewing and evaluating each quality of care concern;*
- *recommending a corrective action plan when the quality of care concern is substantiated;*
- *sending a letter of concern to the provider with a specific timeframe for a response;*
- *reviewing the response from the provider and providing continued monitoring to ensure that corrective actions are taken; and*
- *providing a closing letter to the Citizen Review Panel indicating that the quality of care concern has been addressed.*

*When the concern involves the failure of a provider to report suspected child maltreatment, the recommended corrective action will include increasing the*

*provider's knowledge of the mandatory reporting statute. Further, the Division will offer technical assistance to the provider.*

**Recommendation 2:** The panel recommends that steps be taken (e.g., legislative actions, policy changes) to improve Child Protective Services' access to civil and criminal court databases, both in the state and nationally. This access could provide timely and more complete information on criminal history of parents and others living in a child's household as well as timely information regarding current parental custody of children who are the subjects of investigations.

*Response: The Department agrees with the intent of this recommendation. Staff who are responsible for investigating allegations of child abuse and neglect should have access to timely and relevant information including criminal history and parental custody to assist in assessing child safety and future risk of harm.*

*In collaboration with law enforcement, the Arizona Department of Public Safety and Arizona State Legislators, the Department actively supported House Bill 2602 (Criminal history records; DES) which authorizes the exchange of criminal history information with Child Protective Services (CPS) for the purposes of investigating or responding to reports of child abuse, neglect or exploitation. Designated CPS staff will have direct online terminal access to criminal history record information when all applicable state and federal rules, regulations and guidelines have been met including training, certification and background screening. Direct online terminal access includes information from the National Crime Information Center, the Interstate Identification Index, and the Arizona Criminal Justice Information System.*

*If House Bill 2602 is enacted, not later than December 1, 2008, the Department anticipates full implementation of the provisions of this bill.*

*It should be noted that in September 2007 the Department clarified its policy to direct CPS staff to collect and review criminal history record information (arrest, charge/indictment and/or conviction) of the parent, guardian or custodian, and other household members if there is indication of criminal activity involving a child or that places a child at risk of harm, domestic violence and/or past abuse or neglect of a child.*

*In addition, by July 1, 2008, the Division's Policy Unit will begin identifying which County Superior Courts throughout the State have electronic databases and the process by which CPS staff can access information contained these databases. This information will be communicated to all CPS staff as it is received by the Division. Consistent with current policy, staff will be expected to search these databases when there is indication of criminal activity involving a child or that places a child at risk of harm, or indication that there is a court order restricting or denying a parent/caregiver's (or another person in the home) custody, visitation or contact with the child.*

**Recommendation 3:** Reviews completed by the panel resulted in concerns surrounding the failure to substantiate allegations when there appeared to be clear evidence of abuse and/or neglect. The panel recommends that the Division of Children, Youth, and Families more closely review its decisions to unsubstantiate reports. When a finding has to be entered by state law prior to receipt and review of pertinent records, Child Protective Services should review and amend findings as warranted upon receipt of records.

*Response: The Department agrees with this recommendation. The Division has already taken corrective measures to address this concern through full implementation of a quality assurance program that includes a thorough review and evaluation of the evidence collected to support or not support the finding, and whether concerted efforts were made to gather pertinent information to determine whether an allegation of child abuse or neglect should be substantiated. This quality assurance process identifies practice areas needing improvement including the need for policy revisions. To further address this concern, by October 1, 2008, the Division will clarify its policy to ensure that staff understand the expectation that an unsubstantiated finding be amended when additional information is received to indicate that maltreatment did occur.*

*The quality assurance of practice occurs at all levels of the Division as follows:*

- In October 2007, the Division's Practice Improvement Unit implemented a process to conduct periodic reviews of a random selection of cases to identify strengths, areas needing improvement, and contributing factors. A random sample of investigation cases are reviewed from each district on a monthly basis. The majority of the cases reviewed have a finding of unsubstantiated entered into CHILDS. The review instrument includes an assessment of whether the agency made a concerted effort to gather sufficient information to determine whether maltreatment occurred, and whether the field unit accurately applied the substantiation guidelines to the information obtained to identify the report as substantiated or unsubstantiated.*
- Each month, the outcome of each review is discussed with the District Program Manager or Assistant Program Manager and the assigned Supervisor and CPS Specialist. If the review found this to be an area needing improvement, the CPS Specialist and Supervisor are provided information about the specific practice standards relevant to the case, the substantiation guidelines, and/or resources for consultation about investigation findings, according to the Specialist's identified needs. Practice areas needing improvement are identified and a worker specific performance improvement plan may be developed and implemented.*
- Each district's aggregated case review findings are provided in monthly reports to the District Program Managers and Central Office leadership. Program Managers distribute these within their districts, and discuss the results at monthly district leadership meetings.*

- *Statewide aggregated case review findings are provided in quarterly reports to the District Program Managers and Central Office leadership. Program Managers distribute these within their districts, and discuss the results at monthly district leadership meetings. Central Office leadership reviews the results to identify necessary additional program or practice improvement actions. These reports are also provided to the Child Welfare Training Institute so that identified needs can be addressed in initial, refresher, or advanced training.*
- *If the review identifies a case in which a finding is not supported by the evidence, the Practice Improvement Manager consults with the Protective Services Review Team and subsequently recommends to the Supervisor and CPS Specialist that the finding be amended accordingly.*

*The Division's Critical Incident Review process has also been revised to include an assessment of the evidence collected to support or not support the finding, and whether concerted efforts were made to gather pertinent information to make a finding. This process includes a thorough review of the facts regarding a critical incident. If the review indicates that the decision to substantiate or not to substantiate an incident of child abuse or neglect was not supported by the evidence, the District is directed to revise the finding accordingly. This revised process was implemented in February 2008.*

*The Protective Services Review Team continues to provide training to unit field staff regarding the evidence required to substantiate child abuse and neglect. Evidence required and documentation "tips" are accessible under public folders where all staff can refer to for clarity.*

*The Child Welfare Training Institute is completing its final revision of the Advanced Documentation Training for CPS staff. This training is designed to teach and assist field staff with case record documentation. The training will inform staff about the requirements for substantiating an incident of abuse or neglect. The Child Welfare Training Institute will begin delivering this training to field staff in June 2008.*

**Recommendation 4:** Panel reviews also resulted in concerns surrounding the completion of investigations, services offered or provided, and investigation outcomes. These issues are summarized as follows:

- Parental failure to participate in substance abuse services (including monitoring) that are identified to promote the child's safety should impact decisions regarding children remaining with or returning to parents.

*Response: The Department agrees with this recommendation and has already taken corrective measures to address this concern.*

*The Division has implemented a comprehensive automated child safety*

*assessment, strengths and risk assessment and case planning process. This process guides the CPS Specialist through the assessment of child safety; family strengths, risks and service needs; case planning; and informs decision-making at each step of the process. This process requires the CPS Specialist to gather sufficient and relevant information about the parent's overall functioning including the use of substances and its direct impact upon parenting and child safety. Staff are required to develop a behaviorally-based case plan that describes how the parent's behavior must change in order to ensure child safety, and to reassess the parent's progress within three months intervals. This process requires demonstrated behavioral changes on the part of the parent prior to a recommendation that a child be returned to the parent's care. All safety concerns including the parent's substance abuse must be addressed and the child assessed as safe prior to case closure.*

*Strategies to improve client engagement in substance abuse treatment services and to enhance the CPS Specialist's expertise and resources related to substance abuse have been implemented. These include:*

- *substance abuse treatment provider participation in family drug court, Team Decision Making meetings and dependency hearings;*
  - *co-location of substance abuse staff in CPS offices;*
  - *development and dissemination of informational publications to CPS staff to ensure staff are properly informed on the impact of methamphetamine abuse such as "How to Successfully Engage Clients"; "Safe, Family-Centered Responses to Methamphetamines"; "Risk Domains and Six Fundamental Safety Questions for Methamphetamine Abuse"; "Practice Guidelines for Utilizing Drug Testing"; and "Substance Abuse Screening";*
  - *development and dissemination of a screening tool, UNCOPE (Use Longer; Neglected; Cut-down; Objected; Preoccupied; Emotional Discomfort) to enhance the CPS Specialist's identification of substance abuse, and to assist in planning intervention for the family;*
  - *hiring and deployment of the Assessment and Case Planning Specialist to provide "hands-on", onsite technical assistance (i.e. targeted instruction, case specific consultation, mentoring and group supervision) to front line staff in the application of the assessment and case planning process; and*
  - *statewide intensive formal training on the assessment and case planning model.*
- The panel continued to have concerns that joint investigation protocol is not always followed. This includes failure to notify agencies of a qualified investigation and failure by law enforcement to assign a case for investigation. Efforts should be made by Child Protective Services and law enforcement agencies to enforce compliance with protocol.

***Response: The Department agrees with this recommendation. By October 1,***

***2008, the Division's Reports and Statistics Unit will produce a monthly report detailing the number of reports requiring a joint investigation, the number of reports where a joint investigation was conducted, the number of reports where a joint investigation was not conducted and the reason the joint investigation did not occur. This information will be monitored by the Division's Executive Staff Assistant. Monitoring will include a review of a random sample of cases to determine:***

- ***the accuracy of the information entered in the case management information system (CHILDS);***
  - ***identification of the primary reasons for the failure to conduct joint investigation;***
  - ***review of the findings with the Division and District Management to identify any systemic factors affecting performance in this area; and***
  - ***coordination with District Management to implement strategies to address identified systemic factors affecting performance in this area.***
- Both parents and other adults in the home, regardless of custodial status, should undergo a full background and home evaluation including criminal history and domestic relations orders when Child Protective Services is evaluating placement and visitation issues.

***Response: The Department agrees with this recommendation and has taken measures to address this recommendation. Current policy requires the CPS Specialist to interview the custodial and non-custodial parent when the identity and whereabouts of the non-custodial parent can reasonably be determined, or when such contact would not likely endanger the life or safety of any person or compromise the integrity of a criminal or CPS investigation. The CPS Specialist must consult with the Supervisor when it is determined that the non-custodial parent will not be interviewed.***

***The Division's Management team (senior leadership, District Program Managers, Central Office Managers including Policy, Child Welfare Training Institute, and Practice Improvement) has engaged in extensive discussions regarding the role of CPS staff in ensuring child safety through a comprehensive, informed assessment of the caregiver and all adults in the caregiver's home when CPS is considering placement and visitation. This assessment includes criminal history, CPS history and any relevant orders regarding custody and contact. To further assist the CPS Specialist in accessing court orders and criminal history information, the Division's automated assessment and case planning process contains links to several designated web pages where this information is stored. Current policy also directs the CPS Specialist to contact the Clerk of Court in each county's Superior Court to request copies of court documents (such as orders, custody evaluation reports, conciliation conference reports, etc).***

*The Division revised its policy in 2007 to require the CPS Specialist to make efforts to obtain a copy of court orders when CPS has reason to believe that a court of competent jurisdiction has entered an order (active or expired) restricting or denying custody, visitation or contact by a parent/caregiver or other person in the home with the child. If it is not possible to obtain and/or view the order, the CPS Specialist must discuss the conditions and circumstances of the order with the custodial and non-custodial parent/caregiver. The CPS Specialist may also speak with other persons (such as relatives including grandparents) who have information or knowledge of the conditions and circumstances upon which the order was entered. If the CPS Specialist confirms that the parent/caregiver's custody, visitation or contact with the child was denied or restricted, the Specialist must abide by the terms of the order if the order is in effect. The CPS Specialist can not facilitate or concur with placement or contact of the child with the parent/caregiver in any manner which conflicts with the order. If the order has expired or the status of the order can not be confirmed, the CPS Specialist must consult with the Office of the Attorney General prior to facilitating or concurring with placement or contact of the child with the parent.*

**Recommendation 5:** In cases where policies were not followed, the panel identified the failure to obtain medical and forensic exams vital to the investigation. The panel recommends that the Division of Children, Youth, and Families develop a policy regarding forensic evaluations that would include both when these evaluations are indicated and the content of these evaluations.

*Response: The Department agrees with the intent of this recommendation, but is of the opinion that trained child abuse experts conducting forensic examinations should, based on the case specific circumstances, determine the content of the examination. By December 31, 2008, the Division's Policy Unit will revise current policy to further clarify when a forensic evaluation should be completed.*

*It should be noted that current policy does specify case specific circumstances that require a medical evaluation and when medical opinions should be reviewed with a physician who has substantial experience and expertise in child abuse and neglect diagnosis. Department policy provides the following guidance for CPS staff:*

- *Medical examinations and/or consultation by a physician, preferably with expertise in child abuse and neglect, are required for the following:*
  - *Injuries requiring emergency medical treatment;*
  - *Untreated medical condition that is life threatening, or permanently disabling;*
  - *Serious physical injury requiring emergency medical treatment due to neglect; and*
  - *Injuries that may require medical treatment.*
- *Medical examinations may be obtained in other circumstances based on consultation with the Supervisor.*

- ***When the CPS Specialist suspects that abuse or neglect has occurred, but a physician or other medical personnel is unable to confirm the abuse or neglect, or the CPS Specialist has received differing or conflicting medical opinions from the same or different physicians regarding the diagnosis or specific medical finding(s), the case including all medical opinions should be reviewed within 48 hours with:***
  - *a physician who has substantial experience and expertise in child abuse and neglect diagnosis, or*
  - *a multidisciplinary team (including a physician who has substantial experience and expertise in child abuse or neglect diagnosis), or*
  - *base intervention on the most serious diagnosis if a multidisciplinary team or expert medical consultation is unavailable.*
- ***If a multidisciplinary team or expert medical consultation is unavailable in your area, consult with your Supervisor and have your Supervisor or Assistant Program Manager contact the CMDP Medical Director at 602-351-2245. Otherwise, follow your District Operating Procedures to request assistance in arranging for expert medical consultation.***

**Recommendation 6:** The panel acknowledges the updates made by Child Protective Services in response to the previous year's recommendations made to the Division of Children, Youth, and Families. The panel would further recommend that a formal process be implemented to update the Citizen Review Panel regularly on Child Protective Services' progress in implementing the Citizen Review Panel's recommendations as well to update the panel on policy changes.

***Response: The Department agrees with this recommendation. By September 30, 2008 and on a quarterly basis thereafter, the Division's Policy Unit Manager will provide an update on the implementation of the Panel's recommendations including any policy revisions.***

### ***Pima County Panel Recommendations***

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The Pima County Citizen Review Panel respectfully submits the following recommendations to the Department of Economic Security, Division of Children, Youth, and Families:

**Recommendation 1:** The panel continues to have a concern that joint investigation protocol is not always followed. Joint investigation protocol should be followed in every applicable investigation. Child Protective Services and law enforcement agencies should develop a strategy to improve compliance with the established protocol.

***See Department response to the State Panel Recommendation 4 above.***

**Recommendation 2:** The panel expressed concerns in one case that delays in criminal cases may create problems with Child Protective Services efforts. The panel recommended that contacts with the County Attorney's Office and Child Protective