“The Go-To Guide”

A Guide for Resource Parents

Information You Need To Know…
But not all of it!

Arizona Department of Child Safety

Introduction

Prepared by the Arizona PS-MAPP Training Team

This Guide provides basic information about the child welfare system in Arizona to help you understand how children come into care, why they are there, and the rules and policies that have been created to protect children in out-of-home care. It has information about the roles and responsibilities of the people connected to the child welfare and court systems who may work with a child, his or her family, and your family.

The information in this Guide is primarily focused on the needs of Department of Child Safety (DCS) resource parents. Each DCS resource family should have a copy of the following resource handbooks and handouts. They are the must have reference guides for all families.

- Article 58, the Licensing Rules
- DCS Discipline Policy Resource Guide
- CMDP (Comprehensive Medical and Dental Program) Member Handbook
- Confidentiality, Guidelines for Foster Parents
- Family Foster Home Agreement
- Family Foster Home Care Rates and Fee Schedule (DCS)

If you do not have copies of this information, please contact your licensing agency for assistance in obtaining these documents.

Resource Parents with the Department of Economic Security (DES)/Division of Developmental Disabilities (DDD) or Department of Health Services(DHS)/Regional Behavioral Health Authority (RBHA)/Home Care Treatment Care for Home Care Clients (HCTC) will need some or all of these reference guides in addition to the information specific to either program services.

Terms used in the Guide:

"Resource parent(s)" means a licensed foster, kinship and adoptive parents, and unlicensed kinship parents.

"Child Safety Specialist (CSS)" means the same as Child Safety Worker (CSW) or Child Safety Case Manager (CSCM)

"Child" singular refers one child or children

Disclaimer: This information is subject to change based upon the availability of new interpretations, new standards, new policies, federal and state laws, new eligibility requirements or services offered and other developments in the field. Please refer to the DCS, CMDP or other referenced web sites for the most current available information. The material provided on this document is designed for educational and information purposes only. This information is not inclusive of all terms, provisions, providers, services and/or support necessary to care for a foster child. There is no document available that will provide you with all of the information necessary to be a competent resource parent.

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Department of Child Safety

The Department of Child Safety was created on May 29, 2014 by statute as a Department separate from the Department of Economic Security.

DCS Guiding Principles

- Children need safe, strong families to succeed in life.
- Child safety, permanency and well-being are our top priorities.
- Families have the primary responsibility for raising their children.
- Families should be treated with respect, valuing their strengths, their culture and their involvement in decisions that affect them and their children.
- Prevention is paramount, and all actions should focus on improving family situations.
- Children belong with families-their own, when safe to do so and when it is not, with a safe, permanent family as soon as possible.
- The community must be a partner in supporting and strengthening both birth families and resource families

The primary objective of DCS is to keep children safe within their own families. DCS works cooperatively with parents to make that happen. Department of Child Safety is a program that seeks to help families by strengthening the ability of parents, guardians or custodians to provide good care for their children. The program tries to balance the legal rights of parents and the needs and rights of children to live in a physically and emotionally healthful situation. DCS is the state child welfare services agency responsible for the provision of child safety services; family foster care and kinship foster care services; services to promote the safety, permanence, and well-being of children; adoption promotion and support services; and health care services for children in out-of-home care.

The Central Office of the Department is located in Phoenix. DCS has Operations and Administration sections. Operations includes five (5) Bureaus which are Prevention, Intake, Investigations and Office of Child Welfare Investigations (criminal conduct investigations), Case Management/Ongoing and Permanency, and Inspections. The Administration section includes CMDP, OLR and Payment Processing.

The Comprehensive Medical and Dental Program (CMDP) is the health plan for children in foster care. The Child Welfare Administration manages Child Safety Services in Arizona's fifteen counties. The fifteen counties are divided into five regions. The Central, Southwest, and Pima Regions encompass the state's urban areas. The Northern and Southeast Regions are rural. Each region has a Program Manager (PM); Southwest, Central and Pima Regions have a Deputy Program Manager (DPM). All regions have Assistant Program Managers (APM) and DCS Supervisors who oversee the daily work of the Child Safety Specialists.

The counties within each region are:

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

Each region provides:

- Investigation of reports of abuse and neglect,
- Case management,
- Permanency planning,
- In-home services (prevention and support)
- Out-of-home services, (foster care and adoptions)
- Independent living and young adult programs
- Contracted foster and adoptive home recruitment, study, training and supervision.

Programs & Services

Arizona Child Abuse Hotline Intake Center

The Intake Center receives all reports of suspected child abuse and neglect statewide. The Intake Center is part of the Department of Child Safety (DCS). Reports should be called in to the Intake Center for suspected child abuse and significant incidents that occur in a resource family home and any communication sufficiently important to need immediate notification. The statewide toll free number is 1-888-SOS-CHILD **(1-888-767-2445).**

Reporting Suspected Child Abuse

By law, any person who reasonably believes that a minor is or has been the victim by a parent, guardian, custodian or adult member of household of inflicting or allowing the infliction of physical, sexual or emotional abuse, neglect, exploitation or abandonment must report the suspected child abuse. Some examples are:

- Physical abuse includes non-accidental physical injuries such as bruises, broken bones, burns, cuts or other injuries.
- Sexual abuse occurs when sex acts are performed with children. Using children in pornography, prostitution or other types of sexual activity is also sexual abuse.
- Neglect occurs when children are not given necessary care for illness or injury. Neglect includes leaving young children unsupervised or alone, locked in or out of the house, hazardous living conditions or without adequate clothing, food or shelter.
- Emotional abuse of a child is evidenced by severe anxiety, depression, withdrawal or improper aggressive behavior as diagnosed by a medical doctor or psychologist, and caused by the acts or omissions of the parent or caretaker.
- Non-sexual exploitation means use of a child by a parent, guardian or custodian for material gain.
- Abandonment means the failure of the parent to provide reasonable support and to maintain regular contact with the child, including providing normal supervision, when such failure is intentional and continues for an indefinite period.
- Confinement is the restriction of movement or confining a child to an enclosed area and/or using a threat of harm or intimidation to force a child to remain in a location or position.

Mandated Reporters of Suspected Child Abuse

ARS § 13-3620 defines the following persons as mandated reporters:

- Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
- Any peace officer, member of the clergy, priest or Christian Science practitioner.
- The parent, stepparent or guardian of the minor.
- School personnel or domestic violence victim advocates who develop the reasonable belief in the course of their employment.
- Any other person who has responsibility for the care or treatment of the minor. This includes resource parents.

A person making a report or providing information about a child is immune from civil or criminal liability unless such person has been charged with, or is suspected of, the abuse or neglect in question. Failure to report is at minimum a Class 1 misdemeanor.

Likewise, a person acting with malice who either knowingly or intentionally makes a false report of child abuse and neglect or who coerces another person to make a false report is guilty of a crime. A person who knowingly and intentionally falsely accuses another of maliciously making a false report of child abuse and neglect is also guilty of a crime.

A.R.S. §13-3620 changed the mandated reporter law to allow for the electronic submission of non-emergency reports regarding child abuse, neglect and abandonment. Non-emergency reports are those in which a child is not at immediate risk of abuse or neglect that could result in serious harm. Please look for further communications and instructions from DCS when full access to the Online Reporting Service is announced.

Child Safety Program Services

Child Safety Services is mandated under the new state law (ARS §8-451) that created DCS. The purpose is the protection of children alleged to be abused and neglected. Few of the children who are reported to DCS are removed from their homes. In most situations, the families and DCS work together to resolve the problems and safety issues. Most of the time services are put into place to stabilize the family in crisis and the child remains in the home.

The DCS publishes a semi-annual report for the periods ending March 31 and September 30 of each year about Child Welfare Services. The *Child Welfare Reporting Requirements Semi-Annual Report* provides extensive information about the number of reports of child abuse and neglect; investigations; children in out-of-home care; children leaving out-of-home care; foster home licensing, closures and visitation; adoption related services to children and parents. These reports are located on the DCS website at https://www.dcs.az.gov

Suspected child abuse or neglect may be reported to the police, to Department of Child Safety or both. If the report concerns a person who is not the parent, guardian or custodian of the minor, the report is made to the police. In cases where the report is concerning a parent, guardian or custodian and the allegations are criminal conduct allegations, such as sex abuse, a call is made to DCS and the police. DCS will coordinate its investigations with law enforcement.

Although DCS cooperates with the police, the focus of its assessment is different. DCS seeks to protect children and to maintain and stabilize families, not to arrest or prosecute parents.

The law requires Department of Child Safety to investigate reports of suspected child abuse or neglect by a parent, guardian or custodian. To do this, the law allows DCS to talk to alleged victims and their siblings without parental permission. Often this occurs at school because it is a neutral environment. A DCS Specialist will visit the family home to discuss the report and to talk about the family situation. The DCS Specialist will talk to all children, parents, guardians or custodians and other adults living in the home but may also speak to family members or others who may provide information. It is hoped that the family will cooperate with the DCS Specialist since that will allow the family to clarify issues of concern and allow for a more accurate investigation. After gathering information, a child and family assessment will be completed by the DCS Specialist to identify services that may assist the family.

Parents and other individuals have the right to refuse to be interviewed by the DCS representative, to provide information and refuse services offered. However, DCS may proceed with the investigation and file a dependency petition in the juvenile court when it is necessary to protect a child.

Few of the children who are reported to Department of Child Safety are removed from their homes. In most situations where verified family problems exist, the families and DCS work together cooperatively to resolve them. However, under certain circumstances, the law does allow a police officer or a DCS Specialist to temporarily remove a child for up to 72 hours (not including weekends and holidays) for protection while the investigation takes place.

A child may be removed for up to 12 hours for a medical or psychological evaluation. If the DCS investigation shows that the child must remain out of the home for a longer period to protect him/her from harm, DCS arranges for safe, temporary care.

Arizona state law gives Department of Child Safety (DCS) the authority to protect and to aid children who are at risk in their own homes. These same laws provide safeguards for the rights of children and their parents. Law enforcement officers and DCS specialists may remove a child from the parents if a child is suffering or will imminently suffer abuse or neglect, or for a medical or psychological examination to determine if the child has been abused or neglected. Parents whose children have been removed from the home are given a Temporary Custody Notice within six hours. If a dependency petition is filed, parents are notified of the date, time and location court will review the temporary custody of their children. Children and parents have the right to receive services to promote timely reunification as a family.

The decision to remove a child is not made by one person. The DCS Specialist discusses each case with a supervisor. When an emergency removal of a child has occurred or the removal of a child is being considered, a Team Decision Making (TDM) Meeting is held. The purpose of the meeting is to discuss the child's safety and where they will live.

If a child is removed from the parent, guardian or custodian's custody or if removal of a child is being considered the following outcomes at the TDM Meeting may occur**:**

- The child is returned or remains in the parent's custody;
- A dependency petition or In-Home Intervention is filed in the juvenile court; or
- A voluntary foster care agreement is made.

In certain situations, the parent, guardian or custodian and DCS may agree to place a child in voluntary foster care as an alternative to a dependency petition. This service, limited to a 90-day period, is entered into only when families are willing and able to resolve problems within the allowed time frames. Written consent of the parents as well as the child, if age 12 or older, is required.

After DCS completes an investigation, the parent, guardian or custodian involved will receive a letter stating whether or not the information found during the DCS investigation concludes there is reason to believe the allegations of abuse and/or neglect are true; this is referred to as either a “substantiated” or “unsubstantiated” finding. If the finding is substantiated, that means there is reason to believe the abuse/neglect did take place. An unsubstantiated finding means there was insufficient evidence to conclude the abuse or neglect took place. If the DCS Specialist is considering a substantiated finding, the parent, guardian or custodian involved will also receive a letter explaining how an appeal of the decision may be requested. This letter will also inform the parent, guardian or custodian how they can request a copy of the DCS report which contains the information reported to DCS alleging abuse and/or neglect.

If an appeal hearing is requested, the Department of Child Safety (DCS) Protective Services Review Team (PSRT) will review all information and determine if there is enough evidence to agree with the decision made by DCS. If the PSRT disagrees with the decision made by DCS, the parent, guardian or custodian will be notified of this in writing and the allegation will not be substantiated.

If the PSRT agrees with the DCS decision, a hearing will be scheduled for the person with the Office of Administrative Hearings. At this hearing, an Administrative Law Judge will hear all the evidence and make a decision about the allegation and the finding.

Family-Centered Practice

Family-centered practice is a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on the needs and welfare of children within the context of their families and communities. Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve optimal outcomes. Family is defined broadly to include birth, blended, kinship, and foster and adoptive families. Family-centered practice includes a range of strategies, including advocating for improved conditions for families, supporting them, stabilizing those in crisis, reunifying those who are separated, building new families, and connecting families to the resources that will sustain them in the future.

Family-centered practice is based upon these core values:

- The best place for children to grow up is in families.
- Providing services that engage, involve, strengthen, and support families is the most effective approach to ensuring children's safety, permanency, and well-being.

Family-centered practice is characterized by mutual trust, respect, honesty, and open communication between parents and service providers. Families are active decision-makers in selecting services for themselves and their children. Family and child assessment is strengths-based and solution-focused. Services are community-based and build upon informal supports and resources.

The Child Safety Specialist is responsible for applying protocols and using the Child Safety and Risk Assessment (CSRA) to assess the risk and safety of children who are part of a report alleging child maltreatment. The CSRA is used to document all relevant information obtained during the assessment. The CSRA also tells the story and documents how decisions were made about child safety and risk and what level of intervention is or is not required.

When a safety threat is identified and there is no in-home safety plan that can be put in place to keep child safe, this could result in the removal of the child from their home and the child may be placed in foster care sometimes called out-of-home placement. The Child Safety Specialist will work with the family rule out all other alternatives before removing the child.

Team Decision Making (TDM)

A TDM meeting is a strength-based decision making process involving DCS, the family, the child age 12 and older, family supports, community members, partnering agencies and may include tribal representatives. The purpose of a TDM meeting is to discuss risk factors and safety concerns, strengths in the family/child that reduce risk, protective capacities which reduce safety threats, and placement decisions for the child. . If the child is in care, the discussion will include how the child and family will be supported while the child is in foster care. TDM's will be held for initial removals (emergency and considered); potential placement disruption prevention; permanency planning change; youth reaching age of majority.

A TDM related to a potential placement disruption will include a decision regarding the cause of potential placement disruption and a plan to determine if services can preserve the placement; a decision regarding respite or short-term placement and a developed plan to transition the youth back to the original placement. If the placement cannot be preserved and a new placement type is identified; a transition plan will be developed in the TDM meeting.

A TDM related to a youth reaching the age of majority will include decisions and plan development regarding whether the youth should remain in foster care under a Voluntary Foster Care Agreement and supports for the youth to allow him or her to succeed under the Voluntary Foster Care Agreement and a plan for discharge when the youth exits foster care.

Introductory Meeting (Ice Breaker)

The meeting is an opportunity to begin building a bridge between a child's family and the resource family. It should occur as early as possible after placement; however a meeting may not always occur. It allows everyone time to discuss and establish what each person expects of one another in the early stages and to share information about the child. This sharing will reduce child trauma while in care and can begin the "shared parenting" process. An Introductory (Ice Breaker) meeting between caregivers should also occur at the time of transitions for the child from one placement to another or from foster care to permanency.

Permanency Planning

Determining a Permanency Goal

In selecting the permanency goal for the child, the department seeks to maintain and support the child's relationship to his or her biological parents, extended family members and other individuals with whom the child has an emotional attachment. The initial permanency goal for children in out-of-home care is usually family reunification. **The preference order of permanency goals is:**

- Remain with family;
- Family reunification;
- Adoption;
- Legal guardianship;
- Independent Living as Another Planned Permanent Living Arrangement; and
- Long Term Foster Care as Another Planned Permanent Living Arrangement

The Family Centered Case Plan

A case plan is required for every child and family receiving ongoing services from DCS, consistent with the requirements of federal and state law. The case plan is a document that identifies what behavioral changes are required from the parent and/or the child to address the safety threats and risk factors that caused the child to be removed from the home and/or prevent the child from living safely at home without DCS involvement. The case plan identifies the case goal for the child (permanency), services/supports to be provided to achieve the behavioral changes, persons responsible, and planned date of review. The case plan also must include what services/supports will be provided to assure the child's health, behavior, educational, and independent living needs. The case plan is written and developed with the family. If the parent is not able or willing to participate in the development of the case plan, it will be noted in the plan. The Child Safety Specialist must provide parents with a copy of the case plan. This proposed case plan must be a part of the report that is submitted to the court at the time of the Preliminary Protective Hearing.

A staffing is a meeting held with parents and others who are providing services to the family to develop or review the case plan. At the first staffing the permanent case plan is developed. Parents are encouraged and expected to be involved in this planning process. Staffings also provide an opportunity for all participants to discuss progress, exchange ideas and suggestions, and to work together cooperatively to resolve family problems. Regular staffings are scheduled at least every six months to discuss case progress.

The family centered case plan includes the following components:

- *Permanency Goal* for the child, and expected date of achievement. The permanency goals are reunification, adoption, legal guardianship and another planned living arrangement. A concurrent permanency plan will be initiated when children are unlikely to reunify with their parent within 12 months of the child's initial removal or within 6 months, if the child was under the age of three years old at removal;
- The *Family Intervention Plan* specifying the kinds of services and supports that will be offered to the family in order to achieve the case plan permanency goal. The services and supports are to be tailored to meet the specific needs of the family;
- *The Out-of- Home Care Plan* including the available information as follows:

1. the child's special needs;
2. the name and address of the child's school,
3. the child's educational status including child's grade level, academic performance, special education services if applicable, attendance and any other relevant education information;
4. how the placement type meets those needs;
5. services provided to the child;
6. services provided to the caregiver to help them meet the child's needs;
7. actions the Child Safety Specialist will take to ensure safety in the out-of-home setting;
8. when applicable, tasks and services to achieve a concurrent permanency goal or a permanency goal other than family reunification; and
9. for any child placed substantially distant from the parent's home or out-of-state, the reason the placement is in the best interest of the child.

- *The Health Care Plan*, specifying for each child, the most recent information available regarding the child's health status including:

10. name and address of the child's healthcare providers;
11. the child's immunizations;
12. the child's known medical problems;
13. the child's known medication;
14. any other relevant health information; and
15. actions to assure the child's health needs are met.

- *Contact and Visitation Plan*, specifies for every child in out-of-home care the plan for frequent and consistent visitation between the child and the child's parents, siblings, family members, other relatives, friends, and any former resource family, especially those with whom the child has developed a strong attachment; and
- *Specific documentation* of how the family and other team members actively participated in the development of the plan.

DCS encourages the participation of parents, children age 12 and ol der, out-of-home care providers and when appropriate, extended family members in the case planning process.

Family Reunification Services

These services are identified within the *Family Intervention* part of the family-centered case plan. Reunification services are provided to a parent who is a party to a dependency case and has successfully addressed safety/risk factors. This service will provide support and supervision to the family during a transition period of the child returning home.

Concurrent Permanency Planning

Concurrent permanency planning occurs for all children in care with a permanency goal of family reunification where the prognosis of achieving family reunification is unlikely to occur within 12 months of the child's initial removal. The case manager can use the Reunification Prognosis Assessment Guide to assist in assessing the prognosis for family reunification. If reunification prognosis is unlikely, concurrent planning activities will begin to identify alternate caregivers. Once a need for concurrent permanency plan has been identified, the Child Safety Specialist will simultaneously and actively pursue the Family Reunification plan and implement a planned set of concurrent planning activities. A final concurrent permanency goal is established within six months when active work with the family on both the reunification and concurrent activities occurred.

Adoption

It is a legal process that makes the child a member of the adoptive family as if the child had been born to the family. Adoptive parents are certified by the court in the county of their residence. When an adoptive family is selected for a child or children, the ability of the family to meet the child's safety, social, emotional, physical and mental health needs governs the selection. No single factor is the sole determining factor in the selection of a family.

Before selecting an adoptive family, the placement needs of a child of the child are assessed. They are:

- Characteristics of the child: age, gender, religion, primary language, physical, emotional, social and educational needs,
- Child's history: past placements, ties to current or past caregivers, experience with bonding and attachment,
- Child's relationships: relatives, siblings, foster parents or other significant adults,
- Parent's preferences regarding placement, except the parent's preference regarding race, color or national origin is not be considered); and
- Child's preference regarding placement.

The factors considered in selecting an adoptive home, in no order of preference, include, but are not limited to:

- The prospective adoptive family's ability to meet the child's needs and the ability to financially provide for the child.
- Placement with the child's siblings.
- An established relationship between the child and the prospective adoptive family including placement with a grandparent or another member of the child's extended family which includes a person or foster parent who has a significant relationship with the child.
- The marital status, length and stability of the marital relationship of the prospective adoptive parents.
- The wishes of the child.
- The wishes of the child's birth parents unless the rights of the parent have been terminated or the court has established a case plan of severance and adoption.
- The availability of relatives, the child's current or former foster parents or other significant persons to provide support to the prospective adoptive family and child.

If all relevant factors are equal and the choice is between a married man and woman certified to adopt and a single adult certified to adopt, placement preference shall be with a married man and woman. The department shall make reasonable efforts to place a child with the child's siblings. If that is not possible, to select a family who will maintain visitation or other ongoing contact between the child and the child's siblings, unless a court determines this would be contrary to the child's or a sibling's safety or well-being.

For the selection of adoptive parent(s), the order of preference for Non-Native American children is:

- grandparent;
- kinship care with another member of the child's extended family, including a person who has a significant relationship with the child;
- non-relatives with no prior relationship to the child.

A meeting to share non-identifying information is held with the perspective adoptive family prior to meeting the child. All non-identifying information including health and genetic history on the child and non-identifying information on the birth parents and members of the birth family is presented in writing to the prospective adoptive parent(s). The information shared will also include: the child's history, his or her physical, emotional, social and educational needs, and the birth parents' wishes regarding sharing of identifying information. The department will assist the prospective adoptive family in consulting with other professionals who have worked with the child and identifying community resources to provide support for the child and family.

Guardianship

Legal permanent guardianship is one way to give a child permanency. It may be the permanency plan when 1) guardianship is in the child's best interest, family reunification is not possible and the potential for adoption is not optimistic at the time, or 2) termination of parental rights is not in the child's best interest. Guardianship prevents long term foster care and provides permanency for the child. Guardianship by relatives usually has priority over non-relatives. The Juvenile Court grants this form of guardianship. The guardian has the power and responsibilities of a parent to:

- Authorize medical or other professional care, treatment or advice.
- Enroll the child in school.
- Determine where the child will reside.
- Consent to social or recreational activities

The permanent guardianship may be rescinded if there is a significant change of circumstances including the child's parent is able and willing to properly care for the child; or the child's guardian is not able to properly care for the child.

Difference between Adoption and Guardianship

In an adoption, the adoptive parents are the legal parents. The birth parents' rights have been permanently legally terminated. The adoptive parent makes all decisions concerning the child. The adoptive parent has the final say about contact and visitation with the birth family. In a permanent guardianship, birth parents' rights are suspended – ending their right to make day-to-day decisions for a child. Permanent guardians have the right to: physical custody of the child;

make every day decisions; make decisions about health issues, both major and minor; decisions where the child will live; and decisions about school. The guardian has the final say about contact and visitation (unless the court has entered orders about contact).

Foster Parent Adoptions

Licensed foster parents may be considered as the adoptive family for a legally free child in their home. The following are some of the considerations the department makes in selecting the adoptive family:

- Will the family offer the child a positive connection to his/her heritage and to extended family members?
- What kind of relationship does the family have with the child's biological parent(s) and how will this relationship impact the placement?
- To what extent can this family meet the child's physical, social and emotional needs?
- Is there any background information which would adversely affect the person's ability to provide a safe, nurturing environment for the child?
- How long has the child had a relationship with the family?
- What is the attachment between the child and family?
- To what extent might removing the child from this family cause emotional harm?
- Does the family have the capacity to claim the child and view the relationship as permanent?
- If applicable, to what extent will the family cooperate with future sibling and/or relative contact?
- If applicable, is the family going to continue with foster parenting after the adoption is final, and what is the potential impact for the adopted child?

Independent Living Services Program

This DCS sponsored program offers an array of services that prepare young adults for attaining independence and self-sufficiency in the community. All youth in out of home care who are age 16 and older will have an Independent Living plan. The program assists youth turning 18 by providing services including:

- Participation in the Arizona Young Adult Program specialized DCS case management (where available);
- Independent living skills training;
- Education and Training Voucher (ETV) and other funding for post-secondary educational/vocational pursuits (which is available under certain conditions until the age of 23);
- Independent Living Subsidy;
- Voluntary continued out-of-home care for young adults 18 through 20;
- Re-entry into DCS supervised services after exiting care at age 18 or older, and
- Other activities such as local youth advisory boards, youth conferences, etc.

All young adults who are in the custody of the department, in an approved out-of- home placement (i.e., ILSP, group care, foster home, relative placement, unlicensed relative or non-relative placement) when they turn 18 are eligible to remain in continued out-of-home care under the supervision of the department during the period of the Voluntary Agreement. This

includes youth who are dually adjudicated (dependent and delinquent) and released from a secure setting prior to or on their 18th birthday.

Youth transitioning to adulthood receive a credit report and assistance in interpreting the results as well as resolving any inaccuracies found in the report.

Please talk with the Child Safety Specialist for more information as to options and programs available to youth turning 18 years of age and becoming adults or see https://www.dcs.az.gov

Department of Child Safety (DCS) Policy and Procedures Manual

More details about the program can be found in the DCS Policy and Procedure Manual on the internet at: https://www.dcs.az.gov

For more information about DCS programs and services go to: https://www.dcs.az.gov.

Placements

Children In Out-Of-Home Care

Arizona's children needing temporary and permanent families are teenagers, toddlers, infants, children with special behavioral and medical needs and sibling groups. They represent all racial and ethnic groups.

The Child Welfare Reporting Requirements Semi-Annual Report provides extensive information about the children in care including the number of children:

- By age and ethnicity;
- By case plan goal and placement type;
- By length of time in care;
- By legal status;
- Leaving out-of-home care by reason;
- With case plan goal of adoption; and
- With a finalized adoption.

These reports can be located on the website at https://www.dcs.az.gov main menu find the *Child Welfare Report* link.

How Children Come Into Care/Family Reunification

Children are placed in out-of-home care after an investigation determines that no services or interventions can adequately ensure the child's safety in the family home. Initially the primary case plan will be Family Reunification and all necessary services and supports will be offered to the parents so reunification can be successfully accomplished.

DCS works cooperatively with the child's parents to make every effort to minimize the length of time that a child resides in out of home care, including:

- Involving extended family and community support networks to facilitate the child's safe return home; and
- Actively pursuing a concurrent permanency plan for the child, if warranted.

Selection of an Out-of-Home Care Provider

DCS seeks to place every child who requires out-of-home care in a placement that addresses his or her unique needs. No single factor shall be the sole determining factor in the selection of a placement. Within the constraints of available resources and when consistent with the needs of the child, DCS seeks to place a child:

- With minor siblings who are also in care, unless there is documented evidence that placement together is detrimental to one of the children.
- In close proximity to the parents' home; preferably within the child's own school district;
- In a setting that can promote stability for the child by minimizing placement moves.
- In the least restrictive placement that will meet his/her needs;
- With caregivers who can communicate in the child's language

The order of placement preference, unless otherwise dictated by the child's need is:

- a parent, a grandparent, adult siblings and members of the child's extended family; or with persons who have a significant relationship with the child;
- licensed foster home;
- therapeutic foster care;
- group home;
- therapeutic group home;
- residential treatment facility.

No placement will be denied or delayed on the basis of race, color or national origin of the resource parent or child. [Note: This is a federal requirement from the Multi-Ethnic Placement Act/Interethnic Placement Act (MEPA/IEPA)].

For Native American children, the order for placement preference is according to the requirements of the Indian Child Welfare Act (ICWA) as follows:

- a member of the child's extended family;
- a foster home licensed, approved or specified by the child's tribe;
- an Indian foster home licensed or approved by an authorized non-Indian licensing authority;
- an institution approved by the Indian tribe, or operated by an Indian organization which has a program suitable to meet the Indian child's needs. (25 U.S.C.§1901 et seq.)

Kinship Foster Care

Kinship foster care is placement of a child by DCS with relatives or persons who have a significant relationship with the child. A kinship foster caregiver must be at least 18 years of age. The caregiver and each adult in the home must have a criminal and DCS child abuse history clearance check. The caregiver's family is evaluated and approved by DCS as able to meet the health and safety needs of the child.

DCS shares with the kinship foster caregiver all known information about the child to enable the caregiver to meet the needs of the child and to assist the caregiver in carrying out the case plan.

DCS encourages and supports kinship foster caregivers to become licensed resource parents. DCS provides information to all kinship foster caregivers about the following financial benefits:

- Foster care reimbursement only if they become licensed as family foster parents;
- Monthly personal and clothing allowance for the child, and
- Special payments that may be available for the child.

The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) requires DCS to strive to identify and notify all adult relatives within 30 days of the child's removal. The notice gives the relatives the option to become the caregiver of the child.

Initially most kinship caregivers will be unlicensed. If they choose to become licensed foster parent, they will work with a licensing agency to complete the licensing process. While kinship foster caregivers are in the licensing process, DCS assists the kinship foster caregiver to apply for Temporary Assistance to Needy Families (TANF) for the children placed in their care through the DES, Family Assistance Administration (FAA). Once the kinship provider is licensed as a foster parent, the kinship foster caregiver is no longer eligible for TANF for the children placed in their care by DCS.

Kinship foster caregivers may also receive non-financial services including child care, parent aide, respite care, case management, family assessment, transportation, housing search and relocation, supportive intervention and guidance counseling, emergency services, and additional services that DCS determines are necessary to meet the needs of the child and family.

Medically Complex/Fragile Placements

This is a category of care specifically for children meeting specific criteria. Please discuss this with your Child Safety Specialist and licensing worker if you believe the child in care is eligible. A medically complex child is a child with special health care needs as determined by the Department and includes children who have or are at risk for chronic physical, developmental or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally. A child must have special needs in at least one (1) of the following categories to be assessed as Medically Complex: Substance Exposed/Premature Infant, Serious Medical Condition, or Substantial Developmental Delays.

Additional training is required to provide this service.

Interstate Compact on the Placement of Children (ICPC)

The Interstate Compact on the Placement of Children (ICPC) is a uniform law intended to standardize procedures to ensure suitable placement and supervision for children placed across state lines. It defines the responsibilities of the sending and the receiving state. The sending state is where the child currently lives. The receiving state is where the child may be placed. ICPC regulations apply when:

- A child in DCS custody is to be placed in another state with a parent or relative, or in a foster home, group care or residential facility;
- A child in foster care is to move to another state with his or her foster parents;
- A child is to be placed on a pre-adoptive basis in a home in another state; or
- A child in a pre-adoptive home is to move to another state with his or her prospective adoptive parents.

Placement of a child may not be made until the sending state's Compact Administrator has received written approval from receiving state. Questions for Consideration Before or At the Time of Placement

Prepare your own list of questions to ask. Each family has different information needs. What is the absolute minimum information you need to decide since the caller is likely to have very limited information? Here are some suggested questions:

- What is the age and gender of the child?
- Why is the child being placed?
- Has the child been in foster care before?
- What needs does this child have; such as, medical, dental, educational and/or behavioral?
- What are the requirements for care of these needs; i.e. transportation, foods, medications, appointments, therapy, meetings and/or conferences?
- Is a pre-placement visit possible before making a final decision?
- Will an Ice Breaker/Introductory meeting be held?
- How long does DCS expect the child to be in care?
- What is the visitation plan for a child with siblings who are placed separately?
- What is the child's understanding of why he/she has been separated from his/her parents?
- What food, toys, possessions, stories and/or pictures help comfort the child?
- What is the case plan goal?
- What are my tasks in the case plan?
- What is the expected reimbursement rate?

Ask how and when you might get the answers. Keep asking until you receive the information, if the question continues to be important.

Placement Packet

For each child, resource parents should receive from the Child Safety Specialist, at the time of placement or within five days. A Placement Packet should include:

- *Notice to Provider (Out-of Home Care, Educational & Medical)(FC-069)* gives the information about the child and the child's family, care instructions, DCS and team contact information, visitation information and who is not allowed contact with the child. It also lists prior school and medical provider information and it:
  - ✓ Establishes the resource parents' right to obtain medical care for the child and to receive health care records and information about the child's health care condition and treatment. For a child eligible for CMDP health coverage, it confirms DCS is the responsible party for payment for medical services. If a child is ALTCS eligible, it includes enrollment verification information. It is used at medical appointments until you get the health identification card.
  - ✓ Informs the school that the child is in the care, custody and control of DCS and confirms the resource parent is the authorized caregiver for the child.
  - ✓ Reaffirms the resource parent's responsibility to maintain confidentiality of records and the child's whereabouts.
  - ✓ Confirms that the placement is temporary and that care and supervision of the child will be consistent with the Department of Child Safety Discipline Guidelines.

- *Child Placement Summary Agreement (CSO 1046A)* gives name, and contact information for the Child Safety Specialist, Child Safety Unit Supervisor, and providers working with the child. Other information is: visitation arrangements and who can and not visit the child; parental and sibling information; medications and allergies; currently scheduled appointments; responsible party for transportation; next case plan staffing date; next Foster Care Review Board and Dependency Court Hearing date and if applicable, the next delinquency hearing, location and time. The Agreement has resource parents confirm that they have been advised of the child's legal status, payment rate, and current case plan goal; acknowledgement that the placement is temporary; and agree to abide by the conditions of the Foster Home Agreement. By signing the Agreement resource parent acknowledge that he or she has read, understood and agreed to the placement terms.

It should also include:

- A *Placement Packet Checklist (Information for Out-of-Home Providers)* is a listing the forms and documents that are the responsibility of Child Safety Specialist to provide as they become available and update. The checklist includes the Medical Summary Report from CHILDS, case plan, immunization records, copy of birth certificate, future hearing date notices, FCRB report, Notice of Rights for Children and Youth in Foster Care (FSC-1037A) and, if applicable, Child Information Guide (FC-130). [See more information about these items below.] It also lists that forms below that are the responsibility resource parents to complete.
- *Child's Health and Medical Record* (FC-014) blank: Used to keep a record of all medical and dental appointments, information resulting from the appointment and the provider's name.
- *Allowance/Purchase Ledger* (FC-126) blank: Used to document, with receipts, all purchases made for the child in care while in their care and all amounts received by the caregiver for purchases. The child signs to acknowledge receipt the personal allowance.
- *Child's Contact Record* (FC-127): Used to document by date visits, phone calls, letters, cards or gifts. It includes space for comments.
- *Child Information Guide* (FC-130) blank: Is completed by the caregiver upon the child's leaving their care. It documents information about daily care, behaviors, effective discipline techniques, school and interests. It has sections for younger and older children.
- *Child's Basic Wardrobe Checklist and Property Inventory* (FC-010) blank: Used to document the clothing and property at the placement and what is needed. It also documents the purchases. It can also be used to document the child's clothing and property when the child leaves a foster home.

Significant Incident, (FC-122) blank: Used to document an incident defined as: unexplained marks or bruises, an accident involving injury or trauma, runaway/missing, unauthorized visit, behavior not witnessed before, significant information not previously known, death, police contact, damage or theft of property, and other unusual events as stated in the Foster Parent Licensing Requirements R6-5-5834. Send or e-mail a copy to the Child Safety Specialist, your licensing agency, and the licensing authority (OLR). Keep the one copy is for your records.

DCS should provide the following reports, forms and items at the time of placement, if available, or within five working days of placement. These reports and forms will take time to develop and acquire when a child initially enters out-of-home care. They are:

- Medical Summary Report. A foster or kinship parent should sign acknowledging the recommended reimbursement level;
- A copy of the case plan
- Copy of the child's immunization record;
- Copy of the child's birth certificate;
- Medical ID care (CMDP)
- Copy of any minute entry setting a future dependency or delinquency hearing involving the child;
- Copy of the most recent Foster Care Review Board report, if the initial review has been held.
- Notice of Rights for Children and Youth in Foster Care (FSC-1037A)
- Child Information Guide (FC-130) completed by a prior caregiver, if applicable.
- DCS should share with the provider at the time of placement, if available, or within five working days of receipt, all information which will assist in providing care for the child, including:
- Special needs and health/dental conditions;
- Behavioral and mental health concerns and any diagnosed conditions;
- Visitation plans;
- Planned appointments and other agency involvement;
- Previous placement information;
- Cultural practices and religious involvement;
- Sexual orientation;
- Food and activity preferences;
- Educational history and needs; and
- History of abuse or neglect that may affect the child's behavior or needs.

Normal Expectations in the First Month of Placement

The Resource Parent is to:

- Enroll the child in school within 5 days
- Select a primary care practitioner (PCP) and dentist for the child and give the information to CMDP
- Have the child seen by the PCP within 30 days
- Have the child seen by a dentist within 30 days
- Practice the emergency evacuation plan within 72 hours of placement
- Create your contact list as soon as possible
- Find out from the Child Safety Specialist the date, time and location of the following: family/sibling visitation; medical/dental appointments previously scheduled; any behavioral health medication reviews and counseling appointments, Court and Foster Care Review Board Hearings; case plan staffing; and Child and Family Team Meeting (CFT).

Child Safety Specialist is required to:

- Provide you with the *Notice To Provider, Medical and Educational* (FC-069) information at the time of placement
- Call you within 24 hours of placement
- Visit you within 10 days of placement
- Give the child the Notice of Rights of Children and Youth in Foster Care

Your Agency Licensing Worker is required to visit you within 7 days of placement.

The Regional Behavioral Health Authority (RBHA) should conduct a behavioral health assessment within 7 days, if this is the first out-of-home placement for the child.

Answers for Newly Placed Children

Removal from their family is very traumatic for a child. A well planned transitional move from one foster home to another foster home or other placement is equally traumatic. The child experiences a sense of loss, fear and confusion. Awareness of these emotions and providing a safe way for the child to talk about these emotions can minimize the trauma. Here are some tips for providing simple information and starting a conversation to make a child feel comfortable the first day/night of placement.

- Have a conversation as to what the child would like to call you?
- Help the child feel safe by telling him/her about your family and the neighborhood.
- Explain and show the child where he/she will sleep and, if applicable, who shares the room.
- Give the child a tour of the home and consider putting signs on the doors of rooms such as the child's bedroom, bathroom, laundry etc. until the child is comfortable with where everything is located.
- Inform the child about the rules about bedtime.
- Tell the child if he/she is hungry what is OK to eat? Can the child go into the refrigerator?
- Explain where the bathroom is and that a light will be left on so the child will be able to find it easily. Inform the child what towels and washcloths to use.
- Ask if the child would like help putting his/her things away and where to put their belongings.
- Ask about favorite foods, toys, clothing and music.
- Confirm the child has the telephone number of the Child Safety Specialist and reassure the child that he/she can call at any time.

Ask the Child Safety Specialist:

- When or if the child can call parents and siblings.
- When the first family visit will occur. [Note: Research tells us that children who visit with their parents regularly are much less traumatized than children who go for long periods without seeing their family.]

Child Safety Specialist's Visits with the Child

The Child Safety Specialist's ongoing supervision of children in care is to ensure the safety, permanency and well-being of the child and to promote the achievement of the permanency

goal. The assigned Child Safety Specialist has a face-to-face visit with the child and the resource parent at least once a month. The visit is usually in the foster home. *If the child is older than an infant, the Child Safety Specialist must spend part of every visit alone with the child*. Any of these visits can be unannounced.

Child Safety Investigators, Child Safety Specialists, Supervisors or an authorized representative must have access to the child even when arriving unannounced. Child Safety staff must identify themselves, show photo identification and state the reason they are there. Remember, they are there to ensure the health, safety and well-being of the child while respecting your rights as a caregiver. The vast majority of DCS visits will be prearranged at a convenient time for you and the child.

Whenever possible, the Child Safety Specialist will talk with the child alone and in a safe and neutral setting. It is not unusual for the Child Safety Specialist to take the child out of the home for some one-on-one time or social interaction.

Children in care receive a copy of the "*Notice of Rights for Children and Youth in Foster Care*" (FSC-1037A). It lists their rights and gives contact information. The notice states:

A. A child in foster care has the following rights:

1. To appropriate care and treatment in the least restrictive setting available that can meet the child's needs according to the best judgment of the foster parent.
2. To live in a safe, healthy and comfortable placement where the child can receive reasonable protection from harm and appropriate privacy for personal needs and where the child is treated with respect.
3. To know why the child is in foster care and what will happen to the child and to the child's family, including siblings, and case plans.
4. Whenever possible, to be placed with a foster family that can accommodate the child's communication needs.
5. To be disciplined in a manner that is appropriate to the child's level of maturity.
6. To attend community, school and religious services and activities of the child's choice to the extent that it is appropriate for the child, as planned and discussed with the child's placement worker and caseworker and based on caregiver ability if transportation is available through a responsible party.
7. To go to school and receive an education that fits the child's age and individual needs.
8. To training in personal care, hygiene and grooming.
9. To clothing that fits comfortably and is adequate to protect the child against natural elements such as rain, snow, wind, cold and sun.
10. To have personal possessions at home, that are not offensive to the foster family and to acquire additional possessions within reasonable limits, as planned and discussed with the child's foster parent, placement worker and caseworker, and based on caregiver ability.
11. To personal space, in the foster home preferably, in the child's bedroom for storing clothing and belongings.
12. To healthy foods in healthy portions that are appropriate for the child's age.
13. To comply with any approved visitation plan, and to have any restrictions explained to the child in a manner and level of details deemed age appropriate by the foster parent in agreement with the caseworker and documented in the child's record.

14. If the child is six years of age or older, to receive contact information for the child's caseworker, attorney or advocate and to speak with them in private if necessary.
15. To participate in age appropriate child's service planning and permanency planning meetings and to be given a copy or summary of each service plan and service plan review. The child may request someone to participate on the child's behalf or to support the child in this participation.
16. To attend the child's court hearing and speak to the judge.
17. To have the child's records and personal information kept private and discussed only when it is about the child's care except the foster parent shall have full access to the records to determine if the child will be successful in the home. During the foster placement, if the foster parent requests to view the record upon experiencing problems with the child's adjustment, the full record shall be made available for viewing by the foster parent.
18. To be free of unnecessary or excessive medication.
19. To receive emotional, mental health or chemical dependency treatment separately from adults who are receiving services, as planned and discussed with the child's placement worker and caseworker, as is financially reasonable for the foster parent.
20. To report a violation of personal rights specified in this section without fear of punishment, interference, coercion or retaliation, except that an appropriate level of punishment may be applied if the child is proven to have maliciously or wrongfully accused the foster parent.
21. To be informed in writing of the name, address, telephone number and purpose of the Arizona protection and advocacy system for disability assistance.
22. To understand and have a copy of the rights listed in this section.

B. A child in foster care who is at least sixteen years of age has the following rights:

1. To attend preparation for adult living classes and activities as appropriate to the child's case plan, as is financially reasonable for the foster parent.
2. To a transition plan that includes career planning and assistance with enrolling in an educational or vocational job training program.
3. To be informed of educational opportunities before the child leaves foster care.
4. To assistance in obtaining an independent residency when the child is too old to remain in foster care from the child's caseworker, attorney or advocate.
5. To request a court hearing for a court to determine if the child has the capacity to consent to medical care that is directly related to an illness, disease, deformity or other physical malady.
6. To receive help with obtaining a driver license, social security number, birth certificate or state identification card, except that the foster parent shall have discretion to determine if the child is responsible and mature enough to become a licensed driver.
7. To receive necessary personal information within thirty days after leaving foster care, including the child's birth certificate, immunization records and information contained in the child's education portfolio and health passport.

C. This section does not establish any legally enforceable right or cause of action on behalf of any person.

Foster Home Transition Conference

Parents and all interested parties shall be notified if a change in placement is considered. If the licensed resource parent disagrees with the plan to move the child from the home, the Child

Safety Specialist is to inform the resource parent that he/she has 24 hours to request a Foster Home Transition Conference to review the reasons for the change of placement. A Foster Home Transition Conference is not an option when the change of placement is to:

- Protect the child from harm or risk of harm;
- Place the child in a permanent placement;
- Reunite the child with siblings;
- Place the child in a least restrictive setting or in a therapeutic setting; or
- Place the child in accordance with Indian Child Welfare Act (ICWA).

The change of placement will be made only after completion of the Foster Home Transition process unless removal is necessary to protect the child from harm or risk of harm.

The Child Safety Specialist, the Child Safety Specialist's supervisor, the licensed resource parent, and two members of the Foster Care Review Board, at minimum, shall participate in the Foster Home Transition Conference. A child age 12 older may participate, if appropriate. DCS must hold the Foster Home Transition Conference within 72 hours after the licensed resource parent notifies DCS of his/her disagreement with the change of placement. Weekends and holidays are excluded from the 72 hours.

The child will remain in the resource home if the majority of the Foster Home Transition Conference participants disagree with the plan to move the child. If the majority of the Foster Home Transition Conference participants agree with the plan to move the child and the resource parent continues to disagree, DCS shall advise the resource parent of the Conflict Resolution Conference process. The child will remain in the resource home pending a final decision and DCS will expedite the process to make the final decision.

Overcapacity of a Licensed Foster Home

A.R.S. §8-514 (A) permits DCS to place a child in excess of the number of children allowed and identified in the foster parent's license, if the department reasonably believes the foster home has the ability to safely handle additional children and if there are no outstanding concerns, deficiencies, reports, or investigations regarding the foster home and if the child meets one of the following criteria:

- The child is part of a sibling group that currently resides in the foster home;
- The child is part of a sibling group that is being considered for placement in the foster home but because of the maximum child limit, would otherwise have to be separated;
- The child previously resided in the foster home; or
- The child is a kinship placement for the foster home.

The child cannot be placed without the approval of DCS staff and an amendment to the foster home license. The overcapacity policy is not authorized for use after-hours, weekends or holidays. This law applies only to foster homes licensed under Article 58 by OLR.

Resource Parenting

Foster Parent Rights

Foster parents in this state have the following rights:

1. To be treated with consideration and respect for the foster parent's personal dignity and privacy.
2. To be included as a valued member of the team that provides services to the foster child.
3. To receive support services that assist the foster parent to care for the child in the foster home, including open and timely responses from agency personnel.
4. To be informed of all information regarding the child that will impact the foster home or family life during the care of the foster child.
5. To contribute to the permanency plan for the child in the foster home.
6. To have placement information kept confidential when it is necessary to protect the foster parent and the members of the foster parent's household.
7. To be assisted in dealing with family loss and separation when a child leaves the foster home.
8. To be informed of all agency policies and procedures that relate to the foster parent's role as a foster parent.
9. To receive training that will enhance the foster parent's skills and ability to cope as a foster parent.
10. To be able to receive services and reach personnel on a twenty-four hour, seven days per week basis.
11. To be granted a reasonable plan for respite from the role of foster parent.
12. To confidentiality regarding issues that arise in the foster home.
13. To not be discriminated against on the basis of religion, race, color, creed, sex, national origin, age or physical handicap.
14. To receive an evaluation on the foster parent's performance.

This legal statement of rights does not establish any legally enforceable right or cause of action on behalf of any person.

Confidentiality

Family Foster Parent Licensing Requirements, R6-5-5837, requires that resource parents treat all information concerning a child in care and his/her family as confidential. Resource parents must protect and not discuss or release confidential information and records without authorization from the Child Safety Specialist or other authorized DCS representative. This information remains confidential even when the child is no longer in your home.

The appropriate release of personally identifying information is a case-by-case decision on a "need to know" basis. For example, a Little League coach needs to know the child's name to sign him/her up for a team and in order for the child to participate. The coach does not "need to know" why the child is in foster care.

The child's immunization record, his/her birth certificate, the current Individual Educational Plan (IEP), if appropriate, and any other relevant educational information may be provided to enroll a

child in school. The Notice to Provider (Educational) form identifies the child as a court ward in the care of the resource parent. If the school requests additional documentation, resource parents are to contact the Child Safety Specialist for authorization prior to releasing any additional information.

Resource parents may release any pertinent information about the child to medical and dental care professionals without prior approval. Please see the Health Care - General Health subsection for HIPPA requirements especially for e-mail communications**. When sending an e-mail to a Child Safety Specialist, please use the child's initials (first and last name) only.**

Information may also be disclosed to the Foster Care Review Board, the Court Appointed Special Advocate, the child's Guardian ad Litem (GAL) and the child's attorney without prior authorization.

No information is to be given to the attorneys for the mother, father and other interested parties without prior authorization from the Child Safety Specialist.

A determination of whom and what confidential information may need to be known is an ongoing process. Keeping information about a child confidential is not intended to unnecessarily limit the child's normal activities such as school pictures, field trips, staying overnight with a friend or participating in sports, clubs and organizations. The intent is to protect the privacy of the child and his/her family and to ensure the safety and well-being of the child. If a resource parent thinks the child is inappropriately sharing information about him/herself or his/her family, discuss this with the child and the Child Safety Specialist.

Finally, when in doubt, do not share the information and consult with the Child Safety Specialist. Please refer to the *Confidentiality Guidelines for Foster Parents* handbook for more detailed information.

Discipline

The goal of discipline is to teach the child self-control, self-reliance, self-esteem and orderly conduct through approved and prescribed interventions. Use of unacceptable methods of discipline upon children in state custody will not be tolerated under any circumstances. Resource parent will not punish or maltreat a child and will not allow any other person to do so. Family Foster Parent Licensing Requirements, R6-5-5833, specifies that punishment or maltreatment of a child or youth in care includes but is not limited to the following actions:

- any type or threat of physical hitting or striking inflicted in any manner upon the body;
- verbal abuse, including arbitrary threats of removal from the resource home;
- disparaging remarks about a child or their family members or significant persons;
- deprivation of meals, clothing, bedding, shelter or sleep;
- denial of visitation or communication with a child's family member or significant persons when such a denial is inconsistent with the child's case plan;
- cruel, severe, depraved or humiliating actions;
- locking a child in a room or confined area inside or outside of the resource home;
- requiring a child to remain silent or be isolated for time periods that are not developmentally appropriate;

- the use of mechanical restraints;
- the use of physical restraints unless specified in the child's case plan and the resource parent has been trained in the proper use of such restraints.

Please refer to foster home licensing rules, the DCS Discipline Guidelines and the Discipline Policy Resource Guide.

Members of the Child Welfare Service Team

The Service Team includes individuals directly involved in the provision of services to a child and/or the child's parent(s).

The service team may include the Child Safety Specialist, out-of-home care provider, licensing worker, Court Appointed Special Advocates (CASA), Regional Behavioral Health Authority (RBHA) case manager, persons providing services (i.e., physicians, psychologists, therapists, and parent aides). The team may also include school personnel, law enforcement and probation personnel, and attorneys

Remember you are an important and professional member of the child welfare team. Roles and responsibilities of other members are:

- *Child Safety Specialist/Case Manag*er: The Child Safety Specialist is the team coordinator. The Child Safety Specialist works with the child's family, with the resource family, reports to the court and the Foster Care Review Board (FCRB), and other advocates, provides regular progress reports, and authorizes services.
- *Guardian Ad Litem (GAL):* The guardian ad litem may be an attorney, a volunteer special advocate or other qualified person. The GAL represents the child's best interests, which is not necessarily the same as the child's wishes. This usually occurs when the child is of an age to assert his/her own opinion but the child's wishes are not in his/her best interest (e.g. return home when child's safety cannot be assured).
- *Court Appointed Special Advocate (CASA):* A volunteer who provides advocacy for children involved in the Juvenile Court process. They are appointed by a judge for the life of the case. CASAs have access to all documents and information about the child and the birth family history. CASAs provide information to the court to assist in making decisions concerning what is in the child's best interest.
- *Mental Health Professionals:* Those persons who provide Behavioral Health services or supports including psychologists, psychiatrists, therapists, etc. In general, these professionals will be employees of or contracted by the Regional Behavioral Health Authority (RBHA). The RBHA Case Manager is the coordinator for behavioral health services.
- *Licensing Specialist:* An employee of a contracted foster care agency. Each foster family has an assigned licensing specialist. He/she provides support, assistance and advocacy for the foster family.
- *Parent Aides:* A paraprofessional who provides support services which may include teaching and modeling of parenting and home management skills, teaching the use of informal and formal community resources, scheduling and supervising parent/child visitation, and transportation tasks. A parent aide may be department employees, volunteers, or employees of a parent aide services contract provider.

- *Attorneys:* For DCS this is an Assistant Attorney General (AG); for children parents they are private counsel and attorneys.[See more about the role of attorneys in the Legal Process section.
- *Others:* Such as medical providers, school and tribal personnel, and probation or parole officers, etc.

Communication and Documentation with Members of the "The System"

Effective and timely communication is essential to the coordination of information, services and supports. Discuss with each person their preferred method of communication such as email, telephone calls, in-person talks and/or written documentation.

Whenever possible, use e-mail to document your correspondence. E-mail is a wonderful tool to communicate with and provide information to a Child Safety Specialist. E-mail allows you to communicate on your time schedule and maintains a complete record of all information and messages.

Please remember when sending information about the child or the child's family via email to refer to them by their first and last initials only. (See the Heath Care - General Health subsection for more HIPAA information)

Contact List

With the help of your Child Safety Specialist and your licensing worker, create a contact list for future use. You will need it! Consider including the following:

- Child Safety Specialist of each child
- DCS Unit Supervisor of each Child Safety Specialist
- Child Abuse Hotline number
- Licensing Agency
- Your Licensing worker
- After Hours contact information for the Licensing Agency
- Regional Behavioral Health Authority
- RBHA contracted behavioral health providing agency
- After Hours behavioral health crisis line
- School teacher
- School principal
- Parent contact
- Comprehensive Medical and Dental Program (CMDP)
- Child's Primary Care Physician of each child
- Child's Dentist of each child
- Any specialty health care providers of each child
- Guardian Ad Litem(GAL) of each child
- Child's Attorney of each child, and
- Court Appointed Special Advocate (CASA) of each child, if applicable.

Advice or Assistance

When you need advice or assistance, who do you turn to? Remember there are no dumb questions and every situation is different. Seek assistance from your licensing agency, the Child Safety Specialist, the biological family; an agency sponsored Mentor Family, medical professionals, resource information documents, the DCS Policy and Procedure Manual, and the Regional Behavioral Health Authority.

Another option is the "DCS Warm Line" which seeks to provide resource parents with information, timely communication, and support from DCS. The Warm Line is not intended to take the place or substitute for regular communication between the Child Safety Specialist and the resource parent. Call 1-877-KIDSNEEDU (1-877-543-7633) and select Option 3. A Warm Line designee will be available during the hours of 8:15 am to 4:30 pm Monday through Friday. In addition, the caller will have the option to leave a message 24/7.

Complaint Management

Disagreements among resource parents and DCS personnel, such as the Child Safety Specialist, should be discussed and resolved in a cooperative and professional manner. Resource parents and children, age 12 and older, have the right to express dissatisfaction with services and/or treatment received. Resource parents and children are encouraged to work through the DCS chain of command. First discuss the issue with the assigned Child Safety Specialist. If the issue is not resolved then speak with the DCS Unit Supervisor. Please allow each person time to discuss the issue with you, to research the complaint, and finally present a resolution. Licensing issues are not addressed under this process.

The formal complaint management process includes discussions that involve the individual, Child Safety Specialist and DCS Unit Supervisor. If the issues cannot be resolved at this level, the Child Safety Specialist shall inform the individual that he or she may file a grievance and provide them with the ACY-1095A, Client Grievance Level I.

For resource parents the Crisis Response Unit at DCS's Central Office determines who within the Division should respond to the complaint based upon who is making the complaint and the nature of the complaint. The formal grievance process has three levels. The process is detailed in the on-line DCS Policy and Procedure Manual, Chapter 7. Section 18, Quality Assurance.

Also use the "DCS Warm Line" to seek information, timely communication, and support. See the section above on Advice and Assistance.

Significant Incident Notification

Resource families are required to notify DCS **within two hours** after a child suffers any of the following events: death; serious illness or injury requiring hospitalization, urgent care or emergency room treatment; any non-accidental injury or sign of maltreatment; unexplained absence; severe psychiatric episode; fire or other emergency requiring evacuation of the resource home.

Resource parents are to notify DCS **within 48 hours** of an occurrence or event likely to affect the well-being of the child in the resource parent's care such as: a child's involvement with law enforcement; serious illness or death involving a member of the resource family's household or

significant person; change in the resource family or household composition and absence of one resource parent from a two parent household for more than seven continuous days.

The initial notification can be by telephone, email or in person. Within 24 hours of giving the initial required notice as specified above, a resource parent is to send DCS and their licensing agency a written report on the event. The Significant Incident form (FC-122) is to be used. A Significant Incident form is part of the Placement Packet and should be available from your licensing agency. (See Article 58, Family Foster Parent Licensing Requirements, R-6-5-5834)

Document, Document, Document!

Write and keep records and dates, regarding your children's health status, emotional issues, social interactions, school issues, birth family visits and appointments. Describe issues in behavioral and factual detail. If there has been a significant event, complete a Significant Incident form and provide a copy to your agency worker and the child's Child Safety Specialist.

Remember to also retain copies of all clothing receipts and clothing inventories, individually, for each child and retain them for at least a year, after the child has left your care.

Emergency Contact Information

Life Threatening Medical Emergency	Dial 911
Crisis with the child during work hours	Call the Child Safety Specialist or DCS Supervisor
Crisis with the child after hours	Call Arizona's Child Abuse Hotline 1-888-767-2445 (1-888-SOS-CHILD)
Crisis in foster home during work hours	Call the foster home licensing specialist or licensing agency
Crisis in the foster home after hours	Call the after-hours number of your licensing agency Call Arizona's Child Abuse Hotline 1-888-767-2445
Behavioral Health Emergency, if life threatening	Dial 911
Behavioral Health Emergency, non-life threatening	Call the RBHA Emergency Line and ask for a Crisis Team to come to your home

Run Away Children

If a child runs away, or is absent without explanation, notify the police, the child's Child Safety Specialist or if after hours, weekends or holidays contact the Child Abuse Hotline Intake Center at 1-888-767-2445 immediately. Also contact your licensing agency.

To assure the police report receives the proper attention, alert the police that the child is in custody of and is a Juvenile Court Ward. A photograph is a very important tool to provide to law enforcement. If the child is at risk due to medication needs, physical conditions, emotional status, or is a danger to self or others, make sure the police include this information in the report. Remember to get a Report Number from the police. Use your neighborhood supports,

friends and family in the search. One resource family member needs to stay home and answer the phone in case the child is found to then notify everyone else. When the child is found, notify the police, DCS, your licensing agency and anyone else assisting in the search.

A Significant Incident (FC-122) form needs to be completed and provided to all appropriate persons. (Refer to Significant Incident Notification) It is very advisable to document the incidents of the day.

Payment to the resource parent may continue for up to seven days if the plan is for the child is to return to the resource home.

Level of Supervision

Level of supervision is the degree of supervision required based upon the age, level of maturity, and the special needs of the child. The "level of supervision" can range from being left alone for short periods of time, to a need for the child to have constant monitoring and direction.

The level of supervision is the basis of a child care plan which needs to be developed in consultation with and approved by the Child Safety Case Manager, unless the care qualifies as Short Term Care. The child care plan may give the resource parent discretion to allow the child to go on overnight visits with specifically named persons.

Child Care by a DES Child Care Administration (CCA)

DCS may provide DCS child care services as a support service for resource families through the Child Care Administration (CAA). DCS child care may be provided for up to a maximum of 23 days per month per child in care. Children 12 years of age and younger are eligible.

Within funding limits, DCS child care may be provided to children in care for the following purposes:

- to enable an out-of-home care provider to work;
- to enable an out-of-home care provider to participate in educational activities;
- to enable an out-of-home care provider to attend medical, dental or behavioral health appointments, case plan staffings, administrative case reviews, court and FCRB hearings or participate in activities associated with visitation with another child;
- to enable the out-of-home care provider to handle an emergency situation such as death, medical emergency, or family or personal crisis, or
- to enable the child to participate in socialization and/or specific skills development in cognitive, social or psycho-motor areas.

If child care services are approved through DCS, it is the responsibility of the resource family is to consult with Child Care Resource and Referral (CCR&R), 1-800-308-9000 to identify a child care provider and verify that an identified provider has a current DES registration agreement and has a vacancy for the child. DES/CCA reimburses child care providers up to a maximum rate negotiated with each provider. Resource parents must cover the difference between the provider's rate and the DES reimbursement rate, if they wish to use that child care provider. Additional fees charged by some providers are not reimbursed by DES/CCA. If the facility charges a registration fee or enrollment fee, DCS will not cover these fees. A resource family can bear the financial responsibility or request that the facility waive the fee for this specific child.

The resource parent is to visit the facility and ask all necessary questions to satisfy them that the child care provider is able to meet the identified social, medical or behavioral needs of the child.

Then the resource parent contacts the Child Safety Specialist who must complete the necessary referral form. The referral request for DCS child care is not to exceed six months. The Child Safety Specialist is to review the need for continued DCS child care services at least every six months. The Child Safety Specialist must send another referral to the CCA to change child care providers or authorized hours or to reauthorize the service.

Resource families may choose to use a non-contracted CCA provider or facility, or a provider or facility with no current CCA openings. If so, the resource family is solely responsible for the financial obligations for the cost of child care. The Child Safety Specialist and the licensing agency should be immediately notified of this arrangement.

For more information about DES/CCA and Child Care Resource and Referral go to http://azdes.gov and click on the Child Care link, then click on the link to CCR& R on the menu. For DCS Policy information, see the DCS Policy and Procedure Manual, Chapter 3, Education and Developmental Services, Section 26, Child Care Services.

Respite

Formal respite is short term, care and supervision of the child, to temporarily relieve a foster parent of such duties. Respite can be a formal or an informal arrangement. Formal respite care is provided by another licensed or certified caregiver. Each home has 144 hours of available respite, per year (July 1 – June 30). Respite hours are per family and not per child. Speak to your licensing agency worker about the procedures for the use of respite hours in your agency. Resource parents are encouraged to contact their licensing worker with as much advanced notice as possible to make respite arrangements. The Child Safety Specialist should be notified as to the location of the child once arrangements have been made. Informal respite is explained below in short term caregiver section.

Short Term Caregiver

ARS 8-511 - This Arizona law gives resource parents the ability to have another adult (18 years of age or older) caregiver provide short-term care for a child in foster care. The law allows foster parents to use their 'reasonable judgment' in selecting short-term caregivers for children in foster care. Specifically, the law states that foster parents must:

- Use reasonable judgment in their choice of an adult to provide care.
- Notify the Child Safety Specialist before the care exceeds 24 hours in a non-emergency situation.
- Notify the Child Safety Specialist before the care exceeds 72 hours in an emergency situation.

The intent of this law is to allow resource parents to choose an adult to care for a child in care for a short-term period without having to obtain advance approval from the Child Safety Specialist and the licensing agency. The major change is that prior to this law all arrangements had to be pre-approved by the Child Safety Specialist and the licensing agency.

No notification to the Child Safety Specialist is required if the short term care is less than 24 hours for a non-emergency situation or less than 72 hours if an emergency situation.

When selecting a short-term caregiver, resource parents must keep in mind the ability of the short-term caregiver to meet the specific needs of the child including administering medication and medication storage, school/child care schedules, medical and behavioral health appointments, visitation and transportation to and from these appointments. For continuity of care, the short-term care giver should have the CMDP card and a contact list including: how the resource parent can be reached, the Child Safety Specialist, school information, primary care physician, behavioral health provider, and transportation provider for visits.

Examples of non-emergency situations could include going out to dinner, to a movie, running errands, grocery shopping or allowing children to be in the nursery at church.

An emergency situation may include a death in the family, serious illness in the family or extended family, another child in the home in the hospital, resource parent illness, unexpected heating, cooling or plumbing issues in the home or home damage from a storm.

The short-term caregiver arrangement does not apply to typical and recurrent day care or respite care situations. Any payment arrangements must be made privately between the foster parents and the short-term caregiver. No payment will be made by DCS or the licensing agency to short-term caregivers.

Remember, use of short-term caregivers does not apply to a child with a developmental disability, a child in a therapeutic/treatment foster care placement or a child determined by DCS to be medically fragile. For these children an alternate care plan approved by DCS is required if the resource parent must leave the child in the care of another person.

As a suggestion, think about the people you would use as short-term caregiver and talk with them about what would be expected of them. Then let your licensing worker and the Child Safety Specialist know who you might use as a short-term caregiver.

Unsupervised Time Away from Resource Home for Child in Care

Unsupervised time away from the resource home is defined as time spent away from the home without adult supervision. Unsupervised alone time must be approved by the service team as part of the case plan. The child, resource parent and Child Safety Specialist decide and approve the frequency, duration, location, conditions and any requirement for confirming the completion of an approved activity during the unsupervised alone time.

In order to be considered for unsupervised alone time, the child:

- Has resided in the current placement for a minimum of 14 days;
- Is 13 years of age or older;
- Must be assessed as capable of being able to be away from the home without adult supervision. This assessment must give consideration to the child's current level of functioning.

Transportation

Resource parents are expected to transport the child to all medical, dental, behavioral, school, social and extra-curricular activities. The cooperation of resource parents may be requested to transport children to and/or from the parental visits. DCS shares responsibility for transportation of children in out-of-home care. (See Article 58, R6-5-5832, Transportation)

Vehicle Requirements

Vehicles transporting children in care must be in safe operating condition. Vehicles must be covered by liability insurance. The driver must have a current, valid driver's license. Children must be in appropriate and correctly installed child car seats. (Refer to Car Seats/Child Restraint Systems) All other children must be appropriately and correctly restrained. Vehicles must have enough seat and seat belts for all passengers. Children in care may not ride in the bed of trucks.

Car Seats/Child Restraint Systems

Arizona law requires all children under the age of eight and not more than 4"9" tall to be properly secured in a child restraint device meeting federal standards. The driver can be assessed with a $50 penalty for failing to take this action.

- *Infant Seats*: Infants birth to 20 pounds and at minimum one year of age should be in an infant car seat in the infant position to protect the delicate neck and head. The infant car seat should be semi-reclined to no more than 45 degrees. All straps should be pulled snugly. The car seat must face the rear of the car and should never be used in a front seat where there is an air bag. The infant must face the rear so that in the event of a crash, swerve, or sudden stop, the infant's back and shoulders can better absorb the impact. Household infant carriers and cloth carriers are not designed to protect an infant in a car and should never be used. Please never place any toys or mirrors around or near the child's face. During a crash these objects become flying projectiles and will injure your child. New recommendations suggest that children remain rear-facing to age 2.
- *Convertible Seats:* Convertible seats should be kept rear facing until the child reaches the maximum height and weight allowed by the manufacturer which is usually between 30 and 40 pounds and age 2 and under 5 years of age. Fasten the convertible car seat with a vehicle seat belt, properly inserting the belt through the car seat frame according to the manufacturer's instructions. Read the vehicle owner's manual for specific instructions. A locking clip is needed when using a vehicle lap/shoulder belt with a latch plate that moves freely along the belt.
- *Booster Seats*: Booster seats are now required by Arizona law for children between 5 and 8 years of age and not more than 4' 9" tall
- *Car Seat Belts*: ARS 28-909 (A): Each front seat occupant must have the lap and shoulder belt properly adjusted and fastened while the vehicle is in motion. If only a lap belt is installed, the lap belt must be properly adjusted and fastened while the vehicle is in motion. All children in care must be appropriately and correctly restrained in car seats no matter where they are seated in the vehicle.

Driver's License for a Youth in Care

When a youth is a ward of the court, the Department of Child Safety or any representative **cannot** sign for a driver's instruction permit or a driver's license. Neither DCS nor any representative accepts responsibility for the actions of the minor when driving a motor vehicle.

The Department of Motor Vehicles requires that the following person or persons sign and verify, before a person authorized to administer oaths, the application of a person under eighteen years of age for an instruction permit, a class G or M driver license or an endorsement to a class G or M driver license:

- If neither parent of the applicant is living, the person or guardian who has custody of the applicant or an employer of the applicant;
- If the applicant resides with a foster parent, the foster parent may sign; and.
- If there is no guardian or employer of the applicant, a responsible person who is willing to assume the obligation imposed by this chapter on a person who signs the application of a minor.

The person who signs the application of the minor accepts all responsibility for the actions of the minor when driving a motor vehicle. DCS does not accept responsibility for the actions of the minor when driving a motor vehicle.

Travel – Out of Town

When traveling out of town overnight, notify the Child Safety Specialist and your licensing agency of dates of travel, destination and telephone number where you can be reached. In preparing to travel, make sure you have the following: a copy of the court order placing the child in the care, custody and control of DCS; a copy of the child's birth certificate; any photo ID if available such as a school ID; the CMDP Card; all medications in their original bottles and placed in a locked container for travel, and your contact list should you need to notify anyone of an incident or changes in your travel plans.

A court order is necessary if the out of town travel is more than 30 days.

Travel – Out of Country

Out of country travel with a child in care requires the approval of the Child Safety Specialist and a court order, so allow as much time as possible for the Child Safety Specialist to seek the Court's approval. The child will require a passport and all necessary immunizations. Notify the Child Safety Specialist and your licensing agency of dates of travel, destination and telephone number where you can be reached. In preparing to travel out of the country, make sure you have the following: passport, a copy of the court order approving out of country travel; a copy of the court order placing the child in the care, custody and control of DCS; a copy of the child's birth certificate; any photo ID if available such as a school ID; the CMDP Card; enough medication for the duration of travel; all medications in their original bottles and placed in a locked container for travel, and your contact list should you need to notify anyone of an incident or changes in your travel plans.

Safe Sleeping for Baby

Babies should be placed on their backs (face-up) when they are resting, sleeping or left alone. Babies can be placed on their tummies when they are awake and supervised by a responsible person. Do not cover your baby's head with a blanket or over bundle them in clothing and blankets. Avoid letting the baby get too hot. The baby could be too hot if you notice sweating, damp hair, flush cheeks, heat rash and/or rapid breathing. Never smoke or allow anyone else to smoke in the same room as the baby.

Place your baby in a safety-approved crib with a firm mattress and fitted crib sheet. The mattress should ALWAYS fit snugly in the crib frame. Keep soft objects, toys and loose bedding out of the baby's sleep area.

Sudden Infant Death Syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year. SIDS is the leading cause of death for babies from 1 month to 12 months of age.

Honoring the Child's Culture

The child's family traditions, values, social and communication norms can be very different from our own. Resource parents are to acknowledge and honor a 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 and cultural group. This includes providing the child with cultural mentors, watching TV programs and listening to music with positive messages about the child's community. Web sites devoted to the child's culture may be useful resources. Licensing rules require coordination with DCS to provide opportunities for each child to participate in cultural, ethnic and religious activities. (R6-5-5829.B.2)

Religious Practices

Resource parents must recognize and support the religious beliefs of the child and the child's parents. Resource parents cannot require a child to attend or participate in religious activities of the resource family or against the child's or family's wishes. Resource parents cannot consent to a child joining a church or religious group, baptism, confirmation, christening or other religious event. When a child of another religion is presented placed, the resource parents need to discuss potential conflicts with the Child Safety Specialist before the child is placed.

Participation in Sports and Activities

A child in care can participate in school or organized sports and activities. Resource parents may sign permission slips for these activities. The child's parents and family members should be invited to participate in these activities unless advised otherwise by the Child Safety Specialist.

Smoking Policy

To reduce the risk from second hand smoke, it is best practice for resource parents to prohibit smoking in the foster home and in vehicles used to transport a child in care.

Haircuts

Children in care are not allowed to get haircuts that significantly alter their appearance without clearance from the biological parent or after the Child Safety Specialist has received parental approval. If the decision is mutually made by the resource parents and the child's parents, then

the Child Safety Specialist should be informed by the resource parent. Remember that hair styles are often a significant part of the culture and heritage of the child and the child's family.

Tattoos and Body Piercing

A child under the age of 18 cannot get a tattoo nor have body piercing done without the physical presence of the parent or legal guardian. This is a state law that applies to all children.

This law does not apply to the ear piercing of a child who has written or verbal permission from a parent or legal guardian.

Pets for Children in Care

Many children suffer the grief and loss of separation from his/her pet when he/she enters care. You may be asked if you are willing to bring the pet into your home. Resource parents should consider and use their own judgment about bringing the child's pet into their home or allowing a child to get a pet while in your home. Keep in mind that the pet may not be able to move with the child. Consider the expenses incurred for the routine and medical care for the pet.

Google It!

Become an expert on subjects related to the wellbeing of the care in your care. Ensure that your information comes from a reliable source as anyone can post anything on the internet. The whole world is at your fingertips.

Shared Parenting

Shared parenting is the building of positive alliances between resource parents and the child's family. There are benefits to the child in care, to the resource parents, to the child's parents and to DCS working together to build a constructive partnership. One of the ways to begin the relationship is to participate in an Ice Breaker or Introductory Meeting. This meeting should take place in-person with the child's parents, the resource parent and Child Safety Specialist within three to seven days of placement. If the meeting cannot take place in-person other means should be found to share information about the child and the child's needs.

Introductory (Ice Breaker) Meeting Participation

Some suggestions of questions you might ask the biological parent(s) or caregiver:

- Who is the child close to? Ask the Child Safety Case Manager about contact with them.
- How is the child soothed or calmed down?
- What makes the child happy or what does the child enjoy?
- Health and dental information
- Medications; who prescribed them and where were they last filled?
- Foods, likes and dislikes, how prepared?
- Eating habits and routines; such as - is the child a finicky eater or a good eater, the child doesn't like food to touch one another, the child is used to eating at specific times or whenever the child is hungry
- Morning rituals; what time does the child rise, is the child a morning person?

- Hygiene; what can the child do himself/herself and what does the child need assistance, how is that assistance provided, dressing?
- Bedtime rituals; bath, story, night light
- Cultural rituals and norms; church, foods, celebrations
- Favorite toys and playtime or recreational activities
- Disciplinary techniques that work and those that do not
- Would the parent(s)/family be willing to share photographs for the child to keep?
- Etc…

Some suggested information you might like to share with the biological parent(s) or current caregiver and to plan what you would like to share with the parent.

- You are going to take good care for her/his child until the child is able to be returned to the parent's care.
- You are not the child's mother or father and you will always be respectful.
- You need her/his assistance in care for the child. He/she is the expert and knows the child best and you need to count on her/his help when needed.
- You would like to have a good relationship with her/him so that both of you can freely exchange information and communication.
- You believe that if the child is able to see the adults working together and being courteous then the child will not feel torn in his/her loyalty to anyone.
- Pictures of those who live in your family
- Pictures of the child's room and if the child is sharing it with someone, information about that child.
- Etc…

How might you prepare for this meeting?

- Everyone will prepare differently, but how will you deal with potential emotions, reactions and responses. It also might help to prepare questions and statements.

Visitation Plan

DCS will facilitate contact between a child and the child's parents, siblings, family members, relatives and individuals with significant relationships to the child. This preserves and enhances relationships with and attachments to the family of origin. All case plans for children in out-of-home care include a contact and visitation plan. It is developed with involvement of family members and the child, if age appropriate. Frequency, duration, location and structure of contact and visits are determined by the child's need for safety and for family contact with safety being the paramount concern. Visitation takes place in the most natural, family-like setting possible, with as little supervision as possible, while still ensuring the safety of the child.

Supervised Visits

By definition this is a visit between a child in care and his/her parent/caretaker, sibling, or other relative that is monitored and supported through the physical presence of a third party, a Visitation Facilitator.

Resource parents may be asked to provide transportation to and from supervised visits.

Visitation Facilitator

This is any person designated by the case manager to monitor a visit between a child in care and the parent/caretaker, sibling or other relative. This may include a parent aide, transportation worker, volunteer, psychologist, therapist, out-of-home care provider, extended family member or other party.

Health Care

Health Information Portability and Accountability Act (HIPAA)

HIPPA is the federal law dictating the use, release and records maintenance of personal health care information. Resource parents should have access to the medical records of children in their care. An Arizona Statute was enacted to ensure resource parents receive the health care information, participate in the services and sign for such services for the children. Please see the statue below.

> ARS §8-514.05, effective April 13, 2003, requires a health care provider, health plan or health care institution to provide the child's medical and behavioral health records, information relating to the child's condition and treatment, and prescription and non-prescription drugs, medications, durable medical equipment, devices and related information to the out-of-home care provider in whose care the child is currently placed. Further, this law authorizes out-of-home care providers to consent to evaluation and treatment for emergency conditions that are not life threatening and routine medical and dental treatment and procedures, including early periodic screening diagnosis and treatment services, and services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions. It also states that an out-of-home provider is not authorized to consent to general anesthesia, surgery, testing for the presence of the human immunodeficiency virus, blood transfusions, and abortions.

Health information is not subject to the HIPAA Privacy Rules if it is de-identified in accordance with HIPAA requirements. No authorization is required to use or disclose Protected Health Information (PHI) that is de-identified. PHI is considered de-identified if it does not identify an individual child and there is no reasonable basis to believe it can be used to identify a child.

E-mails to Child Safety Specialists and Supervisors containing information concerning medical and dental communications, are considered to be de-identified per HIPAA regulations when they do not include:

a. The name of the child;
b. The CMDP ID number;
c. The Social Security number;
d. The AHCCCS ID number;

e. Medical record numbers;
f. Photographic images; and
g. The communication does not include any other identifying number, characteristics or code that can be re-identified.

When sending an e-mail to a Child Safety Specialist, please use the child's initials (first and last name) and do NOT include any of the above items. If the medical or dental information is faxed to anyone the following Confidentiality Statement must be included on the Cover Sheet.

> INTENDED FOR THE NAMED RECIPIENT ONLY
>
> This material is intended for the named recipient(s) only. If you have this and are not the named, intended recipient, please do not read the contents of the e-mail or any attachment. Please inform the sender of the error so re-transmittal to the intended recipient may occur. Please do not copy/share the contents of the transmission. Please delete the e-mail and any attachment. Thank you.

Authorization for Treatment

Resource parents are authorized to consent to:

- Evaluation and treatment for emergency conditions that are not life-threatening; and,
- Routine medical and dental treatment and procedures including Early Periodic Screening Diagnosis and Treatment (EPSDT) services, and services by health care providers to relieve pain or treat symptoms of common childhood illness or conditions.

Resource parents are prohibited from consenting to general anesthesia, any non-routine surgery or medical treatment, blood transfusions, human immunodeficiency virus (HIV) testing, a clinical trial for HIV/AIDS treatment, and pregnancy termination or pregnancy termination related treatments.

Resource parents may give emergency consent if the emergency room physician or medical provider advises that immediate treatment is necessary and further delay of treatment in order to notify the department is potentially harmful to the child.

Intake evaluations for behavioral health services, psychological evaluations or other evaluations, first visits, and hospitalizations are a few examples when many providers will request that the Child Safety Specialist, as the legal guardian of the child, be present to provide all known historical information and sign to authorize the service. The child's parent might be an additional resource to provide information.

Pharmacist Support

Pharmacists are a great information resource for your children's medications; they have both the availability and expertise. They also have printouts for every prescription, detailing side effects, drug interactions and appropriate usage.

Comprehensive Medical and Dental Program (CMDP) Prescribed Medications

Choose a CMDP registered pharmacy to fill or refill medications prescribed by a CMDP provider. With a prescription CMDP covers "medically necessary" over-the-counter medications. Use the CMDP ID card or the Notice to Provider form to pay for prescription medications. Major

food and retail chains participate in the CMDP pharmacy management program. For help finding a pharmacy, or for any questions on pharmacy services, call CMDP Member Services.

CMDP has a Preferred Medication List (PML), also known as a formulary. The PML is a list of medications approved by CMDP. CMDP health care providers should consult with the PML when prescribing medications for children in care. Not all of the approved medications are shown on the PML. Some of the medications or classes of medications need prior authorization before they are prescribed.

The PML may change to reflect current medication availability and coverage. It will be updated regularly and as often as needed to reflect important changes. The PML can be viewed on the CMDP website at https://www.azdes.gov/landing.aspx?id=9742

Regional Behavioral Health Authority (RBHA) Prescribed Medications

Please do not use the CMDP ID card to fill a prescription for psychotropic medication from a RBHA doctor. CMDP does not cover the cost for these medications. The RBHA is responsible for payment. Ask the RBHA doctor which pharmacy to use, and give the member's RBHA ID number.

Medical and Dental Care
Comprehensive Medical and Dental Program (CMDP)

CMDP is a program within DCS. The purpose of the CMDP is to ensure that children in care have appropriate access to medically necessary health care. CMDP is the health plan for most of Arizona's children in out-of-home care. The child is the member. Most CMDP members are eligible for health care services covered by the Arizona Health Care Cost Containment System (AHCCSS) AHCCCS is Arizona's Medicaid and KidsCare programs. CMDP becomes the AHCCCS and KidsCare health plan for its members (the child). CMDP provides the same services for all members regardless of AHCCCS eligibility status. Children eligible for DDD are not CMDP members.

The Member Services Unit will be your main contact point for questions, information and assistance from CMDP. The Provider Services Unit that works with health care providers to register a variety of competent, skilled health care providers throughout the State of Arizona to meet the specific and specialized health care needs of children in foster care. The Medical Services Unit has a pediatric MD Medical Director, a pediatric nurse practitioner, RN nurses and a Medical Care Coordinator for consultation and coordination of the needs of CMDP members (the enrolled children are the members).

CMDP pays for health care services for Arizona's children in foster care placed in and outside of the state of Arizona. CMDP cares for children and youth in out-of-home placement from birth to 18 years, and up to age 21 in rare instances when the member is not Title XIX eligible. Young adults who reach the age of 18 while in care may be eligible for the Young Adult Transitional Insurance (YATI) program. The YATI program is operated by AHCCCS, not CMDP. CMDP also covers non-Title XIX eligible children in care who are not citizens, have excess income or do not qualify for Title XIX for some other reason. Title XIX is a section of the federal Social Security Act that provides federal funding for the Medicaid program.

The hours of business for CMDP are 8 a.m. to 5 p.m. Monday through Friday. CMDP is closed Saturdays and Sundays, plus all state holidays. For specific medical, dental, service, prior authorization, or provider information, visit the CMDP website at: https://www.azdes.gov/landing.aspx?id=9742 or call (602)351-2245 or 1-800-201-1795.

CMDP Identification (ID) Card

Two ID cards are made for each member. The cards are sent to the Child Safety Specialist. One card is given to you and one is kept by the Child Safety Specialist. The card assures providers of payment for covered health care services for the child. Before you receive the card, you should have a Notice to Provider (Medical) form that includes the child's ID number. The Notice should be part of the Placement Packet given to you at the time of placement or within five days.

Choosing a Primary Care Provider/Medical Home

Any health care professional providing services to a child through CMDP should be listed on the Provider Directory. You need to call CMDP with the name of the chosen PCP, the practice name, the location and phone number. An up to date listing of providers can be found at https://www.azdes.gov/landing.aspx?id=9742.

The basic premise of the medical home concept is continual care that is managed and coordinated by a Primary Care Practitioner (PCP) leading to better health outcomes. The Medical Home provides:

- Personal Relationship — the child has an ongoing relationship with a culturally appropriate professional trained to provide continuous and comprehensive care.
- Comprehensive — the PCP is responsible for all health needs and arranging care with other specialized and qualified professionals.
- Team Approach — The Medical Home is the center for all specialized treatment necessary for the health and welfare of the child, including behavioral health treatment.
- Coordinated — The care is coordinated with health information retained in one location and disseminated in accordance with HIPAA laws to whom and when needed.
- Every effort should be made to continue care with the child's previous Primary Care Practitioner (PCP); this affords the child continuity of health care and retention of all known medical history and knowledge of the child. Such continuity offers the child reassurance as the child is already familiar with the provider and will likely be returning to the care of the PCP upon reunification with the family.
- If the prior PCP is not registered with CMDP, call CMDP's Member Services Unit to see if they can make arrangements for the health care provider to continue caring for the child while with the CMDP health plan.
- If it is absolutely not feasible to continue care with the previous health care provider, contact Member Services to obtain options of culturally competent registered providers who can provide the appropriate medical services specific to the child's known needs. Factors to consider when choosing a culturally competent health care provider are:
  - ✓ language, is the child accustomed to a Spanish speaking medical provider
  - ✓ gender, is the child more comfortable or used to a female or a male medical provider
  - ✓ age, is the child familiar with a young or older medical provider

- ✓ to whom and how is medical information communicated; and
- ✓ who should provide treatment and the type of treatment, such as the use of a medicine man for some Native American families and/or the use of herbal medicines rather than prescription medicines?

You should not necessarily take a child to your family pediatrician as this care provider may or may not be the best medical professional for this specific child.

An Early and Periodic, Screening and Diagnostic Treatment Examination (EPSDT)

These comprehensive medical examinations are also called Well Child Visits. Each child is to have a completed EPSDT examination within 30 days of placement. Well-child check-ups/EPSDT services include:

- A complete health and developmental history (including physical, nutritional and behavioral health assessments)
- An oral health screening
- A comprehensive unclothed physical exam
- Blood Lead and Tuberculosis (TB) testing
- Lab and X-Ray services when needed
- Referrals for rehabilitation services which includes occupational, speech and physical therapy, if needed, including referrals to Children's Rehabilitative Services (CRS) and the Arizona Early Intervention Program (AzEIP)
- Health education and guidance about the child's health care and development
- Immunizations
- Vision and Hearing screenings.

Children between birth and the age of 2 should receive 11 EPSDT examinations. Children over the age of 2 are required to have at least one annual well-child EPSDT check-up by their PCP. Please consult with your PCP to ensure the child is receiving all of the necessary and comprehensive exams.

If there are questions about EPSDT or well-child services, please call CMDP Member Services, (602) 351-2245 or 1-800-201-1795 or go to their web site at https://www.azdes.gov/landing.aspx?id=9742. Dental checkup should start at age one. Children, 2 years and older, must be scheduled with a dentist within 30 days and seen by the dentist for a check-up within 60 days. Children should have a dental check-up every six months.

Information to be Provided to the Primary Care Provider

All known information should be provided to the health care professional. If specific information is not known provide the PCP with any or all known information. Call the Child Safety Case Manager to obtain any other medical information including the name of the prior PCP or previous hospitalizations. Ask the Child Safety Case Manager to contact the biological family or last foster care placement to inquiry about: the child's previous health care professional, where they are located and a contact number; immunization records; are there now or have there been an medical issues or complications; does the child currently or has the child needed any durable medical equipment for conditions (such as an apnea monitor, nebulizer, etc); what childhood diseases have they had (measles, mumps, chickenpox, etc.); is the child allergic to any

medications, foods, household products, etc. Ask about any previous hospitalizations, for what illness or injury and at what hospital; hospital of birth and when and where the child was last seen by a medical professional.

Immunizations

Every child in care is to be up-to-date on his/her immunizations or be in the process of becoming up to date through The Catch Up Immunization Schedule which will be determined and administered by the PCP. There are 25 immunizations due in the first two years of a child's life.

The State of Arizona has laws requiring school children and childcare enrollees to be age-appropriately immunized. A child's parents whose religious beliefs do not allow immunizations must sign a religious exemption. Resource parents cannot request an exemption for a child in care. In addition, the child's doctor must sign a medical exemption form if there is evidence of immunity or a medical reason why the child cannot receive shots. A copy of the lab results must be kept on file to prove the child's immunity.

> *A.R.S. §8-509 (I) states that DES shall not require a foster parent to immunize the foster parent's own children as a condition of foster home licensure. DCS policy prohibits the placement of children from birth to age five (5) in licensed foster homes where the foster parents have not immunized their own children.*

Dental Care

CMDP recommends members begin dental visits by age one. By age 2 children are to visit the dentist every six months for routine exams and if indicated more often. A dental assessment is to be arranged within 30 days of placement and the check-up completed with 60 days of placement unless you obtain the results of a dental assessment that occurred within 30 days prior to placement in with you.

Routine dental services do not need a referral, but must be provided by a CMDP registered professional. The dentist will need advance approval for major dental services. Please seek assistance from CMDP's Member Services Unit.

Vision Care

Vision care services cover eye exams and eyeglasses. Contact lens that are medically necessary are also covered.

Tobacco Cessation

CMDP covers products for youth in care who wish to stop smoking. The PCP must prescribe the product including over-the counter products.

Emergency Medical Care

The resource parents need to plan in advance where to go in a medical emergency. This includes knowing which facility accepts CMDP and is the appropriate facility for the suspected injury or illness.

The PCP should be the first contact if the injury occurs during office hours. The PCP may refer you elsewhere for treatment. A doctor or nurse should be able to help you determine the appropriate next steps. PCPs provide an after-hours service.

An Urgent Care Facility – Is to be utilized for care of urgent or after normal office hour issues.

These examples would be:

- Severe Earache or Ear Infection
- Stitches
- Skin or Wound Infection
- Abdominal Pain
- Suspected Sprains
- Urinary Tract Infections
- Low-Grade Fever
- Persistent Vomiting or Diarrhea
- Cough

An Emergency Room – Is to be utilized only in emergency cases, life threatening, directed by a health care professional.

Examples would be:

- Shortness of Breath
- Chest Pain
- Loss or Altered Level of Consciousness
- Animal or Human Bite
- Car Accident
- Major Cuts, Burns, and/or Bleeding
- High-Grade Fever
- Poisoning
- Fractures or Broken Bones
- Trauma or Head Injury
- Suicidal or Homicidal Feelings
- Seizures

Medically Necessary Incontinent Briefs (diapers or pull-ups)

CMDP will provide up to 240 diapers or pull-ups per month depending on approved medical condition. The child must be older than 3 years of age; has a documented medical condition that is causing him/her to not have bladder or bowel control; and the PCP has written a prescription. As soon as the request has been approved by CMDP, the Child Safety case manager will be emailed to end the Special Diaper allowance. The incontinent briefs will be delivered to the home by a designated supply company. Please contact CMDP for more information about this process and eligibility. Refer to the Financial Support of Children section of this Guide for information about the Special Diaper Allowance.

Child Sexual Development Education and Family Planning

DCS, and resource parents, in collaboration with the child's parents, schools, public health and community agencies are to provide age and developmentally appropriate education and training concerning sexual development and human sexuality to children.

Resource parents are to participate in discussions and provision of information on family planning, emphasizing abstinence, with children age 12 and over. DCS supports the promotion of abstinence. Resource parents are encouraged to seek community, public education and health information programs available. Arranging for a Family Planning Consultation with the child's PCP or other health care provider is an excellent option. Resource parents and the Child Safety Specialist are to review and discuss the CMDP written family planning information with the child.

If you, as a resource parent, oppose the provision of family planning information to a child age 12 or older, you are to inform your licensing specialist/agency and the Child Safety Specialist before placement of a child 12 years old or older.

Deductibles and Signing for CMDP Services

There are no deductibles and resource parents are not responsible for the CMDP authorized service claims or prescriptions. It is imperative that all forms be signed in the following manner: "your name" for DCS/CMDP. You do not want to be held financially responsible for any CMDP authorized service. Have all claims sent to: DCS/CMDP—942C; P.O. Box 29202, Phoenix, AZ 85038-9202

Behavioral Health Care
Regional Behavioral Health Authorities (RBHA)

The Arizona Department of Behavioral Health Services (ADBHS) contracts with RBHAs for behavioral health services in specific geographical area(s) of the state. The RBHAs contact with local agencies to provide the services. The vast majority of children in care qualify for RBHA services.

The Regional Contractors

Regions Served	RBHA	Phone Number
Maricopa County	Mercy Maricopa http://www.Mercymaricopa.org	Member Services – 1-800-564-5465 or 602 -586-1880 Crisis Line - 1-800-631-1314 or 602- 222-9444
Pima County	Community Partnership of Southern Arizona (CPSA) http://www.cpsarizona.org	Member Services - (520) 318-6946 or 1-800-771-9889 Crisis Line - (520) 622-6000 or 1-800-796- 6762 Drug/Alcohol Related Crisis - (520) 624-5272 Option #1
Apache, Coconino, Mohave, Navajo and Yavapai Counties	Northern Arizona Behavioral Health Authority (NARBHA) www.narbha.org	Member Services -1-800-640-2123 Crisis Line - 1-877-756-4090 Business Line - 1-877-923-1400
Gila, Pinal, La Paz and Yuma Graham, Cochise and Santa Cruz Counties	Cenpatico Behavioral Health of Arizona https://www.cenpaticoaz.com	Customer Service - 1-866-495-6738 Crisis Line - 1-866-495-6735

Behavioral Health Services

Children in care who are CMDP eligible receive behavioral or mental health and drug and alcohol abuse services from the Arizona Department of Health Services Regional Behavioral Health Authority (ADHS-RBHA). Children are assigned to a RBHA based on the child's court of jurisdiction.

DCS refers children entering care to the local Regional Behavioral Health Authority (RBHA) for a behavioral health assessment within 24 hours of removal. The Child Safety case manager will and the caregiver is encouraged to participate in person, in the assessment process and provide information pertinent to an effective assessment.

At any time after the initial evaluation, if the Child Safety case manager or the resource parent believes the child needs to be reevaluated due to a change in circumstances, responses,

behaviors or professional opinion, the Child Safety Specialist can request another behavioral health assessment.

The Child Safety Specialist and resource parents monitor the appropriateness and timeliness of services provided by the RBHA provider and advocate for the child's service needs.

The RBHA services include, but are not limited to:

- Behavioral management (behavioral coach, family support, peer support)
- Case management services
- Emergency/crisis behavioral health services
- Emergency and non-emergency transportation
- Evaluation and screening
- Group, individual, and family therapy and counseling
- Inpatient hospital/psychiatric facilities
- Institutions for mental diseases (with limitations)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Psychotropic medication
- Psychotropic medication adjustment and monitoring
- Respite care (with limitations)
- Partial care (supervised day program, therapeutic program and medical day program)
- Rehabilitation (living skills training, health promotion, pre-job training, education and development, job coaching and employment support)
- Home Care Training to Home Care Clients (HCTC) program services (formerly known as therapeutic foster care)

Ask your licensing agency for the RBHA specific to your geographic location and contact them for specific information and assistance. Members contact the RBHA for an evaluation by self-referral or by referrals from schools, state agencies or other service providers. AHCCCS and KidsCare eligible children can also receive these services.

Intake evaluations for behavioral health services, psychological evaluations or other evaluations, first visits, and hospitalizations are a few examples when many providers will request that the Child Safety Case Manager, as the legal guardian of the child be present to provide all known historical information and sign to authorize the service. The child's parent might be an additional resource to provide information.

Regional Behavioral Health Authority (RBHA) Time Frames

All RBHA's have to ensure that eligible and enrolled children have timely access to services. The following are the RBHA established standards for the timeliness of behavioral health services. For non-acute services:

- The RBHA will accept referrals 24 hours a day, seven days a week from all sources,
- If the RBHA doesn't have a centralized intake process, a directory of providers receives the referral.
- For routine referrals, initial assessments will occur within 7 calendar days of the referral.
- The first behavioral health service appointment will be provided within 23 days.
- A routine psychiatric visit will occur within 30 days of determination of need for the service.

- The wait time for appointments will not exceed 45 minutes.
- An Interim/Next Steps Individualized Service Plan (ISP) is developed during the initial assessment.
- An ISP will be developed within 2 weeks of completion of the evaluation to include:
  - ✓ Non-acute service needs
  - ✓ Acute service needs
  - ✓ An interim service plan to be developed within 24 hours of the screening and or evaluation.

For crisis services a face to face or telephonically assessment of the acuity of the situation will initially occur.

- If the assessment indicates the need for crisis services, face to face crisis services will be provided. In the Metro Phoenix and Tucson areas within 1 hour and in other areas of the state, a face to face will occur within 2 hours.,
- If the RBHA doesn't have a centralized intake process, a directory of providers will receive the referral.

The Child and Family Team

This behavioral health facilitated meeting is to address all of the mental health, substance abuse and subsequent related issues affecting the child and his/her family. The child and the child's family should be present at each meeting to address the current issues and how it effects the mental functioning (educational, social, developmental, health, spiritual) of the child and/or family. However, the participation of the child will vary depending on his/her age and level of development. It also allows a forum for all parties to address these issues together in coordination with the DCS Case Plan, the services or supports needed or being provided for the child and family.

Resource parents have an important role in the CFT process. Here are some of the responsibilities:

- Participate in the process of assessing needs, developing and implementing the treatment and crisis plan;
- Provide the team information about the child's strengths, needs and accomplishments;
- Advice the team what supports and resources are needed to achieve the outcomes and goals;
- Provide valuable information about your families culture, strengths and needs;
- Communicate any special accommodations needed such as scheduling or transportation;
- Describe the long range vision for your family and child.

Arizona's Child And Adolescent Service Intensity Instrument (CASII)

The CASII is the tool used by a behavioral health provider to determine the best level of service intensity for a child or adolescent. It is used within the CFT process. The CASII is done during the initial 45 day assessment period; every six months after the first CASII; whenever a CFT needs updated information; when a child/adolescent leaves the behavioral health system. . A crisis plan and the Strengths, Needs, Culture Discovery (SNCD) is required when a child's CASII score is 4, 5 or 6. The CASII also suggests that a behavioral health case manager is

needed for children with higher CASII scores. The CASII involves ratings on six different dimensions. These are:

I. Risk of Harm

This is a measurement of a child's risk of harm to self or others by various means and an assessment of the child's potential for being a victim of physical or sexual abuse, neglect or violence.

II. Functional Status

This is an assessment of child's ability to function in all age-appropriate roles: family member, friend, student. It is also a measure of the effect of the presenting problem on basic daily activities such as eating, sleeping and personal hygiene.

III. Co-occurring Conditions

This is done after clearly identifying the primary/presenting condition to measure the effects/severity of co-existing conditions across four (4) domains:

1. Developmental Disabilities (including Cognitive Disability, Significant Learning Disabilities, and all Autism Spectrum disorders)
2. Medical
3. Substance Abuse
4. Psychiatric

IV. Recovery Environment

This dimension is used to arrive at an understanding of the strengths and needs of the child and family. It also measures the neighborhood and community's role in either complicating or improving the child's needs. It used two scales. Scale A is "Environmental Stressors" and Scale B is "Environmental Supports".

V. Resiliency and/or Response to Treatment

It measures the innate or constitutional emotional strength, as well as a measure of the extent to which past services have been effective for the child and family.

VI. Involvement in Services

This dimension is about the level of involve of the child and the family. Both child and family benefit when proactively and positively engaged and conversely both benefit less when engagement has not been achieved. It also uses two scales. Scale A is "Child/Adolescent Involvement" and Scale B is "Parental/Familial Involvement".

The CASII has six levels of intensity of need. They are:

- Level 1 - Recovery Maintenance and Health Management
- Level 2 - Outpatient Services
- Level 3 - Intensive Outpatient Services
- Level 4 - Intensive Integrated Services Without Psychiatric 24-Hour Monitoring
- Level 5 - Non-Secure, 24-Hour Services With Psychiatric Monitoring
- Level 6 - Secure, 24-Hour Services With Psychiatric Management

The Arizona Vision or the 12 Principles

The "Arizona Vision" for children is built on 12 principles which The Arizona Department of Health Services (ADHS), the Regional Behavioral Health Authorities (RBHA) and Arizona Health Care Cost Containment System (AHCCCS) are obligated and committed to provide. The Arizona Vision states:

In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable productive adults.

Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's family's cultural heritage. The 12 Principles are:

1. **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 process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.
2. **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. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.
3. **Collaboration with others:** When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented. Client centered teams plan and deliver services. Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Child Protective Service and/or Division of Developmental Disabilities case worker, and the child's probation officer. The team (a) develops a common assessment of the child's and family's strengths and needs, (b) develops an individualized service plan, (c) monitors implementation of the plan and (d) makes adjustments in the plan if it is not succeeding.
4. **Accessible services:** Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when they are needed but not available.
5. **Best practices:** Competent individuals who are adequately trained and supervised provide behavioral health services. They are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practice." Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class member's lives, especially class members in foster care. Behavioral Health Services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. **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. When provided in a residential setting, the setting is the most integrated and most home- like setting that is appropriate to the child's needs.
7. **Timeliness:** Children identified as needing behavioral health services are assessed and served promptly.
8. **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 and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.
9. **Stability:** Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and criminal justice system. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.
10. **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. Services are provided in Spanish to children and parents whose primary language is Spanish.
11. **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. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.
12. **Connection to natural supports:** The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

The Arizona Dept. of Behavioral Health Services has published a protocol entitled *The Unique Behavioral Health Needs of Children, Youth and Families Involved with CPS.* Additionally, children's behavioral health providers who are part of the RBHA network are required to complete a one or two day training on the unique needs of children involved in child welfare.

Please go to this web site for a copy of the information.
http://www.azdhs.gov/bhs/guidance/unique_cps.pdf

Financial Supports

The Family Foster Home Care Rates and Fees schedule has the current foster care rates and fees information. The link to it is in the on-line DCS Policy and Procedure Manual, Chapter 4, Section 12, Foster Care Rate Assessment and Payment, Related Information.

Family Foster Home Care Payment Classifications

The reimbursement rate is determined by DCS after reviewing the assessed or documented needs of the child. This includes information from:

- personal observation by the Child Safety Specialist
- the child's parents or caregivers and if applicable, previous resource parents
- clinical and medical reports from previous medical, or behavioral health care providers
- health and developmental needs: physical, emotional, educational, social and behavioral
- medical special care requirements
- mental and behavioral history of the child as potential safety concerns for other children that may have contact with the child
- school reports, educational special needs
- transportation; and
- the level of supervision

The daily payment rates fall under the following classifications:

- Basic/FAM FHM DAY
- Special 2/SP2 Level
- Special 3/SP3 Level
- Medically Fragile/FFMF
- Mother/Infant Rate
- Home Care Treatment Care for Home Care Clients (HCTC) AKA Treatment Foster Care [Note: only the room and board rate is paid by DCS]

The licensed resource parent is to agree to the payment level upon placement of the child in their home. The payment level can be re-evaluated based upon new information or diagnoses. Please discuss this with the Child Safety Specialist.

Foster Care Reimbursement-Payment Procedures

Foster homes should receive a billing document form around the 1st of the month for children in the home during the previous month. The billing document should contain the number of days the child was in care, as well as their placement rate, (i.e. Medically Fragile, Regular, Special 3, etc.). If any information is incorrect, the resource parent needs to correct it on the form. Sign and resubmit the form for payment ASAP. Expect payment in about 10 days.

Clothing Allowance and Personal Allowance

Every child receives a monthly clothing allowance and personal allowance. They are paid with the monthly maintenance payment. The amounts vary with the age of the child. The personal allowance for a child newborn to age 12 months is for diaper and formula costs. The personal

allowance for a child age 1 or age 3 is for diaper costs. The personal allowance for children over the age of 3, the allowance is given to the child and cannot be restricted or reduced for any reason without pre-approval by the Child Safety Specialist. Guidance can be given by the resource parents as to how the money is spent. The clothing and personal allowances are based on age ranges of:

- 0-12 months
- 1-2 years old
- 3-5 years old
- 6-11 years old
- 12-18+ years old

Unlicensed Kinship Care and Unlicensed Non-Relative Care families receive the daily clothing and personal allowances from DCS.

Special Clothing Allowances

Emergency/Special Clothing allowance up to a maximum of $150.00 per child, per state fiscal year and must be requested from the Child Safety Specialist. Emergency Special Clothing – Extra allowance up to a maximum of $100.00 per child, per state fiscal year can be requested from the Child Safety Specialist in circumstances due to actual emergencies such as theft, fire, flood, etc. Additional levels of approval are required for these funds to be paid.

Books/Education Allowance

This allowance is up to $82.50 per school year for books and school supplies. The Child Safety Specialist initiates the request.

Supplemental Extra School Tuition and Fees

This allowance is up to $165.00 per child can be used for summer school sessions or interim school sessions at year round school and any related fees. Additional level of approval is required for these funds to be paid.

Passport Allowance

Reimbursement is for the actual cost of obtaining a passport book or card. Receipts are required. The passport allowance is a one-time reimbursement per child. Additional level of approval is required.

Special Needs Allowance

This allowance is up to $22.50 per child per state fiscal year for uses such as birthday or holiday presents. Additional level of approval is required.

High School Graduation Allowance

This allowance is up to $220.00 for high school graduation expenses.

Diaper Allowance-Special

This allowance is not for infants, as that cost is actually paid with the foster care rate. This payment is for children with special needs, such as an ongoing medical condition. This includes

a child who is 3 or older who requires incontinent briefs or a child who is 3 or older who has regressed in control of his/her bodily functions due to abuse or removal from home. Medical documentation is needed for this allowance.

Medically Necessary Diapers and Briefs

Medically necessary diaper and briefs are provided by CMDP. See the Health Care – CMDP section for more information.

Child Care

Funds which may be available for foster children to attend child care. See the Resource Parenting section for more information.

Camp – Day and Overnight

Check with your local Boys' and Girls' Clubs or YMCA/YWCA, Church Camps and Royal Kids Camp (Maricopa County)

Adoption Subsidy

A child in the custody of the DCS when adopted may be eligible for Adoption Subsidy if s/he has a special need or condition. If a child is eligible for Adoption Subsidy s/he may receive medical coverage through AHCCCS/Medicaid, monthly maintenance and/or reimbursement for special services related to pre-existing conditions. Adoption Subsidy is available to the child up to age 18. It may be extended through the age of 21 if the child is still attending high school. The subsidy is based on the special needs of the child at the time of the adoption. The adoption subsidy levels are Adoption Maintenance (AM) - AM1, AM2, AM3 and AM4 (therapeutic).

Special requests can be made to the Adoption Subsidy worker for services related to specific extraordinary, infrequent or uncommon needs related to pre-existing special needs conditions on the Adoption Subsidy agreement after private and public resources have been exhausted. These requests will be evaluated by a committee on an individual basis and based on AHCCCS guidelines of medical necessity. Respite services may be available if related to the special needs of the child and prior authorized by the Adoption Subsidy Specialist.

Non-recurring adoption expenses that may be covered by Adoption Subsidy include those reasonable and necessary expenses related to the legal process of adoption such as: adoption fees, court costs, attorney fees, fingerprinting, and home study fees. Actual expenses can be reimbursed up to $2,000 per child.

Efforts must be made to place the child without Adoption Subsidy unless the child is being adopted by the foster parents or kinship providers with whom the child is placed if the child has developed significant emotional ties to that family, and it would not be in the child's best interest to look for another family.

Guardianship Subsidy

Guardianship subsidy is intended to be only a partial reimbursement for expenses involved in the care of the child. Guardianship subsidy is available in a monthly amount to a person appointed permanent guardian through the juvenile court for a child who was adjudicated dependent. It is necessary that the guardian apply for any state and federal program benefits on

behalf of the child prior to submitting the Guardianship Subsidy Application, ACY-1009A. State and federal program benefits and any other assets which the child is receiving or eligible to receive are deducted from the guardianship subsidy rate to determine the guardianship subsidy payment. This subsidy is for guardianships granted under Title 8 by a Juvenile Court. Title 14 guardianships granted by a Probate Court are not eligible for this subsidy.

Income Tax Status

DCS is unable to provide tax advice. Resource parents should research IRS publications and consult with a tax professional for dependent child eligibility, taxable income questions, for allowable excess or un-reimbursed costs that may be tax deductible, Social Security impact and for other tax related questions. The IRS website is at http://www.irs.gov.

Education

Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP) (pronounced Ay-zip), is Arizona's statewide, interagency system of supports and services for infants and toddlers (birth to 36 months) with developmental delays or disabilities and their families. AzEIP is established by **Part C of the Individuals with Disabilities Education Act** (IDEA), which provides eligible children and their caregivers/families access to services to enhance the capacity of families and caregivers to support the child's development. Developmental delays mean a child has not reached fifty percent of the developmental milestones expected at his/her chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help.

Established conditions that have a high probability of developmental delay include, but are not limited to: chromosomal abnormalities; metabolic disorders; hydrocephalus; neural tube defects (e.g., spinal bifida); intraventricular hemorrhage, grade 3 or 4; periventricular leukomalacia; cerebral palsy; significant auditory impairment; significant visual impairment; failure to thrive; and severe attachment disorders. The state's definition of "eligible child" does not include children who are at risk of having developmental delays if early intervention services are not provided. For more information go to www.azdes.gov/azeip.

If the RBHA assessment of a child under 3 years of age identifies developmental delays, the RBHA will refer the child to AzEIP. The Child Safety Specialist or you can refer a child for assessment. Referrals can be made on-line at

https://extranet.azdes.gov/azeip/azeipref/Forms/Categories.aspx or by calling 602-532-9960 or toll-free 888-4739-5609. A developmental evaluation provides information to help determine if the child is eligible for AzEIP supports and services. It also provides information about the child's abilities in all areas of development and is used to develop an Individualized Family Service Plan (IFSP).

The IFSP lists services and supports to assist you in working toward outcomes. The services and supports section includes who will provide the services and supports and for how long. Services and supports may include but are not limited to:

- Home visits
- Special instruction
- Audiology
- Vision Services
- Occupational, physical, speech therapy
- Psychological services, social services
- Service Coordination
- Health services (needed to enable your child to benefit from other early intervention services)
- Nutrition and nursing
- Assistive technology devices and services
- Transportation necessary to enable your child and family to receive early intervention services

Early Intervention services and supports occur in places where children and families live, learn, and play; in the families' natural environment. These are settings that are natural or normal for the child's age peers who have no disabilities.

School Enrollment

You should enroll a child as soon as possible after placement or within 5 days of placement. The Notice to Providers (FC-069) for school age children is given to you at the time of placement or within 5 days. The Notice provides information to enroll a child. Enlist the help of the Child Safety Specialist with enrollment if necessary. A resource parent will send a school-aged child to public school unless alternative educational arrangements, such as private, charter, or home schooling, have been approved by DCS.

School Breakfasts and Lunches

Children in care are eligible for free meals through their school. If the registration form requires an annual income amount, the child's annual income is usually "$0".

School Enrollment- Special Considerations

The federal McKinney Vento Act states that children in foster care cannot be denied enrollment due to a lack of documentation including a birth certificate, school and immunization records.

Additionally, students have the right to select from the following schools:

- The school he/she attended when "permanently housed" or last enrolled (School of Origin) for the remainder of the school. Additionally, the school must also provide transportation.
- The school within the foster home's attendance area (School of Residency).

The McKinney Vento Act also assures priority placement for foster children in such programs as Head Start. For information about education services go to www.ade.az.gov web page to find under all programs list the homeless education section.

Educational Advocate

If a child age three or older requires a special education evaluation and/or services, it is the responsibility of the Local Education Agency (LEA) to determine who will act as the special education parent. The Child Safety Specialist should cooperate with and assist the LEA in meeting this obligation.

If a child birth to age three requires special education evaluation and/or services for early intervention services, it is the responsibility of AzEIP to determine who will act as the special education parent. The Child Safety Specialist should cooperate with and assist AzEIP in meeting this obligation.

When the identity and whereabouts of the biological or adoptive parent are known, the LEA must contact the parent to ensure the parent's consent for special education evaluation and/or services. The biological or adoptive parent has parental decision making authority for special education evaluation and/or services for a foster child, except when:

- parental rights have been terminated;
- a parent cannot be identified or located;
- a court has suspended the parent's education rights or appointed a legal guardian or issued an order permitting others to serve.

When the foster child's parent does not attempt to serve as the special education parent for a child in out-of-home care, the Child Safety Specialist ensures that the LEA obtains a special education parent for the child. DCS's preference order for a special education parent for a foster child is:

- a court appointed legal guardian but not the State or an employee of a contractor of the State
- kinship caregiver or licensed foster parent with whom the child resides;
- surrogate parent.

Individuals with Disabilities Education Act (IDEA)

The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. This law mandates a free appropriate public education in the least restrictive environment. IDEA governs how states and public agencies provide early intervention, special education and related services to eligible infants, toddlers, children and youth with disabilities. Infants and toddlers with disabilities (birth-2 years) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B. Please refer to http://idea.ed.gov for more information.

Individualized Education Plan (IEP)

IDEA requires public schools to develop an IEP for every student with a disability who meets the federal and state requirements for special education. The IEP refers both to the educational program to be provided to a child with a disability and to the written document that describes that educational program. Key considerations in developing an IEP include assessing students in all areas related to the suspected disability(ies), access to the general curriculum, how the disability affects the student's learning, developing goals and objectives that make the biggest

difference for the student, and ultimately choosing a placement in the least restrictive environment. Services may include: Assistive technology (e.g., communication boards, computerized language devices, padded supportive chairs) audiology, counseling services, medical services (limited to certain diagnostic services), rehabilitation counseling, parent counseling, school health services, school social work services, speech-language pathology, occupational therapy, transportation, instructional support or individualized educational assistance, transition services and special considerations needed in the regular classroom, homework and/or testing. The established services are provided in the least restrictive school environment unless it is determined that the child is not medically able to participate in educational services in the school environment.

Head Start and Early Head Start

Children in care, ages birth to three are categorically eligible for Early Head Start. Children in care, ages four to five are categorically eligible for Head Start. Space in Head Start programs is limited and enrollment is based on availability. An approved application for a child in care has priority if space is available. To maximize a child's access to the service make an application as early as possible. For contact information for Early Head Start and Head Start Programs, visit www.azheadstart.org and refer to the Arizona Head Start Association's annual report.

Appointments Not During School

DCS and resource parents are to make every reasonable effort not to remove a foster child from school during regular school hours for appointments, visits or activities not related to school. This is to minimize interference with the foster child's learning and disruptions to the child's school schedule. Medical and dental appointments should be scheduled before or after school, on early release days, during study hall, if applicable, or dates school is out for a break. Resource parents are encouraged to work with the Child Safety Specialist and the RBHA provider in arranging appointments during non-school hours. A.R.S 8-527

Legal Process

Who Is Involved: Understanding the Roles and Responsibilities?

- *The Juvenile Court (Judge or Commissioner)* is responsible for hearing all actions that concern issues of dependency, termination of parent-child relationship, adoption and guardianship.
- *Assistant Attorneys General (AGs)* within the Protective Services Division of the Attorney General's Office appear in Juvenile Court cases on behalf of DCS. The Attorney General's Office is responsible for representing DCS in actions concerning DCS cases.
- *Private attorneys* represent parents and guardians. The Juvenile Court will appoint private counsel for the parent or guardian if they are unable to afford an attorney.

  A private attorney may represent the child to present his or her wishes to the Juvenile Court.
- *The guardian ad litem (GAL)* is appointed by the Juvenile Court to represent the child's best interest in a dependency case. Representing the child's best interest is not necessarily the same as representing the child's wishes. The guardian ad litem may be an attorney, a volunteer special advocate or other qualified person. This usually occurs when

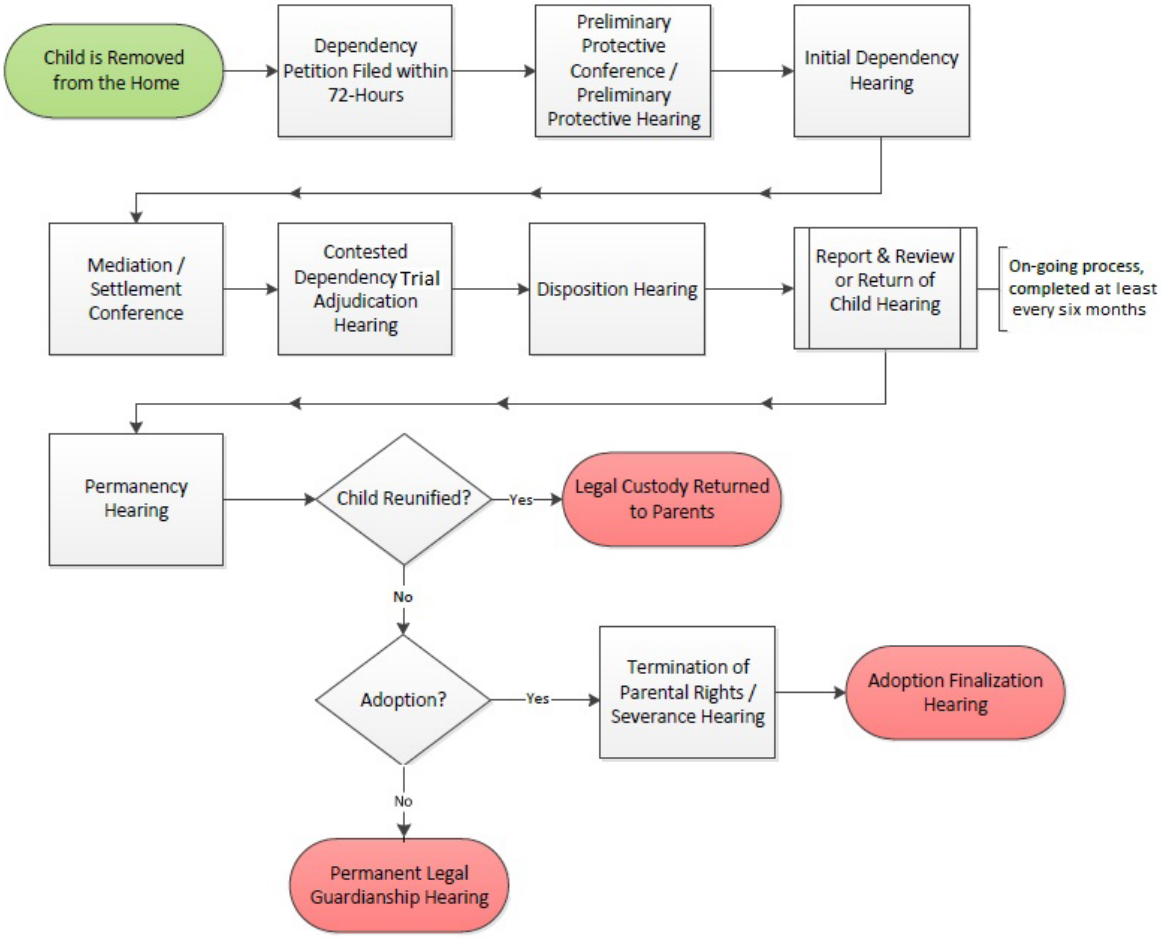
the child is of an age to assert his/her own opinion but the child's wishes are not in his/her best interest (e.g. return home when child's safety cannot be assured). Resource parents are to provide all information about the care of the child while in their home to the GAL. The GAL is to be given every opportunity to consult with the child, i.e. at Juvenile Court, the GAL's office, a case plan staffing or in the resource parent's home. [Note: A separate GAL should be assigned to advocate for a child in a criminal case of maltreatment. The child may be eligible for up $20,000 from a county victim's compensation program.]

- *All parents or legal guardians* are parties to actions, unless their parental rights have been terminated by the Juvenile Court or they have relinquished legal custody. The mother of the child could be a biological or adoptive mother. A father could be a biological, legal, alleged or presumed father. Legal Guardians are persons with legal responsibility for the care and welfare of the child.
- *The child* is a party to the action. The child, through his/her attorney, has the right to be informed of, to be present at and to be heard in dependency and termination of parental rights hearings.
- *Resource Parents (Foster parents, pre-adoptive parents and relatives)* are considered an interested party to an action concerning a child who is in their care or who has been in their care within the last six months. They are also entitled to receive notice of and given an opportunity to be heard at any review or hearing concerning the child.
- *The Child Safety Specialist* is the representative of DCS in hearings affecting a child or family about which he or she has relevant information. The Child Safety Specialist is expected to attend all hearings concerning his or her cases.
- *The Court Appointed Special Advocate (CASA)* is a volunteer who is appointed by the Juvenile Court to advocate for a dependent child. The CASA's first priority is to advocate for the child's safety; the CASA must meet with the child. CASAs have access to all documents and information about the child and the birth family history. CASAs provide information to the Juvenile Court to assist in making decisions concerning what is in the child's best interest. The CASA prepares a formal written report to the Juvenile Court, talks with the child, parents, family members, resource parents, social workers, school officials, health providers and others who have knowledge of the child's history. The CASA also reviews all records pertaining to the child including school, medical, case worker reports and other documents. Through developing a relationship with a child, the CASA finds out what the child wants and needs. Many of them will take the child on outings or have private time with the child. By using their advocacy power, CASAs learn if education, counseling, or improved parenting will give children their best chance for safe and happy childhoods. CASAs follow the child's case from the time dependency is established until either the Juvenile Court relieves the advocate of responsibility or the Juvenile Court dismisses the action before it. The CASA may appear in Juvenile Court on behalf of the child. To learn more: http://www.azcourts.gov/dcsd then click on Court Appointed Special Advocates on the menu.
- *The Foster Care Review Board (FCRB)* is a group of volunteers who review the case of every dependent child who remains in out-of-home care at least every six months. The FCRB is mandated to make determinations in these four key areas:
  - ✓ safety, necessity and appropriateness of placement
  - ✓ case plan compliance
  - ✓ progress toward mitigating the need for foster care
  - ✓ a likely date (target date) by which the child may be returned home or placed for adoption or legal guardianship.

The FCRB cannot direct the agency to take specific actions concerning a child; however, it may make recommendations to the Juvenile Court regarding plans and services for a child or family. Resource parents are encouraged to attend either in person or by telephone to provide valuable input about the care and progress of the child. More information can be found by going to http://azcourts.gov/dcsd then click on Foster Care Review Board on the menu.

- *A relative* identified as possible placement has the right to be heard in any proceeding with respect to the child. Other relatives or individuals may petition the Juvenile Court to be considered interested parties to an action. Other interested party having a legitimate interest in the welfare of the child may file a petition to adopt. Other interested party may be a person or agency.

Arizona Dependency Process



Juvenile Court Hearing Types

At any dependency hearing, the Juvenile Court's first priority is the protection of the child from abuse or neglect.

- *Preliminary Protective Pre-hearing Conference*: A mandatory meeting of all parties to the dependency action and other interested persons as permitted by the Juvenile Court held immediately before the Preliminary Protective Hearing (PP5). The purpose of the meeting is to attempt to reach an agreement about temporary custody and placement of the child, services to be provided to the child, parent or guardian, and visitation of the child. The availability of reasonable services to the parent or guardian is considered. The child's health and safety is a paramount concern.
- *Preliminary Protective Hearing (PP5)*: Held no less than five and not more than seven working days, excluding Saturdays, Sundays and state holidays, after the child is taken into custody and a dependency petition is filed. The hearing is to determine whether to continue temporary pending the Initial Dependency Hearing. The Juvenile Court receives any agreement from the pre-hearing conference; determines if reasonable efforts were made to prevent or eliminate the need for removal of the child and if services are available that would eliminate the need for continued removal. The Juvenile Court enters orders regarding the child's placement and visitation, if the child remains in care. The Juvenile Court orders DCS to make reasonable efforts to provide reunification services, unless the Juvenile Court finds this is contrary to the best interest of the child. The Juvenile Court gives paramount consideration to the child's health and safety.
- *Initial Dependency Hearing:* occurs within 21 days of filing a petition, held only if the parent did not appear at the Preliminary Protective Hearing (PPH).
- *Settlement Conference or Mediation*: Held prior to the pre-trial conference or dependency adjudication hearing. The purpose is to attempt to settle the issues in a non-adversarial manner and to avoid a trial.
- *Contested Dependency Adjudication Hearing:* occurs 90 days from the date the petition was served to the parents. The purpose is to determine whether the State has met the burden of proving the child dependent. (See Disposition Hearing)
- *Disposition Hearing*: is held at the same time of or within 30 days of the dependency adjudication hearing. The purpose is to obtain specific orders regarding the child's placement, services and appropriateness of the case plan. The Juvenile Court considers the goals of placement, appropriateness of the case plan, services that have been offered to reunify the family and the efforts that have been or should be made to evaluate or plan for other permanent placement. If the Juvenile Court does not order reunification of the family, the Juvenile Court shall order a plan of adoption or other permanent plan.
- *Report and Review Hearings* (R & R): Held at least once every six (6) months after the Disposition Hearing until the dependency is dismissed. The Juvenile Court reviews the progress of all the parties in achieving the case plan goals and determines whether the child continues to be dependent.
- *Expedited Permanency Hearing:* occurs at 6 months for children under the age of 3 at the time of removal. If the Juvenile Court finds that the parents have substantially neglected or willfully refused to participate in reunification services, the Juvenile Court may terminate their parental rights at this permanency hearing.
- *Permanency Hearing:* occurs 12 months from removal. The Juvenile Court determines the future permanent legal status goal for the child and enters orders to accomplish the plan within specific time frames.

- *Termination Hearing:* occurs 90 days from the Permanency Hearing if severance and an adoption plan were ordered at the Permanency Hearing. The Juvenile Court determines whether the State has met the burden of proof to terminate parental rights and whether termination is in the best interest of the child. A jury trial will be held upon the request of the parent.
- Other Hearings: If applicable, a Guardianship Hearing or an Adoption Finalization Hearing could occur.

Foster Care Review Board (FCRB)

The Arizona State legislature established the Foster Care Review Board (FCRB) in 1978 in response to concerns that Arizona's foster children were being "lost" in out-of-home care and staying too long in temporary placements. The primary role of FCRB is to advise the Juvenile Court on progress toward achieving a permanent home for a child in foster care.

The FCRB is mandated to make determinations every six (6) months in these four key areas:

- safety, necessity and appropriateness of placement
- case plan compliance
- progress toward mitigating the need for foster care
- a likely date (target date) by which the child may be returned home or placed for adoption or legal guardianship.

Resource parents are encouraged to attend either in person or by telephone to provide valuable input about the care and progress of the child.

More information can be found by going to http://www.azcourts.gov/fcrb/Home.aspx.

Resource Parents Notification of Juvenile Court Hearings and Foster Care Review Board Hearings

Resource parents must be notified of any Juvenile Court proceedings affecting their foster child and that resource parents have a right to be heard and participate in these hearings. Ask the Child Safety Specialist for the next Juvenile Court hearing date and the next Foster Care Review Board Hearing. Your presence, input and advocacy is very important in these legal forums.

Juvenile Court Hearings Open To The Public

Juvenile Court proceedings relating to dependency, permanent guardianship and termination of parental rights are open to the public. DCS may request that the Juvenile Court order a proceeding to be closed to the public. Unless a parent waives his or her right to privacy, the Child Safety Specialist should request that all or part of the hearing be closed to the public if records of substance abuse assessment and treatment, behavioral and mental health, medical, education or HIV/AIDS or domestic violence will be discussed.

Termination of Parental Rights (TPR)

An order of the Superior Court that separates the parent and the child of all legal rights, privileges, duties and obligations with respect to each other except the right of the child to inherit and receive support from the parent. This right of inheritance and support shall only be terminated by a final order of adoption.

Grounds for TPR: Always remember this is a legal process determined by the Juvenile Court to be in the best interest of the child. DCS will consider at least the following factors:

- the child's permanency goal;
- the parent's work per the case plan tasks and likelihood of imminent family reunification;
- the parent's ambivalence to parenting;
- the child's age and willingness to consent to adoption (a child who is 12 years of age or older must consent to the adoption in open Juvenile Court);
- the child's need for a permanent parent-child relationship;
- if reunification services were ordered, but not provided;
- if the services that were provided were culturally sensitive and if the provider was successful in engaging the family in the services;
- the availability of relatives or other significant persons to provide a safe, permanent home for the child;
- the effects of removal from the current placement on the child's long term emotional well-being and the caregiver's willingness to adopt;
- compliance with Indian Child Welfare Act requirements relating to provision of active reunification services, placement and standard of evidence; and
- applicability of the grounds for termination and supporting evidence.

The following are the legal standards for consideration by DCS and the Attorney General's office prior to making a recommendation to the Juvenile Court. Before the Juvenile Court can terminate a parent's legal rights to a child, Juvenile Court (or jury) must make 2 findings:

1. Finding, by clear and convincing evidence, that at least one termination ground exists for each parent, and
2. Finding, by a preponderance of the evidence, that termination will be in the child's best interests.

All grounds for termination must include: information; documentation; opportunity; provision and compliance of services; timeline calculations and c ooperation or non-cooperation of the parent(s); ability and willingness of the parent to care for their child(ren). When considering termination it must be reviewed by an internal DCS committee and the Arizona Attorney's Office before being presented to the Juvenile Court for final judgment. The following list is not inclusive of all of the legal grounds for termination of parental rights. (ARS § 8-533)

- The parent has abandoned the child. Abandonment is failure to provide reasonable support and to maintain regular contact with the child, including normal supervision. The Juvenile Court must find the parent has made only minimal efforts to support and communicate with the child. Failure to maintain a normal parental relationship without just cause for 6 months or longer is considered proof of abandonment.
- The parent has neglected or willfully abused a child. Neglect or willful abuse is abuse that includes serious physical or emotional injury or situations in which the parent knew or reasonably should have known that a person was abusing or neglecting a child.
- The parent is unable to discharge parental responsibilities because of mental illness, mental deficiency or a history of chronic abuse of dangerous drugs, controlled substances or alcohol. There are reasonable grounds to believe that the condition will continue for a prolonged indeterminate period.

- The parent is incarcerated and convicted of a felony that includes murder of another child of the parent, manslaughter of another child of the parent or aiding or abetting or attempting, conspiring or soliciting to commit murder or manslaughter of another child of the parent, or if the sentence of that parent is of such length that the child will be deprived of a normal home for a period of years.
- The length of time the child has been in care:
  - ✓ The time in care has been for a cumulative total period of nine months or longer and the parent has substantially neglected or willfully refused to remedy the circumstances that cause the child to be in an out-of-home placement (length of time in care).
  - ✓ The child is under three years of age has been in care for a cumulative total period of six months or longer and the parent has substantially neglected or willfully refused to remedy the circumstances including refusal to participate in reunification services offered by the department.
  - ✓ The child has been in care for a cumulative total period of fifteen months or longer and there is a substantial likelihood that the parent will not be capable of parenting the child in the near future.
- The identity of the parent is unknown and continues to be unknown following three months of diligent efforts to identify and locate the parent.
- The parent has had parental rights to another child terminated within the preceding two years for the same cause and is currently unable to discharge parental responsibilities due to the same cause.
- The child was returned to the parent and within eighteen months was again removed and the parent is currently unable to discharge parental responsibilities.
- The parents have relinquished their rights to a child to an agency or have consented to the adoption.

Indian Child Welfare Act (ICWA):

ICWA is a federal law that seeks to keep Indian children with Indian families. Congress passed ICWA in 1978 in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies. The intent of Congress is to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families" (25 U.S.C. § 1902) . ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized tribe or is the biological child of a member of federally recognized tribe.

The ICWA applies to child custody proceeding including foster care placement, termination of parental rights, pre-adoptive placement and adoptive placement. The ICWA requires DCS to follow certain standards and procedures when an Indian child is involved in child custody proceedings in state court. The state court is required to give legal notice to the child's tribe when the court knows or has reason to know that ICWA applies.

DCS must give preference to foster care placement of an Indian child with:

- A member of the Indian child's extended family;
- A foster home licensed, approved or specified by the Indian child's tribe;
- An Indian foster home licensed or approved by an Indian tribe; or
- An institution for children approved by an Indian tribe or operated by an Indian organization

DCS must give preference to adoptive placement of an Indian child with:

- A member of the child's extended family;
- Other members of the Indian child's tribe; or
- Other Indian families, including single parent families.

DCS is required to make active efforts to provide remedial services and rehabilitative programs. Remedial services and rehabilitative programs will be provided in a culturally competent manner consistent with the child's and parents' wishes and delivered in a manner that incorporates, when appropriate, Indian ceremonial and religious practices, talking circle, and tribally operated programs which reflect Indian values and the beliefs of the family

The child's Indian tribe is a party in the case and has the right to intervene or take legal custody of the child at "any point" in a state court preceding involving foster care placement and termination of parental rights proceedings.

For more information contact the Indian Child Welfare website at http://www.nicwa.org/.

Delinquency

The legal status of a juvenile who has been charged or is convicted of a criminal charge and is placed under the jurisdiction of the Juvenile Justice System which is the County Probation Department or the Arizona Department of Juvenile Correction.

Dually Adjudicated Youth

Dually adjudicated is the legal term for juveniles who are both dependent and delinquent. These children are under the jurisdiction of the Juvenile Court for both their dependency matter and their delinquency matter. Separate Juvenile Court hearing will be held on each type of issue.

Rules, Regulations & Requirements

Office of Licensing and Regulation (OLR)

OLR is an office within DCS. This office is responsible for the licensure of foster homes located within Arizona except for those foster homes licensed by DES/DDD[1] or licensed by one of the Tribes.

OLR is committed to protecting the health, safety, and well-being of children receiving care or supports in DCS regulated programs. The protection provided by OLR is delivered through the development, assessment, and enforcement of regulations for licensing. The purpose of regulation for licensing by OLR is to implement the state's obligation for protection by reducing the risk of predictable harm to children living in family foster homes or in child welfare group homes. OLR is organized into units that work closely together to achieve their mission of protection.

- Family Home Licensing (FHL)
- Child Welfare Licensing (CWL)

[1] Child Developmental Homes and Adult Development Homes are licensed by the DES/Office of Licensing Certification Regulation.

- Regulatory Support (Life-Safety Inspections and Licensing Concerns)
- Background Investigations (Background Checks and Fingerprints)

As a licensed foster parent, you and your licensing agency will be working with the Family Home Licensing, the Regulatory Support Unit.

Article 58 (Family Foster Parent Licensing Requirements) – Become an Expert

Article 58 contains the rules that OLR and your licensing agency follow to license most foster homes caring for children in DCS custody; as well as rules you are expected to know and follow. Rules are part of the Arizona Administrative Code published by the Office of the Secretary of State. Study them and learn your rights as well as your responsibilities. Every family should have been given a copy of this document during your initial training. If not, ask your agency for a copy or download these rules from the internet at http://www.azsos.gov/public_services/Title_06/6-05.htm, right click and Open Hyperlink then scroll down to Article 58 and open each section.

Article 7 (Life and Safety Inspection Rules) - Learn These Requirements

These regulations deal with the home itself. The regulations are the basis of the OLR Life-Safety Inspection. *Rules for Life-Safety Inspections* is the plain language booklet published by OLR's Regulatory Support Unit available from the link at www.azdes.gov/olcrinspect.

Life-Safety Inspections

A life-safety inspection of your home is conducted at the following times: before initial licensure; when a family relocates; every three years by OLR to verify compliance with rules. Special inspections are required for new construction or new pool enclosures and other major changes (i.e. remodeling etc.). These standards are intended to safeguard children from fire hazards and other hazardous conditions. The inspector needs access to each room, cabinets and storage area, the yard and other structures on the property. If the inspector cites violations he/she will work with you to identify what needs to be done to correct the violation. If an OLR inspection identifies some items that require correction, your Licensing Agency may be able to verify the corrections. Your Licensing Agency also conducts an annual walk-through inspection. Refer to Article 7 and the *Rules for Life-Safety Inspections* booklet. Additional information is on www.azdes.gov/olcrinspect.

Emergency Evacuation Plan

This plan is a mandatory floor plan of your home showing all doors and windows. In the plan, use arrows to mark two routes out of each bedroom, one of which must lead directly to the outside. The plan is to identify the location of fire extinguisher(s) and if necessary any special evacuation equipment such as a rope ladder. Finally indicate on the plan a safe meeting place outside to account for everyone.

For the safety of the child, parents should review and practice the evacuation plan with the child (as appropriate to his/her age and developmental level) :

- Within 72 hours of the child's placement in the home,
- Within 72 homes of the relocation to another home, and
- At least once each year following the placement in the home.

Disaster Plan

It is currently best practice to have a written disaster plan that includes:

- Contact information for each child in care, including the name and telephone number of the primary care physician and the Child Safety Specialist's office number;
- A plan for relocation from the home in the event of displacement due to flood, fire, the breakdown of essential appliances, or other disasters.
- Contact information for your family such as out-to-town or state relatives or friends who would know your whereabouts in case of extreme disaster.

You should provide a copy of the plan to your Child Safety Specialist and to your licensing agency.

Notification of Major Events

Resource families must notify DCS within two (2) hours for major events that occur with a child in care including serious illness or injury, any non-accidental injury or sign of maltreatment, unexplained absence, severe psychiatric episode, death, or removal or attempted removal of a foster child by an unauthorized person or agency, other unusual circumstances which might seriously affect the health, safety, or the physical or emotional well-being of a child in care. Within 48 hours DCS must be notified of the involvement of a child with law enforcement authorities.

Emergencies that require evacuation of the foster home must be reported to DCS within two (2) hours. Within 48 hours, report to DCS and licensing agency the serious illness or death of a member of the household, change in foster family or household composition, and absence of one foster parent from a two-parent household for more than seven continuous days.

A written report with details of the events must then be provided to DCS and the licensing agency who then notifies OLR. (See Article 58, Licensing Rules, R6-5-5834)

Notification of Changes or Events in a Licensed Foster Family or Home

Licensed foster families need to notify their licensing agency who then notifies OLR of any of the following changes:

- Marriage or divorce;
- A new household member, defined as any person who will be in the home twenty-one days or longer in a calendar year;
- A temporary visitor who will be in the home a month or longer;
- Death or departure of a household member;
- A fire or emergency evacuation of the home;
- Moving to a new residence, and/or remodeling of the residence.

If the change is expected, provide reasonable advance notice of the change and for other changes or events provide notice within five working days. (See Article 58, Licensing Rules, R6-5-5801.18 & 5835)

Foster Parent License – You and Your Residence are Licensed

A.R.S. §8-509 (A) states that foster home licenses are valid for two years. Licenses issued after September 30, 2013 are valid for two years. A Mid-Term Update is required to confirm annual requirements are current. These include at minimum six hour of in-service training, verification of valid fingerprint clearance cards, criminal self-disclosure forms, CPS-CR checks. An annual life safety walk through by your Licensing Agency will also be done..

Your foster home license is attached to your home address. If you plan to move to another residence, you must notify your licensing agency. Your licensing agency must notify OLR prior to your relocation to keep your license valid. A life safety inspection of the new residence is required to amend your license. For your license to remain in "good standing" this process must be completed before your current license expiration date.

Foster Parent License-You Own Your License

You are licensed by the State of Arizona. You have a Foster Parent Agreement with DCS and usually an agreement with your licensing agency. Should you choose to transfer to another agency; all of the records are property of the State of Arizona and should be given to the new agency at no cost to you.

Quick Connect

Quick Connect is an electronic application system for Family Foster Home Licensing. The system is designed for ease in completing and submitting applications online. The system permits licensing agencies and foster parent applicants to follow the progress of their applications and to print the license. If you are an applicant or licensee, your licensing agency may give you a logon ID and an initial password for the Quick Connect website.

Foster Parent License Renewal

Foster parents can complete renewal applications online through the Quick Connect (QC) system. To make that connection, you will need a logon ID and password. If a foster parent is uncomfortable, unable or unwilling to enter the information into the Quick Connect system, it is the responsibility of the licensing agency to do it.

You should receive a license renewal packet, from your licensing agency within at least 60 days of license expiration. If you do not, contact your licensing worker as soon as possible.

> *A.R.S. §8-509 (J) permits licensed foster parents to modify the renewal date of your license by submitting an application for "modification of renewal date" to OLR. You can specify the new month of renewal but it cannot be more than six months earlier than the existing renewal date and cannot be later than the existing renewal date.*

Important note! It is important to maintain a current foster care license so that foster reimbursements are not interrupted.

Foster Parent License Renewal Training

Each foster parent must have a required amount of in-service/advanced training, per licensing year. HCTC Professional Foster Homes and DDD certified homes require additional training hours each renewal year. Your licensing agency should notify you of regular agency trainings and other events. You and your licensing agency need to develop an annual Training Plan. The purpose is to guide you and your licensing worker in locating or arranging the training and workshops that meet your needs. Review the Plan with your licensing worker at least every 3 months.

Trainings, workshops, conferences, etc. from other licensing agencies as well as DCS and the RBHA, can be used to fulfill this requirement. All training hours are to be pre-approved by your licensing agency and in accordance with your current Training Plan.

Alternative formats for training can be utilized. Classes are available on the internet. CASA Programs offer training that may be an option. Go to www.azcourts.gov/dcsd, CASA Training link for more information or go to www.azafap.org. The internet hours can only be applied for up to ½ of the hours required by your licensing agency for license renewal.

DCS Investigation of the Resource Family

Concerns that involve suspected abuse, neglect or maltreatment must be reported to the DCS Child Abuse Intake Center Hotline, 1-888-767-2445. All calls determined to be a report are investigated by DCS. This includes reports pertaining to the adoptive and biological children of a resource family. DCS also responds to communications received about physical altercations or sexual conduct between the children in foster and adoptive homes. It is your obligation as a resource parent to notify OLR if there is a DCS Investigation in your home whether it deals with a child in care or your own biological or adopted children.

When allegations involve children in care, the assigned Child Safety Specialist takes the lead role in conducting the investigation jointly with the child's CS Specialist and licensing worker(s). For those allegations of abuse or neglect pertaining to non-court wards, the CS Investigator will solely conduct the investigation.

If the allegation(s) is found to be proposed substantiated (probable cause), appropriate measures will be taken to remedy the problem and ensure the safety of all children in the home.

Licensing Concerns in a Foster Home or Family

AAC R6-5-5816 requires that all complaints about a foster home be reported to the Office of Licensing and Regulation (OLR) which tracks all concerns. Licensing complaints are investigated by your licensing agency. OLR may perform an additional investigation of the complaint. During the investigation the representative of your licensing agency will be “wearing a different hat”. He or she needs to speak with all parties involved. After the investigation the Licensing Agency then sends a report to OLR within 60 days of the receipt of the investigation request from OLR. An investigation may result in several actions (see below).

Letter of Concern

One action is a letter from OLR sent to you, the licensee, and one to your licensing agency. A Letter of Concern may be issued when there is a licensing violation from which a foster child experienced no harm or when OLR believes conditions in a licensed foster home *may lead to future licensing violations*. Letters of Concern are retained in an OLR file. They create a historical record and can be used in the future for an adverse action, such as suspension or revocation, in conjunction with other evidence.

Corrective Action Plan (CAP)

This action is a written plan which describes the steps a resource family must take within a specific period of time to remedy licensing violations. The corrective action plan (CAP) has two parts. The first part describes the presenting problem, the tasks needed to resolve the problem, the responsible parties, the completion dates and the consequences for non-compliance. The second part documents the outcome of the tasks completed and the date of the assessment of the completed corrective action. The goal of the corrective action plan is to give resource parents clear information on the issue(s) and how to fix the issue(s). If a licensing complaint leads to a CAP, the CAP is not appealable by the resource parent. Failure to complete a CAP may result in suspension or revocation of a foster home license.

Kinship Foster Care Waivers of Licensing Rules

The Fostering Connections to Success 2008 federal law permits DCS to waive "non-safety" licensing rules on a case-by-case basis for relatives under certain conditions. This means that relatives do not always have to meet certain rules, such as bedroom/sleeping space and income requirements. Safety requirements about criminal and child abuse or neglect history, as well as legal residence of the caregiver and other adults living in the home, cannot be waived. Requirements related to a spouse who is not living the home cannot be waived. Most waivers are time limited with a timeframe to meet compliance with the rule.

Kinship waivers can only be granted to caregivers who are determined to be a relative or kin to the child's family. Waivers are granted only when there is no other means to comply with the rule. Kinship caregivers work with the licensing agency to provide the documentation to request a waiver from OLR. The licensing agency sends a Preliminary Consideration Waiver (LCR-1074A) to OLR.

Supports

Arizona Association for Foster and Adoptive Parents (AZAFAP)

AZAFAP is a non-profit, statewide membership organization that serves families who adopt, provide foster and kinship. Working in partnership with child welfare professionals and the community, the Association's purpose is to support, educate, empower and provide a voice for Arizona's foster and adoptive families, with the goal of increasing the well-being and stability of Arizona's most vulnerable children. For further information, visit their website at www.azafap.org.

DCS Liaison for Resource Parents

If or when resource parents have unresolved issues after proceeding up the chain of command within DCS, OLR or their licensing agency, they are encouraged to contact the DCYF Resource Home Advocate at (602) 542-3981.

DCS "Warm Line' for Resource Parents

The Warm Line seeks to provide resource parents with requested information, assistance with authorizations for services, timely communication, and support from DCS. The Warm Line is not intended to take the place or substitute for regular communication between the Child Safety Specialist and the resource parent. Call 1-877-KIDSNEEDU (1-877-543-7633) and select Option 3. A Warm Line designee will be available during the hours of 8:15 am to 4:30 pm Monday through Friday. In addition, the caller will have the option to leave a message 24/7.

DCS Liaison to Tribes

DCS is focused on providing services in ways that are culturally sensitive and appropriate. The DCS Indian Child Welfare Specialist works with 22 Native American tribes throughout Arizona on a variety of human services issues, including services to support self-sufficiency – and safety – such as child welfare. The Tribal Liaison provides guidance, advice and education to DCS stakeholders such as resource parents regarding the state's Native American tribes and their particular strengths, needs and challenges. Contact DCYF Central Office at (602) 542-3981 and ask to speak to the Indian Child Welfare Specialist.

Ombudsman's Office, State of Arizona

The State of Arizona has a resource, support person to advocate for individuals in need of help working with State of Arizona governmental agencies. This office is not part of DCS. Foster Home Ombudsman: 602-277-7292.

Provider Indemnity Program (PIP) - Risk Management Insurance

This is the State of Arizona provider program that oversees claims for damages caused by children in care. Coverage includes:

- General Liability such as bodily injury, property damage or personal injury resulting from the direct or incidental care of a child in care.
- Damage to Personal Property which includes physical damage or destruction of the real and personal property. However, the damage must actually be caused by the child in care.

Coverage is provided on a replacement cost less depreciation basis for the loss of or damage to real or personal property as a result of the child in care's actions.

A Significant Incident form is to be completed. Refer to Significant Incident Notification.

Please call or go to the web site for exclusions of coverage and more detailed information. To file a claim, contact them at: 602-542-2180. For more information about the Provider Indemnity Program (PIP) administered by Risk Management, please refer to their informational brochure at http://www.azrisk.state.az.us/UserFiles/PDF/insurance/ProviderIndemnityProgram.pdf.

Arizona Friends of Foster Care Foundation

The AFFCF is a non-profit charity organized to promote the self-esteem and enrich the lives of Arizona's children in care by funding activities, education, and other needs to provide them with quality experiences while they live through difficult circumstances. An application must be submitted and the receipts must be provided as they provide grants for items that are not funded by State or other programs, including:

- Little league, soccer, football, and other team sport fees, shoes, and uniforms
- Sports lessons, equipment, and league fees
- Dance and music lessons
- Musical instrument rentals and purchase (after a minimum of 1 year of rental)
- Sports and other lesson renewals up to one year
- Bicycles (with lock and helmet)
- Roller blades, pads, and helmet
- Theme park admission ticket, plus $20 spending money, up to a maximum of $180 per child per trip.
- Class trips
- Letter jackets
- Prom clothes, tickets, and photos up to a $300 maximum
- Graduation clothes for graduations other than high school, and high school graduation clothes for children on independent living who do not receive DES graduation monies
- Post-secondary education and training
- Apartment set-ups

Requests for assistance from Arizona Friends of Foster Children Foundation will need the signature of the Child Safety case manager. The resource parent can complete the application. To learn more about the Foundation and to complete an application, go to their website at http://affcf.org

The DES/Division of Developmental Disabilities (DDD)

DDD provides needed supports to children and adults who meet the following eligibility requirements:

- A strongly demonstrated potential that a child under the age of six years is developmentally disabled or will become developmentally disabled as determined by a test, or
- A severe chronic disability which is attributable to cognitive disability, cerebral palsy, epilepsy or autism which is manifested before the age of 18 and is likely to continue indefinitely and results in substantial functional limitations in three or more areas of major life activity:
  - ✓ Self-care: eating, hygiene, bathing, etc;
  - ✓ Receptive and expressive language: communicating with others;
  - ✓ Learning: acquiring and processing new information;
  - ✓ Mobility: moving from place to place;

- ✓ Self-direction: managing personal finances, protecting self-interest, or making independent decisions which may affect well-being;
- ✓ Capacity for independent living: needing supervision or assistance on a daily basis
- ✓ Economic self-sufficiency: being able to financially support oneself.

It reflects the need for a combination and sequence of individually planned or coordinated special or other services which are life-long or of extended duration. Please go to http://www.azdes.gov/ddd/ for more information. Should you believe your child in care qualifies for DDD services, please contact your Child Safety worker to discuss the referral.

DES/DDD Child Developmental Homes (CDH)

Some resource parents choose to provide care to children who have developmental disabilities and receive services through the Arizona Division of Developmental Disabilities. They also complete the AZPS-MAPP Program and receive an additional 16-20 hours of specialized training prior to licensure. Child Developmental Resource Parents must be certified and maintain certification in CPR and First Aid. In addition to foster care, families licensed as CDH also provide "habilitation" which includes a variety of interventions and training such as special developmental skills, special behavior interventions, sensory motor development, alternative and adaptive communication, self-help skills, physical mobility, personal care and adaptive living skills which are designed to maximize the functioning of children and youth with developmental disabilities. The "habilitation" is a federally funded service. Furthermore, Child Developmental Homes also have additional rules that guide both the licensing process, care of children in the home, other residents in the home and on the grounds, record keeping, etc.

Women, Infant and Children (WIC)

WIC is a federally funded program providing residents with nutritious foods, nutrition education, and referrals. WIC serves pregnant, breastfeeding, and postpartum women, and infants and children under age five who meet WIC eligibility guidelines. Children in care meet these guidelines and are eligible for services. Refer to http://www.azwic.gov/index.htm for more detailed information.

Boy's and Girl's Club Membership

The Boy's and Girl's Clubs offer free, after school services to children in care 6 to 18 years old. Use your child's CMDP card for membership enrollment. Additionally, check with B&G's Clubs for Vacation Day Camps, Sport's Leagues and Young Champions, which include; Pom and Cheer and Karate. Check with your local clubs to see if they participate. There may be fees and other costs required for the child to participate in some programs.

Raising Special Kids

Raising Special Kids provides information, training, resources, and support to families of children with disabilities and special health care needs in Arizona. Parent-to-Parent support has always been the heart of Raising Special Kids. Each year, families are connected with veteran "mentor" parents who have walked a similar path, and who understand the challenges of raising a child with a disability or special health care need. Staff assist families in identifying and locating appropriate resources. Workshops offer training in a variety of skills including advocacy, effective communication and collaboration techniques. Workshops are available for families to

aid in acquiring skills and information beneficial to parenting children with disabilities or special health care needs. RSK work hard to provide our workshops to families at no cost. Raising Special Kids provides training and consultation in special education to families, schools, teachers, and other professionals; provides families with assistance in navigating health care systems. Contact at them at 602-242-4366 or 1-800-237-3007 or at their website www.raisingspecialkids.org.

MIKID (Mentally Ill Kids in Distress)

MIKID provides help and support to families in Arizona with behaviorally challenged children, youth and young adults. MIKID offers information on children's issues, Internet access to parents, referrals to resources, educational speakers, support groups, holiday and birthday support for children in out-of-home placement and parent-to-parent volunteer mentors.

Contact them at (602) 253-1240 or (520) 882-0142 or 1-800-356-4543 or their website www.mikid.org

NAMI Arizona (National Alliance on Mental Illness)

NAMI Arizona has a statewide HelpLine for information on mental illness, referrals to treatment and community services (though remember foster children must receive behavioral health services though the Regional Behavioral Health Authority), and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education, and advocacy to people of all ages who are affected by mental illness and their families. Contact them at (602) 244-8166 or (800) 626-5022 outside greater Phoenix or their website www.namiaz.org.

The Q Line

The Q Line is a 24 hours support helpline for LGBT (Lesbian, Gay, Bisexual, Transgender) youth and allies. It is unique in that it is a clearing house for support services in AZ. It is based out of La Frontera Empact, 800-527-4747 or local 480-736-4925. Ask them for location resource information.

PFLAG (Parents, Families and Friends of Lesbians and Gays)

PFLAG is a national support, education and advocacy organization for lesbian, gay, bisexual and transgender (LGBT) people, their families, friends and allies. PFLAG has chapter helplines, support group meetings and resources. PFLAG educates families and communities on sexual orientation, gender identity and LGBT issues. PFLAG is a non-profit organization and is not affiliated with any religious or political institutions. http://www.pflagarizona.org provides information on the fourteen PFLAG chapters around AZ.

Trans Youth Family Allies (TYFA)

TYFA is a national organization to empower children and families by partnering with educators, service providers and communities, to develop supportive environments in which gender may be expressed and respected. It is an internet support and education site for transgender children and their families. Check their website imatyfa.org for Arizona information.

Community Resources

- Free or Reduced Cost City Programs: Check with your local Parks and Recreation to see if they offer free or reduced cost programs.
- Free or reduced membership to the YMCA, check with your local facility.
- Free children's clothes, furniture and personal articles may be available through community charitable or church organizations. Please check with your local churches, civic groups or charitable organizations.

Acronyms

Acronym	Word, Definition or Phrase
AA	Alcoholics Anonymous
AAC	Arizona Administrative Code
AAG	Assistant Attorney General
ACJS	Arizona Criminal Justice System
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADES	Arizona Department of Economic Security
ADHD	Attention Deficit Hyperactivity Disorder
ADHS	Arizona Department of Health Services
ADJC	Arizona Department of Juvenile Corrections
ADCS	Arizona Department of Child Safety
ADL	Activities of Daily Living
ADOC	Arizona Department of Corrections
AFFCF	AZ Friends of Foster Care Foundation
AG	Attorney General
AHCCCS	Arizona Health Care Cost Containment System
AIDS	Acquired Immunodeficiency Syndrome

Acronym	Word, Definition or Phrase
AITI	AZ Infant Toddler Institute
AKA	Also Known As
ALTCS	Arizona Long Term Care System
AMI	Alliance for the Mentally Ill
AMA	American Medical Association
AM1	Adoption Subsidy Maintenance 1
AM2	Adoption Subsidy Maintenance 2
AM3	Adoption Subsidy Maintenance 3
AM4	Adoption Subsidy Maintenance 4 (therapeutic)
A/N	Abuse/Neglect
APA	American Pediatric Association or American Psychiatric Association or American Psychological Association
APM	Assistant Program Manager
APPLA	Another Planned Permanent Living Arrangement
APS	Adult Protective Services
ARS	Arizona Revised Statutes
ASFA	Adoption & Safe Families Act
ASH	Arizona State Hospital
AWA	Adam Walsh Act

Acronym	Word, Definition or Phrase
AWOL	Absent Without Leave
AXIS I	Psychiatric Diagnoses
AXIS II	Developmental Diagnoses
AXIS III	Physical Diseases and/or Diagnoses
AXIS IV	Psychological Stress Factors
AXIS V	Global functioning of psychological, social and occupational functioning
AzAFAP	Az Association for Foster and Adoptive Parents
AzBOF	Arizona Board of Fingerprinting
AzEIP	Arizona Early Intervention Program
AZPS MAPP	Arizona Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting
BHS	Behavioral Health Services
BIA	Bureau of Indian Affairs
BX	Behavior
CAP	Corrective Action Plan
CASA	Court Appointed Special Advocate
CBT	Cognitive Behavioral Treatment
CCA	Child Care Administration
CCR&R	Child Care Resource and Referral
CDH	Child Development Team

Acronym	Word, Definition or Phrase
CFT	Child and Family Team
CHILDS	Children's Information Library & Data Source (software program for CPS)
CIT	Crisis Intervention Team
CM	Case Manager
CMDP	Comprehensive Medical & Dental Program
CMI	Chronically Mentally Ill
COB	Close of Business
COT	Court Ordered Treatment
CP	Case Plan
CPC	Certified Professional Counselor
CPC	Change in Physical Custody
CSRA	Child Safety Risk Assessment
CSP	Child Safety Plan
C2C	Cradle to Crayons
DAD	Deputy Assistant Director
DCS	Department of Child Safety
DCSE	Division of Child Support Enforcement
DD	Developmental Disabilities
DDD	Division of Developmental Disabilities (DES)
DES	Department of Economic Security

Acronym	Word, Definition or Phrase
DHHS	Department of Health & Human Services
DHSA	Department of Health Services
DJC	Department of Juvenile Corrections
DOB	Date of Birth
DOC	Department of Corrections
DOE	Department of Education
DPM	Deputy Program Manager
DPM	District Program Manager
DSM IV	Diagnostic & Statistical Manual of Mental Disorders, fourth edition
DV	Domestic Violence
EEO	Equal Employment Opportunity
EPSDT	Early & Periodic Screening & Diagnosis & treatment
ER	Emergency Room
EVAL	Evaluation
FAA	Family Assistance Administration
FAC	Family Advocacy Center
FAE	Fetal Alcohol Effect
FAPE	Free Appropriate Public Education
FAS	Fetal Alcohol Syndrome
FC	Foster Child(ren)

Acronym	Word, Definition or Phrase
FCC	Fingerprint Clearance Card
FCP	Family Centered Practice
FCRB	Foster Care Review Board
FERPA	Family Educational Rights & Privacy Act
FFH	Family Foster Home
FFMF	Foster Care Medically Fragile Rate
FGDM	Family Group Decision Making
FPPT	Family Preservation Program Team
FSP	Family Support Partner
FTT	Failure to Thrive
GAF	Global Assessment of Functioning
GAL	Guardian Ad Litem
GCMS	Gas Chromatography/Mass Spectrometry
GED	General Education Diploma
GOC	Governor’s Office for Children
HFAz	Healthy Families Arizona
HIPAA	Health Insurance Portability & Accountability Act
HIV	Human Immunodeficiency Virus
HSS	Human Services Specialist
HSW	Human Services Worker

Acronym	Word, Definition or Phrase
HV	Home Visit
HX	History
ICM	Intensive Case Manager
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEP	Individual Education Plan/Program
IFSP	Individual Family Service Plan
IL	Independent Living
ILS	Independent Living Skills
ISP	Individual Service Plan
ITP	Individual Transition Plan
JPO	Juvenile Probation Officer
JTPA	Job Training Partnership Act
LAC	Licensed Addiction Counselor
LAC	Licensed Associate Counselor
LCSW	Licensed Clinical Social Worker
LD	Learning Disability
LMFT	Licensed Marriage & Family Therapist
LOC	Level of Care

Acronym	Word, Definition or Phrase
LOS	Lack of Supervision
LPC	Licensed Professional Counselor
LSAC	Licensed Substance Abuse Counselor
LTC	Long Term Care
LTFC	Long Term Foster Care
MC	Medically Complex
MDT	Multi-Disciplinary Team
MGM	Maternal Grandmother
MMPI	Minnesota Multiphasic Personality Inventory
MSW	Master's of Social Work
NA	Narcotics Anonymous
NARBHA	Northern Arizona Regional Behavioral Health Authority
NCP	Non-Custodial Parent
OCD	Obsessive Compulsive Disorder
OJT	On the Job Training
OLCR	Office of Licensing, Certification and Regulation (DES/DD)
OLR	Office of Licensing and Regulation (DCS)
OOH	Out Of Home
OSI	Office of Special Investigations
OT	Occupational Therapy (Therapist)

Acronym	Word, Definition or Phrase
PA	Prior Authorization
PCP	Primary Care Provider
PFFC	Professional Family Foster Care
PFH	Professional Foster Home
PGF	Paternal Grandfather
PHC	Pre-hearing Conference
PIP	Partnership In Parenting
PIP	Provider Indemnity Program
PM	Program Manager
PML	Preferred Medication List
PO	Probation Officer
POA	Power of Attorney
PPC	Preliminary Protective Conference
PPH	Preliminary Protective Hearing
PS-MAPP	Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting
PT	Physical therapy
PTSD	Post-Traumatic Stress Disorder
PWR	Placed With Relative
R&R	Report & Review Hearing
RAD	Reactive Attachment Disorder
RBHA	Regional Behavioral Health Authority

Acronym	Word, Definition or Phrase
RRT	Rapid Response Team
RTC	Residential Treatment Center
RX	Prescribed Prescriptions
S/A	Substance Abuse
SBHS	Southwest Behavioral Health Services
SBS	Shaken Baby Syndrome
SED	Sever Emotional Disturbance
SEN	Substance Exposed Newborn
SIDS	Sudden Infant Death Syndrome
SMI	Serious Mental Illness
SNAP	Supplemental Nutrition Assistance Program (formerly Food Stamps)
SP2	Special 2 Foster Care Rate
SP3	Special 3 Foster Care Rate
SRO	School Resource Officer
SS# or SSN	Social Security Number
SSA	Social Security Administration
SSA	Social Security Act
SSDI	Social Security Disability Income
SSI	Supplemental Social Security Income
STD	Sexually Transmitted Disease

Acronym	Word, Definition or Phrase
TANF	Temporary Assistance for Needy Families
TASC	Treatment Assessment Screening Center
TBI	Traumatic Brain Injury
TCC	Transitional Child Care
TCI	Trauma Informed Care
TCN	Temporary Custody Notice
TCO	Temporary Custody Only
TCW	Temporary Custody / Ward
TDM	Team Decision Making
TGH	Therapeutic Group Home
THRIVE	Therapeutic Help to Reach Infants Very Early
Title II	Social Security Disability / Survivor benefits

Acronym	Word, Definition or Phrase
Title IV-B	Federal Funds for Child Welfare Services
Title IV-E	Federal entitlement program for Out of Home Placement of Children
Title XIX	Medicaid provision of Federal Social Security Act
Title XVI	Social Security Supplemental Income
TPR	Termination of Parental Rights
TRBHA	Tribal Regional Behavioral Health Authority
TX	Treatment
UCC	Urgent Care Center
VR	Vocational Rehabilitation
WIC	Women, Infants & Children
YAP	Young Adult Program

ADA Disclosure

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DCS services is available upon request.