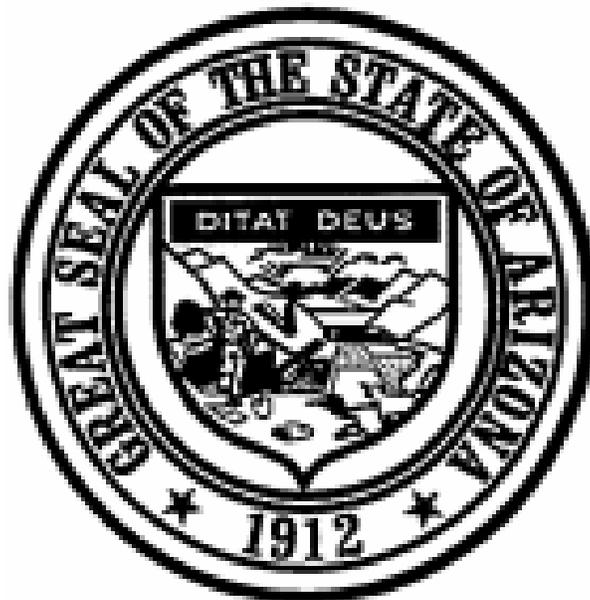


STATE OF ARIZONA
Department of Economic Security
Division of Children, Youth and Families



CHILD AND FAMILY SERVICES PLAN
ANNUAL PROGRESS REPORT 2007

Submitted to:

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

June 2007

STATE OF ARIZONA
DEPARTMENT OF ECONOMIC SECURITY
DIVISION OF CHILDREN, YOUTH AND FAMILIES
CHILD AND FAMILY SERVICES PLAN – ANNUAL PROGRESS REPORT 2007

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Section I

Description of State Agency

ORGANIZATIONAL STRUCTURE OF THE AGENCY AND DIVISION

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

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

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

The Division of Children, Youth and Families (DCYF) provides services to children and families, which include child protective services, family support and preservation services, foster care and kinship care services, adoption promotion and support services, child welfare services, and health care services.

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

- Administration for Children, Youth and Families (ACYF)
- Finance and Business Operations Administration (FBOA)
- Comprehensive Medical and Dental Program (CMDP)
- Program Services Administration

Arizona’s fifteen counties are divided into six regions, which are referred to as districts. District 1 (Phoenix and surrounding cities) and District 2 (Tucson) are the urban districts, while Districts 3 through 6 are the rural districts, although some rural counties are growing rapidly. Arizona is one of the fastest growing states in the United States. According to the Department of Economic Security’s Arizona Workforce Informer website, Arizona’s population increased 23% from the 2000 census to July 2006, reaching over 6,300,000 people. The population of Pinal County increased 67%, and the majority of counties grew between 10% and 30%.

The following chart provides the counties within each district.

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

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Section I: Description of State Agency

District Operations

Each district provides:

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

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

Central Office functions for the Division and the Administration include:

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

Section II

Vision and Mission

Arizona Department of Economic Security

Vision

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

Mission

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

Guiding Principles

System of care must:

- * be customer and family-driven
- * be effectively integrated
- * protect the rights of families and individuals
- * allow smooth transitions between programs
- * build community capacity to serve families and individuals
- * emphasize prevention and early intervention
- * respect customers, partners, and fellow employees

Services must:

- * be evaluated for outcomes
- * be coordinated across systems
- * be personalized to meet the needs of families and individuals
- * be accessible, accountable, and comprehensive
- * be culturally and linguistically appropriate and respectful
- * be strength-based and delivered in the least intrusive manner

Leaders must:

- * value our employees
- * lead by example
- * partner with communities
- * be inclusive in decision making
- * ensure staff are trained and supported to do their jobs

CRITERIA FOR BUDGET DECISIONS

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

Section III

Introduction
Crosscutting Initiatives
Safety
Permanency
Child and Family Well-Being
Systemic Factors

INTRODUCTION

This introduction provides information about data sources, caseload volume, and staff resources, to furnish context for the service descriptions and performance evaluations that follow. Following this introduction, Section III of this Annual Progress Report is divided into five parts:

- *Part 1: Crosscutting Initiatives* – Part 1 describes several multifaceted and statewide continuous improvement initiatives that have produced change in multiple systemic factors and performance areas.
- *Part 2: Safety* – Part 2 provides descriptions of the State’s child abuse and neglect prevention, intervention, and treatment services; including family preservation and family support; the State’s safety goals, measures, and performance analysis; descriptions of recent accomplishments and other factors affecting performance; and the Division’s safety objectives and activities for program and performance improvement in SFY 2008.
- *Part 3: Permanency* – Part 3 provides descriptions of the State’s services to support reunification, adoption, kinship care, independent living, or other permanent living arrangements; including time-limited reunification services, and adoption promotion and support services; the State’s permanency goals, measures, and performance analysis; descriptions of recent accomplishments and other factors affecting performance; and the Division’s permanency objectives and activities for program and performance improvement in SFY 2008.
- *Part 4: Child and Family Well-Being* – Part 4 provides descriptions of the State’s case planning and case management services, including case manager contact with parents and children, and services to address children’s educational, physical health, and mental health needs; the State’s well-being goals, measures, and performance analysis; descriptions of recent accomplishments and other factors affecting performance; and the Division’s well-being objectives and activities for program and performance improvement in SFY 2008.
- *Part 5: Systemic Factors* – Part 5 provides descriptions, performance analysis, recent accomplishments, and other factors affecting performance of the State’s statewide information system capacity, case review system, quality assurance system, staff and provider training, service array and resource development, agency responsiveness to community, and foster and adoptive home licensing, recruitment, and retention program; and the Division’s systemic objectives and activities for program and performance improvement in SFY 2008.

Information on the Division’s progress implementing the action steps and achieving the objectives that were listed in the *Child and Family Services State Plan – Annual Progress Report 2006* is incorporated throughout this report, placed within the most relevant program description or CFSR item.

Primary Data Sources

This report provides data from a variety of sources; including other reports published by the Division or Department, the Child and Family Services Review (CFSR) Data Profile, internal data reports, case reviews, external evaluations of Division programs, and stakeholder focus groups and surveys. Data may be reported by federal fiscal year (FFY), State fiscal year (SFY), or calendar year (CY), depending on availability. Data for similar time periods may vary because of the date of extract from CHILDS (the Statewide Automated Casework Information System or SACWIS) or differences between data extraction

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Section III: Introduction

programs, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data sources, extract dates, and operational definitions are included throughout the document. Frequently cited data sources include the following:

- *CFSR Data Profile* – This data profile is generated from the State’s semi-annual AFCARS submission to the U.S. Department of Health and Human Services (DHHS). This profile was provided to the State by DHHS for the purposes of the CFSR and is considered the official CFSR data for determining substantial conformity with the CFSR national standards on safety and permanency. Data in this profile was extracted from CHILDS in February 2007.
- *Child Welfare Reporting Requirements Semi-Annual Report* – This report is published by the Division, as required by Arizona State Statute, for the periods of October through March and April through September. Data is primarily extracted from CHILDS, and is as current as possible on the date of report publication.
- *Business Intelligence Dashboard* – The Division uses a web-based “data dashboard” to track performance on some key indicators, including timeliness of initial response to reports; timeliness of investigation finding data entry; in-person contacts with children, parents, and out-of-home care providers; and child removals and returns. This data is current as of the most recent weekly refresh from CHILDS. Since this data changes weekly to reflect new entry and corrections, the date the data was retrieved from the dashboard is provided along with all such data in this report.
- *Practice Improvement Case Review* – This data is generated by reviewing a random selection of investigation, in-home services, and out-of-home care cases using a review instrument similar to the CFSR On-Site Review Instrument. The Division conducted its last statewide quarterly review in June 2004, and has conducted annual reviews in each district since that time. Under the new system, statewide statistics are produced annually rather than quarterly. Therefore, data is frequently reported from the quarter ending June 2004 and calendar years 2005 and 2006. See Section III, Part 5, subsection A.2. *Quality Assurance System* for more information.

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

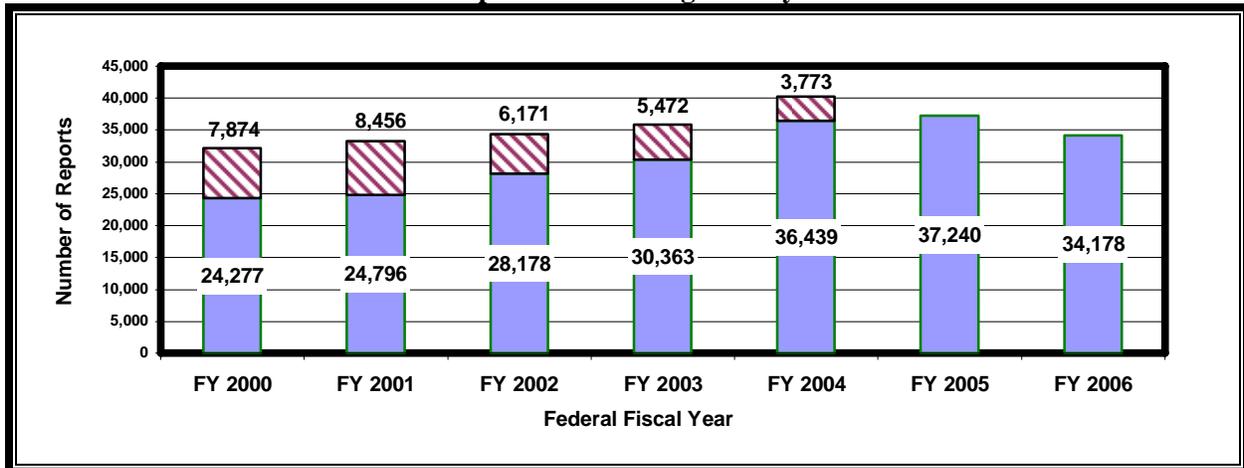
The following chart provides the counties within each district, and the distribution of investigation, in-home cases and out-of-home cases assigned to each district in December 2006. In recent years, the investigation caseload distribution has shifted somewhat from the rural districts to District 1. In-home caseload has shifted to District 1 and away from Districts 2, 3, and 4. Out-of-home caseload has shifted in a small degree from Maricopa and Pima Counties to Districts 3 and 5.

	District 1	District 2	District 3	District 4	District 5	District 6
Counties	Maricopa	Pima	Coconino Apache Navajo Yavapai	Yuma Mohave La Paz	Gila Pinal	Cochise Graham Greenlee Santa Cruz
Investigations	58.3%	17.8%	7.6%	6.5%	6.4%	3.4%
In-Home Cases	54.9%	20.6%	9.5%	5.9%	5.6%	3.5%
Children in Out-of-Home Care	52.0%	24.3%	7.9%	4.1%	7.8%	3.4%

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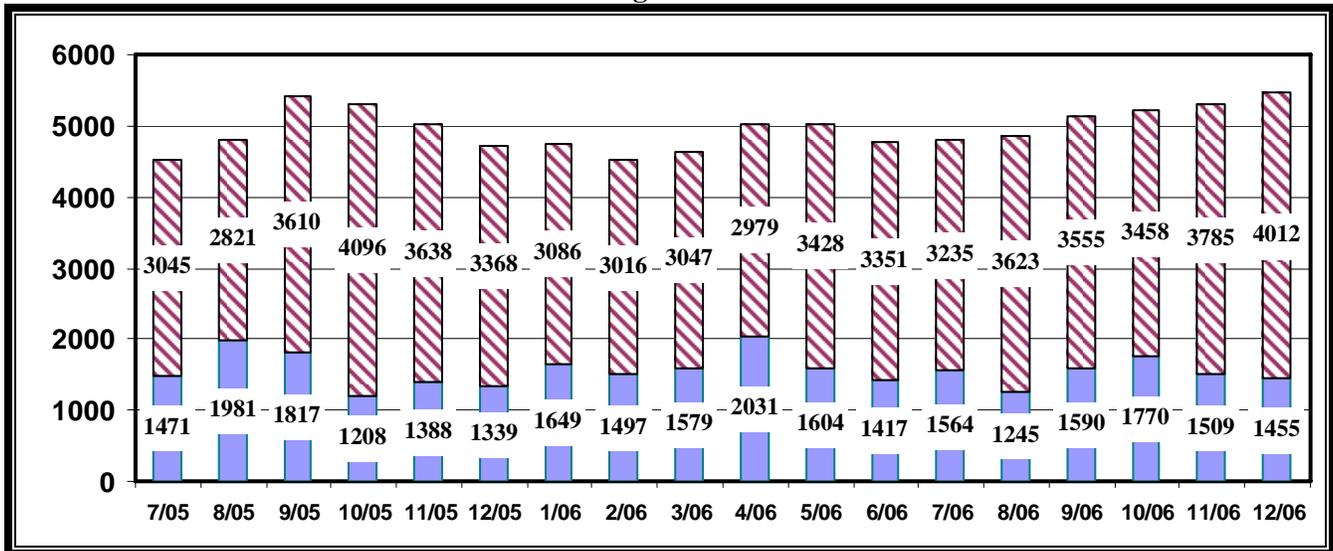
Data from the *Child Welfare Reporting Requirements Semi-Annual Report* in the following chart shows that the number of Hotline reports meeting the statutory requirements for an investigation by the Division decreased in FFY 2005 and FFY 2006, for the first time in at least the last five years. However, the total number of reports assigned to a CPS Specialist remains above levels in 2003 and prior. Furthermore, discontinuation of the Family Builders differential response program in June 2004 actually resulted in an increase of investigative assessments assigned to CPS Specialists in FFY 2005. The Division had been referring well over 5,000 reports annually to Family Builders for differential response, and had referred 1,145 reports from April 1 to June 30, 2004. When the Division began assigning all reports to a CPS Specialist for assessment the Division’s investigative caseload rose, even though the total number of reports decreased. Therefore, FFY 2006 is actually the first year since at least FFY 2000 that Division investigative workload has decreased.

Number of Hotline Reports for Investigation by Federal Fiscal Year



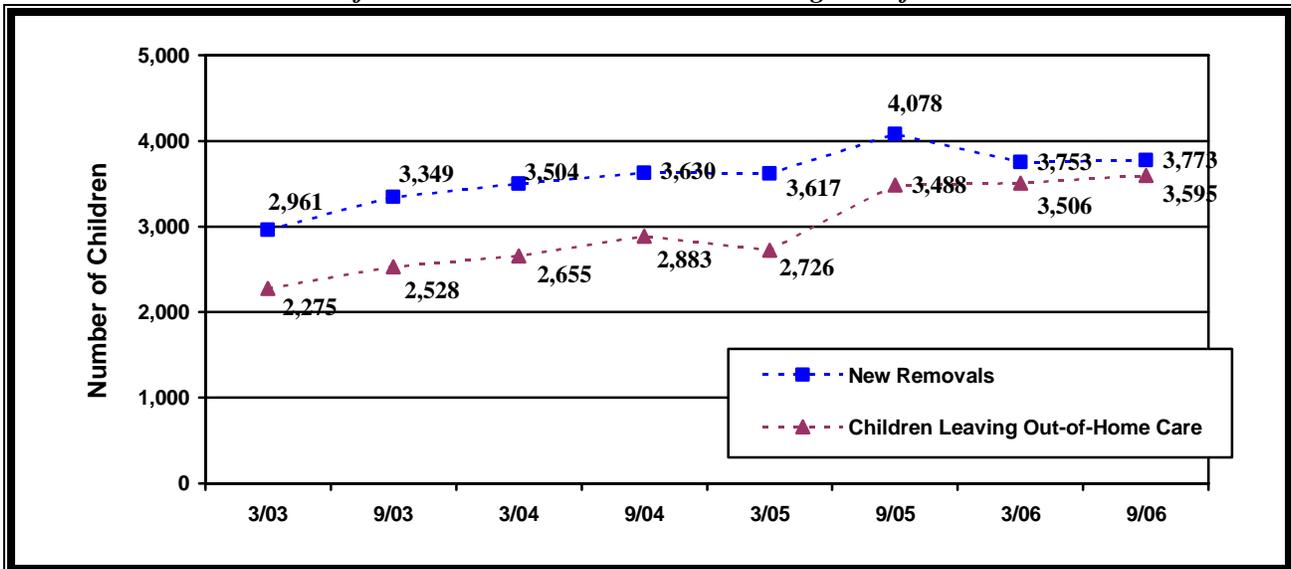
Data in the following chart comes from the Department’s *Child Protective Services Bi-Annual Financial and Program Accountability Report*, and shows the number of new and continuing in-home cases in the 18 months ending December 2006. New in-home cases are cases that have been open for at least 30 days or transferred from investigation to ongoing status in less than 30 days, have no child in out-of-home care, and were not identified as an in-home case in the prior month. In-home services caseload decreased in late 2005 and early 2006, but has increased since that time. In December 2006 the total in-home caseload was 5,467 cases, which was the highest volume of any month in the last 18 months.

New and Continuing In-Home Services Cases



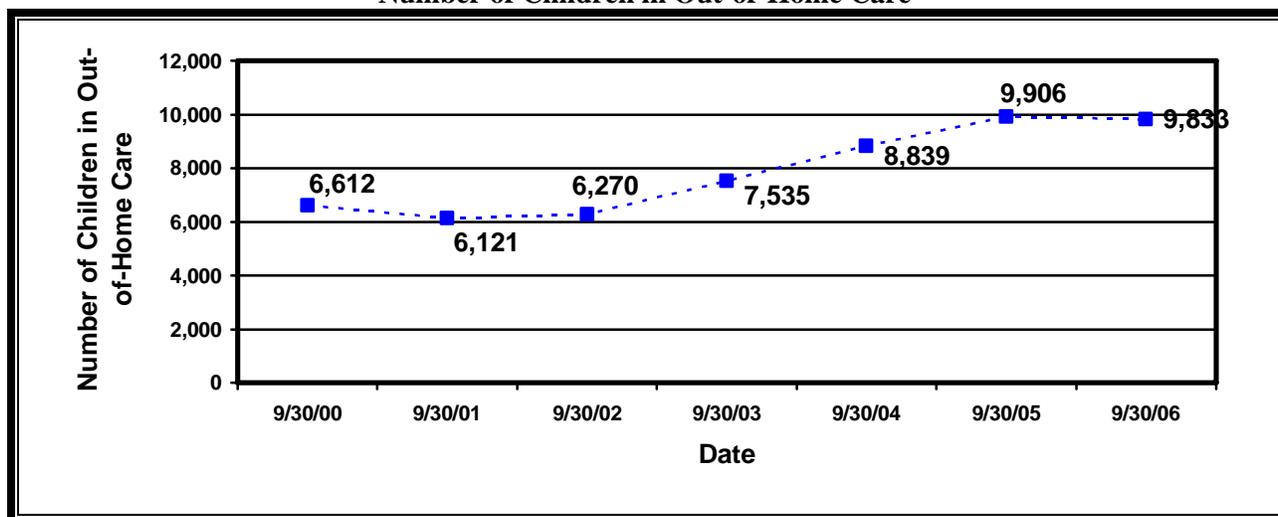
Data in the following chart comes from the *Child Welfare Reporting Requirements Semi-Annual Report*, and shows the number of new child removals and the number of children leaving out-of-home care during the six month periods ending March and September of 2003, 2004, 2005, and 2006. In FFY 2006 the number of new removals decreased and leveled, while the number of children exiting from out-of-home care continued to slowly increase.

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



According to the *Child Welfare Reporting Requirements Semi-Annual Report*, 9,906 children were placed in out-of-home care on September 30, 2005 – a 12% increase over the 8,839 children in out-of-home care on September 30, 2004. However, the annual rate of increase slowed from a high of 20% in FFY 2003 to 12% in FFY 2005, and a small decline was realized in FFY 2006. The following chart shows the number of children in out-of-home care on the last day of FFY 2000 through 2006.

Number of Children in Out-of-Home Care



Staff Resources

The following table shows the Division’s CPS Specialist annualized retention rate for the six month periods ending December 2005, June 2006, and December 2006; and the percentage of authorized CPS Specialist positions filled on the last day of each period. This data indicates overall improvement of staff retention from December 2005 to December 2006, although performance did decline from June 2006 to December 2006. The percentage of authorized CPS Specialist positions filled has continually improved statewide and in all districts but District 3. District 4 is facing the greatest challenges from turnover and vacant positions. The data on percentage of positions filled is based on the number of authorized positions. In December 2006, the Division’s number of authorized positions was approximately 86% of those required to meet the State’s caseload standards of 10 investigations, 19 in-home services cases, or 16 out-of-home children per month. Therefore, if the Division were to achieve 100% of authorized positions filled, staffing resources would continue to be less than those required to meet the caseload standards.

	% Retained of Filled Positions (Annualized)			% Filled of Authorized Positions		
	12-05	6-06	12-06	12-05	6-06	12-06
District 1	63.8	81.3	75.7	63.2	66.9	74.6
District 2	68.4	74.3	67.3	72.1	82.6	88.1
District 3	71.9	69.4	63.4	76.0	88.0	81.3
District 4	68.8	57.9	53.8	50.8	60.3	69.8
District 5	67.4	84.4	65.6	72.9	83.1	93.2
District 6	56.5	87.5	67.7	67.6	79.4	82.4
Hotline	88.7	93.7	76.1	100	100	100
Statewide	68.2	78.6	71.0	70.4	76.3	82.6

The Division has been involved in many activities to improve the hiring process for CPS Specialists and Supervisors and recruit and retain the right staff. In SFY 2007 the Division continued to encourage staff retention by providing stipends to investigative staff and advanced educational opportunities such as tuition reimbursement and educational leave. The Division also continued to use the “Realistic Job

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Video” that was developed in 2006. This video portrays the opportunities and challenges associated with working for CPS in Arizona, and viewing is required for all new CPS Specialist applicants. Other activities in SFY 2007 to improve staff recruitment and retention include the following:

- The “Hire for Fit Committee” was created in August 2006 to revise the entire interview process to a behavioral style. All Position Description Questionnaires (PDQ) were revised to include the Division’s values, vision and mission; the Division identified key competencies for all key positions to include flexibility and strengths of prospective employees; and an interview template and guide has been created and approved. The Committee is now creating a training curriculum for applicant interviewers.
- The Division’s recruitment materials were revised to reflect the positive features of the work and the opportunities to improve the lives of Arizona children and families. All recruitment materials now have updated information pertaining to all Child Protective Service classifications. Any changes are incorporated at time of occurrence.
- The Division is seeking an external firm to meet a need for standardized branding and marketing strategies for both in-state and out-of- state recruitment advertising.
- In 2006 all State employees were offered a State of Arizona Employee Discount card that offers savings at 175,000 businesses nationwide; an employee Computer Purchase Program with option of payroll deductions; and Travelers and Liberty Mutual auto and home insurance at competitive rates with convenient payment options, including payroll deductions.
- The Recruitment and Retention Advisory Board met regularly from October 2005 through October 2006. The Board created the Annual Award Ceremony to recognize employee achievements. The first Annual Award Ceremony was held at the Division’s Leadership Conference in August 2006. Awards for Manager of the Year, Employee of the Year, and Central Office Employee of the Year were presented. Due to budgetary constraints, the conference and award ceremony will not be held in 2007, but awards will be given through the “Pride Recognition Committee.” Staff accomplishments are also recognized through two quarterly “Traveling Recognition Awards,” known as the Visionary Award and the Spirit Award; and through other “Pride” Program awards for accomplishments above and beyond normal job duties.

Part 1: Crosscutting Initiatives

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

1. Family to Family

Arizona is working to embed the Family to Family initiative into Arizona's child welfare practice. This nationwide child welfare initiative, designed by the Annie E. Casey Foundation, provides principles, strategies, goals, and tools to achieve better outcomes for children and families. Using the Family to Family strategies, the Division is striving to achieve the following outcomes:

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

Family to Family defines six goals and four strategies to achieve the child and family outcomes. The four core strategies that are the hallmark of Family to Family include:

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

The Division participated in site visits by representatives from the Annie E. Casey Foundation in July 2004, to assess Arizona's readiness to become a Family to Family Program site. Implementation began in Maricopa County and considerable progress has been made to implement all four strategies in that site. In late 2006 Maricopa County was selected as a Family to Family Anchor Site for calendar year 2007. As a result, Arizona will receive more intensive technical assistance to further embed the strategies into practice.

Since 2005, the other districts have gained an understanding of the Family to Family approach and developed systems and resources to support Family to Family roll out. The Program Managers from all districts have been attending quarterly Family to Family meetings to identify progress and next steps. An

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Section III, Part 1: Crosscutting Initiatives

initial Family to Family strategic planning meeting on statewide rollout was held in April 2007. Technical Assistance was provided at this meeting by the Annie E. Casey Foundation to help the districts form initial plans for rolling out all four Family to Family strategies in their counties. The districts will submit their initial action plans to the Division's Central Office in June 2007, where they will be reviewed and returned to district workgroups for follow-up. A statewide Family to Family Oversight Committee has also been formed and held its first meeting in April 2007. This committee of Division staff, youth, parents, resource parents, juvenile court representatives, faith-based leaders, and other community partners monitors progress and makes recommendations about implementation of Family to Family.

Progress implementing each of the four strategies is described below:

- *Recruitment, Development and Support of Resource Families* – This strategy provides the framework for finding relatives and families for placement of children coming into care. In SFY 2006 all six districts filled Recruitment Liaison positions. These Liaisons developed Community Recruitment Councils and are actively engaging their communities in efforts to recruit new foster and adoptive families. The Community Recruitment Councils enlist foster and adoptive parents, foster youth, foster alumni, local contract agency staff, faith based and business partners, and any other community members with an interest in this initiative.

To support Division efforts, a Family to Family Conference was held in October 2006, hosted by Representative Leah Landrum-Taylor, Arizona Children's Association, and the City of Phoenix. Guest speakers included Father George Clements, Founder of One Church One Child, Tim Briceland-Betts of CWLA, and local dignitaries. Invited guests included faith based organizations from across the State, Home Recruitment Study and Supervision (HRSS) contract providers, and State staff. The afternoon session was devoted to districts informing their faith organizations about their needs and requesting assistance with the recruitment and retention of resource families.

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

- *Building Community Partnerships* – With training and technical assistance on community partnership development provided by the Annie E. Casey Foundation, Assistant Program Managers (APMs) in District 1 developed 11 Community Strategy Committees in SFY 2007. The Committees engage community partners and strengthen relationships within targeted areas, to affect change in the nine Family to Family outcomes. Contract providers, schools, faith-based organizations, parents, resource families, and others attend the community meetings conducted by the field APMs. Six Community Specialist positions have been hired to assist the partnerships. Each Community Strategy Committee prioritizes the Family to Family outcomes they want to impact. For example, the Phoenix North Central Committee is developing a community resource book to give to families in crisis to prevent removal, and the Phoenix South Mountain section is working to increase community partner participation in TDMs. All Teams have been provided data on TDM occurrence and resource family availability in their zip codes, and an orientation and training on TDMs was delivered to District 1 community partners in late April 2007. Between January and March 2007 seven sections began holding Community Strategy Committee meetings. Other districts remain in the planning stages around this strategy.

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Section III, Part 1: Crosscutting Initiatives

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

TDM facilitators began to hold meetings in District 1 in June 2005. TDMs started at the Phoenix office with the highest number of removals, and are now being held throughout District 1 whenever a child is removed or removal is considered. By the end of 2007, TDMs in District 1 will also be held whenever a placement change is considered, including reunification with a birth parent. Implementation of TDMs for initial removals has also begun in District II, and all other Districts have begun their initial planning for implementation. A total of 23 TDM Facilitators are actively holding meetings in Districts I and II. The number of TDMs held in District 1 increased from 659 in the quarter ending December 2006, to 728 in the quarter ending March 2007. Roughly 50% in each quarter were held prior to the child being removed. The team recommended in-home services for about half of the children. Data indicates that the mother attends in more than 75% of TDMs, and the father attends in 38 to 39%. An involved youth attends in just fewer than 60% of TDMs.

- *Self-evaluation* – With technical assistance from the Annie E. Casey Foundation, District 1 has developed a self-evaluation team. This team monitors and analyzes outcome data to evaluate progress toward the Family to Family goals. Data available to the team includes out-of-home episode and placement event data from the University of Chicago’s Chapin Hall website. Information on the use of this data, particularly the benefits of entry cohort data analysis, has been presented to District 1 and Division management. The Division has hired a data analyst to support the use of this data and Division staff (including the Division’s data manager and CFSR manager, and a District 1 APM) have attended training provided by Chapin Hall. The Team Decision Making database is also functional, tracking all TDM meetings, their outcomes, participation by case role (for example, mother and father), and the parents feelings about the process. The Division is encouraging the application of self-evaluation data in day to day management to achieve outcomes. Arizona’s Family to Family Manager and District 1 APMs have been meeting periodically to discuss data in relationship to their daily work, disproportionality, and Family to Family outcomes.

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

Child and Family Services Plan – Annual Progress Report 2007
Section III, Part 1: Crosscutting Initiatives

The Division is also working with the Annie E. Casey Foundation to implement Building a Better Future. This parent mentoring program trains birth parents to become advocates and active participants in child welfare agency meetings, such as policy meetings. Representatives from Arizona attended the Annie E. Casey Foundation's "Parents Leading the Way: Setting a National Agenda in Child Welfare and Beyond" convening in Kentucky in November 2006. Eleven Building a Better Future sites from around the country shared information on program implementation with each other and Annie E. Casey Foundation consultants. The Division's management will be meeting with Annie E. Casey Foundation consultants to discuss program launch in Arizona.

2. Family-Centered Practice

Engagement of family members in the continual evaluation of the family's strengths and risks is the most effective method to identify services that meet the family's unique needs, produce desired behavioral changes, and achieve desired outcomes. Concerted efforts to embed this and other family-centered practice principles throughout the Division gained momentum in 2001 and continue to date. Family-centered practice principles and techniques are trained to new staff, continuously emphasized to existing staff, and embedded throughout the Division's philosophy, policies, programs, and activities. Recent efforts are providing tools, programs, and skills to gain more consistent application of family-centered practice in the day-to-day work of all field staff. For example:

- The newly integrated *Child Safety Assessment (CSA)*, *Strengths and Risk Assessment (SRA)*, and case planning process; Team Decision Making meetings; and Family Group Decision Making meetings are some of the opportunities in which the Division applies family-centered practice principles to engage birth family in identification of strengths, needs, goals, and services.
- A two day statewide training to all in-homes services CPS Specialists on *Engaging Families to Enhance Child Well-Being and Safety* began in January 2006, and occurred again in Phoenix in December 2006. The concepts from this training have been integrated into the Core training provided to all new CPS Specialists, and the entire Core training now focuses on family-centered practice and engagement of family in case planning.
- Family-centered best practice tips were added to the State policy manual and became available to staff in July 2006. Many of these focus on areas evaluated during the CFSR, such as the following tips related to preservation of connections to family and culture:
 - "As the CPS Specialist is assessing the needs of the child, it is important to find a caregiver who is willing to ensure that the child can maintain connections to their family, friends, and others identified as important to the child."
 - "While the placement of a child cannot be denied or delayed based on race, color or national origin of the foster parent or child, a child benefits from maintaining connection to their race, culture and ethnicity. It is important for the CPS Specialist and the caregiver to ensure that the child maintains connection to their race, culture, and ethnicity in a variety of ways."
- In conjunction with the Family to Family initiative, the Division is promoting shared birth and resource family parenting of children in out-of-home care. Requirements are defined in the resource family HRSS contract (described below), and trained through the PS-MAPP training (described in Section III, Part 5, subsection A.4. *Staff and Provider Training*). In addition,

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District 1 will begin conducting Ice Breaker meetings in the summer of 2007. The Ice Breaker meeting is an opportunity to build a bridge between the child's family and the resource family providing temporary care for the child. Whenever possible, the Ice Breaker meeting occurs within three days of placement with a resource family, unless the placement will last less than two weeks or there are concerns for the safety of the participants. A meeting should also be held when a child is moved from one resource family to another, in which case the meeting can include both sets of resource parents and the birth parents.

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

- increasing birth parent involvement and assurance the child's needs are being met;
 - helping the child feel the support and concern of both the birth and resource parents, and that both sets of parents are working for a common goal and not against each other;
 - increasing the ability of the resource family to provide the child support and consistency;
 - increasing the mutual awareness of the strengths offered by both sets of parents and reducing preconceived attitudes.
- Technical assistance from the National Resource Center for Family-Centered Practice and Permanency Planning has been used to integrate family-centered practice principles and techniques in CPS field supervision. National consultant, Lorrie Lutz, conducted telephone conferences for supervisors in June and July 2005, providing an opportunity to discuss application of family-centered practice principals to the work of supervision. These calls set the foundation for supervisory roundtables that were facilitated by Ms. Lutz in August and September 2005. During the roundtables, Ms. Lutz discussed and modeled application of family-centered practice within supervisory interactions and discussed a Family-Centered Supervisory Guidebook. The Guidebook includes family-centered skills for supervisors and questions to consider during clinical supervision conferences. The Guidebook has also been used as a basis for discussion and skill development during district management meetings, which include CPS unit supervisors. In SFY 2007 the Division revised its supervisory training, including addition of content to support family-centered supervision.

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

The Division has been receiving assistance from the National Resource Center for Child Protective Services and the National Resource Center for Family-Centered Practice and Permanency Planning to improve the practice integration of the safety assessment, risk assessment, and case planning processes and tools, their implementation in the field, related documentation, critical decision making, and clinical supervision. Staff were trained on a new *Child Safety Assessment* (CSA) from November 2002 to April 2003, and a *Family-Centered Strengths and Risks Assessment Tool* (SRA) and related interview guide from January to March 2004. These assessment tools provide a holistic definition of comprehensive assessment to shift the Division away from incident-based assessments. Since implementation, all new CPS Specialists have received training on the CSA and SRA tools and processes during initial and on-the-job training.

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The CSA and SRA require a substantially different approach to working with families, including differences in the style and depth of assessment. The necessary shifts in practice and agency culture have required ongoing and persistent attention. The second phase of the comprehensive assessment and case planning project began with a thorough evaluation that including review of policies, procedures and case records; a statewide survey of CPS Supervisors and line staff; staff focus groups; observation of training delivered in two sites; and a comprehensive review of relevant training curriculum. The evaluation concluded that further work was needed to ensure staff conduct thorough assessments, apply sound decision making, and develop case plans with explicit links to the family's identified safety threats and risks.

To address this need, the Division developed an integrated CSA/SRA/case planning and clinical supervision process. Documentation requirements and on-line instructions have been added to prompt comprehensive information collection and recording, and application of concepts inherent to the safety assessment and critical decision making processes, such as "The Six Fundamental Questions" and the "Safety Threshold" analysis. The process is organized in a logical sequential flow that builds upon information collected and decisions made. Documentation is by area of family or individual functioning and key decision, rather than the date and time of the interview or other event. The CPS Specialist and supervisor can, therefore, review at once all information pertinent to a potential safety threat or risk factor, evaluate whether the information is thorough, and determine the level of risk and necessity of intervention.

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

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

Training on the integrated process occurred statewide from February through May 2007. Statewide implementation was complete by June 1, 2007. Random case reviews will be conducted regularly to ensure best practice application, identify promising practices, correct practice deficits, identify training needs, and provide on-site technical assistance. The first of these reviews occurred in District 2 in May 2007. Two cases from each supervisor were identified for evaluation, and facilitated discussion and feedback was provided to the supervisors and APMs by the NRC consultants.

In calendar year 2006 the Child Welfare Training Institute revised the method of teaching the CSA and

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SRA processes to increase comprehension and address several levels of learning, and, thereby, increase consistency of intended use as a guide for safety and case-planning. Child Welfare Training Institute (CWTI) staff are available to provide on-site and/or telephonic support as workers begin using the new integrated process. In addition, a half-day class on supervision of this process will be developed for all existing supervisors, and added to the Supervisor Core for all new supervisors. This follow-up is essential to embed the process in field practice and improve performance on safety assessment, safety planning, family assessment, and case planning.

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

4. Home Recruitment Study and Supervision Contract

The new Home Recruitment Study and Supervision (HRSS) contract for child specific recruitment; targeted recruitment; resource family orientation; resource family initial, advanced, and ongoing training; and licensed foster family placement, tracking, and monitoring services became effective in November 2006. The contract dictates new goals, objectives, payment points, and reporting requirements that align with the Family to Family goals and emphasize shared parenting. The Division believes that ongoing contact between resource families and birth families is an effective means to dispel myths and stereotypes about ethnicities, cultures, and people who are poor, mentally ill, or addicted to drugs or alcohol. When these myths and stereotypes are challenged, resource families and other team members will be more likely to support and facilitate activities to maintain connections with family, friends, community, faith, and culture. Anecdotal information suggests this strategy is effective. The CASA Coordinator in one county reports that she has seen an increase in attendance at court hearings by resource families, and has noted increased willingness of resource families to be involved in maintaining important connections for children in their care. Highlights of this contract related to the Division's goals and the CFSR performance areas include the following:

- Child specific recruitment activities must be tailored to the child's or sibling group's unique background, culture, race, ethnicity, strengths, needs, and challenges.
- Contractors develop an individualized recruitment plan for each child referred, which must include direct contact with relatives, friends, and former caregivers, collaterals such as coaches, mentors, or teachers; and/or other significant adults identified in the child's record or during interviews. Family Group Decision Making may be used to facilitate contact.
- Semi-annual recruitment plans are submitted to the Division, including strategies tailored to the populations identified by the District. Target populations include, but are not limited to, sibling groups, specific age ranges, neighborhoods and/or ethnic/racial groups. These plans are developed in collaboration with the Community Recruitment Council.
- All contractors must fully implement PS-MAPP training as the required initial preparation and training program. Contractors are required to provide opportunities for kinship caregivers to

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participate in PS-MAPP group preparation and selection training and mini PS-MAPP sessions regardless of the kinship caregiver's intent to complete the foster parent licensing or adoption certification process. See Section III, Part 5, subsection A.4. *Staff and Provider Training* for more information on PS-MAPP training.

- The contract agency's Foster Care Specialist must arrange a one-to-one meeting with any foster family wishing to have a child removed, prior to placement or adoption disruption. When removal is being considered, the Foster Care Specialist and the CPS Specialist shall request a Child and Family Team or TDM meeting prior to the child's removal whenever possible.
- The Foster Care Specialist is required to make one visit within 72 hours of a child being placed in a resource home, make monthly visits to the resource family for the first six months after a new child is placed in the home, and make a minimum of quarterly home visits thereafter. For homes licensed in the past 6 months or with their first placement, weekly visits must occur during the first month of a child's placement. Monthly in-home visits are required throughout placement for foster homes providing care to medically fragile children.
- The Foster Care Specialist develops an individualized support, training, and monitoring plan with each resource parent; including training and services requested or identified to be provided, crisis intervention services to be made available, any other supports needed to meet the special/unique needs of the family or the child, and time frames for training and support service provision.
- The HRSS contract includes 11 outcomes and 16 performance measures on which the agencies must gather and report data. Performance incentive payments are awarded to contractors who achieve at least 12 of the 16, based on the full year of performance. The performance measures promote shared parenting, sibling contact, placement stability, sibling group placements, placement within children's own neighborhoods, timely application processing and training, resource family retention, and others. For example, two goals are: (1) When the case plan goal is reunification, resource families shall participate in a minimum of monthly contact with birth parents or primary caretakers, which could include participation in the monthly visitation; and (2) Resource Families shall facilitate a minimum monthly contact between siblings who do not reside with them.

PART 2: SAFETY

A. Program or Service Description

1. Child Abuse And Neglect Prevention Services

Healthy Families Arizona

The Healthy Families Arizona program is a community-based, multi-disciplinary program serving pregnant women and families of newborns. The program is designed to reduce stress, enhance family functioning, support positive parent/child interaction, promote child development and health, and minimize the incidence of abuse and neglect. This voluntary home visitation program provides a Family Support Specialist (FSS) who assists the family to obtain concrete services and provides emotional support; informal counseling; role modeling; effective life coping skills; bonding; education on child development and school readiness activities; developmental assessments to identify developmental delays, physical handicaps, or behavioral health needs; and referrals when needed.

The program provides education on the importance of preventive health care, assistance and encouragement to access comprehensive private and public preschool and other school readiness programs, assistance in applying for private and public financial assistance and employment services, and assistance to improve parent-child interaction, develop healthy relationships, and access prenatal care. The FSS works closely with the child's medical provider in monitoring the child's health. Families may be visited anywhere from weekly to quarterly, according to the family's level of need. The program's statutory authority was expanded in SFY 2004 to permit the program to serve women and their families prior to their child's birth, and to serve people who have a substantiated report of abuse or neglect. Program services are available until the child reaches age five.

The contracts that began in January 2004 were renewed in January 2007. These contracts are renewable for one more year. The original contracts included expansion plans based on demographics and risk factors. The program has expanded several times since SFY2004, increasing the number of program sites from 23 to 58. The program now serves over 150 communities throughout Arizona, including all of the Division's six administrative districts.

In SFY 2006 the Healthy Families Arizona Program funding level allowed the program to serve 5,008 families, which is an increase from the 3,564 families served in SFY 2005. In SFY 2006 the Program served 18.4% of eligible new births, and 7 new teams and 12 additional staff were hired to total 58 program teams. The program budget for SFY 2007 is approximately \$21 million. With this funding, an estimated 5,689 families and 19% of eligible new births can be served. Additional funding for SFY 2008 has been requested from the legislature to further expand the Healthy Families Arizona home visitation program.

Evaluations of the Healthy Families program continue to document its effectiveness. The 2006 program evaluation includes the following findings regarding program participants:

- *Child Abuse and Neglect:* 99.24% of participating families had no substantiated CPS reports.
- *Child Health:* The immunization rate for babies was 84%, compared to 79% for 2-year-olds in the State; and 97.2% of children are linked to a medical provider.
- *Child Safety:* 93% of parents lock up household poisons, 99% use car seats, and 88% use smoke alarms.

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- *Maternal Life Course:* 40% of mothers are employed full-time at 12 months, and 11.6% are enrolled in school.
- *Maternal Stress:* Significant improvement has been observed in several areas, including parenting competence, problem solving, and connecting to and using resources.
- *Most recent Participant Satisfaction Result:* 95.8% felt they received the services they wanted and needed.

In addition, the Healthy Families program successfully targets families that are likely to benefit from the program. Between one quarter and one third are teen mothers, about two thirds are single parents, roughly two thirds have less than a high school education, approximately one third received late or no prenatal care, and slightly more than 80% are not employed. The median annual income of program participants is \$12,000, compared to \$45,279 median income across the Arizona population in 2004.

Child Abuse Prevention Fund

The Child Abuse Prevention Fund provides financial assistance to community agencies for the prevention of child abuse. The funds are currently used for the Healthy Families Arizona Program, the Regional Child Abuse Prevention Councils, and the Child Abuse Prevention Conference. In 2007 the annual two day conference included forty workshops and provided information on the entire prevention and intervention continuum, from public awareness campaigns to prosecuting crimes against children. Over 800 people were in attendance. Three pre-conference workshops were held the day before the conference: “In their Best Interest: Toddlers and the Courts” (by invitation only); a meeting of Regional Child Abuse Prevention Council coordinators; and “Battling Meth in AZ” (open to all conference participants).

In January 2006 the Statewide Regional Child Abuse Prevention (C.A.P.) Councils developed a prevention plan that emphasizes five main areas: parenting support, economic security, health care, child care, and schools. The AZ CAN! Plan was released in March of 2006 and was distributed across Arizona. The purpose of the AZ CAN! Plan was to provide a framework detailing strategies and local actions steps that each community across the state could use to help prevent child abuse and neglect. The Councils met for a full day in January 2007 to learn about new parent resources, legislative advocacy, discuss Child Abuse Prevention month activities for April 2007, and talk about the impact of Proposition 203 (First Things First). In November 2006, Arizona voters passed Proposition 203, a citizen’s initiative that will fund early childhood development and health care programs at the local level. The money is generated by a tobacco tax and will be distributed to local advisory boards statewide. The division is hopeful that this money can be used to fund many of the programs and services suggested in the AZ CAN! Plan.

Bumper stickers and bookmarks with positive phrases such as "Make Time for a Child" and "Prevention Works Wonders" continue to be distributed throughout the year and at the Child Abuse Prevention Conference. New awareness buttons and posters were designed and distributed during April 2007 (child abuse prevention month). The Division provided Department staff, the Governor’s Office, and all service providers a list of all activities organized by the Regional C.A.P. Councils occurring during the month of April 2007.

For more information on these services and initiatives, and the Child Abuse Prevention Fund’s accomplishments in FY 2007, please see the *Child Abuse and Prevention Treatment Act (CAPTA) Annual Progress Report* in Section VI of this document.

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

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

A broad array of free services are offered including, but not limited to: case management, housing support, assistance in securing child care, early intervention, food and nutrition, mentoring, parenting skills training, peer self-help, supportive counseling, transportation, emergency services, respite, and intensive family preservation services. Service providers are required to form collaborative partnerships for the provision of family-centered services and provide 25% in-kind matches to the funds provided by the Division. Services are available in all districts, and vary according to the needs of the community. In FY 2007, the Division contracted with 16 non-tribal service providers and 7 tribal nations to provide APSSF and Family Support and Family Preservation services to families and their children in both urban and rural settings. Since 1995 these programs have collectively served more than 95,000 families and their children.

In SFY 2007 the Division's Office of Prevention and Family Support (OPFS) continued to provide technical assistance, training, and support services to program sites, including:

- current information updates;
- program monitoring visits to ensure program quality and contract compliance;
- ongoing technical support and family-centered practice training, which included goal setting and the assessment process;
- new staff training on PSSF program requirements, contract compliance, and staff responsibilities; and
- the Annual Statewide Family-Centered Practice Conference to be held in June 2007, including nationally recognized speakers and presenters on prevention programs and family centered practice principles.

In SFY 2007 the OPFS continued community outreach efforts by:

- producing the annual APSSF Services Program Directory of the statewide providers' program information and distributing at PSSF sites, community agencies, Child Protective Services, the Child Abuse Prevention Councils, the Child Abuse Prevention Conference, the Family Centered Practice Conference and other locations;
- maintaining a section on the Department's web site to provide information about APSSF programs;
- providing APSSF program information at community conferences and health fairs;
- updating and distributing the program brochure on APSSF programs in December 2006; and
- making available training on APSSF programs to all CPS Districts' supervisors and managers, and the CPS Child Welfare Training Institute trainees.

Community providers continued to participate in the ongoing contracted independent program evaluation during SFY 2007. Participation included attendance at bi-monthly program evaluation team meetings and a data collection training, and provision of a variety of data to the evaluators each month. The most

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recent program evaluation report indicated the following for program participants:

- Families were diverse and represented all segments of Arizona’s population, albeit ethnic minority families were slightly over-represented compared to the State’s population.
- Families were found to have significant risk factors, including poverty, single parent households and children in out-of-home care.
- The percentage of families that were referred to the program by Child Protective Services (CPS) ranged from 9% to 14% over the last three years. Approximately 31% of the families report having had some contact with CPS. The Court or law enforcement agencies made 50% of referrals.
- Regardless of income, most families sought assistance to enhance their parenting skills.
- Families were directly involved in prioritizing their presenting issues and formulating their support plans.
- 7,084 new families and 14,783 children, including families from Tribal Nations, received services in FFY 2006.

Data related to APSSF outcomes indicates the programs met or nearly met their targets for FFY 2005. This data included the following about Program participants:

- 99% did not have a substantiated report of child abuse or neglect for six months after receiving services.
- 95% indicated satisfaction with program services.
- 87% reported improvement in their parental competence. This far exceeded the contractual expectations that 50% of the families would improve their parental competence. Twelve of the sixteen participating agencies exceeded 89% improvement.
- Overall, 69% of all families improved in at least one presenting issue.

Continuous Quality Improvement strategies include holding bi-monthly evaluation meetings for all providers, requiring 30 hours of on-going education in family centered practice for everyone employed in the programs, annual site-visits to review the quality of all aspects of the programs, and technical assistance to the providers to critically examine their outcomes. This is being accomplished via the use of logic models and strategic planning, incorporating lessons learned and knowledge gained from best-practice literature, and placing an emphasis on quality service delivery, especially in the areas of increasing the percentage of families that show improvement in at least one presenting issue and improving families’ self-reported parenting competence. Additional funding for program expansion is being sought from a recently passed State proposition that will make available several million dollars for prevention activities.

Homeless Youth Intervention Program

The primary objective of the Homeless Youth Intervention Program (HYIP) is to reduce risk factors

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related to homeless or potentially homeless youth and their families by:

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

The focus of this program is to reunify homeless youth with their families and enhance the parent-child relationship by providing the necessary resources and services to enable a safe and stable environment. Referrals are received from parents, schools, or any significant person in a child's life. Participation by the youth is voluntary. Upon referral, staff contact the youth to gather input regarding his or her needs, resources, and interest in services; and to engage and motivate the youth to participate in services. Services may include, but are not limited to: case management, parent aide, parent training, shelter care, counseling, and crisis intervention. Services continue, as needed, to support and stabilize children in-home following reunification. When reunification is not possible, the focus becomes the enhancement of the homeless youth's ability to be self-sufficient. Self-sufficiency services include: shelter care and supervision (with parental consent), employment skills training, employment assistance, personal living skills training, independent/transitional living programs, counseling, mentoring, and the provision of emergency supplies. Youth involved with CPS or the Juvenile Justice System are not eligible for this program. The Homeless Youth Intervention Program is available in Pima, Maricopa, and Yavapai Counties, and serves approximately 100 youth per year.

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

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

During SFY 2007 the Homeless Youth Intervention Program implemented strategies to aid age appropriate participants in obtaining and securing stable employment, and increase the percentage of youth with identified drug issues who participate in drug treatment services. Activities and accomplishments included the following:

- Of youth served from July 2006 through February 2007, 22% obtained and secured employment for at least 30 days.
- Case managers continued to network with their communities to identify potential employers and educate them on employment issues faced by youth in the community. HYIP program staff also established relationships with youth-employment programs and obtained job leads for youth.
- Less than 1% of youth identified substance abuse as a problem at the time of assessment. Of the 1%, 60% reported the behavior was eliminated by the time of case closure. 20% reported the behavior was reduced at the time of case closure.

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- Program representatives continue to report a trend of risk and harm reduction this year, including decreased usage, knowledgeable usage, and needle exchange. However, Tucson program representatives report an increase in use and abuse of methamphetamine, and to a lesser degree, heroin.
- Of youth served during SFY 2007 through the end of April, 48% of HYIP participants completed all of their goals before closing, and 66% of the youth were reunited with their families.

Service Integration and Family Connections

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

The Department's service integration strategies serve families that are involved with Child Protective Services in addition to families at risk of involvement with CPS. Many family, community, and Department partners participating in the Community Network and Breakthrough Series Collaborative Teams are current or former foster and/or adoptive parents caring for children involved in the child welfare and/or developmental disability areas. The Department's major service integration strategies include the following:

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

The multidisciplinary Family Connections Teams include child welfare, family assistance, and employment program staff and provide comprehensive integrated prevention and/or early intervention services to at-risk families, to increase family stability and self-sufficiency and reduce involvement with the Temporary Assistance for Needy Families (TANF) and CPS systems. The current teams serve families with active enrollment or high risk for enrollment in the TANF program, but no or limited active involvement with CPS. CPS Specialists and the Child Abuse Hotline can refer families to Family Connections teams. There are currently ten Family Connections teams – six in Maricopa County and four in Pima County. Four teams are linked to domestic violence shelters, where they target families who are exiting shelters and need services to help stabilize. Additionally, two of the teams provide services to maintain kinship placements, and another two provide supports for families identified through child welfare Team Decision Making meetings (TDMs) and other Family to Family initiatives. These teams seek to prevent court dependency and/or child removal.

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- *Local Integrated Offices* – Local Department offices co-house programs and services such as Family Assistance Administration, Jobs, Jobs Services, CPS, DDD, and child support; and have streamlined the provision of employment services. Many of the offices have also redesigned their lobby and office space to accommodate co-location of community agencies and support a more integrated and smoother transition for families receiving multiple services. DES staff are working cooperatively to coordinate local services within their offices and communities.
- *TANF Service Coordinators* – TANF Service Coordinators conduct an up-front assessment of families applying for TANF, to connect the family to all DES services and community services. The Service Coordinator determines eligibility for TANF, including Grant Diversion, Food Stamps, and medical assistance. Individuals involved in Grant Diversion, which is a one-time cash assistance to prevent the need for long-term services, are provided job development and post-employment support services. The goal is to reduce the TANF caseload by improving outcomes for families from the point of the initial interview by serving the family holistically, identifying the family's strengths, and addressing all potential needs. There are currently 33 TANF Service Coordinators, including 20 in Maricopa County, 9 in Pima County and 4 in Cochise County.
- *Customer Service Representatives* – Department of Economic Security Customer Service representatives screen families upon initial contact and connect each family to appropriate community and other Department programs. The goal is to improve customer service for families walking into Department offices and increase timeliness and access to needed services. There are currently eight Customer Service Representatives in Pima County, Maricopa County, and the Show Low area.
- *Breakthrough Series Collaborative (BSC) on Service Integration* – Twenty local teams have been formed in Arizona's 15 counties, including teams with tribal focus. The teams have equal representation of family, community, and Department partners working collaboratively to identify, test, and implement rapid, small, short term strategies aimed at improving the safety and self-sufficiency of families in the local community. These locally grown improvements are used to identify promising practices and build statewide system reform, resulting in larger and long-term improved outcomes for families served by the Department. Teams have been trained on the principles and values of effectively integrating services and the BSC Plan-Do-Study-Act (PDSA) methodology. Teams define problems, opportunities, and outcomes; engage in small tests of change that involve only two or three families at a time; and study and modify the results. Strategies with potential are refined and implemented on a much broader scale. Partnership development, increased capacity of families and communities to care for their families, and spread of successful ideas across the teams are primary features of this collaborative effort.
- *Service Integration Community Development/Family Leadership Workgroup* – This team provides direct input from family members into Department programs, services, and practices. Engaging families in all aspects of service integration is its overall emphasis, accomplished through five focused areas: establishing qualified family leaders to consult on Department policies and procedures and work closely with Department management; streamlining to reduce barriers and duplication for families accessing multi-agency assistance; planning a combined summit of county Community Network Teams and family leaders to promote institutionalizing family leadership within all levels of Department; parents training other families in self-advocacy and understanding systems reform; and developing a compensation package for families who

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serve in leadership roles within Department committees, workgroups, and other related capacities.

- *Community Network Teams* – Community Network Teams are currently located across all 15 Arizona counties. These teams develop plans; identify existing services, resources, and family supports within their local communities; and address gaps in services. These teams work on proposals and strategies to deliver improved services and better support to children and families in their communities, and to increase collaboration and cross-education among community members. Several teams use the Asset-Based-Community-Development (ABCD) methodology to increase the well-being of children and families.

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

The Arizona Child Abuse Hotline

The Arizona Child Abuse Hotline is the receiving point for all telephone, fax, and written communications from any person, law enforcement agency, or judicial entity concerned about possible or alleged abuse, neglect, abandonment, or exploitation of a child within Arizona. Sources include parents, relatives, mandated reporters, private citizens, and anonymous reporters. Trained CPS Specialists assess all incoming information and support the interview process by asking specific cue questions regarding the type of abuse or neglect alleged. For all incoming communications, Hotline staff determine whether the statutory criteria for a CPS report for investigation are met and the current safety and level of risk to the child. The Hotline notifies a field Unit Supervisor or standby staff immediately when an emergency response is needed.

Hotline staff continue to use interview cue questions that gather information on four domains within the State's *Strengths and Risk Assessment Tool*: current incident and history of abuse/neglect; child characteristics; parent characteristics; and family, social, and economic factors. The training curriculum on the State's *Child Safety Assessment* and *Strengths and Risk Assessment Tool* was modified to address Hotline assessment, and has been incorporated into the Hotline's new employee training program. The *Strengths and Risk Assessment Tool* has been used for all communication determinations since its implementation. Some of the reduction in the number of CPS reports for investigation is believed to be a result of using this tool, since staff are trained to ask more specific questions and are therefore able to gather more clear information to determine whether statutory criteria are met. The cue questions and training provide continuity in policy and language throughout all phases of CPS intervention.

All communications about abuse or neglect of a child that are determined not to meet the statutory criteria for a CPS report for investigation are reviewed within 48 hours by a quality assurance specialist. Communications may not meet the criteria for investigation for reasons such as: (1) concern only/no allegation of child abuse or neglect; (2) out of CPS jurisdiction; (3) information is appropriate for law enforcement jurisdiction (such as when the perpetrator is not a parent or primary caretaker); (4) insufficient information; (5) truancy/custody issues only; and (6) incoming communication involves questions or information on a current CPS case. The Arizona Citizen Review Panel Eighth Annual Report (December 2006) found, "As in previous years, record reviews identified the Intake and Screening stage as a strength of the child protection system. Panels found that actions taken by the Child Protective Services Hotline were complete, accurate and timely in 24 cases reviewed and disagreed in one case with the hotline's decision to not accept a call as a report."

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The Hotline also receives many important calls that are not about abuse or neglect of a child. For example, calls requesting community resource information, notifying the agency that a youth in DES custody has run away, or alerting the Division to a foster parent or group facility license violation. The Hotline documents in CHILDS all communications of substance. All requests for copies of CPS reports are also processed by the Hotline. When requested by a person who is entitled to receive a copy, the report is redacted (when required) and mailed with an explanation of codes and procedures for appeal of the decision. In addition, the Hotline processes all clearance requests received from foster home licensing and adoptive certification agencies, statewide. These requests are processed by support staff, rather than Hotline CPS Specialists. Total Hotline staff is now 92, including 72 Child Protective Service Specialists, nine CPS Unit Supervisors, five management staff, and six clerical staff.

The Hotline continues to gather statistics regarding call volume and Hotline performance. For example:

- The Hotline continues to reduce the length of time a caller must wait before speaking with a Hotline Specialist. The percentage of calls answered directly by a Hotline Specialist increased from 57.98% of 41,764 calls in April through October 2005, to 65.36% of 45,911 calls in April through October 2006.
- In FFY 2005 and FFY 2006 the Hotline maintained an average wait time of five minutes for incoming calls, despite increased call volume.
- Wait time has been positively affected by the availability of an incoming call menu offering a “triage” specialist for those callers with brief information requests or short questions. This allows quick response to approximately 100 calls per day, and directs callers with concerns of abuse and neglect to a Hotline Specialist expecting this type of call. In addition, Hotline supervisors ask staff to take an additional call when any queue time exceeds 20 minutes.

To build on Hotline initial training, “ongoing” training was implemented in January 2005 to address the current and long-term needs of Hotline Specialists. Between January 2005 and June 2006 topics have included safety and risk assessment implementation; DES service integration; correct research and data input; procedural changes regarding court orders and abuse between children in foster care; the correlation between animal, elder, and child abuse and domestic violence; and a safety and risk assessment update. The trainings provide tools to assist staff in accurate assessment of safety and risk, raise awareness of related services within the Department and community, and improve documentation to facilitate follow-up by direct service staff. Hotline initial and ongoing training will soon be included within the DCYF Child Welfare Training Institute. Ongoing training will occur on a semi-annual basis, at minimum, in order to partially meet requirements for all CPS Specialists within the Division to receive a minimum of 24 hours of ongoing training per year. Hotline staff also attend conferences and other training offered by the Department and community.

Child Safety Assessment and Comprehensive Strengths and Risk Assessment

Arizona law identifies that the primary purposes of CPS are: (1) to protect children by investigating allegations of abuse and neglect; (2) to promote the well-being of children in a permanent home; and (3) to coordinate services to strengthen the family and prevent abuse or neglect. To achieve these purposes, all communications meeting the criteria of a report are assigned to a CPS Specialist for investigation and family assessment, including assessment of child safety, risk of future harm, need for emergency intervention, and evaluation of information to support or refute that the alleged abuse or neglect occurred. Joint investigations with law enforcement are required when the report or the investigation

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indicates that the child is or may be the victim of an extremely serious conduct allegation, which if deemed true would constitute a felony. Such allegations include death of a child, physical abuse, sexual abuse, neglect, and certain domestic violence offenses. The joint investigations are conducted according to protocols established with municipal or county law enforcement agencies.

The Division's *Child Safety Assessment (CSA)* and *Family-Centered Strengths and Risks Assessment Tool (SRA)* assist CPS Specialists to explore all pertinent domains of family functioning, recognize indicators of present or impending danger, and predict the likelihood of future maltreatment. The initial CSA is completed within 24 hours of seeing each child in the family, and again prior to investigation closure. The SRA is completed within 45 days of case opening or prior to case closure, whichever occurs first. CPS Specialists use the *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* to gather and evaluate information from parents and children. The Interview Guide provides questions for CPS Specialists to ask families when gathering information to assess the family's strengths and functioning in each risk domain. The recommended questions are open-ended, non-confrontational, and phrased to engage family members in identification of their own unique strengths and needs. The resulting comprehensive family-centered assessment serves as a basis for case decisions and case planning.

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

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

In-Home Children Services

In-home children's services focus on families where unresolved problems have produced visible signs of existing or imminent child abuse, neglect, or dependency, and the home situation presents actual and potential risk to the physical or emotional well-being of a child. In-home children services seek to prevent further dependency or child abuse and neglect through provision of social services to stabilize family life and preserve the family unit. These services, including voluntary services without court involvement and court-ordered in-home intervention, are available statewide, although the actual design of services varies by

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district. Services include parent aide, parenting skills training, counseling, self-help, and contracted case management. Families may also receive referrals for services provided by other Divisions within the Department or other State agencies, including behavioral health services and other community resources.

Contracted services provided through the Division's Family Support, Preservation and Reunification "In-Home Service Program" are available statewide. This integrated services model includes two service levels, intensive and moderate, which are provided based upon the needs of the child and family. The model is provided through collaborative partnerships between CPS, community social service agencies, family support programs, and other community and faith-based organizations. The contract provides an array of in-home services and service coordination, and better ensures the appropriate intensity of services is provided. Services are family-centered, comprehensive, coordinated, community based, accessible, and culturally responsive. Services include, but are not limited to: crisis intervention counseling; family assessment, goal setting and case planning in accordance with the results of the CSA and SRA; individual, family and marital therapy; conflict resolution and anger management skill development; communication and negotiation skill development; problem solving and stress management skill development; home management and nutrition education; job readiness training; development of linkages with community resources to serve a variety of social needs; behavioral management/modification; and facilitation of family meetings. The Program also assists families to access services such as substance abuse treatment, housing, child care, and many others. Services may be provided within a birth parent's home or in the home of a pre-adoptive or adoptive kinship or foster family home. The model may also be provided to transition a child from a more restrictive residential placement back to a foster or family home, or from a foster home to a family home. The model supports shared parenting by assisting foster parents to partner with birth parents and empowering birth parents to keep active in their children's lives.

The following elements are fundamental to the in-home services program and contract:

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

The Division uses in-home service units to support delivery of integrated services and other in-home supports. Cases served include voluntary foster care, in-home court intervention, in-home dependency, integrated services, and other in-home support cases. Districts I, II, III and VI have specialized in-home service units and districts IV and V have In-Home Services Specialists.

The average monthly number of families receiving in-home services has increased from 4,376 in SFY 2005; to 4,829 in SFY 2006; and 5,154 to date in SFY 2007. The significant increase can be attributed to the increased use of court ordered in-home intervention as well as the implementation of the new integrated services contracts that increased the availability of in-home services to families.

B. Outcomes, Goals, Measures and Progress

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

Progress toward achieving most of the State's safety outcomes and goals is measured using the Practice Improvement Case Review. The Practice Improvement Case Review process was substantially revised starting with the review conducted January 2005, and the period under review beginning July 1, 2004. Case review data is provided from the last quarterly statewide review using the former procedures (quarter ending 6/04), and the statewide combined results of the reviews conducted in 2005 and 2006, using the new procedures. Unlike the CFSR, safety outcomes measured through the PICR are measured using a sample of all cases on which a report for investigation was received during the sample period, rather than only cases opened for in-home or out-of-home services. This has allowed the Division to gather information about the achievement of safety outcomes in cases closed at investigation, as well as those opened for services. See Section III, Part 5, subsection A.3. *Quality Assurance System*, for more information on the Practice Improvement Case Review.

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

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

Goals and Measures

Safety Goal 1: The percentage of investigations initiated within State policy timeframes will be 95% or more

Quarter ending 6/04:	65%
Calendar year 2005:	71%
Calendar year 2006:	72%

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

Quarter ending 6/04:	81%
Calendar year 2005:	85%
Calendar year 2006:	85%

Practice Improvement Case Review (PICR) data indicates that Statewide, all children in the family are seen prior to investigation closure or transfer to ongoing in more than 80% of investigations. All children in the family were seen in 81% of the investigations reviewed in the quarter ending June 2004, and in 85% of the investigations reviewed in calendar years 2005 and 2006. In some of the 15% of investigations where a child was not seen, reasonable efforts were made to see the child but the child was not located or was out of the area and not available for contact. Generally it is a sibling who is not seen, rather than the alleged victim.

A timely initial response by CPS, law enforcement, or other emergency personnel was confirmed in 65% of the reports reviewed during the PICR in the quarter ending June 2004, 71% of investigations reviewed in 2005, and 72% of those reviewed in 2006. Districts 1 and 4, which were the last to be reviewed in

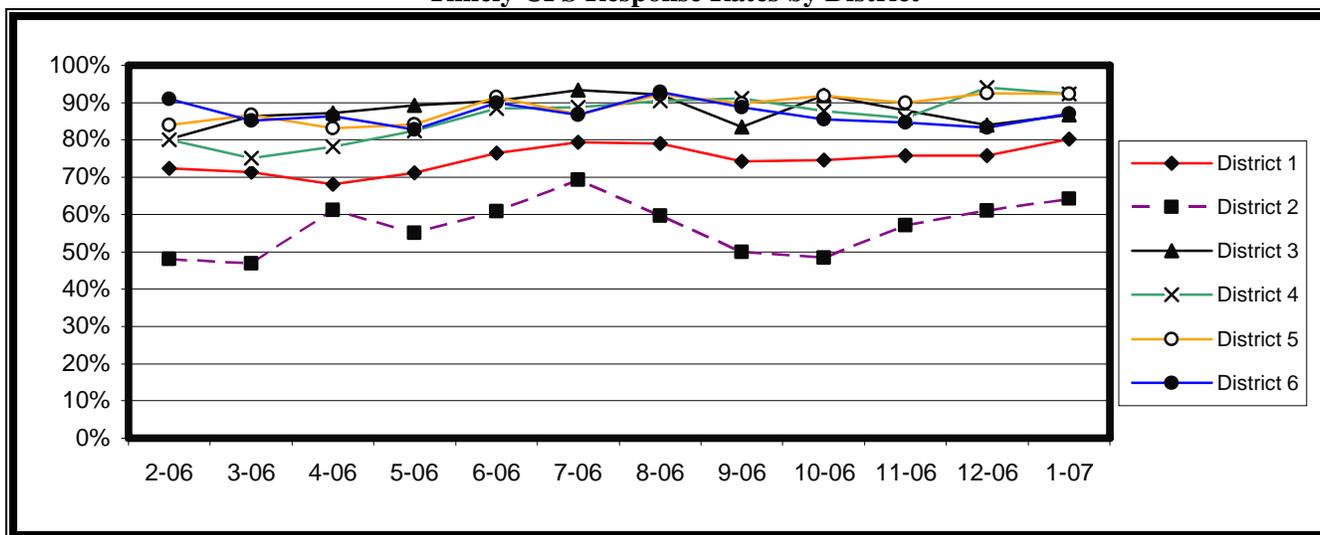
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2006, made a timely response to 80% and 87% of investigations, suggesting the rate of improvement increased in the latter part of 2006.

The State’s Business Intelligence Dashboard provides data on report response beginning with January 2004, and demonstrates improvement in timeliness of response. This data provides the percentage of reports to which Child Protective Services responded timely, either as the initial responder or within the mitigated timeframe if law enforcement or other emergency personnel made the initial response. In some cases where CPS responded late, the child was seen and confirmed to be safe by law enforcement or other emergency personnel within the required initial response timeframe. Statewide, CHILDS data available on the Dashboard on April 5, 2007 indicates the rate of timely response by CPS was 64% in CY 2004, 65% in CY 2005, 74% in CY 2006, and 80% in January 2007.

Dashboard data from April 5, 2007 indicates significant differences between districts’ rate of timely CPS response. From February 2006 through January 2007, District 2 consistently had a timely response rate well below all other districts. District 1 remained slightly below the four smaller districts, with a timely response rate fluctuating between roughly 70% and 80%. The four smaller districts have remained clustered together, with timely response rates primarily between 80% and 90%.

Timely CPS Response Rates by District



There are some limitations to the data on timely response. For example, the data does not account for the length of a delay, which could be minutes, hours, days, or weeks. Furthermore, field supervisors consulted for this assessment indicated that they are unable to easily correct response data once it has been saved in CHILDS.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

Timely response is an area of strength for the Division and continues to improve. The Division’s performance in this area is supported by the following program and system improvements in SFY 2007:

- CHILDS was modified in December 2006 to allow more accurate recording of the date and time the report was received by the field unit and assigned for investigation. Other modifications allow the CPS Specialist to document complete information on the date, time, and person who made the initial response; and the date and time of response by a CPS Specialist if the initial

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response was made by law enforcement or other emergency personnel.

- The Business Intelligence Dashboard became available to supervisors and administrators in February 2006. The dashboard provides data, updated weekly, on the number of reports for investigation assigned to each district, unit, and CPS Specialist; and the percentage of investigations that have a timely CPS response documented in CHILDS. The Dashboard uses a yellow, red, and green stoplight symbol to give supervisors a quick visual indication of reports requiring response and the unit's current and recent performance rates. This tool allows supervisors and administrators to monitor the frequency and documentation of timely CPS response, and manage staff resources to ensure timely response. In SFY 2007 the Division provided repeated training and managerial oversight to ensure supervisors were using the Dashboard. The Division has seen a significant increase in Dashboard use over SFY 2007.
- In SFY 2007 State policy was clarified and distributed to all staff to confirm the definition of an initial response, and that a CPS Specialist must respond within the mitigated response time whenever an initial response is made by law enforcement or other emergency personnel.
- Emphasis on joint investigation protocols led some staff to believe they can not respond to serious reports unless jointly with law enforcement. In SFY 2007, training regarding joint investigation policy and protocols was provided at the CPS unit level. This training included clarification that when law enforcement does not have sufficient resources to respond expeditiously, CPS can make the initial response and follow-up with law enforcement to complete the investigation jointly.
- Many counties continue to use Advocacy Centers, such as Maricopa County's ChildHelp, for conducting interviews and/or obtaining medical examinations, and involving law enforcement as necessary. Law enforcement are co-located at these sites, which increases timeliness in conducting interviews and facilitates decision-making regarding actions to ensure child safety. In addition, child advocacy centers with co-located CPS staff and law enforcement increase the ability to coordinate response times.
- In some cases, jurisdiction issues involving Native American children or families living on reservations, military bases, or a bordering State require resolution before an initial response can be made. At times these issues are not resolved before the initial response time has elapsed. Stakeholders reported that the CHILDS automated system and development of ICWA units have improved the identification of Native American children, notification to the tribe, and thereby timely response and coordination with CPS on reports involving Indian children. The Division continues to consult with Arizona's Native American tribes and train Division staff to improve coordination of services to Native American families.
- Staff and stakeholders identified CPS Specialist and Supervisor vacancies, turnover, and experience as factors affecting the Division's ability to respond timely to reports of maltreatment. Meeting initial response timeframes is especially challenging in areas with a high volume of reports and high rates of turnover and vacancy. See Section 1, Introduction and Overview, for more information on the Division's activities to address staff recruitment and retention. In addition, the Division has addressed these factors through the following means:
 - The Division uses "roving staff" and temporary assistance from Central Office staff and others who are not permanently assigned to investigation positions. To address a

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concern that availability of roving staff may be difficult to maintain due to the requirement to spend much time away from home, in February 2007 the Division submitted to the Department's Personnel Unit and the Arizona Department Administration a request for a Roving CPS Unit stipend. If approved, this stipend would allow for a unit of six CPS Specialists and one Supervisor to travel throughout the State and assist offices with excessive vacancies to conduct CPS investigations and other duties as assigned. The unit would be overseen by Central Office and scheduled based on the number of child abuse or neglect reports, staffing levels, and the capacity of the districts to cover staff shortages.

- Maricopa and Pima Counties have After Hours Units to respond to reports on nights and weekends, and sometimes respond to an overflow of reports during the week. Other districts rely on regular staff to be on stand-by on nights and weekends, which may impact retention and the ability to respond timely to the reports received after hours. However, After Hour Units may not be feasible in rural areas due to low volume of reports. In addition, travel distance in rural areas can occasionally exceed the allotted timeframes in high priority cases.
- Although Arizona is the fastest growing State, which is likely to increase reports, the Division is hopeful that increased in-home services and specialized in-home staff will reduce the number of repeat reports and therefore the overall volume of reports for investigation. See Section III, Part 2, CFSR Item 3 for more information on the Division's activities to increase in-home services.
- Report volume is also related to the Division's ability to respond timely. Within the 13 months of December 2005 through January 2007; June, July, and December had the first, second, and third lowest volume of CPS reports, and June and July 2006 had the first and third highest timely response rates. December 2006 had the lowest number of reports and only the sixth highest response rate, but this may be due to staff taking annual leave. March 2006 had the highest volume of reports and the lowest rate of timely response. The correlation is not always as clear as these months, but there is indication of a relationship between report volume and timeliness of response. Other factors affecting initial assessment/investigation volume include the following:
 - Communications identified as "actions" take significant staff time and are not included in the number of reports for investigation. Actions include communications such as that a child is being released from detention and the parent is unable to come get the child or can not be reached.
 - Arizona law allows the Division to receive reports of potential maltreatment (risk). Because Arizona does not have a differential response system, the Division may be responding to a broader range of situations than other State's child protection agencies. These reports constitute a significant volume of work for the Division, and may hinder the agency's ability to respond on time to higher risk reports.
 - Stakeholders recommended ongoing training of mandated reporters on reporting requirements. Reports and action requests are sometimes made on situations that could have been addressed in another manner. The CPS Hotline number and information on how and when to make a report are widely distributed, but more detailed training is less available due to staff shortages and other priorities. Therefore, the agencies' community

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education efforts may encourage individuals to make reports rather than consider other resources or methods to meet the families' needs.

CFSR Item 2: Repeat maltreatment

Goals and Measures

- Safety Goal 3:
- a. The percentage of cases that have no more than one substantiated and similar report of maltreatment within a 6 month period will be 95% or more
 - Quarter ending 6/04: 97%
 - Calendar Year 2005: 98%
 - Calendar Year 2006: 99%

 - b. The percentage of children that have no more than one substantiated report of maltreatment within a 6 month period will be 94.6% or more
 - Federal Fiscal Year 2004: 97.0%
 - Federal Fiscal Year 2005: 96.9%
 - Federal Fiscal Year 2006: 97.4%

Arizona achieved the national standard on repeat maltreatment during the 2001 CFSR, and continues to perform above the national standard of 94.6% for absence of repeat maltreatment. This measure is defined as the percentage of unique children who were the subject of a substantiated report within the first six months of the year who were the subject of another substantiated report within six months of the first report. CHILDS data indicates absence of repeated maltreatment has remained steady at 97% in FFY 2004, 96.9% in FFY 2005, and 97.5% in the year ending March 2006.

The Division also reviewed data on the percentage of children who were the subject of a CPS report in the first six months of the year and a second report within six months of the first, *regardless of the investigation finding*. In other words, all reports were considered, including those with unsubstantiated and propose substantiation findings. Following the federal syntax for the repeat maltreatment measure, the second report was not considered if it occurred within one day of the first report. The percentage of unique children who were the subject of repeated reports within six months was 9.1%, and the *absence* of repeated reports rate was 89.9%. Nearly 9 of every 10 children reported to CPS for suspected maltreatment are not reported to CPS again for at least six months. It was also noted that nearly 8% of second reports were made within a week of the first report, which suggests they may be new information regarding the same family situation already being assessed by the Division.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

The State's low substantiation rate is a factor affecting the State's performance on repeat maltreatment. Arizona's *Child Welfare Reporting Requirements Semi-Annual Report* indicates substantiation rates declined from between 14% and 17% during FFY 2003 and FFY 2004, to 11% in FFY 2005, and 9% in the six month period ending March 31, 2006. Preliminary data from the period of April 1 through September 30, 2006 indicates a substantiation rate of 7%. The percentage for this most recent period may change as appeals of propose substantiated reports are resolved and open investigations are completed.

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Arizona's substantiation rate is affected by the State's appeal process and other factors. Roughly 10% of propose substantiated findings are eligible and appealed. The Division's internal Protective Services Review Team (PSRT) reviews all cases where a timely and eligible appeal has been initiated. The PSRT overturns between 40% and 50% of the propose to substantiate findings, for reasons such as the incident does not meet the statutory definition of abuse or neglect, the case documentation does not sufficiently and clearly support a finding of probable cause that child abuse or neglect occurred, substantial risk of harm (required in all neglect allegations) is not present or clearly documented, or the alleged perpetrator is not the child's parent, guardian, or custodian. The Division's proposal to substantiate is upheld in roughly 85% of appeals heard by an Administrative Law Judge.

The Division's strategies for improving safety and risk assessment and case documentation are expected to affect the accuracy of substantiation findings as an indicator of whether abuse or neglect that meets State statutory definitions did in fact occur. For more information on these strategies, see Section III, Introduction and Overview, *Crosscutting Initiatives*. In addition, the PSRT and the Child Welfare Training Institute have developed various methods to train new and existing staff on the substantiation guidelines:

- Standardized training provided to new CPS Specialists during initial Core Training was revised in 2006 to include a presentation with photographs. This training exposes staff to real images to practice observing, recognizing, and documenting abuse and neglect; applying the statutory requirements for a substantiated finding. The PSRT Unit also provides individualized training to CPS Specialists or units when requested.
- PSRT Reviewers provide written feedback to CPS Specialists when the PSRT amends a propose substantiation finding, explaining why the propose substantiation finding could not be supported and what observations and documentation would support a substantiated finding in the case. The CPS Specialist is offered an opportunity to meet with the PSRT reviewer for additional consultation.
- The PSRT Unit sends monthly tips via e-mail to all Division staff, including brief clear guidance and examples to increase knowledge about relevant statutes and documentation needs. These PSRT Tips are maintained in Public Folders, where they can be accessed by staff at any time.
- The PSRT Manager is participating in a documentation workgroup that is developing documentation guidelines and training for field staff, including content on documentation to support a propose substantiation finding. The workgroup will also write and distribute pamphlets as a quick reference on documentation of abuse or neglect.

Although the reduced substantiation rates do affect performance on the repeat maltreatment measure, they have not hindered the Division's ability to ensure child safety. While the appeal process determines the report finding, the investigation finding does not dictate the level of CPS intervention with a family. The need for emergency intervention through voluntary or involuntary services is based on the assessment of safety and risk. Services may be provided by CPS regardless of the investigation findings. In fact, despite a decline in the number of unique children who are the subject of a substantiated report (7,021 in FFY 2004 and 5,884 in FFY 2005, according to the CFSR Data Profile dated April 5, 2007), the total number of new removals increased from 7,134 in FFY 2004 to 7,695 in FFY 2005 (according to the Division's *Semi-Annual Report*). Data from the period of April through September 2006 indicates that 11% of reports assigned for investigation during that period resulted in the removal of a child from the home, although just 7% of reports were substantiated or proposed for substantiation. Many other reports

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that were not substantiated resulted in provision of in-home services. On the other hand, Arizona law does not compel a family to accept services when no child in the family is at imminent risk of harm. While CPS may offer and encourage CPS or community services, the family has a legal right to refuse the services if grounds for a dependency petition do not exist. In some cases low to moderate level risks are known to be present but the family is unwilling to address them, resulting in repeated reports to CPS.

The State's strong performance in the area of absence of repeated maltreatment is also the result of the following programs and practices, activities, and system improvements:

- New Child Safety Assessment and Risk Assessment tools were implemented in 2003 and 2004 and are currently being refined and integrated. For more information on these strategies, see Section III, Introduction and Overview, *Crosscutting Initiatives*.
- Family-centered practice principles and techniques are trained to new staff and continuously emphasized to existing staff. Family-centered practice produces more individualized and effective case plans, in which family members are more motivated to participate. In turn, families are more likely to achieve behavioral changes to reduce risk of repeat maltreatment. For more information on Division activities to promote family-centered practice, see Section III, Introduction and Overview, *Crosscutting Initiatives*.
- DCYF after care policy requires that before case closure the family and Division or provider staff develop an aftercare plan of services and supports to address the current or anticipated needs of family members. Dependent on the current level of risks and needs, the agency provides the family with contact information and other assistance to establish links with ongoing supportive programs in the community prior to reunification or case closure. The In-Home Services Program contract lists after care planning as a fundamental element of the program. In addition, Team Decision Making (TDM) meetings are being expanded in District 1 to support after care planning. By the end of 2007 a TDM will be held prior to all reunifications.
- DCYF has collaborated with other State and community agencies to increase the availability of prevention and in-home services. Examples of programs include Healthy Families, Community Resource Centers supported through the Promoting Safe and Stable Families funding, and recent expansion of a range of in-home services. See Section III, Introduction and Overview, *Crosscutting Initiatives* for more information on the Division's activities to increase the in-home service array.

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

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

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Goals and Measures

Safety Goal 4:	The percentage of cases where pre-placement preventive services were provided, if appropriate, will be 95% or more	
	Quarter ending 6/04:	90%
	Calendar Year 2005:	72%
	Calendar Year 2006:	61%
Safety Goal 5:	The number of children in out-of-home care will decrease by 200 or approximately 2% annually	
	Statewide 9/30/05:	9,906
	Statewide 9/30/06:	9,833

Use of safety assessment, safety planning, and in-home services to prevent removal and re-entry has been a major initiative of the Division in SFY 2007. Data is beginning to indicate increased use of protective actions, safety plan implementation, and in-home services as an alternative to out-of-home care. Data includes the following:

- The number of in-home intervention petitions increased from less than 10 filed or converted in 2005, to 93 filed by December 20, 2006. This process allows the court to stay a dependency proceeding and order in-home-intervention when families agree to a case plan and participation in services.
- The average monthly number of families receiving in-home services has increased from 4,376 in SFY 2005; to 4,829 in SFY 2006; and 5,154 to date in SFY 2007.
- The number of children in out-of-home care decreased in FFY 2006, and in December 2006 the volume of in-home cases increased to the highest level since September 2005, despite a reduction in the number of reports for investigation. See Section III, Introduction and Overview, *Investigative, In-Home Services and Out-of-Home Caseload Volume* for more information.

The percentage of investigation cases rated strength during the Practice Improvement Case Review in the area of pre-placement services to prevent removal and re-entry decreased slightly, from 72% in 2005 to 61% in 2006. Fluctuations in this data are due in part to the small number of applicable cases reviewed (41 cases in 2006). However, this data does suggest that the State could serve even more children in-home to prevent removal. Improved application of the CSA and SRA tools should assist staff to better understand and identify safety threats and risks and develop grounds for in-home petitions or other options to motivate families toward change.

The *Dependent Children in the Arizona Court System Fiscal Year 2005* report, published by the Arizona Supreme Court, Administrative Office of the Courts, indicates that the State's Foster Care Review Board (FCRB) made a finding that the State made reasonable efforts to prevent removal of a child in 99% of FCRB hearings held in FY 2005, an increase from 94% in 2001 and 97.5% in 2003.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

The Division's *Strengthening Families: A Blueprint for Realigning Arizona's Child Welfare System*, published in September 2005, described the Division's goal and strategies to expedite reunification for children in out-of-home care and strengthen families so children can remain safely in their homes. The

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Division set a related objective of reducing the number of children in out-of-home care. Implementation of this plan and other activities have supported the Division's ability to identify families who can benefit from in-home services and provide effective services to maintain children safely in-home.

In February 2006 specialized CPS Units and staff were established throughout Arizona to serve families receiving in-home services, and in March 2006 the Family Support, Preservation and Reunification Services (In Home Services Program) contract was implemented throughout Arizona to provide a continuum of family-centered services. Development of this program has increased accessibility of in-home services, and stakeholders report that specialized staff have more knowledge of available services and are more likely to use the available services to prevent removal. In addition, the use of "monitoring units" in District 1 has allowed the Division to provide in-home services to more families. These units provide consultation and oversight to ensure services are being provided according to the contract requirements. Assessment, case planning, and contacts with the family are conducted by the contract agency staff.

In SFY 2007, the Division providing supervision and training to maintain these new services and raise the skill level among in-home service providers and CPS Specialists. In addition, meetings were held between in-home service providers and Division management to evaluate whether appropriate cases were being referred for in-home services, resolve any barriers to in-home service provision, and monitor the quality of services provided. Examples of District SFY 2007 activities to promote the accessibility and use of high quality in-home services include the following:

- In December 2006 the Division held a two day "Family Engagement" training for In-Home CPS Specialists in District I. The training agenda included topics such as: principles that guide our work with vulnerable children and their families; engagement and practice of engagement skills; building a "family's team;" assessing family's needs and strengths; gaining family agreement to move forward in partnership; safety planning; developing plans with families, and tracking and adapting the plan to changing circumstances.
- CPS satisfaction surveys were completed by District 1 investigative and in-home unit CPS Specialists. The results were tabulated for the contract year, presented to moderate and intensive in-home service providers in early 2007, and used to identify program improvement needs and strategies.
- Meetings between in-home service providers and management are held in all districts. The District 1 monitoring unit responsible for in-home service cases meets monthly with the provider agencies to review their files, assure the original referral reasons are addressed, and that services are being provided timely. In District 2, meetings are held quarterly to discuss strengths and needs within the in-home service model. These meetings focus on improving documentation and communication between case team members. The participants also debrief at least one case every meeting as a learning moment. In District 3, the Practice Improvement Specialist has met quarterly with clinical supervisors from the contract agency since October 2006. Meeting participants discuss referral levels, appropriateness of referrals, and service delivery issues. These meetings resulted in an action plan to increase client engagement by having CPS and contract staff meet jointly with referred clients during the first month of service. In District 4, the Contract Manager monitors the quality of in-home services provision and is the point of contact to resolve any barriers to service provision. District 5 management staff met monthly with in home providers between July and November 2006, and providers are invited to attend field unit and leadership team meetings to discuss the program, district processes, and specific

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issues. District 6 management also met monthly or more with in-home providers during the latter half of 2006, to discuss program implementation and utilization. Periodic meetings between in-home service providers, the Regional Behavioral Health Association, behavioral health providers, and Division management continue to be held; to evaluate whether appropriate cases are being referred, resolve any barriers to in-home service provision, and monitor the quality of services provided.

- The Child Welfare Training Institute (CWTI) is planning quarterly in-home service trainings statewide. The first quarterly training will be held in the summer of 2007 and the others will be held throughout the year. The trainings are for CPS staff but may be expanded to include providers.

In July 2005, Arizona was granted a waiver to conduct a child welfare demonstration project using Title IV-E funds to deliver comprehensive in-home and community based services to (1) facilitate earlier reunification of children in congregate and licensed foster care settings; (2) reduce re-entries into out-of-home care; (3) prevent recurrence of child abuse and neglect; and (4) improve child and family well-being and functioning. The Title IV-E waiver is being implemented in two phases, Phase 1 is occurring in three selected sites within Maricopa County. Service contracts for the program were awarded in March 2006. Partnership meetings occur monthly. The first family was referred to the project in April 2006. As of December 2006 there were 76 families receiving services through the project and eight reunifications. Because a relatively low number of families are being served through this project, it will not have a large impact on statewide performance, but is expected to provide useful information about effective program design and other factors affecting broader agency performance.

The Division is implementing a new integrated CSA/SRA/case planning process that will help staff and in-home providers link safety and risk to the case plan and focus on behavior change versus task completion and compliance. With this shift in focus, services and case plans will be revised earlier if progress is not seen, rather than waiting six months. More effective case plans are more likely to prevent removal and re-entry. See Section III, Introduction and Overview, *Crosscutting Initiatives* for more information on the integrated CSA/SRA/case planning process.

Arizona is implementing the Family to Family initiative, which includes a goal of reducing the number and rate of children placed away from their birth families. See Section III, Introduction and Overview, *Crosscutting Initiatives* for more information.

Use of mental health providers and community-based collaboration for service provision has increased in recent years. Coordination of services through a Child and Family Team Meeting (CFT) is used throughout the State, when appropriate. CFTs are generally facilitated by the behavioral health provider agency and include the parents, youth, caregivers, CPS Specialist, behavioral health providers, support persons invited by the family, and other case participants. CFTs are operational in all districts to review family and team member input on CPS goals, services being provided, whether services are meeting the goals, and changes to services and/or goals that may need to be made. See Section III, Part 4, CFSR Item 23 for more information on CFTs and other behavioral health services.

Division after care policy requires that before case closure the family and Division or provider staff develop an aftercare plan of services and supports to address the current or anticipated needs of family members. Dependent on the current level of risks and needs, the agency provides the family with contact information and other assistance to establish links with ongoing supportive programs in the community prior to reunification or case closure. The In-Home Services Program contract lists after care planning as

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a fundamental element of the program. In addition, Team Decision Making (TDM) meetings are being expanded in District 1 to support after care planning. By the end of 2007 a TDM will be held prior to all reunifications. Stakeholders stated that District 1 intensive in-home providers do an outstanding job of getting supports and resources in place before closing a case, but it is challenging to access community services for families that are not Title XIX eligible. They stated that referrals to community resources need to be appropriate and sufficient to meet the family’s needs, include more than child care and counseling, and should include natural supports.

The Department-wide Service Integration initiative, including Family Connection Teams, seeks to connect families with services within the Department and the broader community to address factors such as unemployment and poverty that impact a family’s risk for child abuse or neglect. For more information on service integration, see Safety Section A.

The Division continues to address staff vacancies and turnover so that the Division is better able to serve more families early and in-home, to prevent escalation of risk, removal, and re-entry. See Section III, Introduction and Overview, *Staff Resources* for more information.

The Division also continues to address the reluctance of some Judges and Assistant Attorneys General to use in-home intervention or in-home dependency petitions. Stakeholders have reported that some courts do not always support in-home intervention plans developed at a TDM, but prefer an in-home dependency. It has been helpful in District 1 to have specialized judicial officers to review in-home intervention and in-home dependency petitions. Judges and others are reported to be especially reluctant to serve families with a substance exposed newborn in-home. District 1 is applying for a grant for a “SEN Safe Environment” program that will connect the family with intensive in-home and Arizona Families F.I.R.S.T. substance abuse treatment providers within ten days. A joint case plan will be developed with the family, encompassing all services needed by the family, such as Healthy Families.

CFSR Item 4: Risk assessment and safety management

Goals and Measures

Safety Goal 6:	The percentage of children in out-of-home care with no substantiated maltreatment by an out-of-home caregiver will be 99.68% or more
	Federal Fiscal Year 2004: 99.83%
	Federal Fiscal Year 2005: 99.86%
	Federal Fiscal Year 2006: 99.79%
Safety Goal 7:	The number of child fatalities resulting from child abuse or neglect per year will be zero
	State Fiscal Year 2004: 20
	State Fiscal Year 2005: 24
	State Fiscal Year 2006: 21

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Safety Goal 8:	The percentage of cases where the risk of harm for each child is comprehensively assessed will be 95% or more	
	Quarter ending 6/04:	49%
	Calendar Year 2005:	41%
	Calendar Year 2006:	35%
Safety Goal 9:	The percentage of cases where services are provided for risks of harm identified through assessment will be 95% or more	
	Quarter ending 6/04:	75%
	Calendar Year 2005:	65%
	Calendar Year 2006:	62%

The Division's data indicates that absence of maltreatment in foster care is a strength for the State, but the overall quality of safety assessment, risk assessment, and safety plan development is not consistently adequate. The Division expects the results of the second phase of the CSA-SRA-case planning improvement initiative will be observable in quality assurance data by late 2007. Current available data includes the following:

- The State's NCANDS data indicates that 99.82% of children in care did *not* have a substantiated incidence of maltreatment by a foster care or licensed facility provider in the 12 month period ending March 31, 2006. Arizona has continually excelled in this area and surpassed the national standard of 99.68%. The State's performance on this measure was 99.9% in FFY 2003, 99.70% in FFY 2004, and 99.88% in FFY 2005.
- The Division entered an after investigation substantiated finding of child death due to abuse or neglect in relation to 21 children in SFY 2006, down from 24 children in SFY 2005. The Division had received a prior report of child maltreatment on 43% of these families. More than half of the children (57%) were male and 71% were age three or younger at the time of death. In 2005 the children were three times as likely to be male, and 83% were age three or younger at the time of death. About half of the deaths in SFY 2006 were due to physical abuse, such as blunt force trauma. The other half were due to neglectful situations such as access to dangerous objects or lack of supervision.
- The Practice Improvement Case Review (PICR) findings indicate that the Division conducted a comprehensive assessment of safety and risk in 41% of investigation cases reviewed in 2005 and 35% in 2006; and that the Division made reasonable efforts to reduce the risk of harm through specific interventions in 65% of cases reviewed in 2005 and 62% in 2006. The lower performance in 2006 is in part due to application of a higher standard of strength, which requires information be gathered and documented on each risk domain within the *Strengths and Risk Assessment* tool.

For two reasons, the Division expects that the percentage of cases rated strength will be much higher during the 2007 CFSR On-site Review. First, the PICR evaluates performance in these areas on a sample of cases that had a report of maltreatment during the review period, including cases closed at investigation. Reviewers have observed that safety and risk assessment and provision of services tend to be more comprehensive in cases that are opened for in-home or out-of-home services. Second, the Division applies a rating standard based on the State's CSA and SRA tools and procedures, which may exceed the federal standard.

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- The Arizona Citizen Review Panels review cases involving child fatalities, reports of high risk, and reports on children in foster care; and make recommendations to address concerns. The 2005 Arizona Citizen Review Panel report stated panels found policies were adequately reviewed in eight of the 23 cases (35%). The 2006 report demonstrated substantial improvement. Panels determined that existing protocols or policies were followed in 20 of the 25 cases reviewed (80%), and identified several cases in which exceptional efforts were made by staff of all levels.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

Performance in this area is heavily influenced by the experience and skill of CPS Specialists and CPS Supervisors, the tools and training they are provided, and the amount of time available to spend with families to learn their needs and strengths. The Division's continuing work to develop and ensure consistent application of the CSA, SRA, and case planning process is a primary factor affecting performance. The Division has provided a foundation of instruments and policies, and is persistently pursuing full systemic change through training, supervision, and quality assurance. For more information, see Section III, Part 1, *Crosscutting Initiatives*.

The Division continues to provide training to develop the critical decision making skills necessary to effectively apply the assessment and case planning processes in field practice. CAPTA funds were used to contract with Action for Child Protection to deliver a series of three Advanced Critical Decision Making Seminars for all CPS Supervisors, management staff, and Assistant Attorneys General during Spring 2005. In 2006, through a partnership with Arizona State University West, Dr. Cynthia Lietz conducted a statewide project on group supervision. Dr. Lietz met with district Assistant Program Managers (APMs) at three sites across the State, monthly, for five months. During these sessions, known as supervision circles, Dr. Lietz presented information and modeled facilitation techniques as she led the APMs in their own supervision circles. Supervision circles are one tool supervisors can use to assist in identifying and resolving practice issues with staff. Group CPS Unit Supervisor meetings offer collective wisdom, reduce isolation, and can provide opportunities to transfer critical thinking and decision making skills from training to practice.

In 2006, the Child Welfare Training Institute implemented a new Core curriculum for CPS Specialists that provides more effective content and more time to assist trainees with conceptualizing and practicing critical decision-making, safety assessment, risk assessment, and safety planning skills. In addition, the CWTI provided a one-day refresher to staff in all counties but Pima, addressing safety assessment, safety planning, and the appropriate designation of safety monitors. Additional refreshers were available in offices throughout 2006 to the present. Pima County included this same refresher material in recent CSA-SRA-case planning training.

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

The county and State Citizen Review Panels, and the State and local Child Fatality Review Teams provide another opportunity for staff to evaluate the Division's assessment practices and identify areas for improvement. The CRP provides feedback to local CPS offices and to the State administration as needed. In 2005 the CPS Practice Improvement Specialists were added as members of the County Citizen Review Panels, and they have been attending meetings since that time. These staff are able to

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provide timely feedback to the district and otherwise use the information obtained to improve practices in their districts. CPS field and management staff also participate in the case reviews and identify cases for review that are examples of both superior and problematic casework.

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

In SFY 2008 the Division will assist the Administrative Office of the Courts (AOC) to provide overviews of critical Division training topics in future AOC trainings. For example, the Division is scheduled to present the revised CSA-SRA-case planning process at several statewide stakeholder meetings including the annual Judicial Conference, and at CASA, FCRB, CRP and the AOC Dependent Children Services Division staff meetings.

C. Objectives and Activities for SFY 2008

The following objectives and major activities for SFY 2008 are those most closely related to achievement of safety outcomes. These objectives and activities will also support achievement of permanency and well-being outcomes. Likewise, objectives listed in other parts will support achievement of safety outcomes. For example, Division efforts to recruit and retain staff and improve work conditions will improve the Division's ability to respond timely to reports and conduct comprehensive safety and risk assessments. The following objectives and activities are based on analysis of the State's NCANDS, AFCARS, Practice Improvement Case Review, and other data described in Parts 1 through 5; input from Division staff and child welfare stakeholders; and other strategic planning processes.

Objective 1: Increase the availability of child abuse prevention services, including parenting, economic, health, and child care services

1. Provide Healthy Families Arizona home visitation program services to an increased number of families in the 58 sites, including provision of service prior to the baby's birth and to families with substantiated CPS reports.
2. Deliver the Child Abuse Prevention Conference in January 2008, including cutting edge training opportunities and presentations from national experts in child abuse prevention and child welfare.
3. Participate in Child Abuse Prevention Month in April 2008 by:
 - organizing informational tables at the Department's Central Office and the State Capitol to distribute free awareness wristbands, pins, ribbons, and positive parenting handouts, and brochures on all Division funded prevention programs;
 - continuing to develop new promotional materials to promote awareness of Child Abuse Prevention month, using positive messages like "Make Time for a Child" and "Good Parenting Lasts a Lifetime;"
 - sending weekly e-mails during April 2008 to all of the Departments' more than 10,000 staff about activities occurring throughout the month; and
 - providing all Department staff, the Governor's Office, and all service providers a comprehensive list of all activities organized by the Regional Child Abuse Prevention Councils occurring during the month of April 2008.

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4. Encourage and assist the Regional Child Abuse Prevention Councils to implement the AZ CAN! Plan for preventing child abuse, which includes strategies and local action steps.

The activities listed under Objective 2 will also prevent child abuse by addressing family stressors, such as poverty and family life cycle adjustments.

Objective 2: Integrate DES human service programs, including child welfare, family assistance, and employment programs

1. Maintain the existing Family Connections Teams in Phoenix and Tucson, including those with a primary focus on supports to kin families and promotion of the Family to Family initiative.
2. Continue the Breakthrough Series Collaborative (BSC) on Service Integration to identify, test and implement strategies for service integration, based on four components: (1) Information is gathered and used during the intake and assessment process in an integrated way; (2) Service coordination systems are efficient and maximize the experience and skills of families, communities and DES partners; (3) Local services are accessible, accountable and meet the needs of families living in the community; and (4) Service delivery systems emphasize prevention and early intervention.

Objective 3: Partner with community providers to develop a comprehensive and integrated in-home services model to increase the array of available in-home services, facilitate the provision and coordination of services, and ensure that services are provided at the level and intensity required for each family

1. Provide supervision and training to maintain the integrated in-home service contract and In-Home Units and Specialists; and to raise skill level among in-home service providers and the Division's In-home Services Specialists.
2. Hold meetings between in-home service providers and Division management to evaluate whether appropriate cases are being referred for in-home services, resolve any barriers to in-home service provision, and monitor the quality of services provided.
3. Provide expedited reunification services to randomly selected families in targeted areas in Maricopa County and potentially expand services, depending on the initial evaluation results of this Title IV-E Child Welfare Demonstration Project.
4. Monitor data on utilization of in-home services, including number of new child removals and number of new families served in-home, to evaluate progress toward increased use of in-home services as an alternative to out-of-home care.

Objective 4: Improve decision making related to safety, risk, and service provision by increasing staff skill and consistency in the application of the CSA-SRA-case planning and related processes

1. In consultation with the NRC on Child Protective Services and the NRC on Family Centered Practice and Permanency Planning continue statewide implementation of the revised CSA-SRA-case planning process and related procedures and CHILDS windows

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2. Evaluate field implementation of the revised CSA-SRA-case planning process to determine if CPS Specialists and Supervisors are effectively implementing the process as a guide to obtain, document, and use information in a family-centered and strength-based manner, and to inform decision making and case planning.
3. Provide intensive on-site staff support to build agency capacity by developing experts at the front line level through targeted training, case specific consultation, and group supervision.
4. Integrate clinical supervision into the revised CSA-SRA-case planning process to guide supervisory discussion with staff.
5. Provide group consultation (focus groups) and periodic teleconferencing facilitated by national child welfare experts to support front line CPS Supervisors during implementation of the integrated clinical supervision process.
6. Continue to provide the revised CSA-SRA-case planning process training curriculum in Case Manager CORE training.

PART 3: PERMANENCY

A. Program or Service Description

1. Time Limited Reunification Services

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

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

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

More than 16,400 individuals have been referred to the AFF program since its inception in March 2001. The program continues to experience steady growth in program referrals. Data from the most recent program evaluation indicates that 4,727 individuals were referred in FY 2006 for screenings or assessments for substance abuse treatment – a 23% increase over the previous year. The number of program referrals clearly demonstrates that CPS Specialists are identifying substance abuse treatment as a need for the families with whom they work. According to the 2006 program evaluation, 4,014 clients received treatment and support services in FY 2006. The clients served are predominately female (72%), relatively young (average of 30 years), and nearly 70% of participants possessed at least a high school diploma or GED. There are fewer persons of Hispanic/Latino or Native American origin, and more African-Americans, than in the general Arizona population. This would suggest that the manner in which treatment services are provided to AFF clients should be culturally appropriate and gender sensitive. Due to the predominance of female participations, in May 2007 AFF providers received training on gender specific strategies. In SFY 2008 providers will be reporting quarterly on their efforts to improve service delivery in this area.

In FY 2006, the AFF Program worked toward the following goals: (1) promoting recovery from alcohol and drug abuse for program participants; (2) reducing the recurrence of child abuse and neglect of program participants' children, and (3) establishing permanency for the children of program participants. Through extraordinary inter-agency coordination, AFF has created structures that support training, issue resolution, stakeholder involvement, communication, and system of care reforms. These efforts and the provision of substance abuse screening, assessment, and treatment services are supporting achievement of the identified programmatic goals and desired outcomes. Arizona State University, Center of Applied Behavioral Health Policy, continues the programmatic evaluation and their efforts enhance the overall

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program evaluation and data collection strategies. Data from the most recent program evaluation indicates:

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

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

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

Efforts to engage stakeholders in the vision of AFF continued in FY 2006. Each provider participated in or facilitated local collaborative groups. This process contributed to increased knowledge of community resources. In some areas these collaborations developed into the formation of local teams that worked together to address the needs of families across systems. These collaborations have resulted in service delivery that meets local community need. For example, in Maricopa County the AFF provider actively participates in Team Decision Making. Through this collaboration, levels of engagement and immediate access to needed treatment services have increased for the AFF program and child welfare staff expertise has increased in the area of substance abuse.

Statewide training on methamphetamine by experts in the field was completed in June 2006. Twenty-five training sessions were held with a total of 1,011 CPS staff and other stakeholders attending. This training was instrumental in increasing attendee's awareness of the consequences of methamphetamine

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abuse and building skills in engaging and providing intervention for these seemingly difficult clients. Sixteen additional trainings are planned for July 2007 through June 2008. In addition to DCYF training, local communities, such as District 4 and 6, have held forums on the impact of methamphetamines and to develop local strategies to address the issue as a community.

The Program Services Administration has developed and continues leading a task force examining the methamphetamine impact on child welfare. A panel of experts from substance abuse organizations, behavioral health agencies, universities and others has convened to improve the child welfare response to family's impacted by methamphetamine in order to ensure child safety and improve well-being. The efforts and recommendations of this group have thus far resulted in the following actions:

- CWTI substance abuse training curriculum was updated in January 2007, including a train the trainer component. A specialized training curriculum on Motivational Interviewing was also provided to each District and CWTI to provide engagement strategies for the Division's work with parents.
- A partnership was established with the Department of Health Services to identify a screening tool to enhance Child Welfare Specialists' identification of substance abuse related issues. The screening tool and corresponding in-service training material was distributed to Program Managers in April 2007.
- An informational series that includes practice points on topics such as family-centered practice, methamphetamines and child maltreatment, effective treatment, safety, and engagement are currently being published. The first publication in the series was distributed to Division staff as a component of in-service training, along with a values clarification activity in February 2007. Distribution of the material and in-service training will continue through SFY 2008.
- A Risk Domains and Six Fundamental Safety Questions for Methamphetamine Abuse matrix was developed to assist CPS Specialists to explore maltreatment in the context of methamphetamine abuse. The matrix was distributed as in-service training material to Program Managers in April 2007.
- A draft case review tool was developed to measure the prevalence of methamphetamine use in child welfare involved families. The tool was reviewed by the Meth Task Force and approved by the Program Administrator in February 2007. A random case sample is being selected and implementation is targeted for August 2007.

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

- Drug Courts are operational in some Arizona counties. AFF held meetings with Drug Court Personnel in Yuma and District 6 to improve practice strategies. An Adult Drug Court is scheduled to begin in Cochise County in September 2007.
- AFF providers are continually increasing their utilization of evidenced based treatment strategies. The District VI AFF provider will complete training and implementation of the Matrix program in June 2007. The matrix treatment model also continues to be used in Gila County and by several Title XIX service delivery partners in other parts of the State.

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- Several AFF providers, such as Westcare and Old Concho Communities, offer sober housing options to help preserve families.
- AFF providers are increasingly integrating adult substance abuse services and child welfare services. For example:
 - District 1 AFF providers attend an average of nearly 75 TDMs per month and District 3 Flagstaff AFF providers began participating in TDMs in mid-May 2007. As TDM is introduced statewide, the number of referrals to the AFF program and engagement in treatment are likely to increase.
 - District 2 AFF providers attend TDMs and have begun to participate in Preliminary Protective Hearings. This pilot project enables an AFF provider representative to attend the Preliminary Protection Hearing and immediately engage the client, improving program retention, completion, and family reunification.
 - CFT meeting attendance by District 4's AFF provider, WestCare AZ, has increased considerably. Also, Division staff attend five to ten adult staffings per month, as requested by WestCare.
 - All District 6 AFF provider sites have been trained on an integrated child and adult service provision process based on the CFT and Adult Recovery Team processes. SEABHS sites have incorporated CFT processes including Family Team Facilitators in the person-centered planning process.
- To monitor contracts, AFF staff completed CPS office visits in locations statewide to improve communication and enhance service delivery, and provider site visits to locations in all districts to ensure program fidelity to the AFF model.
- The District 1 provider has co-locating clinical staff in many CPS offices to enhance coordination and retention in treatment. Expansion of this strategy continues. Co-location of staff in each Maricopa County CPS office was completed in June 2007.

Housing Assistance

The Housing Assistance Program provides financial assistance to families for whom the lack of safe and adequate housing is a significant barrier to family preservation, family reunification, or permanency, and at least one child in the family is involved in an open CPS case. Housing assistance is provided in the form of vendor payments for rent, rent arrearages, utility deposits, and utility arrearages. Housing assistance payments can only be made if other community resources are not available.

This program is available to families statewide, and continued to serve families in FY 2006. There is no waiting list to receive these funds, although affordable housing may not be available for rent in all communities. The most current data available demonstrates the Housing Assistance Program continues to support permanency, serving many children and families.

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In SFY 2006:

- The Housing Assistance Program aided in the reunification or permanent placement of 3,297 children within 1,024 families, statewide--an increase from the 1,510 children and 566 families served in FY 2005.
- The total amount expended statewide increased from \$720,137 in FY 2005, to \$1,244,675.53 in FY 2006.
- An estimated \$17,440,800.30 would have been expended by the Division for foster care maintenance if the 3,297 children who benefited from Housing Assistance during SFY 2006 had entered or remained in foster care for the length of time housing assistance was provided to each family. Based on the State Fiscal Year Housing Assistance Program Expenditures of \$1,244,675.53, there is a State Fiscal Year cost avoidance of \$16,196,124.77.

The Expedited Reunification IV-E Demonstration Project

In July 2005 the U.S. Department of Health and Human Services, Administration for Children and Families, granted Arizona a waiver to conduct a child welfare demonstration project using Title IV-E funds. With the waiver, the State is delivering comprehensive in-home and community based services that: (1) facilitate earlier reunification of children in congregate and licensed foster care settings with their parents, custodians, or guardians; (2) reduce re-entries into out-of-home care; (3) prevent recurrence of child abuse and neglect; and (4) improve child and family well-being and functioning. The Expedited Reunification Program provides a wide range of services including counseling, family-centered assessment, team decision making, parenting skills training, home management skills, referral to other services such as substance abuse treatment, supportive links to community resources, discharge and aftercare planning, and availability of flexible funding to meet the individual needs of families. The Title IV-E waiver is being implemented in two phases, with Phase 1 occurring in three selected sites within Maricopa County. Service contracts for the program were awarded in March 2006. To support the project, partnership meetings occur monthly and strength-based practice training was provided to service providers and CPS staff involved in the project. The first family was referred to the project in April 2006; and as of April 2007 95 families have received services through the project and 21 children have reunified with their parents.

Progress reports are periodically submitted to the U.S. DHHS, most recently in April 2007. Initial findings have identified effective practices, including the use flexible funding and Child and Family Teams to support reunification. Limited use of flex funding is not new to Arizona, but the demonstration project has expanded the practice. Early indications suggest that providers and CPS staff have appropriately applied flexible use of funds to meet basic and specialized needs to support the goal of family reunification. Staff and families report that items such as pre-paid cell phones to work with homeless parents and work clothing for parents have been helpful. As the demonstration project progresses there has been more creativity in the use of flex funds to expedite reunification. In addition, Child and Family Teams are used to facilitate planning for expedited reunification in all IV-E Waiver Demonstration Project cases. CPS staff, providers and families have reported that the sense of “shared responsibility” in these cases has assisted tremendously with family engagement and stronger participation in services. CFTs for project families have an expanded approach that specifically involves a child welfare focus on child safety and a broader focus on the family system and needs of all family members, not just the identified child. The report also indicates that the relatively low number of new cases enrolled into the IV-E Waiver project has been a major challenge. DCYF has several initiatives

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targeting reduction of children in out-of-home care. These initiatives have been successful; therefore fewer cases are eligible for the IV-E Waiver Demonstration Project.

Permanency Planning

Permanency planning services are provided for all families who are the subject of an ongoing services case with CPS. CPS Specialists engage parents, children, extended family, and service team members to facilitate the development and implementation of a written case plan. Each child is assigned a permanency goal based on the circumstances necessitating child protection services, the child's needs for permanency and stability, and Adoption and Safe Family Act requirements. The initial goal is Family Reunification unless the court finds that reasonable efforts to reunify are not required due to aggravating circumstances, as defined by the Adoption and Safe Families Act. The Division conducts a planned transition of the child to the home when the parent has successfully addressed the risk factors that prevented him or her from caring for the child safely without Division involvement. Sufficient follow-up and support services are put in place to ensure a safe and successful reunification.

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

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

Placement and Placement Support

Out-of-home placement services are available statewide for children who are unable to remain in their homes due to immediate safety concerns or impending and unmanageable risk of maltreatment. Placement services promote safety, permanency, and child and family well-being through supervision and monitoring of children in out-of-home placement, and support of the out-of-home caregiver's ability

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to meet the child's needs. State policy requires a complete individual placement needs assessment for every child who requires out-of-home care, and that the Division whenever possible:

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

Placement types include licensed or court approved kinship homes, non-relative licensed foster homes, group homes, residential treatment centers, and independent living subsidy arrangements. Also, by court order, a child may be placed with an unlicensed person who has a significant relationship with the child. Arizona Statute effective September 2006 confirmed the preference for kinship placement and requires specific written findings in support the decision whenever the Court finds that placement with a grandparent or another relative (including a person with whom the child has a significant relationship) is not in the child's best interest. Identification of potential kinship foster caregivers is to begin at the time of initial assessment/investigation, when the CPS Specialist inquires about relatives or significant persons who might be willing and able to care for the child. When a child in out-of-home care is not placed with an extended family member, or is placed with an extended family member who is unable or unwilling to provide a permanent placement for the child, the CPS Specialist must initiate searches for extended family members or other significant persons prior to key decision points during the case and no less than once every six months. If current contact information about certain relatives is unavailable, the CPS Specialist can use the State's Parent/Relative Locate program for a professional search by a contracted agency.

The Child Safety Assessment, *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* and *Strengths and Risks Assessment Tool*, Team Decision Making meetings, Child and Family Teams, and Family Group Decision Making meetings are used to identify caregivers, services, and supports to meet each child's needs. In Maricopa County every removal or potential removal of a child requires a Team Decision Making (TDM) Meeting in which parents, family members, CPS staff, and community partners formulate a plan for the child's safety. If it is determined that removal is necessary, the team determines the child's placement, giving preference to placement with relatives and close to the birth family. TDMs will also be held for all placement transitions and reunifications for children in out-of-home care by the end of CY 2007. See Section III, Part 1, *Crosscutting Initiatives* for more information on TDMs and Family to Family.

Policy requires that the Division promote stability for children in out-of-home care by minimizing placement moves and, when moves are necessary, providing services to make placement changes successful for the child. To achieve the permanency goal and support the child and caregiver, a case plan specifying the necessary services and interventions is developed by the child, family members, out-of-home care provider, service providers, and attorneys. Among other information, the written case plan identifies the child's educational, physical health, and mental health needs, and services to the child or caregiver to address those needs. CPS Specialists further support placement stability by:

- ensuring every child in out-of-home care has an individualized Out-of-Home Care Plan included in the case plan;
- providing children and out-of-home care providers current information about matters affecting the children and allowing them an opportunity to share their thoughts and feelings;
- reviewing each case every 6 months, through the Foster Care Review Board process or the

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Department's Administrative Review procedures; and

- making monthly in-person contacts with children in out-of-home care and their caregiver(s) to assess their safety, well-being, and service needs.

Policy requires that a transition plan be developed whenever a decision is made to move a child, including notification of all parties about the move, communication between the prior and future out-of-home provider, pre-placement visitation, and the planning of supportive services. For Native American children, placements must take place in accordance with the Indian Child Welfare Act and the tribe must be notified whenever a placement change is considered.

The Division informs potential kinship caregivers of financial and non-financial services available to them, offers a grievance process when placement of the child in the home is denied by the Division, and expedites kinship foster care applications for TANF child-only assistance. Kinship caregivers are encouraged to apply for foster parent licensing, which enables the kin to receive the same foster care payment rate as non-kin licensed foster parents. Kinship caregivers are not required to be licensed foster parents for children in the care and custody of the Department; however, should they choose to apply for licensure, kin must meet the same licensing standards as non-kin foster parents. During the 2006 Legislative Session, financial resources were specifically allocated to support grandparent placements. The bill authorizes a payment of up to \$75 a month for each grandchild living in a grandparent's home; in addition to a one-time "transition" payment of up to \$300 for purchasing necessary items when the child is placed. The Division provides and facilitates other support and training to kinship families directly or in partnership with contracted provider service agencies or community resources.

Behavioral health and other services are available to assess and treat the mental health and placement support needs for every child in out-of-home placement. See Section III, Part 4, CFSR items 17 and 23 for more information on these services.

The Lodestar Family Connections Center opened in Phoenix in May 2004, to support permanency and placement stability. This center is a public-private partnership dedicated to the creation and preservation of adoptive, foster, kinship, and guardianship families. The Center provides a place for families to gain access to information and community professionals who can help them build happy, healthy families. All of the Center's activities are geared toward families parenting children other than birth children. The Center provides information on topics such as discipline, attachment and bonding, brain development, legal issues around kinship care, and what to look for in a behavioral consultant and behavioral diagnosis. The Pima County KARE Center exists entirely to support kinship caregivers, including kinship caregivers not associated with CPS. The Center provides financial, legal, and emotional support and outreach, and advocacy training for kinship caregivers. Similar services are also available in Yuma County, District 4.

2. Adoption Promotion and Support Services

Adoptive Home Identification, Placement, and Supervision Services

Adoption promotion and support services are provided with the goal of placing children in safe nurturing relationships that last a lifetime. Kinship care with another member of the child's extended family, including a person who has a significant relationship with the child and foster parents who are able to meet the child's needs are given placement preference. New contracts for foster care and adoption home study, recruitment, and supervision emphasize targeted and child specific recruitment. The contracts provide incentives for placement of sibling groups, teens, children whose ethnicity is over-represented in

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the foster care system, and children with special needs. In collaborative effort with the Department's contract providers, the Department is addressing issues of disproportionality by specifically targeting the African American and Hispanic populations. The agencies are also being requested to recruit homes in specific geographical areas.

Adoption promotion and support services include: placement of the child on the Central Adoption Registry; assessment of the child's placement needs; preparation of the child for adoptive placement; recruitment and assessment of adoptive homes; selection of an adoptive placement; supervision and monitoring of the adoptive placement; and application for adoption subsidy services. Adoption promotion and support funds are used to support adoptive families through pre-placement adoptive family and child visits and facilitation of post-placement visitation with siblings. Adoption promotion and support services also include post-adoption individual, group, or family counseling services for adoptive children, adoptive parents, and the adoptive parents' other children. These counseling services supplement the services that are available through the Title XIX mental health system. Services are provided by contracted providers who are experts in the field of adoption. There are no geographic limitations on adoptive home identification, placement, and support services, although some support services, such as specialized counseling, may be more readily available in some areas.

The Department sponsored the Children Need Homes Conference in October 2006, using national speakers to address issues relevant to adoptive parents of special needs children. This conference was well attended by foster and adoptive parents, youth, contracted provider staff, and CPS Specialists.

The Department received adoption incentive bonus dollars in FY 2006. These funds were used to expand resource parent home recruitment, study, and supervision services so that more people throughout the State would be informed of the need for new resource parent homes and receive the services necessary to fulfill that need.

Cross-jurisdictional Placement Resources

Arizona uses an array of interstate resources in order to expeditiously locate permanent homes for children across jurisdictional lines. These include The Adoption Exchange Association's AdoptUsKids, internet resources such as Adoption.com, features on nationally syndicated programs, publications such as the *Arizona Adoption Exchange Book*, quarterly newsletters to Arizona's licensed foster parents and parents receiving adoption subsidy benefits, and listing on the CHILDS Adoption Registry. The Department recruits homes through informational booths at a number of conferences and community events that attract large and diverse participants. Arizona Adoption and Foster Care Coalition (AFCAC) members identify adoptive homes for children legally free for adoption, statewide, by sharing during their monthly meetings information about children free for adoption and families available to adopt children.

A statewide marketing campaign to recruit foster and adoptive homes for children was launched in November 2006. This campaign utilizes multiple media formats including ads and public service announcements on television and radio, print, and church bulletins. Children free for adoption are being featured in newspapers around the state, i.e., the Arizona Daily Star, the Arizona Republic, the Arizona Daily Sun and the Tatum Sun Times. The Department expanded its newspaper recruitment in 2006 with a regular feature in *Today's News-Herald* the newspaper serving the Lake Havasu City and lower Colorado River area.

The Department continues to encourage staff to use an array of interstate resources to locate permanent homes for children across jurisdictional lines. Adoption Promotion funds are available to all staff,

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statewide, to provide transportation services to encourage, facilitate, and support cross-jurisdictional placements. Transportation services include pre-placement visits, and visits with siblings and relatives living out of state or in other regions of Arizona. No changes are expected to this program and the Division will continue to encourage staff to use this resource.

Adoption Subsidy

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

The number of children eligible and receiving Adoption Subsidy continues to increase. The number of children served in Adoption Subsidy grew from 8,224 children on September 30, 2005, to 9,389 on September 30, 2006. In FFY 2006, 1,414 new special needs adoptions were subsidized, and the Department reimbursed \$1,068,536 of nonrecurring adoption expenses for 953 completed adoptions.

During SFY 2007 the Department worked to improve Adoption Subsidy procedures and services. Some of these projects will continue into SFY 2008.

- Adoption Subsidy policy was revised and streamlined as part of the revision to the Children's Services Policy Manual, and is now available on the on the Department's webpage.
- Work continues on the rate evaluation form to better reflect the amount of care and supervision children require, and the use of time and expense that families incur in caring for their special needs children.
- Adoption Subsidy staff collaborated with staff from the Regional Behavioral Health Authorities and participated on Child and Family Team meetings to coordinate services to meet the mental/behavioral health needs of adoptive children.
- Adoption Subsidy staff participated in the November National Adoption Day celebrations in Tucson, Phoenix, and Prescott.
- The Lodestar Family Connections Center in Phoenix and the K.A.R.E. Family Center in Tucson continue to be valuable post-adoption resources used by families. The Division continues to identify new community resources for all children eligible for adoption subsidy. For example, Adoption Subsidy staff in Tucson collaborated with staff from the K.A.R.E. Center and adoptive parents to revive a parent support group.

Inter-country Adoption Act of 2000 (ICCA)

The ICCA seeks to ensure that inter-country adoptions are in the child's best interests and protect the rights of children, birth families, and adoptive parents involved in adoptions from countries subject to the Hague Convention on Protection of Children. The Act also improves the ability of the Federal Government to assist United States citizens seeking to adopt children from countries subject to the

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Convention. Children adopted from other countries who enter the Arizona child welfare system receive the same services as any other child in out-of-home care.

Case information was reviewed for each child served in out-of-home care during FFY 2006 that was identified in CHILDS as having been previously adopted. This review identified one child who entered out-of-home care in FFY 2006 and was previously adopted from outside the United States. This child was originally abandoned as a baby and adopted by a family in Mexico, and later was abandoned at an orphanage in Mexico at about five years old. This child lived in orphanages in Mexico for several years before being brought to the United States by a couple who gained guardianship of him in Mexico. The guardianship was not recognized in the United States and the court ordered CPS to take custody of this child at age fifteen. The current plan for this teen is adoption by the couple who gained guardianship in Mexico.

4. Subsidized Guardianship and Independent Living Services

Subsidized Guardianship

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

This program is available statewide to children exiting out-of-home care to permanent guardianship. During FY 2006, 1,011 children attained permanency through permanent guardianship. This is a 21.1% increase over the 835 children who attained permanency through permanent guardianship in FY 2005. The number of children receiving guardianship subsidy benefits in SFY 2006 was 1,524, which is a 27.6% increase over the 1,194 children who received guardianship subsidy benefits in SFY 2005.

Independent Living and Transitional Independent Living

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

Youth who do not have a goal of reunification, adoption, or guardianship are assisted to establish another planned permanent living arrangement (Independent Living permanency goal) through participation in services, opportunities, and activities through the Arizona Young Adult Program, which is Arizona's State Chafee Program. The Arizona Young Adult Program provides training and financial assistance to children in out-of-home care who are expected to make the transition from adolescence to adulthood while in foster care. Youth served under the Arizona Young Adult Program are currently in out-of-home care, in the custody of the Department. Twelve percent of the children in out-of-home care on September 30, 2006 had a permanency goal of independent living. This percentage remains unchanged from

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September 30, 2005. The number of youth served by Arizona's Young Adult Program has maintained at 1,170 on September 30, 2005 and 1,164 on September 30, 2006.

State policy allows youth to continue to receive Division services and supports to age 21 through voluntary foster care services and/or the Transitional Independent Living Program. Young adults served under the Transitional Independent Living Program are former foster youth, ages 18 through 20, who were in out-of-home care and in the custody of the Department while age 16, 17, or 18. This Program provides job training, skill development, and financial and other assistance to former foster youth, to complement their efforts toward becoming self-sufficient. During FFY 2006, approximately 100 former foster youth were served by this program. Outreach efforts continue to increase public awareness of the Transitional Independent Living Program.

Young Adult Transitional Insurance (YATI)

Young adults who reached the age of 18 while in out-of-home care may be eligible for medical services through the YATI Program, which was implemented in FY 2000. YATI is a Medicaid program operated by the AHCCCS. All foster youth who are Medicaid eligible are pre-enrolled into an AHCCCS plan as they turn 18 years of age. This program provides continuous health coverage until the age of 21, regardless of income. Approximately 200 additional youth who reached the age of 18 while in foster care during the last year will benefit from this program.

Education and Training Vouchers

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

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

For additional information about the Independent Living, Transitional Independent Living, Young Adult Transitional Insurance, and Education and Training Vouchers Programs, please see the *Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Annual Progress and Services Report*, in Section V of this document.

B. Outcomes, Goals, Measures, and Progress

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

Progress toward achieving most of the State's permanency outcomes and goals is measured using the Practice Improvement Case Review. The Practice Improvement Case Review process was substantially revised starting with the review conducted January 2005, and the period under review beginning July 1,

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2004. Case review data is provided from the last quarterly statewide review using the former procedures (quarter ending 6/04), and the statewide combined results of the reviews conducted in 2005 and 2006, using the new procedures. See Section III, Part 5, subsection A.3. *Quality Assurance System*, for more information on the Practice Improvement Case Review.

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

CFSR Item 5: Foster Care Re-entries

Goals and Measures

- Permanency Goal 1:
- a. The percentage of cases where the child has *not* re-entered out-of-home care, for the same reason, within 12 months of a prior discharge will be 95% or more

Quarter ending 6/04:	97%
Calendar year 2005:	100%
Calendar year 2006:	100%

 - b. The percentage of children who have *not* re-entered out-of-home care within 12 months of a prior discharge will be 91.4% or more (Round 1 CFSR measure)

AFCARS FFY 2004:	90.3%
AFCARS FFY 2005:	91.1%
AFCARS FFY 2006:	89.1%

 - c. The percentage of all children who discharged to reunification in the 12 months prior to the year shown who *do not* re-enter out-of-home care in less than 12 months from the date of discharge will be 90.1% or more (Round 2 CFSR measure C1-4)

AFCARS FFY 2004	80.7%
AFCARS FFY 2005	80.3%
AFCARS Year Ending 3/31/06	80.5%

Statewide, eight of every ten (80.5%) children who reunified in the 12 months ending March 31, 2005 *did not* re-enter out-of-home care within 12 months after reunification. This rate has remained steady since the earliest period on which this data is available: 80.7% of children who reunified in FFY 2003 and 80.3% of children who reunified in FFY 2004 did not re-enter within 12 months of the reunification. Although the State is achieving permanent reunification for most children, the State’s performance is below the national target of 90.1% and the national median of 85.0% for this newly defined CFSR Round 2 measure on foster care re-entry (Composite 1, Component B, Measure C1-4). Additional data includes the following:

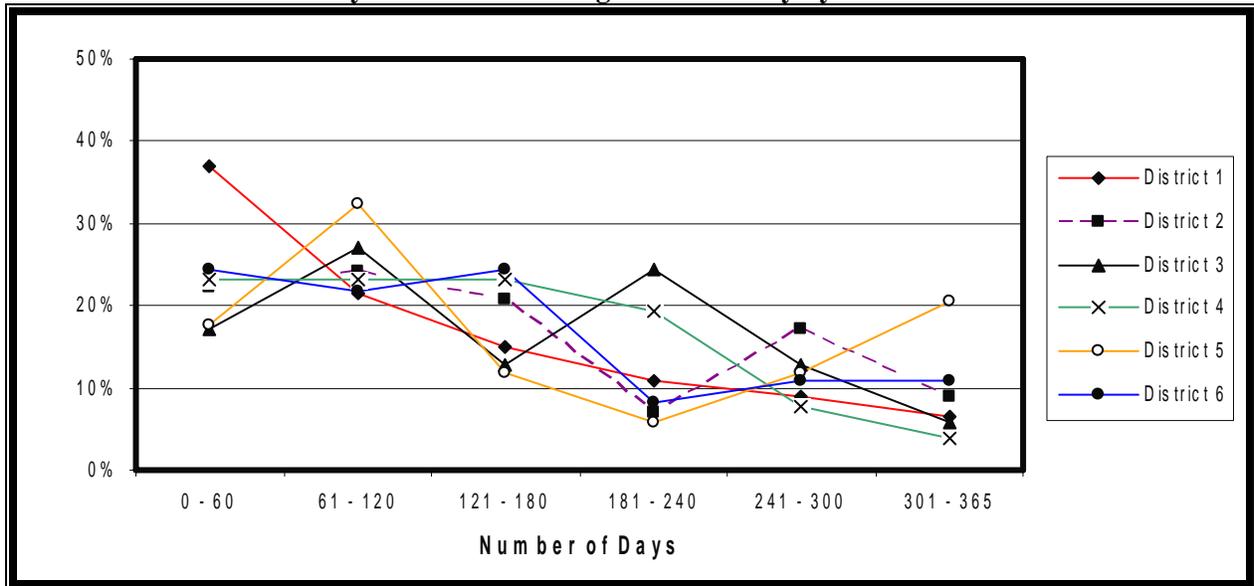
- Data on the CFSR Round 1 re-entry measure indicates the State improved from FFY 2001 through FFY 2005, but performance fell in FFY 2006.
- In the year ending March 31, 2006, all but the combined counties of Greenlee, Santa Cruz, and La Paz had a *non* re-entry rate below the national target of 91.9% on the CFSR Round 2 re-entry measure, although Apache County was close at 91.7%. Gila and Graham Counties had the lowest rates of children *not* re-entering care – 69.6% and 70.0%. Maricopa, Pima, and three

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other counties had rates between 77% and 82%.

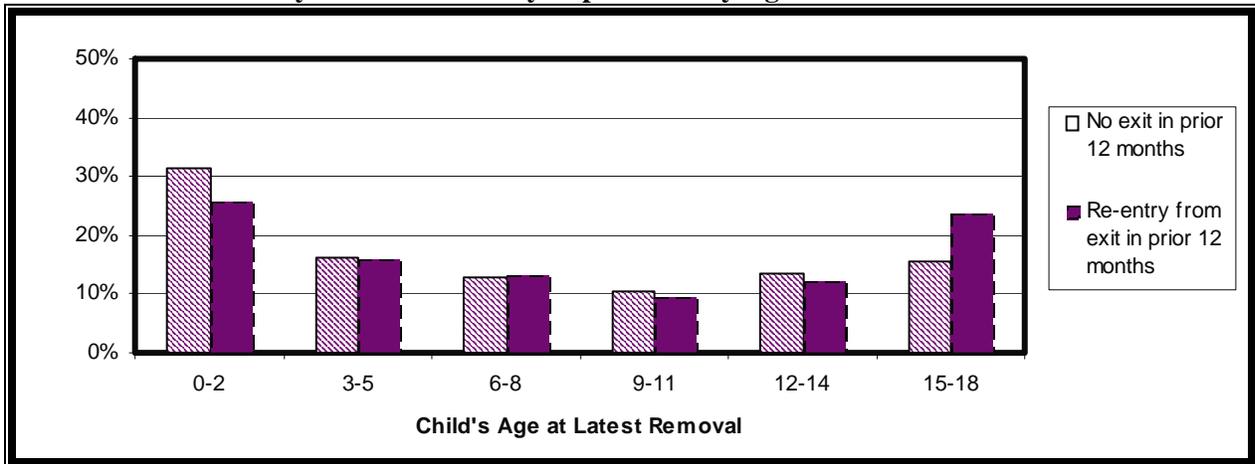
- Statewide, children who entered care in the year ending March 31, 2006 and within twelve months of a prior exit (the CFSR Round 1 re-entry measure) were most likely to re-enter within 30 days of the prior exit. Within this population, 17.3% re-entered within 30 days of the prior exit, 12.4% within 31 to 60 days of the prior exit, and 14.4% within 61 to 90 days. Between 8% and 9% re-entered in the 4th, 5th, or 6th month after the prior exit, and the percentage continues to drop to 3.5% in the 11th month after the prior exit. This trend is most apparent in Maricopa County, which heavily influences the statewide data. The following chart shows, by district, the time between prior exit and latest removal for children who entered care in the year ending March 31, 2006 and within 12 months of a prior discharge from out-of-home care.

Days Between Discharge and Re-entry by District



- Statewide, children who entered care in the year ending March 31, 2006 and within twelve months of a prior exit were most likely to be age two or younger at the time of their most recent removal (25.8%), and only slightly less likely to be age 15 or older (23.6%). In contrast, children that did *not* re-enter within 12 months of a prior exit were even more likely to be age two or younger (31.5%), but less likely than the re-entry population to be 15 or older (15.6%). The following chart compares the age at most recent removal of children in the re-entry population and children who did not have an exit within the prior 12 months before their latest removal.

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



- Most districts match the statewide pattern, having a higher percentage of children age 15 or older in the re-entry population compared to children whose removal was not within twelve months of a prior exit. Districts 2, 5, and 6 demonstrate this pattern most dramatically. For example, in District 5, 38.2% of the re-entry population was age 15 or older, compared to 13.1% in the non re-entry population; and 17.7% of the re-entry population was age two or younger, compared to 35.45% of the non re-entry population. District 4 did not follow this pattern, having only 3.9% of the re-entry population age 15 or older, compared to 12.31% in the non re-entry population.
- There is not a clear and consistent relationship between county re-entry rates and the likelihood and speed of reunification. Staff and stakeholders suggested that in counties where children are more likely to reunify and/or reunify earlier, more children will re-enter. The hypothesis is that the child welfare system in these counties is more tolerant of reunification with in-home services while risks remain present and the prognosis of reunification permanency is lower, resulting in higher rates of failed reunifications.

The Division compared data on re-entry rates, median time to reunification, and the percentage of children in care on the first day of the year that exited to reunification or live with other relatives by the last day of the year. County data does not indicate a consistent pattern. For example, data from Graham County and the combined counties of Santa Cruz, La Paz, and Greenlee does not support the hypothesis. Graham County has the second worst performance on re-entry (70% of children do not re-enter), but likelihood of reunification is low (12.1% of children in care on the first day reunified by the end of the year) and median time to reunification is high (9.2 months). The combined Counties have the best performance in re-entry (96.4% of children do not re-enter), yet the likelihood of reunification is second highest in the State (33.3%) and median time to reunification is low (2.9 months). Some counties do support the hypothesis, but most ranked in the mid-range for all indicators, making it difficult to see a clear pattern. The Division concludes that the relationship between re-entry rates, likelihood of reunification, and speed of reunification is complex and requires more in depth county specific analysis, since the relationships may be different in each county.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

The Division has implemented many strategies to prevent foster care re-entry, many of which support achievement of multiple outcomes and are described elsewhere in this report. For example:

- improvements to the quality of supervision;
- implementation of Child Safety Assessment and Strengths and Risk Assessment processes;
- implementation and statewide training of after care planning policy in early 2003;
- tools, training, and procedures to support family engagement practices – particularly the Family to Family initiative and Team Decision Making Meetings;
- improvements in the behavioral health system – particularly Urgent Response within 24 hours of a child’s entry into out-of-home care and Child and Family Team meetings;
- expansion of accessible in-home services and reunification support services;
- creation of specialized services to support kinship caregivers; and
- CPS Specialist recruitment and retention activities to provide greater consistency of service and greater frequency of contact by the CPS Specialist.

The Division has diligently worked to develop a structure of tools, procedures, programs, and training to prevent re-entry. It will take time for these improvements to be fully integrated into practice and for the benefits to be observable in the State’s re-entry data. The Division’s current activities include expansion of Family-to Family Team Decision Making meetings, implementation of the integrated CSA-SRA-case planning process, and others described in Section III, Part 1, *Crosscutting Initiatives*. The Division believes the correct strategies have been identified and pursued, and that persistent attention needs to continue in order to translate these strategies into consistent statewide practice and prevention of re-entry.

Staff and stakeholders suggested that re-entry rates may be affected by a need for training on substance abuse recovery stages, including relapse, relapse prevention, and development of in-home safety plans that include supports and services to prevent removal if relapse occurs. These issues are especially pertinent to parents with a dual diagnosis of substance abuse and mental illness. The Arizona Families First (AFF) Program has been providing training to increase CPS and provider staff knowledge about relapse and implications for child welfare decisions. See Part 3, subsection A for information on the extensive training and resource development activities completed by the AFF Program, many of which include a focus on relapse prevention.

CFSR Item 6: Placement Stability

Goals and Measures

Permanency Goal 2:	a. The percentage of cases where the child has placement stability in the most recent 12 months will be 95% or more
	Quarter ending 6/04: 86%
	Calendar year 2005: 87%
	Calendar year 2006: 93%

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b. Of children served in out-of-home care 12 months or less (including those in care less than 8 days), the percentage who had two or fewer placements will be 86.7% or more (CFSR Round 1 measure)

AFCARS FFY 2004:	84.6%
AFCARS FFY 2005:	85.8%
AFCARS FFY 2006:	87.4%

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

AFCARS FFY 2004:	80.7%
AFCARS FFY 2005:	82.0%
AFCARS year ending 3/31/06:	82.9%

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

AFCARS FFY 2004:	56.0%
AFCARS FFY 2005:	56.4%
AFCARS year ending 3/31/06:	57.9%

Permanency Goal 4: Of children served in out-of-home care for at least 24 months, the percentage who had two or fewer placement settings will be 41.8% or more (CFSR Round 2 measure C4-3)

AFCARS FFY 2004:	22.1%
AFCARS FFY 2005:	27.5%
AFCARS year ending 3/31/06:	29.2%

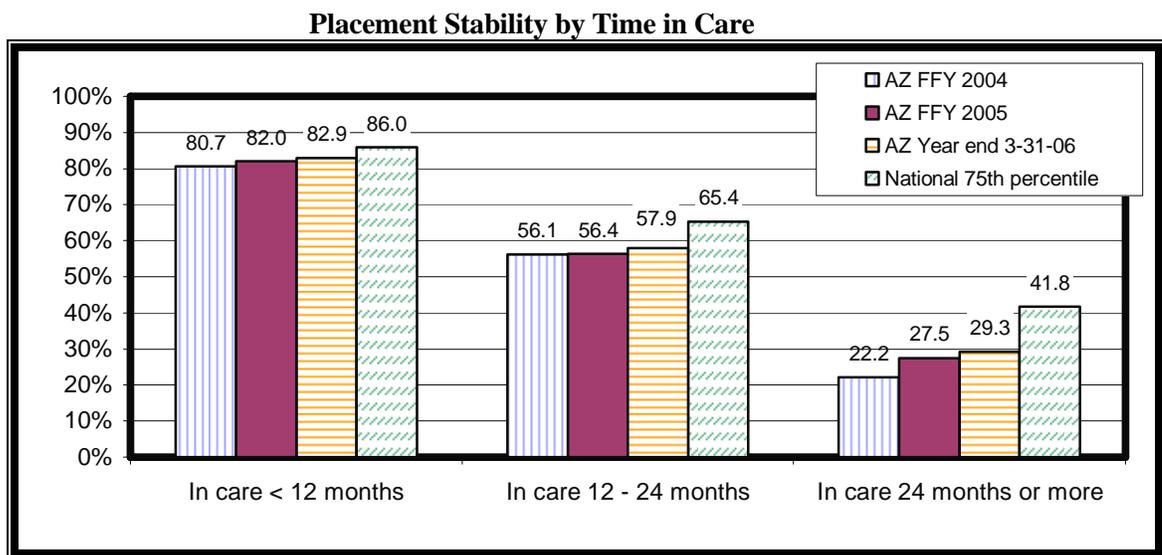
Most children served in out-of-home care experience two or fewer placements during their removal episode. The State has not achieved the CFSR Round 2 national standard on placement stability, but Arizona's performance has improved since FFY 2003. Data includes the following:

- Placement stability was identified as an area of strength in 93% of cases reviewed during the 2006 Practice Improvement Case Review, up from 87% in 2005. Reviewers assess placement moves during the most recent 12 months. Cases are rated strength if they have no more than one move during that period that is not related to achieving the child's goals. Moves are usually made to meet the child's therapeutic needs, or to place the child with a relative or an adoptive family. Some children were noted to have a history of placement instability prior to the period under review, but no moves within the past 12 months – which again suggests Arizona has recently improved in this outcome area.
- The *Child Welfare Reporting Requirements Semi-Annual Report* indicates the median number of placements for children who exited care has maintained at one since FFY 2002. From FFY 2001 through FFY 2005, the average number of placements for exit cohorts has ranged from a high of 2.7 months to a low of 1.8. The average dropped to 2.4 placements for children exiting in the six months ending September 2006.
- According to the *Child Welfare Reporting Requirements Semi-Annual Report*, 72% of children who exited care in the six months ending September 2006 experienced two or fewer placements.

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This percentage had increased from 71% in the six months ending March 2003 to 75% in the six months ending September 2005. This statistic includes all children exiting from out-of-home care, regardless of their length of time in care. Between the six month periods ending September 2005 and September 2006 there was a slight increase in the percentage of children exiting who had been in care for more than 12 months (from 42% up to 44%). Because children who have been in care longer are more likely to have experienced more than two placements, the increased length of stay for the exit cohort may account for the lower percentage of children in the cohort with two or fewer placements.

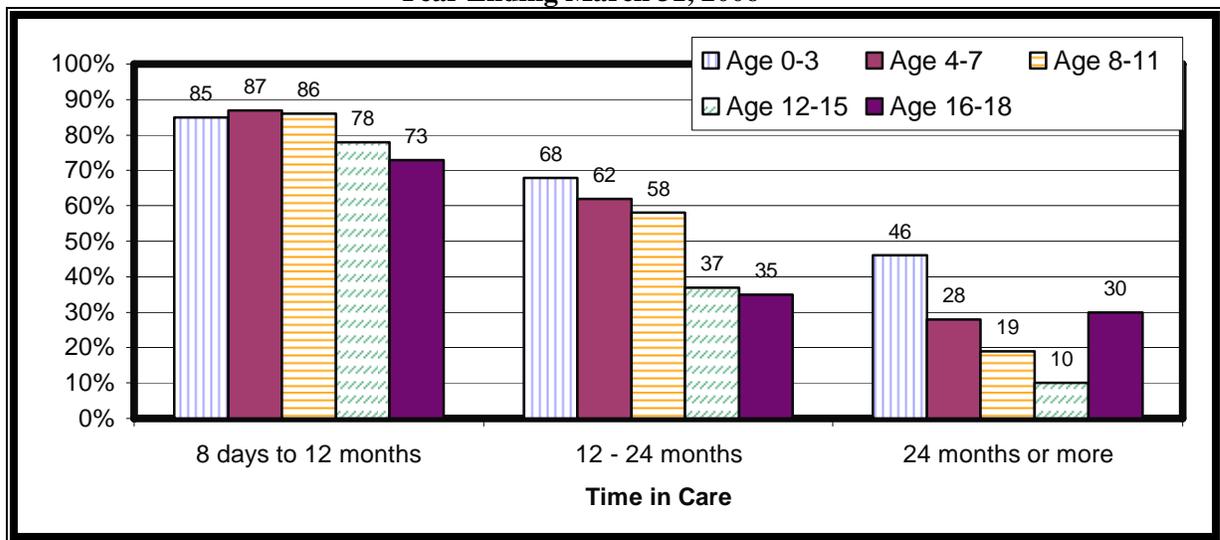
- Of children served during the year who have been in foster care less than twelve months (including those in care 7 days or less), the percentage who experienced no more than two placement settings remained just under 84% between FFY 2001 and FFY 2003, but has continually increased since FFY 2003 – reaching 87.4% in FFY 2006. This exceeds the former CFSR national standard of 86.7%.
- First-time entry cohort data contained in the CFSR data profile issued April 5, 2007 indicates the percentage of children who entered care in the first half of the year and had experienced two or fewer placements by the last day of the year or their date of exit was 79.3% in FFY 2004, 79.5% in FFY 2005, and 83.1% in the year ending March 2006. Again, this data indicates measurable improvement in 2006.
- Data on Permanency Composite 4 contained in the CFSR Data Profile issued April 5, 2007 indicates placement stability improved between FFY 2004 and the year ending March 2006. The State’s composite score increased from 85.2 in FFY 2004, to 88.5 in FFY 2005, and 90.5 in the year ending March 31, 2006. This remains below the national standard of 101.5.
- The following chart shows that the State’s performance on the CFSR Round 2 placement stability measures is closest to the national 75th percentile for children in care more than 7 days and less then 12 months, and moves farther from the national target the longer the child population has been in care. The State’s performance has improved for all three groups, and the greatest improvement has been with children in care for 24 months or more.



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- County data indicates a range from 72% to 87% on placement stability for children in care more than 7 days and less than twelve months. The variance grows to a range from 41% to 70% for children in care 12 to 24 months. The county variance is highest for children who had been in care for 24 months or more, ranging from 0% to 57.1%. Counties with smaller populations tended to perform less well on this composite. The five highest performing counties were Navajo, Yavapai, Maricopa, Pinal, and Pima. Pinal is a fast growing County, bordering Maricopa and Pima Counties.
- The following chart provides statewide data on the percentage of children served during the year ending March 31, 2006 who had two or fewer placements during the most recent removal episode, by age at the time of most recent removal and length of time in care. The younger the child’s age at removal, the more likely the child will have two or fewer placements.

**Placement Stability by Time in Care and Age at Latest Removal
Year Ending March 31, 2006**



Factors Affecting Performance and Fiscal Year 2007 Accomplishments

Improvements in placement stability may be related to the State’s efforts to reduce the number of children placed in congregate care settings, including emergency shelters, particularly for young children. In addition to avoiding an initial temporary placement for children, this effort coincided with an increased effort to identify relatives for placement and establishment of in-home services to support early reunification. Greater availability and attention to child placement data assisted administrative and supervisory staff to identify children in congregate care and monitor progress toward the Division’s goals. The State’s achievements in this area were described in the *Child and Family Services Plan – Annual Progress Report 2006*.

In SFY 2007, the Division continued to monitor its use of congregate care and maintained the improvements from SFY 2006. For example, placement data indicates that the Division continues to increase the percentage of children placed with relatives and family foster parents. From FFY 2001 to FFY 2004 63 to 65% of children in care on the last day of the year were in family foster home or relative placements; 26 to 30% were in congregate care (shelter, group home, residential treatment, etc.); 2 to 3% were in subsidized independent living; 3% were on runaway status; and 1% were on trial home visit. By September 30, 2005 74% of children were placed with a relative or in family foster care, increasing to

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76% on September 31, 2006. The percentage of children in congregate care dropped to 20% on September 30, 2005 and 17% on September 30, 2006.

Arizona's performance on CFSR Round 2 measure C4-1 is also affected by the large percentage of children exiting care within 7 days of removal – 23% of children served in the year ending March 2006. Children in Arizona are not routinely removed for the purpose of investigation. These children were determined to require out-of-home care to ensure their safety. Greater availability of in-home services and use of Team Decision Making allow the Division to set up safety plans and services within days, so many children spend a very short time in care. These children most often have only one placement while in care, but are excluded from the placement stability measure for children in care less than 12 months.

Stakeholders report that experienced and well-trained foster parents are more likely to provide stable placements, but there has been an increase of inexperienced foster parents because of increased recruitment efforts and because many experienced foster parents adopt children and stop fostering. The State has addressed placement stability through improvements to resource parent recruitment, support services, and training. Selection and retention of resource parents with the necessary characteristics to meet the needs of foster children is crucial to placement stability. See Section III, Part 1, *Crosscutting Initiatives* and Part 5, subsection A.9. *Foster and Adoptive Home Licensing, Recruitment, and Retention* for information on the Division's new HRSS contract and other recruitment activities. The Division also actively pursued strategies to improve Native American resource family recruitment. See Section III, Part 5, subsection A.8. *Collaboration with Native American Tribes and Indian Child Welfare Act Compliance* for more information about the Division's coordination with tribes to recruit Native American resource families.

Staff and stakeholders identified the Division's kinship liaisons as a positive system improvement. In many districts, kinship liaisons meet with kinship caregivers soon after placement to educate them on policies and available resources. For licensed caregivers, the HRSS contracts effective in November 2006 provide for in-home contact and supportive services by a contracted Foster Care Specialist. Less experienced foster parents receive more frequent contact. The contract additionally requires that the contracted agency arrange a one-to-one meeting with a resource family wishing to have a child removed, prior to placement disruption or adoption disruption. When removal is being considered, the contractor and child's CPS Specialist shall request a Child and Family Team (CFT) or Team Decision Making (TDM) meeting prior to the child's removal whenever possible. By the end of 2007, District 1 will be holding a TDM meeting prior to any child placement change. See Section III, Part 4, CFSR Items 17 and 23 for more information on services to support out-of-home caregivers, including child behavioral health services. See Section III, Part 1, *Crosscutting Initiatives*, and Part 5, subsection A.4. *Staff and Provider Training*, for information about the new PS-MAPP training and other improvements in foster parent training.

Frequent contact and adequate information sharing between caregivers and CPS Specialists is known to support placement stability. See Section III, Part 4, CFSR Items 17 and 19 for information on improvement activities in the area of CPS Specialist contacts with children and providers. Child and Family Team and Team Decision Making meetings also provide opportunities for supportive contact with professionals, information sharing, and problem solving.

Sufficient foster care reimbursement rates support resource family retention and child placement stability. A special legislative session called by Governor Napolitano to address CPS improvements resulted in additional funding to increase the reimbursement rate for foster parents for the first time since

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1996. Beginning January 1, 2004 the base reimbursement rate increased by \$3.75 per day. An additional increase became effective in June 2004 and each subsequent July.

CFSR Item 7: Permanency Goal for the Child

Goals and Measures

Permanency Goal 5:	The percentage of cases where the child’s permanency goal is appropriately matched to the child’s needs will be 95% or more
	Quarter ending 6/04: 89%
	Calendar year 2005: 83%
	Calendar Year 2006: 76%

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

- The *Child Welfare Reporting Requirement Semi-Annual Report* indicates that 49% of children in care on September 30, 2006 had a permanency goal of reunification, 24% had a goal of adoption, 12% independent living, 3% live with other relatives (which includes guardianship with a relative and long-term placement with a relative), 4% long-term foster care (with a non-relative), and less than 1% guardianship (with a non-relative). A goal was not yet established for the remaining 7% of children because they had very recently entered out-of-home care. There has been very little change in these percentages from year to year.
- District data from the period ending September 30, 2006 indicates that Districts 4 and 5 have smaller percentages of children in care with a goal of long-term foster care with a non-relative or independent living than other districts (8.1% and 10.1%), and Districts 1 and 2 have higher percentages (17.3% and 18.1%).
- According to the CFSR data profile dated April 5, 2007, the median length of stay in foster care for children in care on the last day of FFY 2004, FFY 2005, and the year ending March 2007 was twelve months. The fact that 50% of these children had a goal of reunification suggests that the Division is appropriately assigning permanency goals according to ASFA timeframes, setting reunification as the first goal and considering other goals if reunification has not been achieved within twelve to fifteen months of removal.
- Of cases reviewed during the 2005 Practice Improvement Case Review, 83% were determined to have a permanency goal that was appropriately matched to the child’s needs. In 2006, 76% of cases were rated strength in this area. Many cases rated as needing improvement did have an appropriate goal reflected in court minute entries that was being pursued by the Division, but CHILDS had not been updated to reflect the goal. For example, in some cases the case plan did not identify the adoption goal until after termination of parental rights was ordered. The children’s needs were being met and an appropriate goal was on record with the court, but the cases were rated area needing improvement because the permanency goal was not documented in the CHILDS case plan according to State policy.

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- During the 2007 Title IV-E review for the period of April 1 through September 30, 2006 the U.S. DHHS found that “The judicial determination regarding reasonable efforts to finalize a permanency plan (45 CFR 1356.21(b)(2)) was assessed at every six month review hearing;” and “The court orders were individualized and it was clear that the Court was aware of the child’s circumstances.” These findings support the Division’s perception that assignment of the permanency goal is being continually reviewed by the Court, even prior to the permanency hearing.
- The *Dependent Children in the Arizona Court System Fiscal Year 2005* report, published by the Arizona Supreme Court, Administrative Office of the Courts, indicates that the State’s Foster Care Review Board (FCRB) recommended that a judicial finding should be made that reasonable efforts were made by the Agency to implement the permanency plan for the child in 96% of FCRB hearings held in FY 2005.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

The Division’s strength in this area is achieved through clear policies on establishment of permanency goals, including timeframes for consideration of goals other than reunification. Many districts have implemented procedures to require Assistant Program Manager or Program Manager review and approval prior to assignment of a permanency goal of long-term foster care. The Division has clearly communicated statewide that this is a goal of last resort. Furthermore, the timeliness of permanency hearings supports the Division’s ability to assign appropriate and timely permanency goals by requiring review and discussion of the permanency plan within twelve months of a child’s removal. See item 27 for more information on permanency hearings.

Building on the improvements to safety and risk assessments, significant changes are underway with the Division’s case planning process to address needs identified by staff and stakeholders. The National Resource Center on Child Protective Services and the National Resource Center on Family Centered Practice and Permanency Planning have been working with a statewide committee to improve the effectiveness of Arizona’s case planning process. The Division believes that enhancements to the process will better guide CPS Specialists and the Court in determining and documenting an appropriate permanency goal. See Section III, Part 1, *Crosscutting Initiatives* for more information on this project.

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

Goals and Measures

- Permanency Goal 6: a. The percentage of cases with a goal of reunification, guardianship, or permanent placement with relatives where the goal was or is likely to be achieved within required timeframes (12 months from removal for reunification), or delays are justified, will be 95% or more
- | | |
|----------------------|-----|
| Quarter ending 6/04: | 64% |
| Calendar year 2005: | 86% |
| Calendar year 2006: | 78% |

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- b. Of children who exited out-of-home care to reunification (including those in care less than 8 days), the percentage who were in care for 12 months or less will be 76.2% or more (CFSR Round 1 measure)

AFCARS FFY 2004:	83.57%
AFCARS FFY 2005:	81.67%
AFCARS FFY 2006:	79.25%

- c. Of children who exited to reunification who had been in out-of-home care for 8 days or longer, the percentage who were in care for 12 months or less will be 75.2% or more (CFSR Round 2 measure C1-1)

AFCARS FFY 2004:	75.7%
AFCARS FFY 2005:	72.2%
AFCARS year ending 3/31/06:	70.1%

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

AFCARS FFY 2004:	5.5 months
AFCARS FFY 2005:	6.3 months
AFCARS year ending 3/31/06:	6.3 months

Permanency Goal 8: Of children who entered care for the first time in the 6 months prior to the year shown and remained in care for 8 days or longer, the percentage who discharge to reunification within 12 months of removal will be 48.4% or more (CFSR Round 2 measure C1-3)

AFCARS FFY 2004:	30.0%
AFCARS FFY 2005:	28.2%
AFCARS year ending 3/31/06:	29.2%

Practice Improvement Case Review data indicates that timely reunification is achieved or anticipated for eight of ten children. CHILDS data confirms that eight of ten children exiting to reunification are reunified within twelve months of removal. Although Arizona has not achieved the CFSR permanency composite on Timeliness and Permanency of Reunification, timely reunification is being achieved for the large majority of children, and the length of stay for one quarter of children is as short as a week or a few days. However, length of stay for children exiting to reunification has been rising. Arizona's data on reunification includes the following:

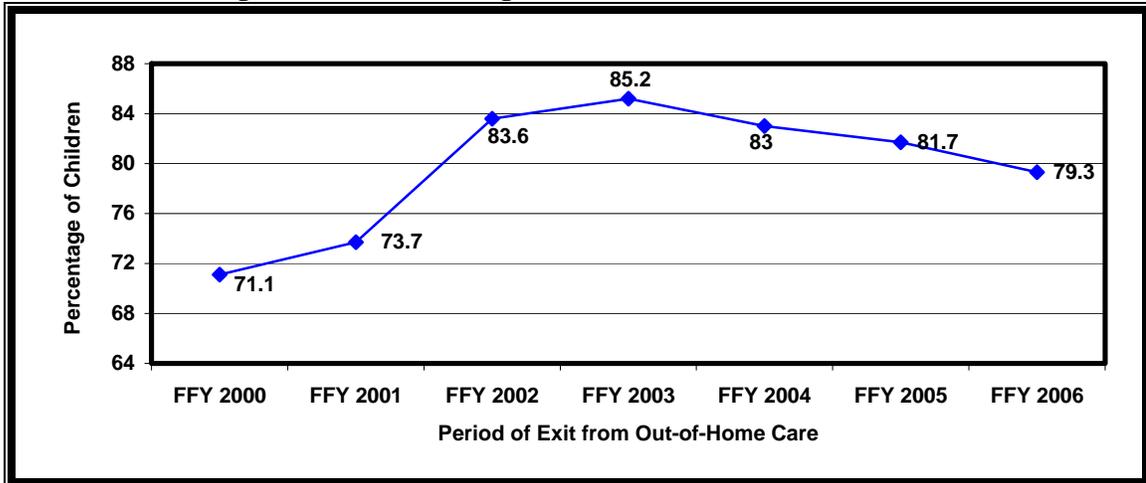
- On September 30, 2005 and 2006, approximately half of children in out-of-home care had a permanency goal of family reunification. An additional 6 to 7% had been in care less than 60 days and did not yet have a permanency goal documented in CHILDS. In nearly all cases, reunification is also being pursued for these children. More than half of all children served in out-of-home care by the Division also discharge to reunification.
- The CFSR Data Profile dated April 5, 2007 provides data on the percentage of children discharged to reunification, *excluding those who were in care for 7 days or less*, who exited within twelve months of their most recent removal (Permanency Composite 1, Component A, Measure C-1). This percentage was 75.7% in FFY 2004, 72.2% in FFY 2005, and 70.1% in the year ending March 31, 2006 (Arizona's Round 2 CFSR period under review). Arizona's

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performance is better than the national median of 69.6%, but does not achieve the national 75th percentile target of 75.2%.

- The following chart shows the percentage of children discharging to reunification, *including children in care for 7 days or less*, who do so within twelve months of their most recent removal. This percentage rose dramatically between FFY 2000 and FFY 2003, but has continually dropped since 2003. Arizona continues to exceed the Round 1 CFSR national standard of 76.2% for this performance measure.

Percentage of Children Exiting to Reunification in 12 Months from Removal



- According to the *Child Welfare Reporting Requirements Semi-Annual Report*, the average and median lengths of time in care for children exiting to reunification have increased in the past three years. The average months in care increased in the six month periods ending September 2004, 2005, and 2006, from 6.3, to 6.6, to 6.8. The median months in care for children exiting to reunification during these same periods increased from 2.3, to 2.6, to 2.9. Of all children who exit out-of-home care, nearly one in four exits within one week of entry. The majority of these children exit to reunification with a parent, or to be placed by the parent with a relative. As safety planning, family engagement, identification of kin, and availability of in-home services improve, the Division expects that fewer of these children will enter out-of-home care at all. In 2006 the Division achieved a decrease in the number of children in out-of-home care for the first time in many years. The increased time in care for children exiting to reunification may indicate that the children in care have fewer options for safe in-home care with a parent or relative.
- The CFSR Data Profile dated April 5, 2007 provides data on the median months in care for children exiting to reunification *excluding those who were in care for 7 days or less* (Permanency Composite 1, Component A, Measure C-2). The median length of stay for children discharged to reunification that had been in foster care for 8 days or longer was 5.5 months in FFY 2004, 6.3 months in FFY 2005, and 6.3 months in the year ending March 31, 2006 (the CFSR period under review). This is better than the national median of 6.5 months, but does not achieve the national target of 5.4 months.
- The CFSR Data Profile dated April 5, 2007 provides data on the percent of children in an entry cohort who reunify in less than twelve months. Specifically: Of all children entering care for the first time in the six month period just prior to the year shown, and *who remained in care for 8*

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days or longer, what percent was discharged to reunification in less than 12 months from the most recent removal? (Permanency Composite 1, Component A, Measure C-3). The State's percentage was 30.0% in FFY 2004, 28.2% in FFY 2005, and 29.2% in the year ending March 31, 2006. This is below the national median of 39.4% and the national 75th percentile target of 48.4%. Note that this data is a percentage of children exiting to all reasons, not just reunification. Therefore, the percentage of children exiting within 12 months is expected to be much lower than the percentage on measure C1-1, which limits the denominator to children exiting to reunification. Children exiting to reunification are of course more likely to exit within 12 months than children exiting to adoption or other goals.

- County data in the CFSR Data Profile dated April 5, 2007 indicates that Apache, Cochise, Coconino, and the combined counties of Greenlee, La Paz and Santa Cruz performed well on Permanency Composite 1, Timeliness and Permanency of Reunification. These and five other counties surpassed the national 75th percentile of 75.2% on measure C1-1 (percent of reunification exits within 12 months of removal). Five of these same counties also performed well on measure C1-2 (median time to reunification). The State's performance on Composite 1 during the CFSR period under review was heavily influenced by Maricopa and Pima Counties, which comprise more than 75% of the State's out-of-home population and had the second and third lowest percentage of children exiting to reunification who do so within 12 months of removal. Pima County also had a relatively high median time in care. The State's composite score was also influenced by performance on measure C1-3 (entry cohort exits to reunification within 12 months), on which the national target was only achieved by three counties, and performance on measures C1-4 (foster care re-entry). For more information on foster care re-entry, see Section III, Part 3, CFSR Item 5.
- Timeliness of reunification, guardianship, or permanent placement with a relative was identified as a strength in 64% of cases in the quarter ending June 2004, 86% of cases in CY 2005, and 78% of cases in CY 2006. In some cases children are in foster care for longer than 12 months due to the time required to address multiple complex issues within the family. For example, in one case reunification was achieved after 28 months, upon the mother's completion of residential substance abuse treatment, therapy, and parenting classes; and obtainment of housing and employment. The issues of substance abuse, mental illness, poverty, and child behavior took more than a year to resolve, but the mother's ongoing progress and persistence and the child's attachment to his mother provided compelling reasons to not terminate parental rights. In other cases rated strength the twelve month target timeframe was passed by only a few days. District VI demonstrated particular strength in this area, with 100% of cases rated strength in both 2005 and 2006.

Factors Affecting Performance

The State's data indicates that although time to reunification is lengthening, fast and permanent reunification is occurring for the vast majority of children who exit to reunification. The Division views this area as a strength, but continues to promote improvements with a goal of achieving the high standard for substantial conformity set by the CFSR. Arizona's performance in comparison to other States is affected by the exclusion of children exiting within seven days of entry and substantial recent efforts to prevent out-of-home care and increase the number of children served in-home.

Much of the activity to support early reunification has been described in Section III, Part 1, *Crosscutting Initiatives* and in Section III, Part 3, CFSR Item 3, including development of a continuum of in-home

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services, development of in-home service CPS Units and Specialists, greater use of in-home intervention petitions, the Family to Family initiative, and the Title IV-E demonstration project. The Division hypothesizes that children who have viable options for early reunification are increasingly likely to avoid out-of-home care altogether or to exit to reunification early – often within seven days of entering care. The Team Decision Making process has proven especially effective in engaging family members, natural support systems, and professionals to develop in-home safety plans or identify relatives for voluntary placement by the parents. The children coming into care would therefore be more likely to stay longer, and less likely to exit to reunification. Since these improvements are relatively new (most were implemented in 2006), there has not been sufficient time to conclusively determine whether this hypothesis is true. However, the entry cohort data on reunification (measure C1-3) does provide support. The State's performance diverged most greatly from the national target on this measure. It may be that reunification is not the goal for many of these children, or will be eventually ruled out. The Division believes that reserving out-of-home care for children who have no parent or caregiver who can be supported to provide safe care is a positive outcome, and the seemingly poor performance may in fact be indicative of success in preventing out-of-home care.

Staff and stakeholders provided the following additional input regarding the State's ability to achieve timely reunification:

- Population growth, staff shortages, and staff turnover inhibit the Division's and the Court's ability to persistently pursue reunification, particularly the time available to staff to engage and motivate parents. Reassignment of cases is especially troubling as service and progress may stall while the new CPS Specialist becomes acquainted with the family and case history. See Section III, *Introduction* for more information on staff resources and case volume growth.
- Some staff suggested that time to reunification may increase when more children are placed with relatives, since the parents are more comfortable with the arrangements and may not feel that reunification is urgent.
- Availability and timely provision of behavioral health services is critical. Stakeholders stated families need to get services up front, because the longer a child is in out-of-home care, the harder it is to achieve reunification. Stakeholders emphasized the need for timely provision of wrap-around services, services to address the needs of families with teenagers, availability of services for Spanish speaking families, and provider training on research based practices.
- The system allows parents to detach or places demand on parents that are unreasonable, such as too many services and appointments at one time. In addition, the federal timelines for reunification or termination of parental rights conflict with best practice knowledge from the substance abuse treatment field. Families need a single service plan so they know what is expected of them to achieve reunification and do not become overwhelmed.
- The Division and provider agencies need to ensure families have an opportunity to provide feedback on services and use the information to improve services.
- Stakeholders stated that the Division needs to continue to improve communication with Native American tribes, staff knowledge of the ICWA, and identification of tribal family members. See Section III, Part 3, CFSR Item 14, and Part 5, subsection A.8. *Collaboration with Native American Tribes and Indian Child Welfare Act Compliance* for information on the Division's efforts to ensure ICWA compliance and achieve positive outcomes for Native American children.

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- The Juvenile Courts sometimes grant unnecessary continuances. It was noted that the Administrative Office of the Courts is conducting training to educate Judges on guidelines for continuances.

CFSR Item 9: Adoption

Goals and Measures

Permanency Goal 9: Of children who exited out-of-home care to adoption, the percentage who were in care for 24 months or less will be 36.6% or more (CFSR Round 1 and 2 measure C2-1)

AFCARS FFY 2004:	37.91%
AFCARS FFY 2005:	34.05%
AFCARS FFY 2006:	33.96%

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

AFCARS FFY 2004:	26.9 months
AFCARS FFY 2005:	26.7 months
AFCARS FFY 2006:	30 months

Permanency Goal 11: Of all children in care on the first day of the year who were in care for 17 continuous months or longer (and by the last day of the year had not exited to live with relative, reunify, or guardianship), the percentage that exited to adoption by the last day of the year will be 22.7% or more (CFSR Round 2 measure C2-3)

AFCARS FFY 2004:	23.1%
AFCARS FFY 2005:	28.1%
AFCARS year ending 3/31/06:	30.5%

Permanency Goal 12: Of all children in care on the first day of the year who were in care for 17 months continuous months or longer and were not legally free for adoption prior to that day (and by the end of the first 6 months had not exited to live with relative, reunify, or guardianship), the percentage that became legally free for adoption during the first 6 months of the year will be 10.9% or more (CFSR Round 2 measure C2-4)

AFCARS FFY 2004:	9.3%
AFCARS FFY 2005:	11.1%
AFCARS year ending 3/31/06:	13.1%

Permanency Goal 13: Of all children who became legally free for adoption in the 12 months prior to the year shown, the percentage that exited to adoption in less than 12 months of becoming legally free will be 53.7% or more (CFSR Round 2 measure C2-5)

AFCARS FFY 2004:	47.1%
AFCARS FFY 2005:	40.2%
AFCARS year ending 3/31/06:	44.5%

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Achievement of timely adoption is an area of strength for Arizona, and the State's performance continues to improve. The State is exceeding the national standard of 106.4 on Round 2 CFSR Permanency Composite 2: Timeliness of Adoptions. The State's score was 110.8 in FFY 2004, 112.6 in FFY 2005, and 121.3 in the year ending March 2006. The CFSR Data Profile dated April 5, 2007 provides the following data on the five CFSR adoption measures:

- Measure C2-1 is the percentage of children who discharge to adoption who do so within 24 months of their most recent removal. The national median is 26.8% and the national 75th percentile is 36.6%. Arizona achieved this goal for 38.1% of children exiting to adoption in FFY 2004, 33.8% in FFY 2005, and 34.9% in the year ending March 2006. Data from reports generated by the Division indicate this goal was achieved for 34.0% of children exiting to adoption in FFY 2006 and 35.2% of children exiting to adoption in the year ending January 2007. The State has been performing slightly below the national 75th percentile, but performance has maintained well above levels at the time of the first CFSR. In FFY 2000, just 18.4% of children exiting to adoption did so within 24 months of removal.
- Measure C2-2 is the median length of stay for children exiting to adoption. The State's performance has maintained between 26.7 and 27.2 months in FFY 2004, FFY 2005, and the year ending March 2006. This is virtually at the national target of 27.3 months. The State's performance has dramatically improved since the first CFSR. In FFY 2000 the median time to adoption was 37.4 months.
- Measure C2-3 assesses the State's success at achieving adoption for children who have been in care for 17 months or more at the start of the year and do not achieve another permanent outcome (reunification, live with relatives, or guardianship) during the year. The national 75th percentile for this measure is 22.7%. Arizona has improved from 23.1% in FFY 2004, to 28.1% in FFY 2005, and 30.5% in the year ending March 31, 2007. This measure does not consider the child's permanency goal, and it is likely that many of the children who do not exit to reunification, guardianship, or adoption by the end of the year are youth with a goal of independent living.
- Measure C2-4 assesses the State's success at achieving termination of parental rights (TPR) within the first six months of the year for children who had been in care for 17 months or more at the start of the year and were not already legally free for adoption. As with C2-3, this measure excludes children who exit during the year to reunification, live with relatives, or guardianship. The national 75th percentile is 10.9%. Arizona is achieving this goal, having improved from 9.3% in FFY 2004, to 11.1% in FFY 2005, and 13.1% in the year ending March 2006. As with C2-3, it is likely that many of the children for whom TPR was not achieved had a goal of independent living, so TPR was not being pursued.
- Measure C2-5 is the percent of children who became legally free for adoption in the prior year, who discharge to adoption in less than 12 months of becoming legally free. Arizona is performing below the target goal of 53.7% for this measure. The State's performance was 47.1% in FFY 2004, 40.2% in FFY 2005, and 44.5% in the year ending March 2006.
- District and county data indicates that Districts 3 (Coconino, Apache, Yavapai, and Navajo Counties) and 4 (Mohave, Yuma, La Paz Counties) are performing especially well in this permanency composite. For example, district level data on measure C2-1 indicates Districts 3 and 4 substantially improved the percentage of children who exit to adoption in 24 months, from levels around 38% in the year ending March 2006, to 51% (District 3) and 67% (District 4) in the

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year ending January 2007. On the overall composite, counties in these districts were ranked first (Yuma), second (Apache), third (Yavapai), and fourth (Mohave).

Other data related to adoption includes the following:

- According to the *Child Welfare Reporting Requirements Semi-Annual Report* the number and percentage of children in care on the last day of the FFY with a goal of adoption increased from 1,893 (21.4%) in FFY 2004; to 2,170 (21.9%) in FFY 2005; and 2,302 (23.4%) on the last day of FFY 2006.
- According to the CFSR data profile of April 2007, the number and percentage of children exiting care who exit to adoption has also increased, from 784 (15.3%) in FFY 2004, to 1,070 (16.8%) in FFY 2005, and 1,228 (17.4%) in the year ending March 2006. The *Child Welfare Reporting Requirements Semi-Annual Report* indicates that 1,322 (18.6%) of children exiting in FFY 2006 left to adoption.
- Of children who exited to adoption in the year ending March 31, 2006, 44.5% were adopted by a relative. Many others were adopted by their foster parents.
- The *Child Welfare Reporting Requirements Semi-Annual Report* indicates that of children in care with a goal of adoption on September 30, 2006, 51% were age five or younger, 21.4% were age 6 to 8, 18.6% were age 9 to 12, and 9.1% were age 13 to 17; 57% were legally free for adoption; and 91.0% were placed in an adoptive home.
- The *Child Welfare Reporting Requirements Semi-Annual Report* indicates that of the 736 children who exited to adoption during the six months ending September 30, 2006; 55% experienced two or fewer placements, 29% were in three or four placements, and 16% had five or more placements. Forty-one percent of children who exited to adoption in this period were in their adoptive placement for more than two years at the time of adoption. This data suggests that identification of an adoptive placement is *not* a barrier to the adoption of many of the children who exit in more than 24 months from removal.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

The Division's strong achievement in this area has occurred through statewide initiatives and district attention to outcome data, case management practices, and court processes. In consultation with staff and stakeholders, the Division has identified the following factors and activities affecting timeliness of adoption:

- The Division has been tracking district level performance on timeliness of adoption since the 2001 CFSR. Charts showing statewide and district data on exits to adoption within 24 months of removal were provided monthly to all districts. The Practice Improvement Case Review also produced information about practices affecting performance, which was shared with the districts. In addition, the Division has created and trained staff on a data report that identifies children with an adoption goal, their legal status, and their adoptive home identification and placement status. This report allows districts to identify children who may be experiencing delays to finalized adoption (such as children who have been legally free and in an adoptive placement for six months). The report is also used to identify children needing child specific recruitment.

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- Program Managers from Districts 3 and 4 (which have made the most significant improvement in this area) report that the availability of Adoption Specialists, Adoption Units, and Supervisors has produced positive results. Adoption staff are familiar with adoption policies and procedures and therefore move cases forward more quickly. Other CPS Specialists may need to prioritize more demanding and unstable reunification cases, or may not be sure of the steps toward adoption. Delays have been reduced by instructing ongoing CPS Specialists to transfer cases to an Adoption Specialist, even if the case record was missing forms or documents required for the adoption. Smaller districts have been able to monitor the transfer and other progress of each and every case with a goal of adoption. District 1 increased its number of Adoption Units from three to four in SFY 2006, and is transitioning a fifth unit to an adoption case load. However, staff caseload size and staff recruitment and retention continue to affect timely completion of case management tasks necessary for adoption. See Section III, *Introduction*, for information on activities to address staff resource needs.
- The Division and its stakeholders are aware of a need for more adoptive placement resources for older children, African American children, Native American children, and males. New contracts for resource family recruitment, study, and supervision have increased the availability of foster parents, many of whom eventually adopt; and have required timely child specific recruitment and targeted recruitment for sibling groups, teens, children whose ethnicity is over-represented in the foster care system, and children with special needs. See Section III, Part 1, *Crosscutting Initiatives* for more information on these contracts.
- The Division and representatives from Arizona's Indian tribes throughout the State met quarterly in 2006 to discuss ways to increase the number of Native American resource homes on and near tribal reservations in Arizona. These meetings were productive and resulted in an action plan to address many permanency issues for Native American foster children and the need for more Native American resource homes. One request by the tribes was creation of a full-time or part-time Division position dedicated to coordinating home recruitment efforts for Native American children. The Division prioritized this recommendation as high and recruitment for this new full-time position started in May 2007. The Division and tribal representatives anticipate more Native American resource homes will become licensed through State or tribal licensing authorities as a result of this dedicated position.
- Child behavioral health and placement instability delay adoption for some children. The Division believes that it is important to provide services to reduce threats to placement stability prior to finalizing an adoption; and that pursuit of adoption should not be abandoned for children with severe behavioral health needs. These children may achieve adoption, but not until years after entering care. Achievement of this positive outcome for these children negatively affects the State's data on timeliness of adoption. See Section III, Part 3, CFSR Item 6, and Part 4, CFSR Item 23 for more information on services and improvements affecting placement stability and child mental health outcomes.
- Court scheduling may delay TPR and adoption hearings, particularly in rapidly growing counties such as Pinal County. A six month mediation project in District 3 allows an opportunity to discuss permanency earlier than the twelfth month Permanency Hearing, and potentially reduce the number of TPR hearings and appeals. However, statewide, if consent to adoption is not signed by the parent, it is likely a motion to appeal the TPR order will be filed. This can delay the process by many months to a year. See Section III, Part 5, subsection A.2. *Case Review System* for information on activities to address delays to TPR resolution and other improvements

to Court processes.

CFSR Item 10: Other planned permanent living arrangement

Goals and Measures

Permanency Goal 14: Of cases where the child's permanency goal is independent living or non-relative long-term foster care, the percentage where other goals have been appropriately ruled out and services are provided to achieve the goal will be 95% or more

Quarter ending 6/04:	100%
Calendar year 2005:	100%
Calendar year 2006:	70%

Permanency Goal 15: Of all children in care for 24 months or longer on the first day of the year, the percentage who exit to a permanent home (reunification, adoption, guardianship, or live with other relatives) prior to their 18th birthday and by the end of the year will be 29.1% or more (CFSR Round 2 measure C3-1)

AFCARS FFY 2004:	22.5%
AFCARS FFY 2005:	27.6%
AFCARS year ending 3/31/06:	31.7%

Permanency Goal 16: Of all children who exited during the year, and who were legally free for adoption at the time of exit, the percentage that exited to a permanent home (reunification, adoption, guardianship, or live with other relatives) prior to their 18th birthday will be 98.0% or more (CFSR Round 2 measure C3-2)

AFCARS FFY 2004:	94.6%
AFCARS FFY 2005:	94.5%
AFCARS year ending 3/31/06:	94.9%

Permanency Goal 17: Of all children who either exited out-of-home care during the year for reason of Age of Majority and/or reached their 18th birthday while in out-of-home care, the percentage that was in out-of-home care for 3 years or more will be 37.5% or lower (CFSR Round 2 measure C3-3)

AFCARS FFY 2004:	41.2%
AFCARS FFY 2005:	45.3%
AFCARS year ending 3/31/06:	45.3%

The CFSR Data Profile dated April 5, 2007 indicates that Arizona achieved the national standard of 121.7 on Youth in Foster Care for Long period of Time. Arizona's score was 123.6 in the year ending March 31, 2006, having increased from 117.4 in FFY 2004 and 118.7 in FFY 2005. Data on the individual measures includes the following:

- Arizona exceeded the national 75th percentile of 29.1% on Measure C3-1: Exits to permanency prior to 18th birthday for children in care for 24 or more months. Arizona improved from 22.5% in FFY 2004, to 27.6% in FFY 2005, and 31.7% in the year ending March 31, 2006. It is

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probable that much of the population for this statistic is in fact young children who exit to adoption.

- Arizona performed slightly below the national 75th percentile of 98.0% on Measure C3-2: Exits to permanency for children with TPR. Arizona's performance has remained steady, at just under 95% in FFY 2004, FFY 2005, and the year ending March 31, 2006. In other words, more than 9 of 10 children who are legally free for adoption at the time of discharge exit to a permanent home with a parent, guardian, or committed relative caregiver. Six of Arizona's fifteen counties scored 100% on this measure, and three others were within 0.5% of the national 75th percentile. The State percentage was influenced by the heavily populated Maricopa County, which performed slightly under the 75th percentile at 92.5%.
- Arizona did not achieve the national 25th percentile of 37.5% on Measure C3-3: Children Emancipated Who Were in Foster Care for 3 Years or More. A lower score is preferable and Arizona's percentage increased from 41.2% in FFY 2004, to 45.3% in FFY 2005, and 45.3% in the year ending March 31, 2006. The State's two most populous counties, Maricopa and Pima, had two of the five highest percentages of children turning 18 after three or more years in care.

Arizona's data on youth turning eighteen in care and those with a goal of independent living underscores the need to collaborate with youth and other agencies to ensure access to services tailored to the distinct needs of this population. Data includes the following:

- The State's *Child Welfare Reporting Requirements Semi-Annual Report* indicates that the median time in care for young adults who exited to a reason of "age of majority" in the six month period ending September 30, 2006 was 29.4 months and the average was 46.1 months. For all children exiting within the same period the median was 10.2 months and the average 14.9 months. Fifty-eight percent of children exiting at age 18 or older had been in care for more than 24 months, compared to 22% of all children who exited during this period. These youth were also likely to experience multiple placements – 58% had five or more placements in the current removal episode, and 21% had experienced one or two placements. Of all children exiting during this period, 11% had experienced five or more placements and 72% had experienced one or two placements.
- Of youth served in the year ending March 31, 2006 whose most recent goal was independent living, 42.6% were in a family or independent living setting: 6.8% with a relative, 15.3% with a non-related foster family, 20.4% in supervised independent living, and 0.1% on a trial home visit. Of children served in this year that had a goal other than independent living, 80% were living in a family or independent living setting: 2.8% in a pre-adoptive home, 34.5% with a relative; 38.2% in a non-related foster home, 0.1% in supervised independent living, and 0.3% on a trial home visit.
- Of children with a goal of independent living, 15.6% had a most recent placement of runaway, and 11.1% were in a restrictive care setting (residential treatment, detention, hospital, or correctional facility). Of children served who do not have an independent living goal, just 1.6% have a most recent placement of runaway, and 2.6% were in a restrictive care setting. The high rate of children with a goal of independent living in restrictive settings (particularly detention and correction facilities), on runaway, or in a supervised independent living setting suggests that the goal is being properly assigned. The vast majority of these youth are age 16 or older.

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- Placement differences between districts may indicate a need for different services or inter-agency collaborations to support youth living on their own in the community or incarcerated youth. The following table shows the percentage of children served in the year ending March 2006, who had a most recent goal of independent living and most recent placement of detention or correctional facility, supervised independent living, and runaway.

	Independent Living	Detention/Corrections	Runaway
District 1	14.45%	7.65%	18.37%
District 2	28.72%	4.36%	13.33%
District 3	40.74%	2.96%	3.7%
District 4	33.33%	10.25%	0.0%
District 5	12.20%	4.88%	19.51%
District 6	40.82%	2.04%	2.04%

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

- Between FFY 2000 and FFY 2005, the number of youth receiving independent living support and services increased by 42%. Youth served are primarily age 16 or older, and may have a goal of independent living or another goal.
- The percentage of youth who turn age 18 in care that elect to remain in voluntary care after their 18th birthday rose from 9% to 25%. This data demonstrates the success of the Division’s efforts to spread the word about the availability of continued care, encourage youth to take the option, and provide positive experiences so youth want to stay in care.
- The Independent Living Subsidy Program (ILSP) provides financial assistance and supportive services to assist older youth in care to maintain a stable living arrangement and permanent connections with caring adults up to age 21. The number of youth who are achieving permanency through participation in the ILSP has experienced steady growth, with an overall 10% increase in the past year.
- The number of students participating in post-secondary education and training programs with the assistance of an Education and Training Voucher (ETV) increased 120% between SFY 2004 and 2006, from 110 and 241 students.

Youth were asked during focus groups to discuss services and supports provided by the Division to prepare youth to be successful adults. Comments from youth were generally positive. Youth reported they were especially satisfied with their life skills classes, assistance with college tuition, and counseling. Some youth reported they would like more transportation resources so they can go to their home school, more information about the services that are available, and more timely access to medical care (such as faster transfer from CMDP to YATI health care coverage). Some youth reported that their schools, foster parents, and counselors helped them to learn about and obtain services. Youth in a rural area stated they would like more placement resources in their communities, since youth have to leave the area if they can not live with their family and there is no foster family to care for them.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

The Division recognizes the importance of involving youth to identify service and system improvements that will increase positive outcomes for young adults in foster care. Much of the Arizona Young Adult Program's success can be attributed to the involvement of youth, alumni, and stakeholders (including caregivers, family members, faith communities, service providers, child welfare advocates, and professional experts) in the continuous evaluation and growth of the program and services. For more information on the Division's services and systems to support young adults, the Division's related accomplishments in SFY 2007, and action steps for continuous improvement in SFY 2008, see Section V, *Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Annual Progress and Services Report*.

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

CFSR Item 11: Proximity of foster care placement

Goals and Measures

This area was identified as a strength in 97% of applicable cases reviewed in Arizona's 2001 CFSR. The CFSR Final Report stated that when children were not placed in close proximity to the parents there was a documented reason based on the child's needs, such as relative placement. The Division's improvements since 2001 in foster parent recruitment, family-centered practice, and other factors affecting placement proximity are expected to have increased the rate of children placed in close proximity to their parents.

The Division has developed a methodology for producing data on this important outcome, but data is not yet available. The Division will use CHILDS data to compare the zip code of removal with the zip code of current placement to identify the percentage of children removed and placed within the geographic area served by a single CPS field section (a cluster of CPS Units). Field sections generally serve an area smaller than the "one hour drive" definition of close placement proximity included in the CFSR on-site review instrument. At this time the Division is testing the data extraction methodology to ensure the correct address information is being pulled from CHILDS.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

A GIS Mapping computer program has been provided to all the District Recruitment Liaisons, which enables them to track the available resource homes in a child's area of removal. The Recruitment Liaisons are becoming familiar with the software and have begun distributing reports to the Home Recruitment contracted agencies. The data is updated every six months and will be used to support the HRSS contracts that require contracted agencies to develop and submit targeted recruitment plans that focus on the neighborhoods where the children were removed. See Section III, Part 1, *Crosscutting Initiatives* for more information on these contracts.

The Division's activities to reduce the number of children in out-of-home care and the use of congregate care also increase the percentage of children placed in their home communities. Particularly in rural areas, children were sometimes placed outside their home communities because foster homes, shelters, or group homes were not available. Reductions in the number of children in care, increases in the number

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of licensed foster homes, and use of TDM meetings to identify relatives and significant persons have made it more likely that placements within the community are available. For information on activities to prevent removal and support kinship placements, see Section III, Part 2, CFSR Item 3, and Part 3, CFSR Item 15. The Division does expect that some children will continue to be placed away from their homes to be placed with relatives, or in therapeutic placements to meet their behavioral health, physical health, or other special needs. In addition, stakeholders noted that children sometimes move with their foster parents after placement, and keeping them in the home community would require a change of placement that might not be beneficial to the child.

CFSR Item 12: Placement with siblings

Goals and Measures

Permanency Goal 18:	The percentage of cases where siblings in out-of-home care are placed together, unless contrary to the child(ren)'s best interest, will be 95% or more
	Quarter ending 6/04: 82%
	Calendar year 2005: 71%
	Calendar year 2006: 79%

This area was identified as a “consistent and substantial” strength in the 2001 CFSR and continues to be a strength for the Division. The Final Report stated that concerted efforts were made to keep siblings together, and when siblings were not placed together decisions were based on the best interest of the children and were well documented.

Statewide Practice Improvement Case Review results indicate that 71% of applicable cases reviewed in 2005 and 79% of cases reviewed in 2006 were rated strength in the area of placement with siblings. This area is rated strength if all the siblings are placed together or if one or more siblings is placed separately for a child's best interest. Districts 1, 2, and 4 showed significant improvement from 2005 to 2006, and Districts 3 and 6 maintained their performance level. Cases were read in which the CPS Specialist communicated to the team that placement of siblings together is a priority, even if a placement move was required for one or more children. Sibling separation was frequently due to therapeutic needs or to place half-siblings with different paternal relatives. In cases rated area needing improvement, the siblings' separation often resulted from a lack of placement resources to accommodate the sibling group. It has also been observed that once siblings are separated and become attached to caregivers; CPS Specialists, the Courts, and other team members sometimes hesitate to move the children to be placed together. For children who become adopted, this can result in permanent separation of the siblings.

The Division uses CHILDS data on the following measure to monitor performance on placement of siblings together: Of all cases with at least two children in out-of-home care, what percentage had at least two children placed with the same caregiver on the last day of the period? This percentage was 80.8% of 1,465 sibling groups on June 30, 2003 (the last day of SFY 2003); 82.4% of 1,821 sibling groups on June 30, 2004; 80.2% of 2,221 sibling groups on June 30, 2005; and 73.6% of 1,970 sibling groups on June 30, 2006. District performance in SFY 2006 ranged from 68% in District 2, to 81% in District 4. This measure provides an indicator of change, but is limited in its ability to describe the experience of children in out-of-home care. The data can not account for the reasons for separation. Furthermore, a case is identified as “siblings placed together” if two children are placed together on the

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given day, even if another sibling is placed separately or the children spent other days in separate placements.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

Placement of siblings together is an area of strength for Arizona. Staff and stakeholder input supported the Practice Improvement Case Review findings that the Division does try to place siblings together and most often succeeds when appropriate. Stakeholders also confirmed the importance of this outcome, noting that placement of siblings together, particularly with relatives, gives parents greater peace of mind. Children also benefit from maintenance of the sibling relationship, particularly when an older sibling has been a caretaker and protector of the younger siblings.

The following improvement activities support practice and continual improvement in this area:

- The value of sibling relationships and expectation that practice will support placement of siblings together has been communicated through published Division goals, revisions to the DCYF policy manual in SFY 2007, the Practice Improvement Case Review instrument and distribution of findings, and Family to Family implementation. Cases read during the Practice Improvement Case Review demonstrate increased staff awareness that the benefits of life-long sibling relationships outweigh the disruption of well-planned placement transitions.
- The Division has emphasized the need for thorough kinship searches and placement with kin. Relatives are often willing and able to provide temporary or permanent care for the entire sibling group. Stakeholders did note that providing more financial support to related caregivers, such as TANF and foster care payments, would increase the number of kinship caregivers able to care for sibling groups. See Section III, Part 3, CFSR Item 15 for more information on Division efforts to support kinship placement.
- The Family to Family initiative employs four strategies toward a goal of “increasing the number and rate of brothers and sisters placed together.” The Division expects that achievement of other Family to Family goals, such as increasing the number and percentage of children served in-home and placed with relatives, will also reduce the number of sibling groups needing non-related foster homes and give the Division more flexibility to manage its foster family resources so that homes are available for sibling groups when needed. See Section III, Part 1, *Crosscutting Initiatives* for more information on the Family to Family initiative.
- The HRSS contract implemented in November 2006 requires that providers submit a targeted recruitment plan with strategies “tailored to the populations identified by the District on a semi-annual basis,” including sibling groups. In addition, the HRSS contract identifies an outcome of “siblings in foster care shall be placed together as an intact group (all siblings).” Performance incentive payments are awarded to providers who achieve at least twelve of the sixteen performance measures included in the HRSS contract. See Section III, Part 1, *Crosscutting Initiatives* for more information on these contracts.
- Upon the request of tribal representatives, the Division is recruiting for a new full-time position dedicated to coordinating home recruitment efforts for Native American children. The Division and tribal representatives anticipate more Native American resource homes will become licensed through State or tribal licensing authorities as a result of this dedicated position, including homes for Native American sibling groups.

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- While supporting placement of siblings groups together, the Division must ensure that newly licensed foster homes are qualified and able to meet the safety and well-being needs of sibling groups before placement occurs. OLCR advocates that new foster parents be licensed for no more than two children for the first six months, unless there are special circumstances and support provisions are in place to maintain the stability of the placements. The new HRSS contract includes supportive contact and service requirements for these new foster parents.

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

Goals and Measures

Permanency Goal 19: The percentage of cases where children in out-of-home care visit with their parents and siblings at a frequency consistent with the child’s safety and best interest will be 95% or more

Quarter ending 6/04:	61%
Calendar year 2005:	54%
Calendar Year 2006:	58%

During the Practice Improvement Case Review, the percentage of applicable cases rated strength on visitation between the child and his or her mother, father, and siblings was 61% in the quarter ending June 2004, 54% in 2005, and 58% in 2006. Districts 1 and 2 performed lowest in the State, but both improved from 2005 to 2006 (District 1 from 32% to 45% and District 2 from 43% to 67%). However, achievement in District 5 dropped from 77% in 2005 to 30% in 2006. Cases were most frequently rated area needing improvement due to lack of adequate contact between siblings placed separately. For example, 13 of the 25 adoption cases with siblings placed separately were rated as needing improvement due to lack of sufficient sibling contact.

During focus groups, youth were asked about their experiences regarding visitation and contact with their mothers, fathers, and siblings. More than half of youth reported that they were not satisfied with the frequency of contact with their father, and slightly less than half were not satisfied with the frequency of contact with their mother and siblings. Comments from youth were mixed. Many youth reported they have routine in-person and telephone contact with their parents and/or siblings, that their foster parents and CPS Specialists are making efforts to support contact (such as allowing the mother to come to the foster home), and that the CPS Specialist made efforts to locate missing parents. Some youth stated they were offered but do not want contact with their family. Other youth reported they would like more contact with their parents, that they “sneaked” to visit or call their parents after being told visits could not occur, and that youth should have more say about visitation and contact with family. Worker turnover and inconsistent practice between CPS Specialists was noted by some youth.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

Districts have been holding discussions with staff during unit and management meetings to remind them of the importance of parent-child and sibling visits and the related policies, educate them on circumstances that justify and do not justify visit restrictions, and break down other barriers to visitation. Staff report there has been growing attention to parent-child and sibling visitation within the districts and scheduling of visitation on weekends has also been helpful.

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

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

Another method to relieve case load and transportation barriers has been the evolution of emergency shelter facilities in Maricopa and Pima Counties into transition centers, whose services include visitation. In SFY 2007 Maricopa County opened three visitation centers that provide transportation, supervision, opportunities for visits on evenings and weekends, and documentation of the visits to the CPS Specialist. These facilities can supervise parent-child visits and sibling visits.

To address some of the misperceptions about visitation and provide training to those involved in visits, the Pima County Juvenile Court's Model Court Committee, visitation sub-committee, developed a video on visitation guidelines for parents, the importance of visitation, child's behavior and issues after visits, sibling contact, and continuing contact/visits with parents even if the child may not be reunifying. The video was completed in collaboration with Bob Lewis, shared parenting and permanency consultant. A Visitation Guide was also created, to be given to parents at the beginning of case. The video is shown to birth parents, foster parents, behavioral health professionals, CPS Specialists, and attorneys to educate on the importance of visitation and what to expect from visits. The video is also used when training kin and other significant persons identified to facilitate visitation. In October and November 2006, the video was shown to Assistant Attorneys General, attorneys representing parents and children, and Juvenile Court Judges. Supervisors were provided with copies of the visitation video to be reviewed and discussed at unit meetings. Units have been encouraged to use the visitation video to explore the use of visitation hosts (relatives or significant others) for individual cases. New District 2 Visitation Protocols were also written and distributed throughout the District, providing guidance for decisions about visitation settings and level of supervision.

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CFSR Item 14: Preserving Connections. How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

Goals and Measures

Permanency Goal 20: The percentage of investigation cases in which the family is asked about possible American Indian heritage of the child will be 95% or more

Calendar Year 2005:	65%
Calendar Year 2006:	77%

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

Results of the State's Practice Improvement Case Review indicate that CPS Specialists are increasingly likely to ask during the course of the initial assessment/investigation whether the child may be Native American. In 65% of cases reviewed in 2005 and 77% of cases reviewed in 2006, documentation clearly indicated that the family was asked about possible Native American heritage. In other cases the record indicated that the child was not Native American, but documentation did not clearly indicate that this information was provided by the family.

According to the *Child Welfare Reporting Requirements Semi-Annual Report*, 695 American Indian children were in out-of-home care on September 30, 2006; 7% of the out-of-home population on that date. Between April and September 2006, 261 American Indian children discharged from out-of-home care; which was 7% of all discharges. Of these children, 46% exited to reunification or live with other relatives, 12% to adoption, 10% to age of majority, 18% to guardianship, and 13% transferred to another agency (most likely to tribal jurisdiction and eventual reunification or relative placement). Of all children who discharged during that same period, 55% exited to reunification or live with other relatives, 20% to adoption, 14% to guardianship, 7% to age of majority, and 3% transferred to the jurisdiction of another agency. These differences suggest outcomes for Native American children are influenced by cultural preferences for reunification and relative placement, and against adoption.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

The Division and State child welfare partners have worked to communicate to staff, out-of-home caregivers, and service providers the importance of connections to neighborhood, community, faith, family, tribe, school, and friends; and to develop systems and resources that support maintenance of those connections. Much of this work has focused on placement of children within their home communities, and with kin. Such placements provide the best possible method for keeping children in the same schools, maintaining relationships with friends and family, and ongoing participation in family, faith, and cultural events and traditions. See Section III, Part 3, CFSR Items 11 and 15 for information on the State's activities to achieve placement with kin and placement in the child's home community.

The Family to Family initiative and activities to embed family-centered practice principles and techniques affect the Division's ability to maintain connections. For more information on these activities, see Section III, Introduction and Overview, *Crosscutting Initiatives*.

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

The Division is also engaging in activities to develop staff understanding of the critical nature of connections to culture and community, and provide tools for fostering a sense of identity and connections for youth. With the support of Casey Family Programs, the Division participated in a Breakthrough Series Collaborative (BSC) on disproportionality that concluded in September 2006. One result of this BSC was the inclusion of the question "Why do you think people are poor" in the hiring interviews for all CPS Specialist applicants in Maricopa County. Another result was addition of statistics and other information on disproportionality in the Division's Speaker's Bureau presentation. This presentation has been well received and continues to be provided to staff and stakeholders upon request.

In March 2006 the entire statewide Division leadership team participated in the "Undoing Racism" workshop to explore individual and institutional contributors to racism and disproportionality within the child welfare system. One result of this meeting was recognition that the Division has a responsibility to help children develop a solid sense of who they are and where they come from. As a next step, the Division is collaborating with Casey Family Programs to roll out *Knowing Who You Are...Helping Youth in Care Develop Their Racial and Ethnic Identity*, a program developed by Casey that gives staff the tools they need to begin courageous conversations to help youth on their ethnic and cultural journey. The program includes a video, online course, and in-person training. Three sites have been chosen to participate in the initial rollouts, including the South Mountain Office in District 1 (which is located in a community with a large African American population), the Apache Junction Office in District 5 (Pinal County), and the Young Adult Program units in District 2. Rollout has begun at the South Mountain office and will occur in Apache Junction in June and Pima County in the Fall of 2007.

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

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CFSR Item 15: Relative Placement

Goals and Measures

Permanency Goal 21:	The percentage of cases where maternal and paternal kinship placements are sought and considered will be 95% or more
	Quarter ending 6/04: 81%
	Calendar year 2005: 90%
	Calendar year 2006: 86%

Data from the *Child Welfare Reporting Requirements Semi-Annual Report* indicates that 35% of children in out-of-home care on September 30, 2005; March 30, 2006; and September 30, 2006 were placed with a relative. Many other families are served voluntarily while the children temporarily reside with relatives, preventing removal and dependency. These children are not included in this statistic.

Kinship care was identified as a strength in 90% of cases reviewed during the Practice Improvement Case Review in 2005, and 86% of cases reviewed in 2006. Districts 1 and 2 performed especially well in this area, maintaining between 89% and 100% of cases rated strength in the two years. District 3 improved from 57% of cases rated strength in 2005 to 93% in 2006. Districts 4, 5, and 6 did not perform as well and all saw performance fall between 2005 and 2006. In cases rated strength the child was placed with a relative, or the record contained documentation of search for both maternal and paternal relatives. In many cases rated as needing improvement there was documented effort to identify and assess relatives, but it was not clear that a thorough search was conducted to locate *all* possible maternal and paternal relatives. In some such cases there was little effort to locate and contact a missing or incarcerated parent who had not been actively involved with the family prior to the child's removal.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

The Division has participated in numerous activities to improve searches for relatives and increase the percentage of children living with relatives or significant people in the children's lives. The Division recognizes that the relationships between kinship caregivers, the children in their care, and the children's birth parents present special issues that require sensitivity, knowledge, and skill of CPS Specialists and service providers. The Division continues to seek methods to develop the knowledge and skills of staff in relation to these special needs, and to identify services and supports to promote permanency and stability with kinship foster caregivers. Accomplishments in SFY 2007 have included the following:

- The revised integrated CSA-SRA-case planning process directs staff to explore family connections as a resource for ensuring child safety and for placement options in the event that the child enters out-of-home care. The documentation tool guides the CPS Specialist to record the information obtained within the tool itself. Previously, CPS Specialists recorded information in chronological case notes and newly assigned staff would need to read all the case notes to find the information. Statewide rollout of this new process was completed in June 2007.
- District 2 has developed a form and process to capture and periodically review information on relatives. This form stays with the case, allowing the CPS Specialist to easily locate relative contact information and information pertaining to their ability to care for the child(ren). The form is reviewed by the CPS Specialist every three months, to determine if circumstances might have changed for any of the relatives. The Juvenile Court Judges are aware of this form and make inquiries at every court hearing.

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- Starting January 2007 District 2 designated a staff person to conduct searches for missing relatives, to ensure a thorough search is conducted at regular intervals. This helps to avoid circumstances where relatives make contact or request placement of the child for the first time at the point of termination of parental rights or after, which can delay the adoption and extend time in care. The Division and local districts are also improving staff awareness of the need to identify and involve fathers and paternal relatives. Participation of staff in conferences on father involvement and incarcerated parents has helped this effort.
- In 2001 through 2004 the Division participated in a Breakthrough Series Collaborative (BSC) on kinship care, sponsored by Casey Family Programs. This project's pilot site in Pima County generated 25 activities to support kinship caregivers in various ways. One result that spread to other districts is the designation of kinship specialists and development of a kinship resource book. The resource book outlines federal, state, and local community resources available to kinship foster caregivers, and includes "Tip Sheets" on subjects such as permanency and the court process. The notebook was provided each district Program Manager, and many districts have adapted it for local use with local resource information. In District 2 a home visit by a kinship specialist with each kinship caregiver is made within 24 hours and no more than five days of a child's placement. The specialists have knowledge of resources and can assist kinship caregivers to acquire needed resources. Kinship liaisons in District 3 and 5 also provide assistance and resource information to kinship foster caregivers. The District 3 kinship care liaisons continue to meet quarterly to receive training, keep the resource book up to date, and identify continuous improvement needs and strategies.
- District 3 staff also conduct an in-person survey with kinship caregivers, seek to connect all kinship caregivers with their nearest kinship caregiver support group, and identify kinship caregivers who are not getting TANF to assist them to apply if they choose. Staff in District 5 will do the same beginning in summer 2007.
- A best practice tip added to the Division's policy manual in SFY 2007 alerts CPS Specialists to be cognizant of the special issues experienced by kinship foster care providers; including role and boundary issues, feelings of shame, and many others.
- The resource family HRSS contract implemented in November 2006 includes provisions to promote kinship placements. For more information on these contracts, see Section III, Part 1, *Crosscutting Initiatives*.
- Use of the data dashboard and other managerial oversight of contact with parents has helped the Division to identify parents whose whereabouts are unknown or that have not had consistent contact with the CPS Specialist. The supervisor can then ensure a parent locator is completed or other appropriate efforts are made to locate and maintain contact with the parent, to identify potential kinship caregivers.
- Relatives report that they are committed to caring for the children regardless of financial compensation, but the placements do put financial strain on their families. State policy to encourage kinship foster caregivers to become licensed was strengthened in 2006 and 2007. Licensed kinship foster caregivers receive financial benefits, the support of a licensing worker, and the greater perception of legitimacy afforded by completion of the home study and training process. In addition, during the 2006 Legislative Session, financial resources were specifically

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allocated to support grandparent placements. The new law authorizes a payment of up to \$75 a month for each grandchild living in a grandparent's home; in addition to a one-time "transition" payment of up to \$300 for purchasing necessary items when the child is placed.

- DCYF is a member of the Arizona Kinship Foster Care Coalition, which is an advocacy and information group of kinship caregivers and Phoenix area agencies involved with kinship caregivers. The Coalition has legislative, events, and education sub-committees that address issues of importance to kinship families. The coalition developed a 90 minute training curriculum for new CPS workers and training teams of one kinship caregiver and one professional are available. The Division has been considering funding options to take advantage of this training opportunity. The Coalition also sponsors a yearly "Grandparent University" training for kinship caregivers, and a social event on Grandparent's Day in September. In March 2006 the Coalition sponsored a Grandparents Rally at the Legislature.
- Arizona's Children Association recently obtained funding to initiate and enhance services for kinship caregivers in rural areas. It is hoped that the future will include greater community involvement in provision of necessary supportive services to kinship foster caregivers.

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

Goals and Measures

Youth were asked in focus groups and interviews to describe their perception of the Division's efforts to involve their parents in important events outside of visitation. Between 60% and 70% of youth reported that they were not satisfied with the extent to which their parents were invited to participate in events such as sport and faith related activities. Youth were less satisfied with efforts to include fathers than efforts to include mothers.

Birth parents were asked to describe their level of contact with the foster parents caring for their children and their involvement in important events outside of visits, and to suggest methods for the Division to support frequent and productive contact between birth and resource parents. Birth parents generally agreed that frequent contact should occur, but reported a wide range of experiences. Parents stated that communication with the foster parents is especially important while the child is transitioning back home, particularly in regard to discipline techniques and rules. Parents also felt they should have more input into choices about school, church, and other preferences. Parents recommended resource families receive more education about substance abuse and addiction, and that parents receive instruction on how to communicate their needs and wishes.

Resource parents were also asked to describe the type and frequency of contact they have with birth parents and to suggest ways the Division could further support productive contact between resource parents and birth parents. The information obtained suggests many resource parents are receptive to, and actively engaging in, contact with birth parents. However, the information also indicates a need for continued clear communication of expectations, and clarification for staff and resource parents of the circumstances in which contact and parental participation should be restricted. For example, the Division must continue to clearly communicate that parental incarceration is not in itself a sufficient justification to stop visitation.

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Resource parents suggested that CPS can encourage shared parenting by providing information about the birth parents and keeping the resource parents informed, recognizing the special issues for kinship caregivers, and not speaking negatively about the parents to resource parents. Resource parents suggested that birth and resource parents should receive information about each other prior to the first contact, and they should be introduced in a safe and neutral environment.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

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

C. Objectives and Activities for SFY 2008

The following objectives and major activities for SFY 2008 are those most closely related to achievement of permanency outcomes. These objectives and activities will also support achievement of safety and well-being outcomes. Likewise, objectives listed in other parts will support achievement of permanency outcomes. For example, Division efforts to develop a comprehensive array of in-home services will improve the Division's ability to quickly and permanently reunify children. The following objectives and activities are based on analysis of the State's NCANDS, AFCARS, Practice Improvement Case Review, and other data described in Parts 1 through 5; input from Division staff and child welfare stakeholders; and other strategic planning processes.

Objective 5: Embed family-centered practice and the Family-to-Family Model into child welfare practice and systems

1. Continue to serve as a regional anchor site for Family to Family practice and develop Family to Family in Maricopa County.
2. Provide support and learning opportunities to other Arizona counties to facilitate strategic planning for the expansion of Family to Family practice beyond Maricopa County.
3. Initiate strategic planning for implementation of the *Building A Better Future* parent mentoring program in Maricopa County.
4. Continue to provide, as needed, the six hour Mini PS-MAPP program to the child welfare community – including CPS and DDD managers, supervisors, and other management level staff – to increase awareness of the PS-MAPP philosophy and principles, which are consistent with family-centered practice and Family-to-Family principles.
5. Enhance the current group supervision process to promote and reinforce family-centered

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concepts and practice principles in each district.

6. Increase utilization of FGDM as a process to conduct family-centered practice and family involvement in case planning.

The activities listed under many of the other objectives in this plan will also embed family-centered practice and support implementation of Family to Family. For example, activities related to kinship care and foster and adoptive parent recruitment are part of the Division's implementation of Family to Family. The Division's activities related to service integration, in-home services, engagement of fathers, comprehensive assessment, improving staff workload conditions, hiring and recruiting CPS staff, supervisory support and skill development, staff and caregiver training, elimination of disproportionality, and stakeholder involvement in agency planning will all have a direct impact on the Division's success in embedding family-centered values and practices throughout the agency.

Objective 6: Develop training and supports to enhance the ability of current or prospective resource families (foster, adoptive, and kinship) to meet the needs of foster and adopted children

1. Continue to spread learnings from the Kinship Care Breakthrough Series Collaborative by conducting an in-person survey with kinship caregivers in all districts; connecting kinship caregivers with their nearest kinship caregiver support group; identifying kinship caregivers who are not getting TANF, determining the reason, and assisting them to apply if they choose; and developing packets of localized resource information for kinship caregivers and staff.
2. Certify contracted providers and Division staff as leaders in the PS-MAPP and Deciding Together programs by continuing to sponsor preparation programs (PS-MAPP - eight days in length and Deciding Together - two days in length).
3. Continue to monitor the provision of PS-MAPP or Deciding Together as the preparation and selection program of all new resource parents, and begin monitoring completion of Mini PS MAPP sessions by all currently licensed resource parents.
4. Train designated case aides in Districts 1, 4 and 6 to serve as kinship liaisons, providing relatives with information about available resources and how to apply for TANF cash-only assistance for children in their care.
5. Conduct the annual Statewide Family-Centered Practice Conference, publish the APSSF Services Program Directory and Program brochure, maintain a section of the Department's web-site, attend community conferences and health fairs, and provide training to Division field staff to distribute information on services available through the Promoting Safe and Stable Family Prevention Programs and other information that will assist foster, adoptive, and kinship resource families to meet the needs of children in their care.

Objective 7: Develop new placements, services, and supports to address the needs of young adults in out-of-home care

1. Continue to collaborate with community stakeholders to expand mentoring programs (such as *In My shoes*) and resources to ensure all youth in the process of transitioning from foster care have an adult mentor.

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2. In consultation with the statewide Youth Advisory Board, and by including youth participation in foster parent orientation trainings and the annual statewide Children Need Homes Conference, conduct specialized recruitment to increase the quantity, quality, and preparedness of foster care placements for older youth.
3. Design and support a website/webpage for teens in care and alumni, featuring program information, resources, hotline numbers, youth advocacy and training opportunities, a teen bulletin board, and other information.
4. Increase CPS Specialist and caregiver preparedness to assist youth to understand and develop their individual identities, including gender identities, through participation in age appropriate activities and support services.
5. With the assistance of legal and local immigration experts, draft policy and provide training and technical assistance for CPS Specialists to assist undocumented young adults to apply for legal residency, when appropriate to the youth's circumstances.
6. Expand the use of CFCIP funds to provide financial incentives and other support to encourage youth participation in a variety of advocacy, mentoring, training, and program development (including alumni) activities.

Objective 8: Increase the accessibility and utilization of services and supports for youth age 18 and older, and encourage youth to remain in care until they have the capabilities and resources to successfully live on their own

1. Upon entry into the Young Adult Program, provide youth with a comprehensive welcome packet of information regarding the independent living program, client rights (including grievance procedures), program services, benefits and activities, emancipation options, aftercare services, mentoring, and opportunities for youth advocacy.
2. Develop an internal grievance process in the Independent Living Rulemaking Package to provide due process when the Department denies the opportunity for youth to remain in care beyond age 18, and work with Appellate Services to formalize an appeals process for youth who can not get resolution through the internal grievance process.
3. Continue to develop partnerships with the State Universities and Community Colleges to ensure current and former foster youth receive all available financial support to continue with post-secondary education or other professional or trade school.
4. Provide professional experience to older youth who desire to pursue social service careers and use CFCIP funds to support youth intern positions responsible for various activities, including the facilitation of local youth advisory boards and the assistance of local efforts to recruit foster and adoptive homes for older youth.

Objective 9: Participate in the Casey Family Programs Breakthrough Series Collaborative: Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System

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1. Continue to spread the learnings from participation in the BSC through the implementation of a diversity committee in each CPS office in Maricopa County and through the testing of new strategies.
2. Continue rolling out the “Knowing Who You Are” enhanced learning from Casey Family Programs.
3. Add ethnicity as a demographic indicator on satisfaction surveys for families when they are enrolled in various CPS contracted services that utilize a satisfaction survey.

PART 4: CHILD AND FAMILY WELL-BEING

A. Program or Service Description

1. Case Planning and Case Manager Contact with Parents and Children

Child Protective Services Case Management

CPS case management services to achieve well-being outcomes are available statewide and include development of individualized written case plans, identification and arrangement of necessary assessment and treatment services, and contact by the CPS Specialist. A written case plan is developed for every child who is the subject of an in-home or out-of-home case open for more than sixty days. The case plan must be reassessed and revised no less frequently than every six months. The plan communicates to all parties the permanency goal, concurrent goal when applicable, and the outcomes, tasks, and services aimed at achieving the goal. The document includes a family intervention plan, out-of-home care plan, health care plan, independent living plan for children age 16 or older in out-of-home care, contact and visitation plan, and indication of family and service team involvement in developing the case plan.

The case plan is developed with input from family and service team members, and is based on a comprehensive assessment of the parents', children's, and any out-of-home care providers' needs. Case managers use the State's *Family-Centered Strengths and Risks Assessment Interview and Documentation Guide* to gather information on all the areas of individual and family functioning listed in the State's *Strengths and Risks Assessment Tool*, and to formulate interview questions that will engage and motivate the family members to identify and participate in strategies to reduce risk. Parents and children age 12 or older are encouraged to attend all case plan staffings, Child and Family Team (CFT) meetings, court hearings, and Foster Care Review Board hearings to provide ongoing input into their case plans.

Contacts by the CPS Specialist provide frequent opportunities for parents and children, including younger children, to identify strengths, needs, progress, goals, and services; so adjustments to goals and services can be made quickly when it meets the needs of the parents, children, or caregivers. In-person CPS Specialist contacts with children and parents are generally held monthly to provide support and encouragement, and to engage the family in assessment, planning, and treatment processes. If the child's permanency goal is *not* family reunification or remain with family, the CPS Specialist consults with the CPS Supervisor to develop a plan for contact with parents whose rights have not been terminated and whose whereabouts are known. The CPS Specialist is to have telephone or written correspondence with these parents a minimum of once every three months. Other exceptions to monthly face-to-face contact by the assigned CPS Specialist may be approved based on an assessment of the needs of the child, parent, and/or out-of-home care provider, and must include a plan for written or telephonic contact to supplement less frequent face-to-face contact.

Arizona's case planning policies encourage family involvement by requiring full disclosure about the reasons for CPS involvement, the reason for a child's removal, the permanency planning process, and permanency related timeframes. State law defines the rights of parents, including the right to be informed upon initial contact of the specific allegation made against him or her; to provide a telephonic response to the allegation; to have any verbal, written, or telephonic responses provided to the Removal Review Team prior to the Team's review of the removal; and to be verbally informed of the child's removal and the reason for the removal. State policy requires that at or before the initial case plan staffing and all subsequent case plan staffings, the CPS Specialist discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve

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permanency, and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the court may order, that the permanency goal be changed from family reunification to another permanency goal, such as adoption or guardianship. When concurrent planning is needed, the parents are encouraged to participate in the concurrent planning process and are informed of the concurrent permanency goal.

Children age twelve or older are to be: (1) informed about the Department's goal of achieving permanency for the child in a safe home; (2) informed of all available alternatives to achieve permanency for the child, including family reunification through the parents' successful participation in services, consent to adoption, consent to guardianship, and adoption through termination of parental rights; (3) made aware that individualized services addressing the reasons for child protective involvement are made available to families; (4) informed about their parents' activities and progress toward reunification, unless returning home is not a possibility; (5) helped to identify significant adults with whom relationships can be maintained; and (6) encouraged to maintain contact with the birth family and kin, unless such contact is detrimental to the child's health and safety.

Family to Family

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

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

Family to Family defines six goals and four strategies to achieve the child and family outcomes. These goals and strategies are incorporated into this *Child and Family Services Annual Progress Report*. The four core strategies that are the hallmark of Family to Family include:

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

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

Family Group Decision Making

Family Group Decision Making (FGDM) is a strengths-based and culturally affirmative best practice model that involves families in decision making for the future of their children. This promising practice continues to be highly valued by families, CPS staff, and community members alike. Referred families may have children removed from their homes or children at risk of being removed due to child abuse and

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neglect. Though it can be used for a variety of purposes at various junctures in a case, typically FGDM is used to identify a kinship placement and/or permanency plan for a child. The Department also uses FGDM to connect adolescent youth with relatives or other significant persons. Through FGDM, the Division identifies members of a child's nuclear and extended family and invites them to join the CPS Specialist, resource staff, and other family supports in developing a placement and support plan for the child. The FGDM Specialist prepares all invitees (both family members and professionals) for their role at the meeting, where each attendee is viewed as a resource for the process and for the child. At the meeting, during private family time, the family members develop and agree upon a plan A and a plan B. They present the plans to the professionals and if their plan does not violate the CPS bottom line of safety, it is supported by CPS and presented to the Court for approval.

Between July 2006 and December 2006, 80 family meetings were held throughout the State. Family participants in those meetings numbered 1,450 and professional participants numbered 152.

- 52% of family participants were from the maternal side of the family and 48% were from the paternal side, indicating that this process engages both sides of the family almost equally.
- 99% of the family participants completing a survey felt respected by the facilitator at the meeting.
- 97% of the family participants reported they were satisfied with the plan that was developed.
- 98% of the family participants felt that the plan was safe for the children.

The Division continues to be committed to the FGDM model as a family-centered method for child welfare decision making. Accomplishment of the FGDM program during SFY 2007 included the following:

- District 3 increased their FGDM Specialists from one to two.
- Training sponsored by the American Humane Association was provided to FGDM staff in Arizona.
- Division staff presented at a FGDM conference in New Zealand in 2006 and Washington D.C. in 2007; and provided training to local CPS units.
- FGDM Specialists received administrative approval to make direct requests for professional searches for parents and relatives.
- An MSW intern is currently tracking progress of family plans upon request. The Division is devising a permanent way to track family plans.
- FGDM Specialists conducted outreach to community agencies and other programs within the Department, such as the Division of Developmental Disabilities and the Aging and Adult Administration.

In SFY 2008 the Division will continue to explore establishment of a facilitator training curriculum for the State. In addition, the Division is considering the use of a FGDM model for young adults and policy to require referral to FGDM when a case plan goal of Long Term Foster Care or Independent Living is being considered.

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

The written case plan identifies the child's educational, physical health, and mental health needs and services to address those needs. The child's CPS Specialist cooperates with the child's parents, out-of-home care providers, school, health care providers, and others to identify the child's needs and obtain or advocate for services. CPS Specialists advocate for service provision through agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services (DBHS).

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Educational Services

CPS Specialists collaborate with out-of-home care providers and schools to ensure children are provided services to help achieve their educational potential. Every child in out-of-home care is to have an individualized Out of Home Care Plan that specifies: (1) the child's educational status; (2) services provided to the child or out-of-home caregiver to address the child's educational needs; and (3) indication of whether the child is attending the home school district. Children receive educational services through the Arizona public school system, which includes tuition-free specialized charter schools. CPS Specialists coordinate with parents, school officials, teachers, out of home care providers, and others to monitor each child's educational needs and plan, and modify services as necessary. CPS Specialists frequently advocate for services through sister agencies such as the Department of Education and the Department of Health Services/Division of Behavioral Health Services.

The Division encourages parents to participate in educational decisions. The case plan for children in out-of-home care now includes an education case plan. Education case plans are discussed and developed with parents in forums such as case plan staffings, Child and Family Team Meetings (CFT), informal meetings between the CPS Specialist and parent, and special education meetings initiated by the child's school.

Birth parents are also encouraged to participate in the development and approval of Individual Education Plans (IEP) whenever they are able and willing. When the birth parents cannot be identified or located, or are unwilling or unable to be involved in educational decision making, the Division collaborates with the local school district to ensure an IDEA parent or surrogate parent is appointed for children who require special education evaluation and/or services. State law was changed in April 2007 to allow a kinship foster caregiver or foster parent to act as the IDEA parent in the absence of a birth parent. The law change also allows a surrogate parent, when needed, to be appointed by *either* a court *or* the Arizona Department of Education (ADE). This change will make the appointment process easier and faster and reduce delays to assessment and service provision.

As a result of State statute enacted in September 2006, the Division created an Educational Case Management Unit that employs two full time Case Managers to serve youth, statewide. The Case Managers will develop and coordinate Educational Case Management Plans for youth in the Independent Living Program and to assist youth participating in the program to graduate from high school, pass the AIMS test, apply for postsecondary financial assistance, and apply for postsecondary education. The Department is partnering at present with the Arizona Department of Education to meet these ends.

Comprehensive Medical and Dental Program

Meeting the health care needs of foster children is a responsibility shared among parents, CPS Specialists, out-of-home care providers, and medical providers. The majority of children in Arizona's foster care system receive health care coverage through the Division's Comprehensive Medical and Dental Program (CMDP). CMDP provides full coverage of medical and dental care to each child placed in out-of-home care by the Division, the Arizona Department of Juvenile Corrections, or the Arizona Office of the Courts/Juvenile Probation Offices. CMDP serves eligible foster children placed in Arizona, as well as those placed out-of-state.

CMDP covers a full scope of prevention and treatment health care services, when determined to be medically necessary. Services include Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, inpatient and outpatient hospital care, laboratory services, vision care, dental care, drug

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prescription services, and necessary services of physicians or other specialty providers. CMDP operates as an acute care health plan under contract with the Arizona Health Care Cost Containment System (AHCCCS) for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding.

State policy requires a comprehensive medical examination that meets EPSDT requirements within 30 days of a child's initial placement in out-of-home care, annual medical exams, and semi-annual dental exams. The CPS Specialist and out-of-home caregiver are responsible for ensuring that any follow up care or referrals for services are provided. Each child's health and medical needs are to be reviewed as part of the case planning process, and the case plan includes a health care plan with outcomes and tasks to meet the child's medical needs.

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

No changes are anticipated in the population and geographic areas served by the program. In CY 2006 18,891 children in foster care were enrolled in CMDP, up from the 18,105 in CY 2005.

Child Behavioral Health Services

Meeting the behavioral health needs of foster children is the shared responsibility of the Division of Children, Youth and Families and the Department of Health Services' Division of Behavioral Health Services (DBHS). DBHS contracts with five (5) Regional Behavioral Health Authorities (RBHAs) statewide for the delivery of behavioral health services for Title XIX eligible clients. For children in foster care who are not Title XIX eligible, or for those children who are Title XIX eligible but are denied a behavioral health service by the RBHA, the Division's Comprehensive Medical and Dental Program (CMDP) provides coverage. All other behavioral health services are covered through district funds.

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

CPS specialists refer children who have been removed from their homes to the DBHS' statewide 24 hour Urgent Response system to receive a comprehensive assessment of strengths and needs. The Urgent Response includes enrollment in behavioral health services and face-to-face evaluation of all children brought into care by the Department. The CPS Specialist is required, and the caregiver is encouraged, to participate in the assessment process and provide information pertinent to an effective assessment. The Urgent Response assessment is followed by a more in-depth behavioral health core assessment to be completed within 45 days. If the RBHA's initial screening or assessment for a child age birth to three indicates a developmental concern, the RBHA makes a referral to the Arizona Early Intervention Program (AzEIP), notifies the child's CPS Specialist and primary care physician of the screening results and referral to AzEIP, and includes AzEIP in the child's Child and Family Team meetings. If no developmental concern

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is noted, the RBHA notifies the case manager and provides any necessary behavioral health services to the child, the child's family, and the out-of-home care provider. All children under age three who are the subject of a proposed substantiated report of maltreatment or a substance exposed newborn but not removed from home are referred by CPS to AzEIP for a developmental screening.

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

- Collaboration with the child and family is essential. Parents and children are treated as partners in all stages of service delivery.
- Behavioral health services are designed and implemented to aid children to be successful in school, live with their families, avoid delinquency and become stable and productive adults.
- Children with multi-system involvement will have a jointly established child/family centered service plan.
- Children will have access to a wide array of behavioral health services, which will be adapted or created when not available.
- Behavioral health services are provided according to best practices and are continually evaluated and modified to achieve desired outcomes.
- Children are provided services in their home and community to the extent possible.
- Children identified as needing behavioral health services are assessed and served promptly.
- Services are tailored to the child and family with their unique strengths and needs driving the service array provided.
- Behavioral health services strive to minimize multiple placements and prevent crisis situations.
- Behavioral health services are provided in a manner that respects the cultural tradition of the child and family.
- Behavioral health services include support and training for both parents and children to gain independence.
- Natural supports will be used from the family's own community network including friends, neighbors, and organizations.

CFTs provide a family-centered, highly individualized, and strength-based "wraparound" process, including complete review of the family situation and the issues that brought the family to the attention of one of the collaborating agencies. The family meets with a Family Involvement Specialist (FIS) who helps the family conduct a thorough strength-based assessment and choose members of its CFT. The Team should include "informal supports," such as friends, relatives, and community supports; as well as professionals and other practitioners from involved agencies. The FIS facilitates development of a Single Individualized Plan by the Team, which by nature is family-focused. The FIS may then present the Single Individualized Plan to the Multi-Agency Team (MAT), which reviews the plan, approves/authorizes services, makes recommendations, and gives feedback to the FIS. The collaborative CFT model is intended to break down agency barriers and access to services by having one plan implemented in a cooperative fashion by all involved agencies. Flexible funding of up to \$1,525 per child per year is available to meet identified needs. Project liaisons help facilitate the implementation of any services that are required by resolving barriers in coordination, implementation, contracts, and logistics.

The emphasis on supporting placement stability promises to maintain children in their current placements through multi-agency coordination and provision of services tailored to meet the needs of the children

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and their families. The majority of children in the custody of the Department who need residential treatment or other therapeutic care have a CFT engaged just prior to, or shortly after, the placement. The CFT explores all opportunities to maintain the child in a less restrictive setting, including a variety of wraparound services, and continues working on returning the child to a less restrictive, community setting. Current and past out-of-home caregivers are invited to participate in the CFT meetings while the child is in specialized placement.

B. Outcomes, Goals, Measures and Progress

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

Progress toward achieving the State’s child and family well-being outcomes and goals is measured using the Practice Improvement Case Review. The Practice Improvement Case Review was substantially revised starting with the review conducted January 2005, and the period under review beginning July 1, 2004. Case review data is provided from the last quarterly statewide review using the former procedures (quarter ending 6/04), and the statewide combined results of the reviews conducted in 2005 using the new procedures. See Section III, Part 5, subsection A.3., *Quality Assurance System*, for more information on the Practice Improvement Case Review.

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

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

Goals and Measures

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

Quarter ending 6/04:	78%
Calendar year 2005:	68%
Calendar year 2006:	67%

In 2006, out-of-home cases were rated strength in 75% of cases statewide, versus 58% of in-home cases. Some in-home cases were rated as needing improvement because there was not a comprehensive assessment of all risk domains in the SRA following a report for investigation received during the period under review, or more comprehensive reassessment of safety and risk was needed after completion of in-home services and prior to case closure. Assessments in out-of-home care cases often included a full array of formal assessments, including Child Safety Assessment, Strengths and Risks Assessment, substance abuse assessment, and psychological evaluation. Out-of-home cases were sometimes rated as needing improvement due to lack of sufficient and continual efforts to locate and maintain contact with a missing or incarcerated parent.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

The significant and continual improvements to the Division’s assessment, case planning, and supervision processes have been referenced throughout this document. Activities to embed family-centered practice principles in day-to-day field work and engage birth parents and resource parents in shared parenting are also expected to improve the quality of initial and ongoing assessment and service provision. Staff and stakeholders indicated that the application of these processes is affected by the skill and experience of CPS Specialists and CPS Supervisors. For information on the Division’s improvements to assessment, case planning, and supervision processes; and the Division’s efforts to reduce staff vacancies and increase retention, see Section III, Part 1, *Crosscutting Initiatives*.

The Business Intelligence Dashboard allows supervisors and managers to monitor the frequency of child, parent, and resource family contacts. Supervisors can track summary statistics by unit and CPS Specialist, and view case specific lists of contacts that did or did not occur in each month. Case specific data allows supervisors to identify children, parents, or caregivers who have not received monthly contact, to ensure contact occurs, documentation is updated, and sufficient efforts are made to locate missing parents. Stakeholders noted that this supervisory oversight is especially important to improve communication among team members, so needs are anticipated and addressed early. In addition to CPS Specialist contacts, stakeholders reported that CFT meetings and community supports assist families to navigate the system and improve communication among team members.

The Division has implemented in-home services contracts and developed in-home service units to support delivery of integrated services and other in-home supports. Cases served include voluntary foster care, in-home Court intervention, in-home dependency, and other in-home support cases. Specialized in-home units and CPS Specialists have been identified and trained to ensure the needs of parents and children served in-home are comprehensively assessed and effectively addressed. For more information on activities to develop in-home services, see Section III, Part 2, CFSR Item 3.

Stakeholders stated it is critical that staff understand the needs of very young children, and that children ages zero to three receive assessments and necessary services. The Division is actively addressing the needs of this population through various programs and activities. For additional information on these and other improvements in service array and accessibility, see Section III, Part 5, subsection A.5., *Service Array and Resource Development*.



CFSR Item 18: Child and family involvement in case planning

Goals and Measures

Well-Being Goal 2:	The percentage of cases in which the child(ren) and family are actively engaged in case planning will be 95% or more	
	Quarter ending 6/04:	48%
	Calendar year 2005:	52%
	Calendar year 2006:	56%

Data indicates that the participants most likely to be involved in case planning were mothers in in-home cases (79% statewide), and youth in out-of-home cases (73%). Case participants that were least likely to be involved in case planning included children in in-home cases (56%) and mothers in out-of-home cases

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(52%). Data on family involvement in case plan development is affected by documentation about the frequency and quality of CPS Specialist contacts with children and parents. Case reviewers do not routinely interview parents and youth to ascertain their perceptions about their involvement in case planning. If the case record does not include documentation that case plan related discussion occurred during in-person or telephone contacts, the item is likely to be rated as needing improvement. For example, documentation sometimes indicates a parent attended a case planning meeting, such as a case plan staffing, but does not indicate the parental participation or input during the meeting. In some cases the parent or youth might have had input that was not documented. Cases rated strength have clear documentation that the applicable parents and children communicated needs, strengths, goals, or progress; and/or that their thoughts and feelings were sought about key decisions affecting them.

Factors Affecting Performance and Fiscal Year 2007 Accomplishments

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

CPS Specialist contacts with parents and children are an important opportunity to keep parents and children fully informed and seek their input about decisions affecting them. See Section III, Part 4, CFSR Items 19 and 20 for information on factors affecting the frequency and quality of contacts, and Division efforts to improve these contacts.

Child and Family Team (CFT) meetings, facilitated by the behavioral health system, are an increasingly common and important forum for case planning and identification of services and supports. Practice Improvement Case Reviewers frequently find documentation that youth and parents attend and participate in these meetings. See Section III, Part 4, CFSR Item 23 for more information on CFTs.

Family Group Decision Meetings are another method to engage families in a discussion of needs, strengths, and goals. See Section III, Part 3 for more information on the use of FGDM.

CFSR Item 19: Caseworker visits with children
CFSR item 20: Caseworker visits with parents

Goals and Measures

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

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Quarter ending 6/04:	56%
Calendar year 2005:	60%
Calendar year 2006:	58%

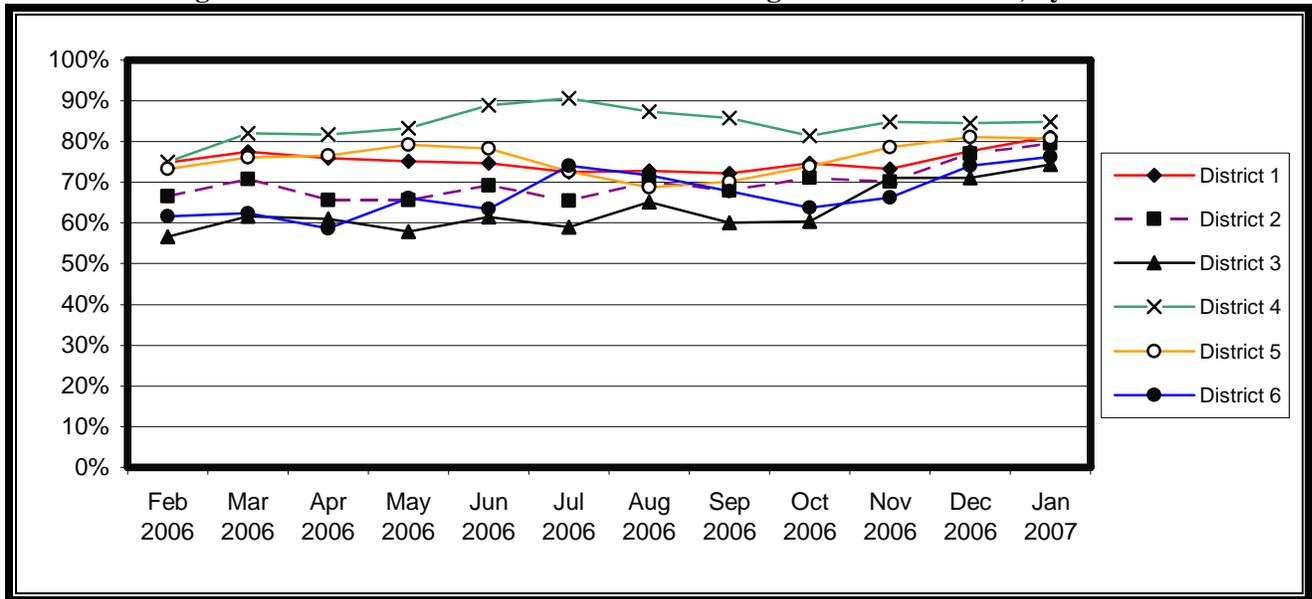
Well-Being Goal 4: The percentage of cases in which the assigned case manager has contact with the parents as required by State policy will be 95% or more

Quarter ending 6/04:	39%
Calendar year 2005:	46%
Calendar year 2006:	46%

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

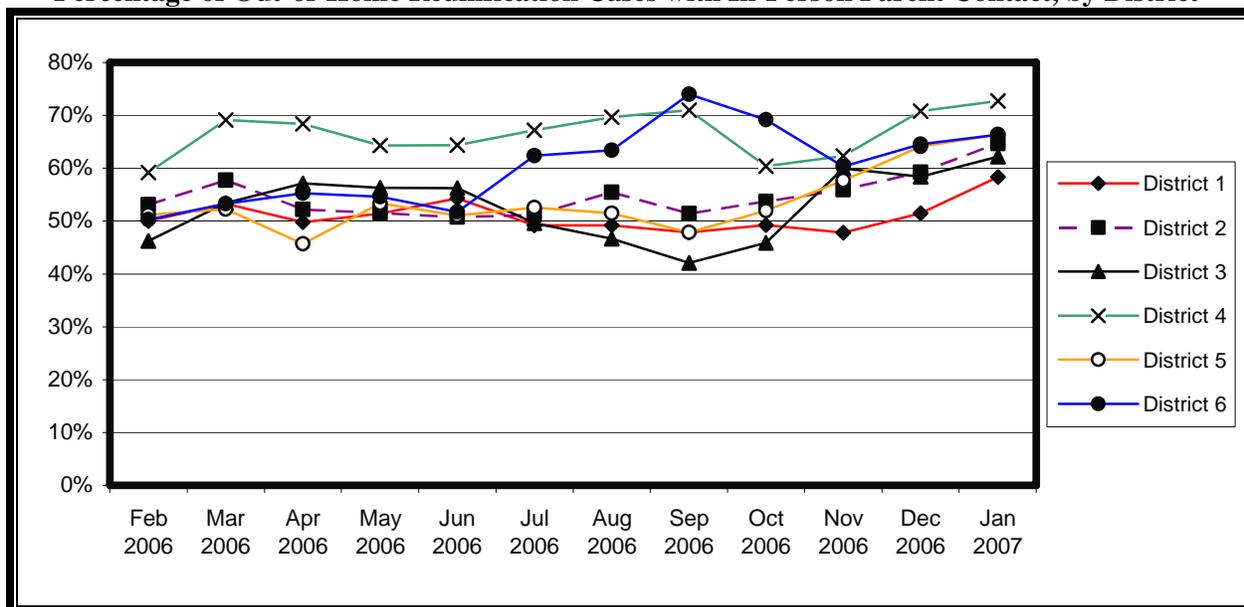
- The State's *Child Welfare Reporting Requirements Semi-Annual Report* indicates that the percentage of children in care on the last day of the month that received a documented in-person contact during the month has maintained at between 61% and 68% since the period ending September 2003. Sixty-five percent of children in care on the last day of March 2006 and September 2006 had a documented in-person contact. This percentage has maintained despite a substantial increase in the number of children in out-of-home care: from 7,535 on September 30, 2003; to 9,906 on September 30, 2005; and 9,833 on September 30, 2006.
- The percentage of cases rated strength during the Practice Improvement Case Review on CPS Specialist contact with the child has remained relatively stable statewide. This percentage was 56% in the quarter ending June 2004, 60% in 2005, and 58% in 2006. In 2006 the highest performing area was District 1 (77% strength). Districts 1, 4, and 6 improved their performance from 2005 to 2006, while performance worsened in Districts 2 and 5 and remained the same in District 3. This data is based on an assessment of both the frequency and quality of in-person and other contacts. Out-of-home cases were more likely to be rated strength on CPS Specialist contact with children.
- Data retrieved from the Division's Business Intelligence Dashboard on April 21, 2007 shows a trend toward improvement in the percentage of children receiving in-person contact. This data shows performance on the following measure: Of all children who were in out-of-home care during the month and whose most recent placement was *not* out-of-State, in-home, parent/guardian, or runaway, what percentage had a documented in-person contact during the month? District 4 consistently has the highest performance, and there has been a trend toward improvement for all districts. In January 2007 all districts were performing between 75% and 85%. Statewide, performance improved from 70.25% in February 2006 to 80.27% in January 2007. Note that the Dashboard data is updated weekly and the data reviewed on April 21, 2007 may not exactly match data extracted from CHILDS on other dates.

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



- The percentage of cases rated strength during the Practice Improvement Case Review on CPS Specialist contact with the parent has remained stable statewide. This percentage was 39% in the quarter ending June 2004, 46% in 2005, and 46% in 2006. In 2006, the highest performing area was District 1 (60% strength). This data is based on an assessment of both the frequency and quality of in-person and other contacts. Out-of-home cases were more likely to be rated strength on CPS Specialist contact with parents, at 54% of applicable cases reviewed during 2006.
- Data retrieved from the Division’s Business Intelligence Dashboard on April 23, 2007 shows a trend toward improvement in the percentage of parents receiving in-person contact. This data shows performance on the following measure: Of all children in out-of-home care during the month who had a goal of family reunification, what percentage had at least one parent with whom in-person contact was documented during the month? Data in the following chart shows a trend toward improvement for all districts. Statewide, performance on this measure improved from 50.7% in February 2006, to 61.8% in January 2007. This data *does not* exclude cases where the parents’ whereabouts are unknown, the parents reside out-of-State, or the parents are successfully avoiding contact with the CPS Specialist; therefore, the Division does not expect to ever achieve 100% on this measure. Dashboard data is updated weekly and the data reviewed on April 23, 2007 may not exactly match data extracted from CHILDS on other dates.

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



Factors Affecting Performance and Fiscal Year 2007 Accomplishments

The Division’s efforts to increase the percentage of children and parents who receive monthly in-person contact have been effective. The Division is continuing these activities and others to ensure high quality of contact and address new CFSR standards on visit quality, such as the requirement that children older than infants be seen alone for a part of each contact.

The Division consulted with staff and stakeholders to identify factors affecting the frequency and quality of contacts with children and parents. CPS Specialist recruitment and retention, and their effect on work volume, is the most frequently cited factor affecting the rate of CPS Specialist contact with children and parents. Case volume and the level of demand on CPS Specialists’ time also affect the quality of contacts with children and parents, including the length of contacts. See Section III, *Introduction* for more information on case volume and staff resources.

In addition to staff recruitment and retention, the Division has engaged in activities to improve efficiency, so staff can spend their valuable time completing critical activities such as child and parent contacts. During the Division’s Children’s Services Manual redesign, policy and procedural requirements that were not essential to the safety, permanency, and well-being of children were streamlined or eliminated. For example, the requirement to prepare a formal written report of a kinship home evaluation for supervisory review was eliminated, since the assessment documentation is accessible in case notes for supervisory review and approval. The Division also encourages staff to meet alone with children and parents when they attend CFTs and other meetings, to avoid the necessity of another appointment and more travel. In focus groups, a birth mother stated that she had productive contact with her CPS Specialists at Child and Family Team (CFT) meetings, waiting for Court hearings, and while driving in the car. A Judge suggested that it would be helpful to have space at Court for private discussion between the CPS Specialist and child and parents.

One of the most effective improvement strategies has been development of the Business Intelligence Dashboard, which allows supervisors and managers to monitor the frequency of child and parent contacts. Supervisors can track summary statistics by unit and CPS Specialist and view case specific lists

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of contacts that did or did not occur in each month. Case specific data allows supervisors to identify children, parents, or caregivers who have not received monthly contact, to ensure contact occurs, documentation is updated, and sufficient efforts are made to locate missing parents.

Stakeholders reported that CPS staff understand the importance of having frequent contact, but may not have the training or tools to promote high quality discussion during contacts. Stakeholders particularly emphasized the importance of parents and children receiving positive encouragement and recognition of achievements during contacts. Documentation does not consistently provide information related to ongoing assessment of strengths, needs, and progress toward goals. Stakeholders suggested that supervision and on-the-job training on contact content and documentation is necessary. The Division is providing training and tools to staff to support quality practice and documentation. For example:

- Districts have distributed “practice tips” to field staff and have held discussion of contact policies during unit meetings and other forums to remind staff of parent and child contact policies and best practice standards. In particular, the Division has endeavored to increase staff awareness about the benefits of contact with *all* parents – including those who are not an option for reunification and incarcerated parents.
- Districts have developed checklists to guide discussion during contacts with children or parents, and to cue staff on content for case note documentation. These checklists typically cue staff to ask about and document the child’s current educational, physical health, and mental health needs, progress, and services. District 3 has developed an action plan that engages CPS Specialists, Supervisors, and Managers in activities to monitor the quality of documentation according to the definition that was distributed to all staff. CPS Specialists and Supervisors compare case documentation to the checklist. If it does not meet defined standards an individualized improvement plan is designed with the CPS Specialist.
- The new integrated CSA-SRA-Case planning process will improve the quality of CPS Specialist contacts with parents and children by providing specific instructions on the content of conversations during the assessment process, including ongoing assessment throughout the life of a case. These instructions will guide the CPS Specialist to focus on family strengths, service needs, and outcomes. Additionally, the new case plan will help focus parent contacts on behavioral goals, accomplishments, and what is working or needs to change. The process also requires the CPS Specialist to describe the efforts to locate parents and family members.

Staff and stakeholders noted that some parents do not want to be found or to have contact with CPS or the Courts. Findings of paternity and child support are a deterrent to some alleged fathers. Transient and less involved parents can be frustrating to staff, who then focus their time and energy on parents who are receptive and making progress. The Division has promoted the use of parent locator services to find missing parents. The Division contracts with agencies to conduct searches and has an agreement with Division of Child Support Enforcement to obtain information on missing parents. State policies requiring periodic searches for missing parents set a higher standard than is applied by the CFSR. Furthermore, in many cases where monthly in-person contact by the CPS Specialist is not occurring, the parent is having monthly or more frequent contact with a case aide or other involved professionals. Families are sometimes less intimidated by these staff and are more willing to meet with them regularly. In low to moderate risk in-home services cases, these contacts often appear to meet the family’s needs.

The Division is drafting a policy change that will require all monthly visits with children in out-of-home care to be completed by the assigned CPS Specialist, and not allow exceptions such as another CPS

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Specialist or case aide visiting with the child. This change in policy is pending and has not been communicated to field staff as of this date. In some circumstances, the contacts by contracted staff on in-home cases will continue to be considered the case manager contact. The Division is able to serve more families before safety threats develop when these lower risk situations can be referred to contracted in-home services without requirements for CPS Specialist monthly contact. This program design is available in District 1 and has allowed the District to serve hundreds of families.

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

CFSR Item 21: Educational needs of the child

Goals and Measures

Well-Being Goal 5: The percentage of cases in which the educational needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more

Quarter ending 6/04:	84%
Calendar year 2005:	91%
Calendar year 2006:	91%

Cases are rated strength in the Practice Improvement Case Review if the child is succeeding academically, is receiving services to meet his or her educational needs, or the Division has adequately advocated for services to meet the child's educational needs. Many caregivers report the young children in their care are developmentally on target, and many children ages zero to three have received screenings or full assessments from the Arizona Early Intervention Program. Case reviews found that out-of-home caregivers generally take a lead role in communication with the school and day to day monitoring of the child's school performance. Although many children in out-of-home care have special education needs, caregivers frequently report that the children's needs are being addressed through services. This item was rarely found to be applicable in in-home cases reviewed during the Practice Improvement Case Review.

Factors Affecting Performance and State Fiscal Year 2007 Accomplishments

Arizona's strong performance in this area has been achieved through inter-agency collaborative efforts to support educational achievement of youth in out-of-home care. In 2004 the Division and its partners participated in an Educational Summit, sponsored by Casey Family Programs in Seattle, Washington. This summit brought together State multi-disciplinary leadership teams to share and learn about the education issues facing children in foster care and to develop action plans for improving services, supports, and education outcomes for these students. The Arizona team included members from the Governor's Office, the Department of Economic Security, the Arizona Department of Education, the Office of the Attorney General, and Casey Family Programs. A plan was drafted at this summit that included:

- addressing policy barriers to effective surrogate parent assignments;
- developing, distributing, and training on an education manual focused on students in foster care;
- training of the judiciary;
- studying promising practices from other states; and

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- expanding and sustaining the Arizona Education Summit Team (AEST).

Since 2004 the Team has grown and now includes Judges from Pima and Maricopa Counties, foster parent and CASA representation, alumni representation, the Children’s Action Alliance, the Arizona Early Intervention Program, and increased Department representation (including the Division’s new Education Liaisons).

All of the AEST’s goals have been accomplished. In SFY 2006 the team developed an education advocacy manual, which was distributed with training across the State to foster parents, CASA, attorneys, Judges, social workers, youth, advocates, teachers, and others; and published a guide to foster children and education entitled “*What Arizona Schools Need to Know about Children in Care - A Guide for Teachers, Administrators, Foster Parents, and Case Managers.*” The pamphlet outlines pertinent legal acts and issues that promote timely admission and service delivery to children in out-of-home care. The Division also continues to use a separate *Order to Release Educational Records*, which was developed by the team to improve timely record sharing and is included within all dependency petitions. In SFY 2007 Courts statewide were provided educational checklists published by Casey Family Programs to help Judges monitor educational services and progress. These checklists can also be used by CASAs, foster parents, CPS Specialists, and others. In addition, the *Endless Dreams* curriculum is available on-line for teachers, to inform about the educational needs of foster children and how to more effectively work with these students.

The AEST is developing a new plan to build upon these accomplishments, which will include a statewide education convening in 2007. To inform the new plan, members of the AEST have personally visited States and schools with promising approaches to achieving educational outcomes. AEST members visited the school system in McComb, Mississippi that has made tremendous strides in improving education outcomes, school safety, student health, teacher retention, and generally improving the health of the community through integrated schools. The Team members met with the superintendent, Dr. Patrick Cooper, and have brought him to Arizona to speak and meet with educators. Dr. Cooper will be coming to Arizona again, for the statewide education convening. AEST members also visited a tutoring program in San Diego, California that is a University-child welfare collaboration to train future educators about the education issues facing children in care and how to effectively work with these children. The University students then receive credit for tutoring students in foster care. A representative from Arizona State University attended this trip and has invited child welfare representatives to address her students on a couple of occasions.

Stakeholders identify maintenance of teacher, friend, and other relationships formed at school as a critical foundation for child mental health, self-esteem, and academic achievement; and stated that Courts and CPS Specialists need to more carefully consider the affect of school changes when considering child placement changes. The McKinney-Vento Homeless Assistance Act provides a powerful resource to children in out of home care who experience placement and potential school changes. Under this law, a parent, guardian or Local Education Liaison may request the local school district to provide transportation of a child to and from their home school district when feasible and appropriate, even if they move outside that school’s attendance boundaries. Family to Family initiative activities to increase the percentage of children placed within their home communities will also address this important issue.

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

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- State legislation passed in 2006 requires the Department to establish an educational case management unit to develop and coordinate educational case management plans for youth in the Independent Living Program. Additional responsibilities of the unit are to assist with the Arizona’s Instrument to Measure Standards (AIMS) testing, graduating from high school, and pursuit of post-secondary education and related financial resources. The two member unit has been staffed and began functioning in February 2007. The law further appropriates an additional \$500,000 in State funds toward the program function and to supplement the federal Education and Training Voucher Program (ETV). Efforts are underway to collaborate with the ADE to share data systems, facilitate outreach services to children and assist CPS Specialists with education planning. New Arizona law known as the Displaced Student Voucher Program also requires the ADE to provide funds for tuition to private schools for children who were previously in foster care through the Department. The Division’s Educational Case Management Unit is assisting ADE in processing applications for eligibility. The first students can use this program beginning fall 2007.
- New law signed by the Governor in April 2007 and effective 90 days after the end of the current legislative session will allow a surrogate parent to be appointed by either a court *or* the Arizona Department of Education (ADE). Current law requires the court to appoint a surrogate parent.

The CPS Committee on Education, the Arizona Department of Education, the Arizona Early Intervention Program, and the Office of the Attorney General have approved revisions to the Division’s policy on “Meeting the Educational Needs of Children in Out-of-Home Care.” The revisions reflect changes to the federal Individuals with Disabilities Education Act (IDEA), McKinney-Vento Law, and State law; including new State law that aligns with the federal IDEA regulations that allow foster parents to act as the IDEA parent when the birth or adoptive parent is unable or unavailable to serve. Policy distribution is pending final Division approval. Along with this new policy, a detailed and comprehensive “Child’s Educational Status” plan is being added to CHILDS. This plan will clearly document goals, action steps, responsible parties, and target dates of plan review related to the child’s educational services. Educational needs and services are currently documented in the general out-of-home care plan.

See Section III, Part 3, CFSR Item 10 for additional information about the Division’s performance and activities to support educational outcomes for young adults, including the Education and Training Voucher Program.

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

CFSR Item 22: Physical health of the child

Goals and Measures

Well-Being Goal 6: The percentage of cases in which the physical health needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more

Quarter ending 6/04:	79%
Calendar year 2005:	84%
Calendar year 2006:	78%

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Arizona’s data indicates that CMDP is successfully providing quality health care services to children in Arizona’s foster care. Information on immunization rates was obtained through an AHCCCS audit of CMDP immunization records for Title XIX eligible children who reached 24 months of age between October 1, 2004 and September 30, 2005. The CMDP immunization rates do not reflect the Health Plan Employer Data and Information Set (HEDIS) performance standard that the immunizations be received on or before the child’s second birthday. Because most of the children in the CMDP sample have been in the custody of the Department for only a portion of the time between ages 0-2, CMDP included all children who are current on their immunizations but may have received the required immunization(s) at some point beyond the exact date of their second birthday. The outcome is being achieved for 88% or more of children, and CMDP is exceeding the performance of other AHCCCS Health Plans.

Immunization Completion Rates 0-2 Years Of Age

	DTP4	IPV3	MMR1	HIB3	HBV3	VZV
CMDP (Sample size 299)	88%	92%	95%	93%	88%	89%
All AHCCCS Health Plans (Sample size 5935)	84.5%	93%	93.6%	85.7%	89.5%	86.7%

The following chart provides the percentage of children who received EPSDT visits, dental visits, and access to a primary care physician. CMDP either meets or exceeds the AHCCCS statewide average for all contracted acute care health plans and the national Medicaid Mean. CMDP is considered the “benchmark” for Arizona on the children’s oral health measures for AHCCCS contracted acute care health plans.

Performance Indicator	CY 2005 CMDP Performance	AHCCCS Statewide Average (Medicaid)	National Medicaid Mean
EPSDT Visits 3 – 6 Years	67%	58%	62%
Adolescent Well-Care Visits	62%	33%	39%
Children’s Access to PCPs	88%	N/A	N/A
12 – 24 months	92%	85%	92%
25 months – 6 years	84%	77%	82%
7 – 11 years	87%	76%	83%
12 – 19 years	93%	78%	79%
Dental Visit (3 – 8 years)	71%	58%	43%
Dental Visit (3 – 21 years)	70%	58%	43%

Practice Improvement Case Review data also indicates physical health care is an area of strength for Arizona. The percentage of cases rated strength was 84% in 2005 and 78% in 2006. This data may underestimate the actual percentage of children receiving the required services because complete documentation is not always available in the case record. In cases rated as needing improvement, preventive dental care was the service most likely to be missing or behind schedule, despite the high penetration of dental services provided. This finding is consistent with the performance data provided in the above chart.

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Factors Affecting Performance and Fiscal Year 2007 Accomplishments

One of the most important factors supporting this area of strength is the inclusion of the health care program (CMDP) within the child welfare agency, which allows close coordination between the health care program and other child welfare programs and provides flexibility to respond to the unique health care needs of foster children. In SFY 2007 CMDP maintained its successful practices and sought innovative and effective methods to further improve the provision of high quality, comprehensive, medically necessary health care services and supports to Arizona's children in out-of-home care. Examples include the following:

- The automated interface between CMDP and CHILDS continues to provide an excellent tool to track medical and health care services delivered to children in foster care. Based on approved claims data, CMDP submits to CHILDS information on child physical health services, diagnoses, and providers. At the same time, enrollment and dis-enrollment information is electronically transmitted to CMDP from CHILDS, based upon removal start and end data entered by the case manager.
- Since 2000, CMDP has reviewed and tracked EPSDT visits to ensure all required screenings have occurred. CMDP continues to provide tracking services to ensure necessary medical services are provided. The EPSDT Coordinator, a licensed registered nurse, reviews all EPSDT forms submitted by medical providers to ensure that any referrals indicated are provided and to initiate referrals to the Division of Developmental Disabilities (DDD) or Children's Rehabilitative Services (CRS) when appropriate. The EPSDT Coordinator notifies the CPS Specialist of the services/referrals that have been requested by the primary care physician (PCP) and requests a reply indicating the appointment date and outcome. If CMDP does not receive a response from the CPS Specialist within two weeks, a second e-mail is sent. In the past 12 months, CMDP has reviewed over 20,000 EPSDT forms for quality and completeness. Approximately 30-40% include a referral, and all referrals are communicated to the CPS Specialist and tracked by CMDP to ensure continuous quality of care and provision of healthcare services. In 2006, there were approximately 1,800 referrals tracked.
- CMDP also continued a practice of providing medical care coordination to pregnant girls and other children identified as medically "high risk." Specialized medical case management services are provided to these special population(s) to ensure they receive continuous quality health care services.
- CMDP continues to provide active medical case management and outreach to assure that children under the age of 24 months receive all the required immunizations and EPSDTs by their second birthday. This is done through a variety of mechanisms that include:
 - post cards sent to out-of-home care providers when children are due for EPSDT or dental check ups;
 - CPS Specialist notifications regarding immunizations and EPSDT visits due or past due on each child as they turn 12 and 18 months of age; and
 - an *EPSDT and Me* poster for the caregiver, which outlines all the required EPSDT visits and immunizations from birth through the second birthday, includes a designated area for

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child photos following the EPSDT timeline, and can accompany the child to his or her permanent placement.

- CMDP uses dental reminder cards sent to out-of-home caregivers and member newsletters to provide effective and targeted education about the importance of semi-annual dental visits. These efforts appear to be effective. CMDP exceeded the statewide AHCCCS average and the national Medicaid mean of dental visit measures. CMDP is considered the “benchmark” for Arizona in the children’s oral health measures for AHCCCS contracted acute care health plans.
 - Primary Care Providers (PCPs) are being assigned to foster children, and in 2006 CMDP first introduced the “Medical Home” concept for a PCP provider. A medical home is defined by the American Academy of Pediatrics as primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. The process of PCP selection and assignment began in January 2001. The percentage of children in placement with an assigned PCP improved from 12% in May 2001 to 68% in May 2006.
 - In August 2006 CMDP implemented a web-based tool to assist out-of-home caregivers and case managers in locating and selecting health care service providers, such as Primary Care Providers, dentists, specialists, and/or pharmacies by geographic location, specialization, and/or languages spoken by the provider.
 - CMDP continues to use of on-site visits, provider newsletters and targeted trainings to educate healthcare providers on the importance of age appropriate, complete, and comprehensive EPSDT examinations. CMDP performs targeted on-site training interventions with providers for the purpose of improving specific quality measures. CMDP has been tracking and trending the results of such interventions for AHCCCS as a Performance Improvement Project (PIP) called “Quality of the EPSDT visits.” CMDP identified 31 providers who were out of compliance and had 15 or greater missed opportunities to complete the required screenings. Fifteen PCPs received targeted on-site education interventions and the remainder received education via letters and Newsletter articles. The first measurement indicated that the on-site trainings during 2006 were effective in improving developmental and behavioral assessments as part of the EPSDT exam. Statistically significant results indicated there was a 1% increase in the completeness of developmental assessments and a 24% increase in the number of completed behavioral health assessments.
 - To provide optimal health care for CMDP members while preserving fiscally responsible management of federal and State funds, CMDP initiated a formulary or Preferred Medication List on April 4, 2005. Total pharmacy costs for calendar years 2005 and 2006 are lower than the pharmacy cost for 2004, despite an increase of 22% in membership from 2004 to 2006. The formulary increased generic utilization from an average of 54% to greater than 70% for the five quarters ending December 2006.
 - Active utilization review, discharge planning, and care coordination by the CMDP nursing team has kept the total hospital days for children in out-of-home care relatively constant since January 2004, despite an increase of 22% in membership. Total inpatient days for calendar year 2006 are less than for 2005, despite this growth in members.
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CFSR Item 23: Mental health of the child

Goals and Measures

Well-Being Goal 7: The percentage of cases in which the mental health needs of the child(ren) are assessed and services to address identified needs are provided will be 95% or more

Quarter ending 6/04:	82%
Calendar year 2005:	78%
Calendar year 2006:	78%

Arizona's Practice Improvement Case Review data indicates that behavioral health care is an area of strength. In both 2005 and 2006 78% of cases were rated strength. Data on RBHA activities also indicates behavioral health services for children have improved. Urgent Response began in 2003 and is now available statewide. Currently, 75% of all children entering foster care, and 87% of children ages 0 to 5, receive an Urgent Response assessment. Data also indicates an increase in the number of children entering foster care who are determined Title XIX eligible, and therefore eligible for behavioral health services through the RBHA. The percent of children determined Title XIX eligible increased from 42% in September 2003 to 61% in March 2006.

The Division and its behavioral health partners have also achieved an increase in the percent of foster children in behavioral health placements paid with Title XIX funding – from 60% in 2005 to 76% in 2006. The Division continues to use the Title XIX appeals process when a Title XIX eligible child is denied a service by the RBHA. The number of appeals increased from about 23 in 2002 to 94 in 2006. Of the 94 appeals pursued in 2006 (91% from District 1) a large majority were either settled in favor of the Division or won in an appeals hearing. Only five 5 appeals went to hearing in 2006. This data indicates that CPS Specialists are advocating for appropriate services to meet the behavioral health needs of foster children. Furthermore, when Title XIX funding is appropriately used to pay for therapeutic services and placements, the Division is better able to fund Division services that prevent the need for out-of-home care and promote placement stability.

Factors Affecting Performance and SFY 2007 Accomplishments

One of the most important factors supporting achievement of child mental health outcomes is the increased collaboration between the Division and the DBHS. Staff and stakeholders confirmed that increased communication and regular meetings between the Division and DBHS or local mental health agencies has been an effective means to improve services. Stakeholders identified the Urgent Response system as a strength, with up to 80% of children being referred in some areas. CFTs were also noted to be a promising methodology for coordination of behavioral health service planning.

Positive change within the behavioral health system has been substantial and continual in recent years. In SFY 2007 the Division and its partners accomplished the following to improve timely access to behavioral health services that meet the specialized needs of children and families involved with CPS:

- *Continue to participate as an active member of the Arizona Children's Executive Committee (ACEC) to create and support an integrated system of care among all of Arizona's child-serving systems* – Division leaders continue to participate in the monthly ACEC meetings to improve coordination and collaborative efforts, discuss and resolve any system barriers to care, and address any related efforts in the delivery of behavioral health services to children and families.

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Along with the Department of Economic Security, the ACEC includes representation from the Department of Health Services, the Arizona Health Care Cost Containment System, the Department of Education, the Department of Juvenile Corrections, and the Administrative Office of the Courts. To solidify these efforts, a Memo of Understanding was signed in October of 2006 by top executives from the Division of Behavioral Health Services, the Department of Economic Security, and the Administrative Office of the Courts.

The Division also co-chairs the Clinical Subcommittee, which is currently charged with developing a guidance document for system integration, including: Phase 1- Develop a single Consent for Release of Information Form and process; Phase 2- Develop a guidance document outlining how services can be integrated by providers; Phase 3- Train on that system integration guideline document. The Division is also involved in an ad-hoc committee called the Children in Detention Workgroup, looking at clarifying Medicaid eligibility of children in detention and transitioning them into the community in a more coordinated way.

- *Collaborate with State and community agencies to develop, finalize, and monitor written protocols for service provision, including protocols for Dually Adjudicated Youth, Urgent Response, and engagement of families in assessment, service planning, and system improvement* – In 2004, the Governor’s Office for Children, Youth and Families convened the multi-agency Dually-Adjudicated Committee to thoroughly explore complexities of Arizona’s youth who are involved in multi-systems. This Committee had representation from the Governor’s Office, the Department, DHS, the Administrative Office of the Courts (AOC), the DJC, Arizona counties, and community stakeholders. As a result of this Committee’s work, the Interagency Practice Protocols for Services to Dually-Adjudicated Youth and their Families were developed and implemented. This Protocol document accompanies a Letter of Agreement that includes the signatures of the of State agency Director’s from the Department, DHS, and DJC. The final signature was added to this Letter of Agreement in January 2007.
- *Increase enrollment in the Title XIX behavioral health system of children enrolled in CMDP by increasing the percentage of removed children who receive a 24 hour Urgent Response, to include a Title XIX eligibility determination and enrollment of eligible children in the Title XIX system* – The State agencies made substantial progress in this area during SFY 2007. Statewide, the number of children removed from their homes and referred by CPS to the T19 behavioral health Urgent Response system rose to 80% in December 2006, compared to a baseline of 40% in 2004. In December 2006 CPS referred 93% of children under the age of five for Urgent Response. Of children referred in December 2006, 91% did receive the Urgent Response from the behavioral health system.
- *Continue to file behavioral health appeals on behalf of Title XIX children for whom a necessary service has been denied by the behavioral health system and no viable alternative provided* – A directive was issued by the Division’s Central Office requiring all districts to make formal requests for services of the RBHA and providers on behalf of all Title 19 eligible children in the care of CPS who are in a out-of-home behavioral health placements paid by non-Title 19 funds. If the requests to cover those services are denied by the RBHA/provider, districts were required to file behavioral health appeals. All of the children in placements and the results of requests and appeals were tracked by Central Office staff. Assistance and tracking of legal cases was provided by the Attorney General’s office, which represents the Division in Administrative Court proceedings. Between July 1, 2006 and March 31, 2007, 142 behavioral health appeals were filed – 121 from Maricopa County. Eighty of those appeals were settled in the Division’s favor,

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six were withdrawn by the Department, and ten were lost. The remaining 45 cases are still in the appeal process. Placements funded by DHS increased by approximately 20% from July 2006 to October 2006. From March 2003 until July 2006, the percentage of behavioral health placements funded by DHS hovered around 60%. As of March 2007 the percentage of placements funded by DHS is to 72%, down from close to 80%. There has also been a 24% decrease in the number of children in behavioral health placements.

Currently, requests for services are being completed more quickly and appeals are being settled prior to hearings in most cases. Districts outside of Maricopa County have reported almost no need to appeal because the RBHAs in those areas are funding and delivering behavioral health placement services to their children. Appeals for children in out of home behavioral health placements continue to be filed at a high rate in Maricopa County.

- *Support the quality assurance and contract monitoring functions of the Department of Health Services by filing appeals and grievances when necessary, and sharing available information and data on the timeliness and adequacy of service provision - See appeals information above. State law and contracts require that DBHS track appeals and grievances. This information is being reported to DBHS by the RBHAs. There is currently discussion between the Division and DBHS to allow the Division to access the DBHS database on appeals and grievances. Once the Division has access to this database, the Division will be able to assess trends.*
- *Provide input into the Request for Proposals (RFP) for the Maricopa County (Phoenix) Regional Behavioral Health Authority - DBHS solicited input from the Division on the Maricopa County RFP for Behavioral Health Services provided through a RBHA. The input document was delivered to DBHS in June 2006, and highlighted strengths and gaps in the current behavioral health delivery system. DBHS released the new Maricopa County RFP on December 4, 2006. Magellan Health Services was awarded the contract on June 12, 2007. This new provider will assume responsibility on September 1, 2007. The Division is working with Magellan Health Services and DBHS to ensure a smooth transition of services.*
- *Implement new State legislation that provides the Court authority to order appearance by behavioral health providers and provision of medically necessary services, and encourage CPS Specialists to use this option to advocate for necessary services on behalf of Title 19 children - Legislation implemented in September 2006 allows the court to order publicly funded behavioral health service providers to attend court to discuss the behavioral health service plan and to order any medically necessary services. To make recommendations to the Division regarding implementation of this statute, a workgroup was developed in May 2006 that included Division staff, Assistant Attorneys General, and input from the Courts. After several meetings and consultation with District Program Managers, recommendations were presented and motion templates were developed to guide districts in implementing the provisions of the new law. CPS staff are now able to present documentation to the Court regarding efforts at appropriately engaging the Behavioral Health System to meet the needs of children and parents in which there is Juvenile Court involvement. Assistant Attorneys General from across the State indicate that Judges occasionally order providers to attend court or provide services, and the Statute has provided a method to encourage provision of medically necessary services that are initially denied by the provider.*
- *House a CPS liaison in both Maricopa County Juvenile Court locations, to attend Preliminary Protective Hearings, review the case of any child likely to be dispositioned to a therapeutic out-*

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of-home care placement, and meet monthly with the County's Presiding Juvenile Court Judge to resolve barriers to service coordination and provision – Since August 2006, two CPS liaisons have served in Community Services Units at the two Juvenile Court facilities in Maricopa County. These units are comprised of peers from Juvenile Court Administration, ValueOptions, and Juvenile Probation. The Units are charged with diverting dependencies and delinquencies through preventive services and addressing the immediate needs of the Court. The CPS Liaisons support effective Division and Court relationships and processes through activities such as observation of CPS staff in the Court room and development of Court related check lists for CPS Specialists on topics such as “writing a court report” and “in the court room.” The CPS Liaisons also track privately filed dependency petitions to determine whether the dependency could have been avoided through early intervention and to identify systemic issues for discussion by the Tinker Toy Collaborative. For more information on co-location of Division and behavioral health staff, see Section III, Part 5, subsection A.7. *Agency Responsiveness to Community.*

- *Assist DBHS to provide training and develop services to address the needs of infants and toddlers, to increase capacity for infants and toddlers to remain within their primary caregiving relationships* - A Core Behavioral Health Assessment format and guidelines with a CPS addendum was developed by ADHS to address the specialized needs of CPS children related to abuse, neglect, and the removal process. A separate *Birth to Five Core Behavioral Health Assessment*, including a CPS addendum and a developmental assessment, was developed and implemented statewide by ADHS in August 2005. This assessment incorporated developmental and child welfare addenda and adds a focuses on the primary caregiver relationships of the child. In June 2006 DBHS delivered a four part training to assist provider staff to accurately assess and treat young children's mental health issues in the context of their primary care giving relationships. DBHS is monitoring the effectiveness of the 0-5 assessment through Independent Case Reviews (ICR) and Clinician Surveys, which are primarily overseen by a 0-5 Workgroup through DBHS. Initial findings of the ICR and Surveys indicate improvement over the previous core assessment in identifying and meeting the emotional and behavioral health needs of small children. DBHS has also issued a DC: 0-3 and ICD-9-CM crosswalk to assist clinicians to assign the correct diagnostic code required for reimbursement when working with children under the age of 3.

In SFY 2007 the DBHS provided training by nationally recognized experts, such as Circles of Security, to train behavioral health staff statewide on effective techniques for treating children ages 0-5 and their caregivers. Circles of Security training occurred in June 2006 and also included some Division staff throughout the State. DBHS has also provided funding to support approximately ten behavioral health staff statewide to attend in Infant-Toddler Mental Health Mentorship Program through Southwest Human Development's two year Harris Institute Training, which is designed to train and mentor therapists in the effective assessment and treatment of infants and toddlers and their families. The goal of this training is to increase the competency of infant-toddler behavioral health practice and expertise statewide.

In January 2007, the Division teamed with ADHS and AOC to sponsor a Court Teams for Infants and Toddlers Conference that brought two nationally recognized experts to deliver training to 100 attendees. Court Teams is an innovative approach to work with the dependency Court and infant and toddler serving agencies to provide coordinated development assessments and services to small children when they are placed in foster care. Eight months of regional development and planning assistance for similar projects will be provided in up to five communities by PCAAZ, Inc., the agency that implemented the “Best for Babies” Court Teams model in the Prescott area.

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Professionals and volunteers that currently serve infants and toddlers entering into the dependency system in each community were grouped with their county's dependency Court Judges. During the conference, local community groups were asked to develop implementation plans using local resources and submit these within a month of the conference. Selection for ongoing support would be based on each community's "readiness" for implementation of a Court Teams model. Support to the selected communities will last through at least September 2007, depending on the contractor's ability to locate additional resources.

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

C. Objectives and Activities for 2008

The following objectives and major activities for SFY 2008 are those most closely related to achievement of child and family well-being outcomes. These objectives and activities will also support achievement of safety and permanency outcomes. Likewise, objectives listed in other parts will support achievement of well-being outcomes. For example, Division efforts to improve the quality of safety assessment, risk assessment, and case planning will also improve the Division's identification and provision of effective services to children, parents, and out-of-home caregivers. These objectives and activities are based on analysis of the State's NCANDS, AFCARS, Practice Improvement Case Review, and other data described in Parts 1 through 5; input from Division staff and child welfare stakeholders; and other strategic planning processes.

Objective 10: Develop programs and services to identify, locate, and engage fathers in activities and decisions involving their children

1. Support the Arizona prison system's development of procedures to ask inmates at intake whether they have any children involved with CPS, record the information in the prison data system, and notify CPS of the parent's location.
2. Participate in Positive Fatherhood Initiatives through Division Practice Improvement Specialist and other staff attendance at conferences and trainings.
3. Increase participation of fathers and paternal relatives in FGDM and TDM meetings.

The activities listed in Objective 4 will also improve the identification, assessment, and engagement of fathers.

Objective 11: Collaborate with the Department of Health Services, Division of Behavioral Health Services, to improve timely access to behavioral health services that meet the specialized needs of children and families involved with CPS

1. Continue to participate as an active member of the Arizona Children's Executive Committee to

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create and support an integrated system of care among all of Arizona’s child-serving systems, including the Department of Economic Security, the Department of Health Services, the Arizona Health Care Cost Containment System, the Department of Education, the Department of Juvenile Corrections, and the Administrative Office of the Courts.

2. Collaborate with State and community agencies to develop, finalize, and monitor written protocols for services provision, including protocols for Dually Adjudicated Youth, Urgent Response, and engagement of families in assessment, service planning, and system improvement.
3. Increase enrollment in the Title XIX behavioral health system of children enrolled in CMDP by increasing the percentage of removed children who receive a 24 hour Urgent Response, to include a Title XIX eligibility determination and enrollment of eligible children in the Title XIX system.
4. Continue to file behavioral health appeals on behalf of Title XIX children for whom a necessary service has been denied by the behavioral health system and no viable alternative provided.
5. Support the quality assurance and contract monitoring functions of the Department of Health Services by filing appeals and grievances when necessary, and sharing available information and data on the timeliness and adequacy of service provision.
6. Assist DBHS to provide training and develop services to address the needs of infants and toddlers, to increase capacity for infants and toddlers to remain with their primary caregivers.

Objective 12: Improve the quality of EPSDT exams to ensure they include age-specific physical, behavioral, and developmental screenings

1. Continue to review every EPSDT tracking form submitted to CMDP by a health care provider to ensure all required EPSDT screenings have occurred, including, but not limited to: developmental screening, behavioral health assessment, oral health screening, TB and lead screening, and verification of immunization status.
2. Provide education through on-site trainings, written correspondence, and quarterly Provider Newsletters to health care providers who have a pattern of incomplete EPSDT examinations.
3. Continue to send reminder cards (EPSDT, dental, due/overdue immunizations) to out-of-home care providers and custodial case managers to remind them of requirements, including the EPSDT exam schedule for the child’s age and required components of a thorough EPSDT.
4. When an EPSDT tracking form recommends further assessment or treatment services (e.g., dental referral, specialty referral, Early Intervention services, etc.) monitor until it is confirmed that the recommended services have been received.

Objective 13: Increase staff skill and services to assess and treat parents and youth with substance abuse issues

1. Increase understanding of the impact (physiological, psychological, and cognitive) of methamphetamine use and abuse on family functioning and child safety through provision of training and informational materials to Division staff and stakeholders, including the Courts.

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2. Enhance policy and practice tools to increase CPS Specialists' knowledge about the indicators and impact of substance abuse and appropriate case management services, particularly to families impacted by methamphetamine abuse.
3. Provide service information and other resources to CPS Specialists and Team Decision Making Facilitators to encourage provision of substance abuse treatment information to family members at case plan staffings, Team Decision Making meetings, and other forums.
4. Continue to provide training and technical assistance to embed within the Division and Arizona Families F.I.R.S.T. (AFF) provider agencies evidence-based practice strategies that have been proven effective in engaging and treating substance abusing clients at an agency and provider level.
5. Explore opportunities for AFF program development and implement service enhancements that will support Department goals and strategies, such as:
 - a. increasing the use of evidence-based and effective treatment strategies, particularly to treat methamphetamine users such with the Matrix treatment model;
 - b. increasing the provision of services for women and families;
 - c. increasing the availability of housing supports to address environmental barriers to recovery;
 - d. improving the consistent use of random drug testing as a mechanism to improve treatment outcomes; and
 - e. improving the consistency in oversight of program process performance measures to facilitate more rapid service provision, consisting of a reduction in days from referral to outreach (24 hours), successful outreach to assessment (5 days), and assessment to first service provision.
6. Use the results of the AFF evaluation to identify necessary refinements to AFF practice and service provision to families impacted by substance abuse.

PART 5: SYSTEMIC FACTORS

A. Program Description and Fiscal Year 2007 Accomplishments

1. Statewide Information System Capacity

Since February 1998, Division staff have been required to use the Children's Information Library and Data Source (CHILDS) Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location, and goal for every child who is in foster care. Today, CHILDS supports Hotline intake, investigation, case management, adoption, eligibility determination, staff management, provider management, and payment processing; and includes on-line help, policy, forms management, an alert system for key case events, and other mechanisms to monitor and maintain data accuracy. The CHILDS system is available statewide to Division staff in all local offices, with more than 2,000 registered users.

Service providers and other agencies are given access to CHILDS using the secure Citrix system. Case management service providers, the Office of the Attorney General, the Administrative Office of the Courts (particularly the Foster Care Review Board and juvenile justice), and tribal social service agencies with Title IV-E agreements are provided access designed specifically for their needs. CHILDS employs separate districts, units, and placement codes to differentiate between families served by the Division and those served by other State agency or tribal entities.

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

Arizona received a site visit from the federal Administration for Children and Family's Division of State Systems in November 2006. Items reviewed and evaluated for SACWIS compliance had been identified during a prior site visit in July 2004. In December 2006 the Division received confirmation from the federal Department of Health and Human Services that Arizona had addressed the issues identified during the 2004 visit, and that CHILDS achieved SACWIS compliance.

The CHILDS Project also measures its success according to its ability to update the system to respond to the evolving needs of its users, and is highly successful in this regard. In SFY 2007 the CHILDS Project continued to hold monthly DAL meetings, attended by District Automation Liaisons (DALs) representing each of the local districts. These meetings allow DALs to preview CHILDS enhancements and modifications so they can alert and train field staff; and allow CHILDS staff to solicit suggestions and input on the CHILDS application, network, and staff services. CHILDS also continued to conduct quarterly system modification migrations. Migrations typically include fifteen to twenty system changes requested by field staff, administrators, State policy and program development staff, or CHILDS staff. Other changes have been made to satisfy SACWIS federal requirements, legislative requirements, and requests from the Arizona Auditor General's Office. Many of the improvements have been made to

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address staff concerns about system access, ease of use, and time required for data entry. The following are just some of the modifications that were made to CHILDS in SFY 2007 to improve accessibility and documentation of critical information.

Intake and Investigation

- The Report Detail Window is used to display and enter key information about a report of abuse or neglect, including report priorities, tracking characteristics (such as substance abuse), worker safety issues, initial/CPS field responses, and response dates and times. Additional fields were added to automatically indicate when an investigator has responded to six or more investigation cases within a calendar month and is eligible to receive a financial stipend.
- The Report Disposition Window is used to identify the date a report is assigned for investigation. This window was enhanced to allow reports on families whose names are not known to be assigned and later merged with a prior case when the names of family members become known. Prior to FY 2007, reports on families whose name was unknown required workers to manually link cases and re-enter information, potentially creating duplicate participants in CHILDS.
- The Case Assignment Window is used to assign staff to case roles, such as primary case manager. The window was improved to allow the identification of different investigators assigned to each report when multiple reports are received within a single case open episode. Field units can also now assign and differentiate between the primary case manager and assisting CPS Specialists from other units, which maintains the ability to identify the correct primary field unit.
- An automated data correction process to merge duplicate participants in CHILDS was added. Staff estimate that this enhancement reduced the time to fix a data error from 10 hours to 15 minutes.

Case Management

- Links were added to nine case management windows to improve navigation, allowing case managers to move to the logical next window rather than backing to a main menu.
- Five windows were updated to allow staff to highlight the names of multiple participants in the family and enter the same information for all the participants at once. For example, if all the children in a family received a dental examination on the same date from the same provider, the CPS Specialist can now enter this information for all the children at the same time. This capability was added to the Case Plan Tasks window, the Adoption Characteristics window, the Special Needs Detail window, the Examination Detail window, and the Out of Home Characteristics window.
- Children who receive IV-E services are referred to Arizona's Division of Child Support Enforcement (DCSE). A DCSE IV-E Referral Exception window was created, which allows the worker to identify the IV-E children they want to refer to DCSE. Demographic and financial information on referred children is shared with the DCSE computer system. If referred IV-E children are receiving child support (IV-D) benefits, information is sent back to CHILDS that triggers a child support indicator to display on this window.

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- The Permanency Goal window allows the CPS Specialist to record and display a permanency goal and a concurrent goal for one or more children in a case. A field was added to this window to allow the worker to document whether a child who is being served in-home is a reasonable candidate for foster care and therefore eligible for IV-E Administrative funding.

Provider and Financial

- The Service Type Detail window is used to set up new services in CHILDS that can be paid to contracted providers. Prior to FY 2007 Division budget staff had to manually enter extensive details for each “bed-based” service. This was time consuming due to the number of existing “bed-based” services provided in Arizona. This window was updated to allow budget staff to create non-concurrent “bed-based” services with minimal typing. The update also provided automated controls so that certain services (such as allowances) are automatically authorized for a client in out-of-home placement.
- The Service Authorization Provider Service Match window allows staff to identify services and providers for specific family members, to trigger payment to the provider. Sorting and scrolling functions were enhanced on this window.

Staff Management & Forms

- The Division implemented a consistent organizational unit naming convention that eliminated related data entry errors when adding or updating organizational units in CHILDS. The new naming convention allows consistent functions (i.e. in-home units, contracted service units) and ownership codes (indicator of the accountable program or agency) to be defined for each unit.
- The Staff Maintenance Detail Window is used for adding, viewing, or maintaining information about each end user in CHILDS. This window was updated to automatically end date staff case assignments on the Case Assignment window when human resources staff end date staff on the Staff Maintenance Detail window.

2. Case Review System

Arizona’s case review system meets the federal requirements for development of written case plans, periodic review of the status of each child, permanency hearings for children in foster care 12 months or more, and compliance with Adoption and Safe Families Act termination of parental rights provisions. The State’s Practice Improvement Case Review process continues to find that Juvenile Court and FCRB hearings are held routinely on dependency cases, often in excess of the federal requirements, and that motions to terminate parental rights are filed according to the Adoption and Safe Families Act timeframes in the great majority of appropriate cases.

Written Case Plan

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

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The Division's case plan document has been expanded to include a section that specifically addresses the child's physical health needs. A similar new section for educational planning is being rolled out. These and other specialized sections, such as the out-of-home care plan to describe needs and services of the out-of-home care giver and the child, and the independent living plan to describe services to youth age 16 or older, prompt CPS Specialists to consider the full range of needs and necessary services, particularly to address children's special needs and well-being outcomes.

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

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

The Division is continually improving its policies and practices to increase parent and child involvement in case plan development. See Section III, Part 4, CFSR Item 18 for more information on the Division's written case plan format, the factors affecting the Division's performance on engagement of parents and children in case plan development, and stakeholder input regarding this area. The State's comprehensive assessment and case planning process has also been revised as described in Section III, Part 1, *Crosscutting Initiatives*.

Periodic Reviews and Permanency Hearings

Periodic review requirements are met through Juvenile Court hearings and Foster Care Review Board (FCRB) meetings. In most cases, a Court or FCRB hearing is held more frequently than once every six months. Foster Care Review Boards (FCRB) are comprised of citizen volunteers whose primary role is to advise the juvenile court on progress toward achieving a permanent home for children involved in a dependency action and in an out-of-home placement. FCRB Reports and Recommendations are sent to the Juvenile Court Judge, who reviews the report and considers the recommendations at the time of the next review hearing on the case.

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

Data from the SFY 2005 *Dependent Children in the Arizona Court System* report, published by the Arizona Administrative Office of the Courts, indicates that 13,140 children were scheduled for an FCRB

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hearing during SFY 2005. This includes children for which a dependency petition is filed and who remain in care long enough to be scheduled for a review. This number is an 8.6% increase over SFY 2004 and a 37.7% increase over SFY 2003. To accommodate the growing need for FCRB hearings, six new boards were added in SFY 2005, including three Maricopa County, one in Pima County and two in Pinal County.

According to FFY 2006 AFCARS data, 97% of children served during the year who remained in care for seven months or more and had a removal method of Court order were the subject of a review hearing, permanency hearing, or FCRB hearing within the six months prior to their removal end date (if discharged in FFY 2006) or the period end date (if still in care on the last day of the FFY), or had a most recent review date *after* the date of exit from out-of-home care. The most recent review date can occur after the date of discharge from out-of-home care because the Court continues to hold review hearings until the dependency petition is dismissed. The cases of a few of the remaining 3% of children were viewed. Nearly all of these cases did have a review hearing within required timeframes that was recorded in CHILDS after the data extract date or confirmed through other means, or had Court hearings recorded in CHILDS that fall within the required review hearing timeframes but were not labeled as review hearings or permanency hearings. Often multiple hearings were held, including mediations, pre-trial conferences, dependency trials, and disposition hearings.

The Arizona Title IV-E Foster Care Eligibility Review Final Report for the period under review of April 1 through September 30, 2006, issued by the U. S. DHHS, stated that “The judicial determination regarding reasonable efforts to finalize a permanency plan (45 CFR 1356.21(b) (2)) were assessed at every six month review hearing;” and “The Court orders were individualized and it was clear that the Court was aware of the child’s circumstances.” Furthermore, there is sometimes not a clear distinction between review hearings and permanency hearings, since permanency planning and progress are considered at both hearings. Data reported on item 26 indicates that review hearings are held according to required timeframes for more than 97% of children. Therefore, these findings support the Division’s perception that the efforts to achieve an appropriate permanency plan are being continually reviewed by the Court, even prior to the permanency hearing. It is noted that the report also stated that the State should “Strengthen the Court ordered findings to clarify that the agency had made reasonable efforts to finalize the permanency plan. In some Court orders the finding indicated that the agency had made ‘reasonable efforts.’ It was often unclear to what the ‘reasonable efforts’ finding was referring.”

The State’s high performance in timeliness of periodic review and permanency planning hearings has resulted from long-term continual collaboration between the Division, the Administrative Office of the Court (AOC), and county Juvenile Courts throughout Arizona. These entities came together to implement Model Court and ASFA requirements, and since that time have continually communicated to identify needs and improvement strategies related to the dependency process and child welfare outcomes, many of which have been described elsewhere in this report. See Section III, Part 4, subsection A.7., *Agency Responsiveness to Community* for information on other accomplishments and activities in SFY 2007 that are directly related to Court hearings and processes.

Termination of Parental Rights

Division policy requires that the Division file a motion for TPR when the child’s permanency goal is adoption. The Division assigns this goal when adoption is in the child’s best interest and sufficient grounds for TPR exist. Division policy provides a description of ASFA termination of parental rights requirements and exceptions to these requirements, including documentation of a compelling reason, and requires that the Division file a motion to terminate the parent-child relationship for all children in out-

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of-home care as specified in the Adoption and Safe Families Act. The Administration's Program Administrator or designee must approve any Division recommendation that termination of parental rights is not in the child's best interests. For children who are initially placed in out-of-home care under a voluntary foster care agreement, the first 60 days of placement is not considered in calculating the cumulative time in out-of-home care for termination of parental rights purposes.

The State is achieving the national 75th percentile on CFSR measures C2-3 and C2-4, which measure timely termination of parental rights and timely achievement of permanency for legally free children. See Section III, Part 2, CFSR Item 9 for information on the Division's performance related to these measures.

While motions for TPR are filed and heard timely within the Juvenile Court, the Division and the Courts have identified a delay in the resolution of appeals of TPR orders caused by the volume of appeals filed and scheduling by the Court of Appeals. A rule change was adopted and became effective January 1, 2007. The new rules allow counsel representing an appellant to file an affidavit, instead of a brief, avowing that (1) the appellant has abandoned the appeal, or (2) after having reviewed the record, counsel sees no non-frivolous issues to raise on appeal. These new rules are expected to reduce delays to finalized adoption for a significant number of children. The Court Improvement Advisory Workgroup is encouraged by this rule change, but will continue to monitor and discuss the appeals process to determine if other efforts are needed.

The Division, the Administrative Office of the Courts, and county Juvenile Courts have also collaborated to improve the adoptive home certification approval process and increase the timeliness of case transfers in CPS Districts with specialized Adoptions Units (such as Districts 1, 3, and 6) or contracted specialized adoption case management services (District 2 only). In SFY 2006 more judicial officers were assigned to process adoption hearings, the Maricopa County Court developed a tracking mechanism to track the case flow of adoption cases, and District 1 increased its number of Adoption Units from three to four and began transitioning a fifth unit to an adoption case load.

Notice of Hearings and Reviews to Caregivers

Foster parents, pre-adoptive parents, and relative caregivers of dependent children receive notification and an opportunity to be heard in reviews and hearings held with respect to children in their care. The CPS Specialist includes the caregiver's name, address, and phone number on a cover sheet to the FCRB and court, which serves as a notification mailing list. Also, records provided to the caregiver within five days of placement are to include a copy of any minute entry setting a future dependency or delinquency hearing involving the child and a copy of the most recent FCRB minutes, if the initial review has been held. The FCRB minutes contain the date of the next FCRB hearing.

State law also provides that a child who is the subject of a dependency, permanent guardianship, or termination of parental rights proceeding has the right to be informed of, attend, and be heard in any proceeding involving dependency or termination of parental rights. The child's attorney must provide this notification to the child. The child further has a right to meet with his/her Court Appointed Special Advocate (CASA).

The State's Court Appointed Special Advocate Program (CASA) also plays a vital role in CPS dependency cases, ensuring the needs and best interest of the child are considered by the Judge and other team members. CASA reports are disseminated to the Juvenile Court and the assigned CPS Specialist to update the Specialist on the CASA's activities and recommendations to the Court. CASAs continue to be

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invited to and attend CPS staffings and Child and Family Team Meetings on their children's cases, offering input and opinions on needed services and case planning.

The Courts are also attentive to the need for team members, particularly out-of-home caregivers, to receive notice and an opportunity to be hearing in hearings held with respect to dependent children. The FCRB is especially diligent in encouraging caregiver participation in reviews. The FCRB's process for sending notices to interested parties undergoes revisions and improvements every year. More information was added and readability was improved in 2006. The same Program Specialists who facilitate the Boards generate the notices, and therefore have knowledge of the interested parties who should be invited. In addition, In SFY 2007 the FCRB sent a brochure to all youth in out-of-home care over age 12, inviting them to participate in review hearings, and explaining how they can give a statement on-line at the FCRB web site. The FCRB program is now in the process of sending out a brochure to all placements, statewide, explaining the role of the FCRB.

Following the July 2006 enactment of the federal law regarding notice to caregivers, the Administrative Office of the Courts consulted stakeholders regarding implementation within Arizona. Arizona has chosen to adopt Court Rule to ensure compliance. Arizona Revised Statutes already require the Court to provide notice of Periodic Review Hearings to interested parties, and the new Rule would require that foster parents, pre-adoptive parents, and relative caregivers be provided notice of and the right to be heard in all dependency proceedings with respect to the child. The rule is pending review and emergency adoption by the Arizona Supreme Court and is expected to be in effect by July 2007.

3. Quality Assurance System

The Division's safety, permanency, and child and family well-being outcomes, goals and performance measures are listed throughout this report. These are the same as those evaluated through the Child and Family Services Review, with the addition of a few goals added by the Division.

The Division's policies and procedures set practice standards and operationalize the outcomes and performance measures in the strategic plan. For example, the outcome that children achieve adoption in 24 months or less is operationalized through policies setting standards for timely case plan development and review, termination of parental rights, and adoptive home identification and placement. The policies are frequently based on Child Welfare League of America and other best practice standards. The Division's policy manual is available to all staff, on-line, through the CHILDS System. The Division's policy unit annually reviews and revises policy based on new laws and best practices. After revisions, statewide training is conducted for Division staff. The Division also proposes or supports new laws that set standards to support safety, permanency, and well-being outcomes.

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

- quality assurance review of all hotline communications about child maltreatment that are not categorized as CPS reports;
- Protective Services Review Team (PSRT) staff review of all proposed substantiated findings of abuse and/or neglect;

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- Removal Review Team reviews within 72 hours of removing a child and before filing a dependency petition to ensure all alternatives to continued out-of-home placement have been explored;
- case plan staffings held within sixty days of the case opening and at least every six months thereafter to review services and permanency goals;
- Court hearings, especially periodic reviews and permanency hearings, which allow Juvenile Court Judges to review all aspects of the service plan to ensure that reasonable efforts are being made and to resolve issues that prevent the child from living at home or achieving permanency;
- Foster Care Review Board Hearings conducted within six months of out-of-home placement and at least every six months thereafter to determine whether reasonable efforts have been made and to recommend actions that need to be taken by the case manager and other members of the service team;
- worker and case specific CHILDS data reports provided to supervisors, managers, and administrators, statewide, to provide easily accessible information on case specific application of standards; and
- supervisory case reviews conducted at the time of closure or transfer, and quarterly for ongoing case management cases, to ensure compliance with policy, accurate data entry, and to improve employee performance.

The Division's quality improvement (QI) system provides a structured and comprehensive process to identify and address system needs by gathering information from internal and external sources; analyzing the information to evaluate the child welfare system's performance; communicating the information to administrative and field staff, communities, family members, and youth; and developing action plans to address identified needs. All Division staff have the opportunity to participate in the Division's QI system in one or more capacities. In addition, the Division has dedicated practice improvement staff in Central Office and all districts. Practice improvement and strategic planning management functions are consolidated in the Central Office Practice Improvement Unit. Practice Improvement Specialists in each of the State's six districts lead case reviews, provide data and performance information to management and CQI teams, facilitate district action planning, and monitor and lead district practice improvement activities. District Automation Liaisons identify and facilitate correction of data errors and assist district staff to develop and use data reports to manage and monitor their day-to-day work. Dedication of staff to quality improvement functions has enabled the Division to more closely monitor performance related to CFSR and other key child welfare outcomes, more fully understand underlying issues hindering achievement of positive outcomes, and identify effective practices to improve outcome related performance.

Elements of the Division's QI system include Continuous Quality Improvement (CQI) Teams, the Practice Improvement Case Review, data reports and the Division's Business Intelligence Dashboard, a wide array of program or practice related workgroups and committees, and the central office and district Action Plans for Outcome Achievement. Each element is described below.

- *CQI Teams* – The Division has conducted quarterly CQI Team meetings continuously since January 2002. All staff have the opportunity to participate in a quarterly CQI Team meeting. The structure includes four levels of CQI Teams: Level 1 teams are comprised of local CPS field

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staff or other direct service or support staff, level 2 and level 3 teams are comprised of representatives from level 1 teams and district or other mid-level management staff, and the level 4 team consists of Division upper management and representatives from level 2 and 3 teams. Communication flows between the levels, allowing issues to be raised or lowered to the most appropriate level for action planning. CQI continues to grow as an effective tool for making incremental practice improvements and enhancing communication. It is largely integrated throughout the Division and many issues are being resolved at the lowest level possible. Issues that cannot be resolved at a lower level have been forwarded to higher level teams for consideration. Accountability is important and promoted. Higher level teams are expected to be responsive to suggestions and inquiries raised by field staff. Many positive improvements for employees, children, and families have resulted from this process, at both local and division levels.

- *Practice Improvement Case Review* – Each of Arizona’s six districts participates in an annual review of randomly selected cases, using an instrument based closely on the federal CFSR On-Site Review Instrument. Three hundred and thirty cases are reviewed each year, including fifteen of each case type in Arizona’s four smallest districts; twenty of each type in District II (Tucson), and thirty of each type in District I (Phoenix/Maricopa County). Cases for review are randomly selected from those active in the first three months of a six month period under review. The six month period under review ends in the month the case is reviewed, which ensures current practice is measured. Using a current period under review also makes it easier to contact case participants when clarification or other information is needed.

The Practice Improvement Case Review Instruments include substantial item rating guidance to improve reliability. The instruments continue to include the items and instructions from the CFSR On-Site Review Instrument. Additional guidance based on State policy and best practices clarifies when a case should be rated strength versus area needing improvement. Cases are reviewed by supervisory, management, and other staff in the district under review. Each completed instrument is read by the District Practice Improvement Specialist and the Central Office Child and Family Services Manager to ensure reviews are accurate and thorough and that there is consensus on item ratings. Item ratings are based on a review of the CHILDS record, the hard file, and interviews with case participants when necessary.

- *Data Reports and the Business Intelligence Dashboard* – The Division uses a multitude of data reports to monitor outcome achievement and data integrity. Data reports provide information on areas such as timeliness of data entry of investigative findings and placements of children in out-of-home care, numbers of children entering and exiting out-of-home care, achievement of adoption milestones, and many others. In SFY 2006 the Division developed skills of district and Central Office staff skill in data report interpretation and application. The Division is also providing an increasing number of reports and related data tables electronically rather than hard copy. This improves accessibility and timeliness of data, and flexibility for Districts to summarize and organize the data in the way that best meets their needs.

The Business Intelligence Dashboard is an online analytical reporting tool that helps field staff monitor and manage their District’s, Area’s, and Unit’s caseload by viewing preconfigured data and creating analytical reports related to Key Performance Indicators (KPIs). The dashboard became available to CPS Unit Supervisors on February 1, 2006. For the Dashboard’s February 2006 release, three KPIs were identified: Timeliness of initial response to reports of child maltreatment, timeliness of investigation completion and recording of investigation findings, and

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frequency of in-person contact with children, parents, and out-of-home care providers. The Division added data on child removals and exits in 2007, and is currently working to add the CFSR permanency measures and other AFCARS data.

- *Committees and Consultation Activities* – The Department benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs at both the central office and local district levels through advisory groups, case specific reviews, oversight committees, provider meetings, and collaborative groups. Examples of inter-agency organizations, committees, and consultation activities are listed in Section III, Part 5, subsection A.7., *Agency Responsiveness to Community*.
- *Action Plans for Outcome Achievement* – At the conclusion of the annual Practice Improvement Case Review, the District Practice Improvement Specialist writes the district’s annual self-evaluation report, describing the case review findings and other outcome related data. Based on the results of the self-evaluation, the District Practice Improvement Specialist facilitates development of an *Action Plan for Outcome Achievement* to address areas identified as needing improvement and build on the district’s strengths. These plans are developed with district case-carrying staff input, using the CQI Team process and other staff meetings. Implementation of the action plans is monitored by the District Practice Improvement Specialist, who reports progress and barriers quarterly to the Central Office Practice Improvement Unit.

Designation of full time Central Office and district staff is a crucial factor in the success of the State’s QA and QI systems. These staff have developed data analysis and strategic planning skills during monthly “data meetings,” which also include the district Program Managers. These meetings were held throughout SFY 2007, frequently at the CHILDS lab to allow hands-on learning. The group developed and implemented district data analysis and correction procedures for key data reports, reviewed the content and layout of some of these reports, and gained knowledge of the Excel and Access programs. These meetings have been an effective method to encourage routine use of data to inform strategic planning.

The Division’s resources and structures for performance related data analysis continue to grow. In conjunction with the Family to Family initiative, the Division provides data from CHILDS to the University of Chicago’s Chapin Hall, which places the data on a website that allows the Division to produce statistics on child removal episodes and placements, including entry cohort data. In addition, the Division has begun to work with the Pew Foundation’s *Fostering Court Improvement* project. Data submitted by the Division has been placed on a website where Division staff and partners from the Administrative Office of the Courts and county Juvenile Courts can generate State and county level performance data. Training of staff and court partners was conducted in April 2007. This project and provision of county level data from the CFSR data profile has begun to generate discussion between the Division and courts about data and performance measures.

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

4. Staff and Provider Training

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

- Pre-core/New Employee Orientation training
- Case Manager Core training
- On-the-job/Field training and support
- Supervisor Core training
- Parent Aide Core Training, also provided through the CWTI
- Specialized one-on-one training refreshers on CHILDS and the *Child Safety Assessment and Strengths and Risks Assessment Tool*
- Specialized and advanced training, including workshops and conferences on topics such as gangs and methamphetamine abuse
- Out-service training
- Tuition reimbursement
- The Arizona State University School of Social Work stipend program
- The Arizona State University Advanced MSW program
- The Arizona State University Part Time Community Based MSW program
- Policy training
- District offered training
- CHILDS training
- Training to other child welfare community partners, including Foster Care Review Board, Juvenile Court, contracted service providers, and local Native American tribes

Foster and adoptive parent training is now provided statewide using a nationally recognized and standardized curriculum. The curriculum, PS-MAPP (Partnering for Safety and Permanency – Model Approach to Partnerships in Parenting), stresses shared parenting and family-centered practice. Between February 2005 and May 2007 562 foster and adoption provider agency and DCYF/CPS staff have become PS-MAPP Certified Leaders. There are now 182 staff certified to deliver Mini PS-MAPP sessions. There are 101 staff now certified to deliver the *Deciding Together* program to potential foster or adoptive parents. During FFY 2006 754 resource parents completed pre-service training and became licensed foster parents. Approximately 500 of these foster parents were prepared under PS-MAPP or Deciding Together. During calendar year 2006, over 3,200 foster parents completed in-service training. Approximately 2,800 or 88% of the 3,200 foster parents earned six hours of in-service training by attending a Mini PS-MAPP session.

For more information on the Division's staff and provider training programs, including accomplishments in FY 2007 and objectives for FY 2008, please see the *Child and Family Services Training Plan*, in Section IV of this document.

5. Service Array and Resource Development

The Division provides a rich array of accessible and individualized services designed to support the permanency provisions for children and families in sections 422(b)(10) and 471 of the Social Security Act, and the provisions for promoting safe and stable families in section 432(a) of the Act. Services are provided to children and families following an assessment of safety, risk, and the family's strengths and needs. Judicial review of the Department's efforts to prevent removal and achieve reunification or another permanency plan occurs in accordance with the requirements of section 471 of the Act, as

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described in Section III, Part 4 of this report. Services are available to prevent placement in out-of-home care, support reunification, or when necessary, achieve permanency through adoption, guardianship, or another planned permanent living arrangement. Available services, including the following, have been described in Section III, Parts 1 through 4, of this Report:

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

Services are provided directly by Division and other Department staff or through provider contracts, referrals to community resources, engagement of the faith-based community, and collaborations with educational entities, juvenile justice agencies, and Arizona's Title XIX behavioral health managed care system. Contracts are awarded for family support services through a competitive solicitation process that includes input from community stakeholders. Responses to the solicitation must address the required tasks that are to be provided as part of the service. Family support services are required to be community based and have collaborative partnerships in the service provision area. Letters of agreement outlining the collaboration must be submitted as part of the proposal and are included in the evaluation process. The proposals submitted are evaluated for experience and expertise of the responder, service methodology proposed, and rate of conformance to the submittal requirements.

The Division has successfully partnered with contracted and community service providers to analyze service needs and develop new and creative approaches to service delivery. Progress is evident in the expansion of successful services and development of specialized interventions to meet the individual needs of children and families. The Division and its partners continue to expand the array and accessibility of services as demand grows and new needs are identified. Examples of progress in SFY 2006 include the following:

- *Service Integration* – Service integration focusing on prevention and early intervention to build individuals' and families' capacities to improve their lives is a priority of the Department of Economic Security. Through service integration, individual and family strengths are assessed and families are engaged to develop plans that build on those strengths to reach progressive goals in safety and self-sufficiency. The collective resources of the entire Department, its partner

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agencies, community-based organizations, and faith-based groups are used to support families' efforts. The Department is implementing many service integration strategies, including Family Connections Teams, TANF Service Coordinators, Jobs Program Request for Proposals, Breakthrough Series Collaborative on Service Integration Local Teams, the Service Integration Community Development/Family Leadership Workgroup, and Community Network Teams. For more information on each strategy, see Section III, Part 2.

- *Integrated In-Home Services* – In-Home services were enhanced in March 2006 through implementation of a statewide integrated service contact with community providers. The contract increased the array of services available and includes two service levels, intensive and moderate. In-home services are now available statewide. The average monthly number of families receiving in-home services has increased from 4,376 in SFY 2005; to 4,829 in SFY 2006; and 5,154 to date in SFY 2007. See Section III, Part 2, CFSR Item 3 for more information about the Division's in-home service array.
- *Family to Family* - The Family to Family initiative includes strategies of community partnership and self-evaluation for identification of community needs and development of services to meet those needs. Team Decision Making is another strategy of Family to Family, and an important service for families. See Section III, Part 1, *Crosscutting Initiatives* for more information on Team Decision Making and other Family to Family strategies that are improving services to children and families.
- *Receiving, Assessment and Visitation Services* - The Divisions' success in placing young children in family settings has raised challenges about how to best use the resources and expertise of agencies that had previously provided emergency shelter services for at-risk children and their families. In December 2006 several shelter partners in Maricopa and Pima Counties expanded their work to provide receiving, assessment, and visitation services to children and families. If the strategies prove effective in improving outcomes, the experience will provide a framework for expansion statewide.
- *Home Recruitment Study and Supervision* – Family-based care is the most appropriate and healthy setting for children who cannot remain safely at home. To build system capacity to place children in a family setting, the Division implemented a resource family Home Recruitment, Study and Supervision (HRSS) contract with community providers for recruitment, training, and support of culturally and ethnically diverse foster or adoptive resource families. The enhanced contracts require service providers to meet specific performance measures intended to improve the overall outcomes for children and families. See Section III, Part 1, *Crosscutting Initiatives* for more information.
- *CPS Staff Recruitment and Retention* – Perhaps the Division's most valuable service and resource is the Division's own direct service staff. The Division believes that achievement of critical goals such as timeliness of response to reports for investigation and frequency of in-person contact with children and parents will improve when the right people are hired into a work environment that encourages staff to define child welfare as their career. The Division began implementing staff recruitment and retention strategies in SFY 2006 and continued these in SFY 2007. See Section III, Part 1, *Crosscutting Initiatives* for more information.
- *Service Integration for Dually Adjudicated Youth* - In May 2006 the Arizona Juvenile Justice Commission and the Governor's Division for Children held a Child Welfare Juvenile Justice

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Summit. Nearly 250 attendees formed county and State level multi-disciplinary teams and participated in the learning and planning Summit to promote service integration. Primary speakers were representatives of the Child Welfare League of America's Child Welfare and Juvenile Justice Systems Integration Initiative. Leaders from each county formed a State team to reflect and review the information, and begin action planning for Arizona's own initiative. Eight county teams submitted action plans developed at the Summit and are moving forward with implementation, with support from the Governor's Office. The local county teams are identifying and addressing barriers to child welfare-juvenile justice systems integration and coordination at the local level, and are providing feedback to the State team on State level issues impacting their ability to move efforts from policy to practice. To further address findings and continue momentum from the Summit, the Child Welfare – Juvenile Justice Executive State Team (State Executive Team) was established. The State Executive Team includes membership from the Governor's Office, the Division, the Department of Juvenile Corrections, DBHS, AOC, the Office of the Attorney General, community advocates, and family representatives. The State Executive Team is developing a blueprint for achieving coordinated response and improved outcomes for youth who are dually involved or are at risk of dual involvement in the child welfare and juvenile justice systems. This effort supports implementation of the *Interagency Practice Protocols for Services to Dually-Adjudicated Youth and their Families* and focuses on efforts to prevent dependent youth from entering the Juvenile Justice System.

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

6. Current Executive Initiatives

Healthy Marriage

In an effort to educate the community regarding Healthy Marriages, the Department's Policy and Planning Administration, in coordination with the Arizona Marriage and Communication Skills Commission, distributes through the Clerks of the Court a Marriage Handbook to marriage license applicants. The Handbook is also available from the Department Internet web site. This Handbook is printed, maintained, and distributed using 100% State funding. In addition, since 2001, the Department has provided *Marriage and Communication Skills* workshops through local community groups. Persons whose family income is below 150% of the federal poverty level may attend the workshops at no cost. From July through December 2006, over 500 individuals have participated in Marriage and Communication Skills workshops, of which over 90% were members of low-income families.

The Healthy Families Arizona (HFAz) program recognizes the importance of a strong family bond and has worked for many years to educate participants on the importance of healthy relationships. The program starts serving families before the birth of their baby, which presents a greater opportunity to focus on the couple relationship before the child enters the family. The program provides focused staff training on promotion of healthy, positive, long-term relationships. Relevant content areas include:

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negotiating effectively, listening skills, resolving conflict in a positive way, expressing feedback to one's partner, development of a solid foundation of respect and trust, and strategies to encourage male involvement in the lives of their children. The Healthy Families Arizona program is administered by the Department's Office of Prevention and Family Support. HFAz services are provided by private providers in communities across the state. For more information on the Healthy Families Arizona program, see Section III, Part 2.

Responsible Fatherhood

Arizona continues to promote the positive role and perception of men, specifically fathers, within their families and communities. The Department's Promoting Safe and Stable Families Programs are family-centered and provide services to all family members, including fathers who are available and willing to participate. In addition, the Department's Promoting Safe and Stable Families Programs include the following programs with positive fatherhood components, all of which will continue into FY 2008:

- *Choices Fatherhood Program* – This program is provided in Phoenix by the Child & Family Resources agency, in collaboration with the Division of Child Support Enforcement and the Arizona Fatherhood Network. Young fathers ages 14 to 35 are supported to create strong families by learning self sufficiency, employment, and life skills; and through child support advocacy.
- *Boot Camp for New Dads* –The Child Crisis Center East Valley Family Resource Center offers this program that provides hands on experience for new dads.
- *Tohono O'odham Nation Fatherhood Program* – This program provides services to strengthen the role of Native American fathers in their communities.
- *Healthy Families Arizona* – This program is described in detail in Section II, Part 2. The Healthy Families Arizona program promotes positive fatherhood by:
 - including fathers in the program from the beginning of the assessment,
 - including content in staff training that pertains to father involvement in children's lives,
 - teaching and encouraging fathers in the program how to be involved with their partners during pregnancy,
 - teaching and encouraging fathers in infant care and attachment,
 - providing videos and written materials that motivate and teach fathers to be better fathers,
 - developing a statewide HFAz Task Force of staff that plans strategies to encourage and support staff involvement with fathers, including development of a web page on the HFAz Web Portal that directs staff to information that they can use in their work with fathers,
 - gathering for the annual evaluation data on father involvement in the program, and
 - provision of statistics on the consequences of fatherlessness and the benefits of father involvement.

All of these activities will continue in 2008, funded by State appropriation, TANF, the federal Community-Based Child Abuse Prevention grant, tobacco settlement funds, the State lottery, and the state Child Abuse Prevention Fund.

The Arizona Fatherhood Network (AFN) mission is to provide leadership through a unified campaign

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that is resilient in sustaining effective coordination of collaborative resources and services that support and foster positive and meaningful outcomes by increasing the partnerships with business, government, community, and faith-based organizations statewide. Several AFN partners in the Maricopa County area collaborated and received the U.S. Department of Health & Human Services *Promoting Responsible Fatherhood* grant and administer the *Arizona Center for Responsible Fatherhood (ACRF)*. The ACRF is a collaborative effort between Child & Family Resources, Inc. (the lead agency); Native American Fatherhood & Family Association; City of Phoenix Human Service Department; Department of Economic Security Child Support Enforcement; Goodwill Industries; Maricopa Skill Center; and Southwest Human Development. The three main focus areas of the ACRF are: Parenting/Life Skills Training; Job Development; and Wrap Around/Resource Development Services.

The Family Connections Project also sets a priority on engaging fathers. Family Connections has established contacts with the Child Support Enforcement (CSE) program to expedite services for families referred by Family Connections. Child Support Enforcement can assist fathers who want to provide financial support to their children. CSE can also assist the custodial father or mother to locate a non-custodial parent whose whereabouts has become unknown and obtain financial support. Provision of consistent financial support can result in more frequent and less contentious visitation arrangements. CSE also assists parents to re-assess child support amounts when the parent loses employment, becomes disabled, or has other income reductions.

In SFY 2007 the Division added information to the State policy manual on engaging fathers and supporting them to be involved with their children. A *Relative Search Best Practice Guide* exhibit was added to describe best practice in identifying, locating, and engaging fathers; and the policy section on *Services Provided When a Child is the Alleged or Confirmed Father of an Unborn Infant* was updated with more family-centered language. In SFY 2007 the Division also continued to use the Practice Improvement Case Review process to communicate to staff the practice standards for locating, contacting, assessing, and engaging fathers, including non-custodial and incarcerated fathers; and to assess progress and barriers to improving father engagement.

Positive Youth Development

State policy on services to youth in foster care under the State's Chafee Foster Care Independence Program emphasizes integration of the principles of Positive Youth Development. Case managers are directed to integrate these principles into their daily work, including case planning with youth, in order to help youth develop a sense of competence, usefulness, belonging, and power. Positive sense of self is accomplished through youth-centered case planning, acknowledging and respecting each youth's culture and family of origin, inclusion of youth in design and decision making around services and supports, and in all areas of the foster care system.

On a more formal level, the Arizona Statewide Youth Development Task Force is building a comprehensive framework for positive youth development and successful transitions from youth to adulthood. This framework will create strategies to:

- build effective systems and infrastructures that continuously support the successful development of Arizona's youth;
- advocate for viable policy and legislation; and
- increase public and private resources.

The Task Force is housed within the Governor's Division for Community and Youth Development and is a body of twenty-five Governor-appointed youth and adults. Approximately one hundred youth and

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adults also serve on the Task Force's four Policy Work Groups, focusing on education, youth workforce development, youth voice and advocacy, and positive youth development.

Rural Development Initiative

In SFY 2007 the Division continued to contract with community agencies to provide services statewide, including rural communities. Most services described in this report are available statewide. Much of the recent activity has focused on development of in-home service accessibility and recruitment of foster and adoptive homes so children can remain with their parents or in their home communities. Staff in rural communities also continue to engage in service integration activities. Division staff are frequently co-located with other Department staff in rural areas, which supports service development and integration. Other collaborations in rural areas are designed to address specific local community needs. The following list provides a few of the many examples of rural partnerships during SFY 2007:

- In northern Arizona, a Methamphetamine Task Force was formed that includes representatives from the Division, law enforcement, the County Attorney's Office, treatment providers, and the business community.
- In Yavapai and Coconino Counties, multi-agency teams including the Division, behavioral health entities, and the juvenile courts were formed to identify community-based alternatives for children in congregate care settings. These multi-agency teams are currently focusing on adolescents who have been in congregate care for over one year.
- "Dependency Case Flow Teams" have been formed in all counties, to improve the timeliness of decision-making in the dependency process. Division staff participate in these team meetings.
- In Southern Arizona a Border Coalition was formed, with membership from the Division, the Juvenile Probation Office, and the county Behavioral Health Authorities. This Coalition is meeting regularly to discuss and resolve issues between the three agencies, and deliver presentations and trainings in a multi-agency collaborative manner.

Faith-Based Community Initiatives

The Department continues to actively involve faith-based organizations in advisory boards, agency initiatives, and the Governor's Implementation Teams. In addition, targeted recruitment activities and campaigns for children in need of foster or adoptive homes include the faith-based community. Faith-based organizations are also encouraged to respond to solicitations issued by the Department. Many of the Department's purchased services include the requirement that the contractor collaborate with the faith-based community in the delivery of services to families.

The Family to Family Faith to Faith Conference was held in October 2006, hosted by Arizona Representative Leah Landrum-Taylor, the Arizona Children's Association, and the City of Phoenix. Guest speakers included Father George Clements, Founder of One Church One Child, Tim Briceland-Betts of CWLA, and many local dignitaries. Invited guests included faith based organizations from across the State, HRSS contract providers, and Division staff. The afternoon session was devoted to districts informing their faith organizations about their needs and requesting assistance with the recruitment and retention of resource families.

7. Agency Responsiveness to Community

Inter-agency Organizations, Committees, and Consultation Activities

The Department benefits from a large and diverse stakeholder community available for consultation and collaboration. Consultation occurs at both the Central Office and local district levels through advisory groups, case specific reviews, oversight committees, provider meetings, and collaborative groups. Stakeholders described the Department's process for seeking external input positively during the 2001 CFSR, and the Final Report stated "Arizona should be commended for their efforts reaching out and partnering with external stakeholders." The Division continues to gather feedback and seek recommendations from external stakeholders. The following are some of the many ongoing committees and activities through which stakeholder input was received in SFY 2007:

- *ICWA Liaison Meetings and The Inter-Tribal Council of Arizona* – These meetings provide a forum through which tribal input is gathered. For complete information on the Division's consultation activities with the State's Native American Tribes, see Section III, Part 4, subsection A.8., *Collaboration with Native American Tribes and Indian Child Welfare Act Compliance*.
- *The Community Network Teams* – These Teams were created by the Department throughout Arizona as part of the Governor's Reform Plan, to convert the Department's local advisory boards into community driven, action oriented networking teams. There are currently fourteen Community Network Teams (CNTs) across most Arizona counties. The Network Teams are each unique in their representation which may include the prior advisory board members, representatives of DES program staff, other state agencies, local government officials, community providers, families, educators, tribes, courts, victim advocates including domestic violence, faith-based and philanthropic organizations, and businesses. The Networks are charged with developing and submitting a plan to the Department's Director identifying existing services, resources, and family supports within the community, including service gaps. These teams work on proposals and strategies to deliver improved services and better support to children and families in their communities, and to increase collaboration and cross-education among community members. Several teams utilize the Asset-Based-Community-Development (ABCD) methodology to increase the well-being of children and families.
- *Governor's Children's Cabinet* – The Cabinet's purpose is to remove barriers to success by focusing attention and resources on problems facing Arizona's children, families, and communities; and by coordinating policies and service delivery systems. The Cabinet membership includes Governor Janet Napolitano, Directors from child serving State agencies, a presiding Juvenile Court Judge, and the Governor's Office for Children, Youth and Families. The priority goals of the Cabinet include:
 - Children have access to affordable, high quality physical and behavioral health care and grow up in healthy environments.
 - Children start school ready to succeed and have quality educational experiences from preschool through graduate school.
 - Children live in safe, stable, and supportive families and neighborhoods.
- *Community Strategy Committees* – Following training and technical assistance on community partnership development provided by the Annie E. Casey Foundation, District 1 managers have developed 11 Community Strategy Committees. The Committees engage community partners and strengthen relationships within targeted areas, to affect change in the nine Family to Family

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outcomes. Six Community Specialists have also been hired to assist the partnerships. See Section III, Introduction and Overview, *Crosscutting Initiatives* for more information on Community Strategy Committees and the Family to Family initiative.

- *Recruitment, Development and Support of Resource Families* – This Family to Family strategy provides the framework for finding relatives and families for placement of children coming into care. In SFY 2006 all six districts filled Recruitment Liaison positions. These Liaisons developed Community Recruitment Councils and are actively engaging their communities in efforts to recruit new foster and adoptive families. See Section III, Introduction and Overview, *Crosscutting Initiatives* for more information on Community Recruitment Councils and the Family to Family initiative. See Section III, Part 4, subsection A.9., *Foster and Adoptive Home Licensing, Recruitment, and Retention* for more information on inter-agency collaboration to recruit and support foster and adoptive parents.
- *The Arizona Foster Care and Adoption Coalition (AFCAC)* – AFCAC is a statewide coalition comprised of Department staff, adoption and foster care licensing agencies, and others who are interested in foster and adoptive home recruitment. The mission of the AFCAC is to increase public awareness of children in the child welfare system through education and training, and to support system changes to improve recruitment and retention of families for children.
- *The KIDS Consortium* – This Consortium meets monthly and is comprised of all agencies with a contract to provide foster care in Maricopa County. The purpose of the Consortium is to be uniform in the provision of orientations to community members and to share recruitment strategies.
- *The Maricopa County Collaborative* - This group has been meeting monthly for several years. The Collaborative is comprised of membership from the Regional Behavioral Health Authority, Juvenile Probation, Developmental Disabilities, Juvenile Parole, family member to address and resolve barriers identified in Child Family Teams and to promote collaboration among the entities.
- *The Healthy Families Arizona Program Steering Committee* – This community based group was begun in 1993 and serves in an advisory capacity to the Department and to the Healthy Families Arizona Program in the areas of planning, training, service integration, service coordination, and advocacy/public awareness. The primary responsibility of the Steering Committee is to seek expansion, diversification, and stability in the funding of the Program.
- *Maricopa County Vision for Youth* – On March 30, 2006, the Department participated in a community collaborative sponsored by Casey Family Programs to develop a common vision plan that will best assist older youth to make a successful transition to adulthood. This vision identified six collaborative efforts to be in place within three to four years. These are: Alumni & Peer Mentoring, Universal Literacy in Transitional Youth, Community Support for Youth Development, Continuing Improvement of Well Coordinated Resources and Training, Coalition for Transitional Services, and A Network of Centers for Comprehensive Seamless Services. A sub-group of participating community stakeholders completed an action plan which was brought back to the larger group. This collaborative is involved in numerous activities to implement this plan. See Section V, *Chafee Foster Care Independence Program (CFCIP) and Education and Training Voucher Program State Plan*, for more information.

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- *Department of Labor Shared Youth Vision* - The Department of Labor Shared Youth Vision Arizona Team is an ongoing workgroup which involves multiple agencies whose focus is to ready young people for adulthood through education and employment training. This team is facilitated by the Governor's Office for Children and Families. The target populations are youth transitioning from foster care or juvenile justice settings and homeless youth. The group has identified the need to build streamlined referral processes, individualized education and training opportunities, and wrap around support to increase positive outcomes for youth. The group participated in a strategic planning session in June 2006. This group was selected through a competitive application process to participate in an advanced training held in Atlanta, Georgia in September, 2006.
- *Statewide Teen Pregnancy workgroup* – The Governor's Office is facilitating a work group that includes members of the Governor's Office on Children, Youth, and Families, the Arizona Young Adult Program, community Teen Pregnancy Prevention organizations, the Department of Education, the Department of Health Services, and others. This group is actively working to explore, identify, and implement strategies to address the high rates of teen pregnancy among youth in foster care and the juvenile justice systems. Efforts are focused on the development of a comprehensive health education policy for youth in systems of care, to include an effective training curriculum that will be applicable for staff, caregivers, and youth in care. The desired result of these efforts is a reduction in the incidence of teen pregnancy and sexually transmitted infections among our current and former foster youth. The team has arranged to deliver a staff training curriculum to a test group of agency staff and youth in systems of care. The purpose of this training is to identify a model for the State, for inclusion in the State's comprehensive health education policy for youth in systems of care.
- *Request for Information Meetings* – These meetings are held with providers for new services, prior to the Request for Proposals being issued.
- *Surveys, Focus Groups, and Community Forums* – Throughout the year, the Department conducts focus groups, surveys, and community forums with families and stakeholders when input is needed on an identified issue. For example, a community forum was held in October 2006 to ask faith communities to participate in finding safe and stable homes for children in foster care. A TDM Satisfaction Survey was utilized in District 1 for TDM Meetings.

Collaboration with the Courts

The Division is fortunate to have a history of substantial, ongoing, and meaningful collaboration with Arizona's Juvenile Court. Outcome focused collaboration with the Courts has been continual and productive, occurring at both the State and county levels. At the State level, the Court Improvement Program's Advisory Committee and Strategic Plan provide much of the structure for collaborative improvement activities. The Division's Assistant Deputy Director; the Program Administrator for the Administration for Children, Youth and Families; the Division's CFSR Manager; and a CPS Unit Supervisor participate in the Court Improvement Program Advisory Committee, through which the Court's improvement activities are identified, facilitated, and monitored. The Advisory Committee includes Juvenile Court Judges, court administrators, an attorney general, a child and family policy advocate, and others. The Division's CFSR Manager also provides ongoing input into the CIP strategic plan and CIP activities during consultations with the State's Court Improvement Coordinator.

In consultation with the Court Improvement Program and the Administrative Office of the Courts, the

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Division identified the following strategies to improve outcomes for children and families involved in dependency cases and accomplished the following progress in SFY 2007.

- *Continue participation in the CIP Advisory Committee* - Division staff continued to participate in quarterly CIP meetings throughout SFY 2007. By participating in these and other meetings the Division engaged the Courts to be actively involved in the CFSR process and examine the expectations for collaboration and outcome achievement that are placed on the Division and the Courts through the CFSR, the State Title IV-E and Child and Family Services Planning processes, the Summit Action Plans from the National Judicial Leadership Summit on Child Protection of Children, and CIP reassessments. An integrated strategic plan is being developed that includes these expectations and overlapping State Court reform efforts.
- *Participate in sub-groups of the CIP Advisory Committee to design a plan for the use of the CIP grants for training and data collection* – The Division participated in planning meetings related to these grants. The CIP is working with the DHHS to develop implementation plans. The Division receives updates and opportunity for ongoing input during the CIP Advisory Committee meetings.
- *Participate in caseload management trainings and in the implementation of the county caseload improvement plans* - Case flow management training was held in June, July, and September 2006 for all 12 counties that had not been involved in the initial pilot of the project. The Caseload Management Training is based on a national curriculum on Juvenile Court processing of dependency cases. The training is provided to a multi-disciplinary team from each county, including the Presiding Juvenile Court Judge, Juvenile Court administrator, a court information technology specialist, a CPS Specialist and a CPS supervisor or manager, an Assistant Attorney General, an attorney who represents children and/or parents in dependency hearings, a Regional Behavioral Health representative, and a representative from the Department of Juvenile Corrections. The county teams are led through a process to identify how cases enter the system, concerns or inefficiencies in case processing, and strategies to address identified concerns. Success relies on strong leadership from the Presiding Judge, and maintenance of the team to address issues. The Division, particularly District Managers, continued to pursue implementation of the strategies in SFY 2007 and improvements have been observed in court productivity and efficiency. Currently, each county has a Caseload Management Project Plan that identifies county specific issues and strategies to improve Court practice. For example, in Pinal County, the plan includes a goal of eliminating delay and providing permanency for victims of child abuse and neglect. One of the tasks of the Pinal County Dependency Resource Committee was to develop a resource packet prototype, which was completed in SFY 2006. Caseload Management Workshops continue to be provided throughout the year. Learnings from these workshops, and individual county accomplishments, will be shared with all counties in June 2007. The county teams are attending regional summits between May and August 2007, where they will report their progress. A portion of the follow up summit curriculum specifically addresses dually adjudicated youth issues and the need for the court and other agencies to work together to address the needs of these children
- *In conjunction with the CIP Advisory Committee and other stakeholders, review and pursue the strategies and activities in the Arizona Strategy for Improving Court Oversight and Processing of Child Welfare Cases Action Plan* – This Action Plan included six priority areas. Progress has been made in each area, as follows:

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- Behavioral health should be accountable to the courts: State statute was passed that provides the Court authority to order an agency or private service provider to appear at a hearing to discuss a child's or parent's service plan and to order services be provided for a child or parent if the child is eligible to receive behavioral health services with Title XIX or XX funds.
- Dually adjudicated youth should be identified and processed by the court in such a way as to maximize benefits of and communication between both the dependency and delinquency systems:
 - Protocols were established within the Juvenile Online Tracking System (JOLTS) that allows quick identification of children with prior involvement in either a dependency or delinquency matter.
 - Juvenile Probation Officers were added to county dependency Caseflow Management Teams and the current year's Caseflow Management Summits include a focus on needs and processes related to dually adjudicated youth.
 - A multi-disciplinary committee was formed through the Juvenile Justice Integration Initiative, led by the Governor's Office for Children, Youth and Families, to focus on achieving better coordinated responses for youth who were either involved or at risk of becoming involved in both the child welfare and juvenile justice systems. The Dependent Children's Services Division (DCSD) Director sits on this committee and the Court Improvement Coordinator recently began participating in the Data Subcommittee. This subcommittee has accepted the task of developing an infrastructure across agencies to support the exchange of information. The Data Subcommittee has also been directed to address the need for a data collection system that provides aggregate data for law, policy and program development as well as the capacity to measure achievement of the system and child outcomes. The subcommittee began meeting in spring of 2007.
- The adoption process should be improved in areas of certification of adoptive families and timeliness of transfer of cases to the adoption unit or agency: To increase the timeliness of adoption case transfers to adoption units, District 1 increased its number of specialized adoption units from three to four and began transitioning a fifth unit to an adoption case load. To support the Division's effort to improve timeliness of adoption, the Maricopa County Court assigned more judicial officers to process adoption hearings, developed a tracking mechanism to track the case flow of adoption cases, and began holding adoption finalization hearings on Saturdays.
- AHCCCS eligibility should be determined much earlier in the case: The curriculum of the dependency Caseflow Management Training included a discussion of Yavapai County's efforts to engage AHCCCS representatives early in the dependency process. Counties will report on their success in this area during the upcoming dependency caseflow follow up summits occurring statewide between May and August 2007. See Section III, Part 4, CFSR Item 23 for more information on the Division's collaboration with the behavioral health system to improve the percentage of children referred for 24 Urgent Response, including Title 19 eligibility determination.

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- Conduct a yearly training/summit to include every county with the goal of improving the statewide model court process and dependency practice: Regional Dependency Caseflow Management Summits are being held statewide between May and August, 2007, where they will report and discuss their efforts and progress implementing the county action plans. In addition, the Dependent Children’s Services Division of the AOC is coordinating three regional collaborative summits in 2007, the last of which will be held in Tucson in November 2007. Each of these summits will include representatives from the Bench, CPS, CASA, FCRB, attorneys, behavioral health, foster parents, education, and Arizona tribes. The title of these summits will be “Courts and Community: Working Together for Arizona’s Children.” The curriculum for each of the three summits is developed by a collaborative group including representatives from the court and CPS. The first of these summits was held in May 2007 in Flagstaff and included over 150 participants representing Apache, Coconino, Navajo, Mohave and Yavapai Counties.
- Ensure that dependency training required of judges new to dependency case processing includes relevant child welfare issues from both a statewide and national perspective: The Dependency Judges Orientation training, held annually in March, continues to include several topics central to child welfare including the role of the CPS Specialist in the dependency court process, the integration of services for both parents and children into the case planning process, and the role of CPS and all parties in identifying and working toward the appropriate permanency goal. In addition, the second annual Dependency Track will be held during the Arizona Judicial Conference in June 2007. The track will feature presentations and discussions on recent changes made to the Division’s CSA-SRA-Case planning process; prenatal substance abuse; the Arizona Behavioral Health System; dually adjudicated youth; differentiating between attorneys for children and Guardians ad Litem.
- *Continue collaboration with the Educational Consultant Program in Pima County* – The Committee to Improve Educational Outcomes for Court Involved Youth convened in January, March, and May 2007. New to the group is Tucson’s DCYF Education Specialist, representing the new Educational Case Management Unit. Issue specific workgroups reported progress in developing alternatives to suspension and expulsion, data sharing among school districts, and model delinquency Court. The workgroup on alternatives to suspension and expulsion has been expanded. A Career Day was held in April at Pima Community College, with 20 youth participating. The Pima County Juvenile Court Arizona Summit has been scheduled for October 27, 2007. A youth panel is scheduled, as are breakout sessions for discussion between CPS staff and local education representatives.
- *Finalize and implement new Court rules on appeals of termination of parental rights orders, to reduce the number filed and the average time required to resolve appeals* – While motions for TPR are filed and heard timely within the Juvenile Court, the Division and the Courts have identified a delay in the resolution of appeals of TPR orders caused by the volume of appeals filed and scheduling by the Court of Appeals. New Court Rule was adopted effective January 1, 2007, that permits summary disposition of meritless or abandoned appeals of dependency, guardianship, or termination of parental rights matters. The new rules permits counsel representing the appellant in such cases to file an affidavit in lieu of an appeal brief avowing (1) the appellant has abandoned the appeal and/or (2) after having reviewed the entire record, counsel sees no non-frivolous issue to raise on appeal. The amended rule further permits the

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Court of Appeals summarily to dismiss the appeal upon the filing of such an affidavit. Since this rule was only recently adopted, there has been insufficient time to effectively evaluate any potential changes in the overall length of the appellate process. The CIP Advisory Committee will continue to monitor and discuss the appeals process to determine if other efforts are needed.

- *Continue to provide dependency training for attorneys assigned as guardians ad litem for children and ensure that they receive the training prior to their appointment* – The Division collaborates with the Administrative Office of the Courts to train Judges and attorneys. A dependency track is provided at the annual judicial conference. This year's Child Abuse and Prevention Conference also included a Juvenile Court track. Furthermore, Arizona Dependency Attorney Training is provided throughout the State. For example, in SFY 2007, training was provided to attorneys assigned as GALs in Graham and Greenlee Counties. To increase awareness of standards and responsibilities for these attorneys in dependency matters, 28 representatives from the Court, CPS staff, community volunteers, and juvenile probation also attended. Training was also provided to 23 attorneys in Gila County in April 2007. Presenters include Juvenile Court Judges, Assistant Attorneys General, and a psychologist. Training topics presented were: How to Talk to Kids; Duties and Responsibilities in Representing Parents and Children; Permanency: Severance and Guardianship (Statute, Rule and Case Law Update); and Professionalism in the Dependency Practice.
- *Continue to expand the number of FCRBs that can and will accept progress reports, initial reports, case plans, and attachment A documents from the Division via e-mail* – CPS Specialists are now able to e-mail reports and case plans to a statewide FCRB e-mail address. The FCRB sends the documents electronically to Boards who are using the Electronic Document Management System, or prints a copy for Boards who are not using the system. The FCRB also worked with the Division to acquire access to CHILDS. When reports are not received, the FCRBs can now obtain the reports directly from CHILDS.
- *Initiate and/or continue a dialogue between CPS and FCRB, including quarterly meetings with District 1 staff, to identify and pursue methods to improve outcomes for children and families* - District 1 management continues to invite FCRB management to quarterly Assistant Program Manager meetings. The FCRB has also set up monthly Best Practices meetings, to which FCRB staff invite the Deputy Program Managers from District 1. A Deputy Program Manager has attended every meetings since this began in September 2006.

At the county level, all districts are participating in caseload management action plan implementation. Maricopa, Pima, and Yavapai Counties have particularly strong court collaboration, and these counties serve more than 80% of the State's dependent children. In Maricopa County, various forums have been developed to ensure frequent strategic discussion between District 1 management and the Maricopa Juvenile Court. The District I Tinker Toy Collaborative of decision makers from Juvenile Court Administration, Juvenile Probation, the Regional Behavioral Health Authority (RBHA), and the Division continued to meet monthly throughout SFY 2007. The collaborative is currently working to identify barriers and solutions so that delinquent youth will no longer be made dependent in order to receive Title XIX covered services and placements that should be funded through the Regional Behavioral Health Authority. The Program Manager and Division CPS Juvenile Court Liaisons also attend monthly Juvenile Court Bench Meetings, where they have a standing place on the agenda to highlight issues between the Court and CPS, and recently the Maricopa County Presiding Judge met with all District I Assistant Program Managers. These meetings have resulted in many outcome related projects, including the following activities in SFY 2007:

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- The Division and its partners have developed a training curriculum on the needs of children age 0 – 5, which is expected to be complete by October 2007. This training will be delivered to RBHA staff, Juvenile Probation staff, CASAs, FCRB members, Judicial Officers and Court administrators, CPS Specialists, CPS Contractors, and others.
- The Division and its partners have developed an after hours court orientation for youth ages 12 – 18, to provide an overview of the Court Process and give the youth contact information for team members he or she will be involved with at Court. The orientation includes a presentation by a Judge, a former foster youth, CPS staff, a GAL and/or parent's attorney, an Assistant AG, and others; and ends with a pizza dinner. The orientation has been delivered four times to approximately 50 youth.
- The District RBHA, Court Administration, and CPS all have allocated staff to create two Community Service Units to divert potential dependencies and delinquencies and to troubleshoot case specific Court issues and concerns.
- The Court has implemented various strategies to reduce wait times for CPS staff. Assistant AGs are now assigned to specific Judicial Officers to reduce waiting times while the AG completes a hearing in another Courtroom. This has also been proposed to GALS and parent's attorneys. The Durango Court now has four computers installed to allow workers to access CHILDS during their wait times at Court. This will occur at the South East Facility later this year. The Court is instituting extended hours to reduce court backlog, including adoption finalization hearings on Saturdays.

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

- *The Permanency Pilot Subcommittee* – The goal of this subcommittee is to develop and implement strategies to achieve permanency for children in care more than two years. The committee developed a pilot to implement a special Permanency Collaborative Review Hearing (PCRVR), which is held in conjunction with a Child and Family Team Meeting (CFT). The purpose of the PCRVR and CFT is to create a plan to search for kin, significant persons, and other potential permanent placement and relationship options for the child. The initial kickoff luncheon took place in November 2006. Hearings began in January 2007 with a pilot group of children from Judge Elizabeth Peasley-Fimbres' caseload. A second kickoff event occurred in March 2007, to introduce the PCRVR and CFT process to participants coming on board with the addition of Judge Stephen Rubin's caseload in April 2007. The Pima County Juvenile Court Dependency unit continues to track data to evaluate this pilot. Preliminary results show that approximately 50% of the children who have participated in this pilot have achieved physical permanency or made large steps toward a permanent placement. As a result of the collaboration between the local mental health agencies, the Division, and the Court to address issues of permanency, this topic now receives more attention in all CFTs and all cases.
- *The Pima County Dually Adjudicated Youth Workgroup* – The goals of this group are (1) identify an alternative structure for case management by CPS, Pima County Juvenile Court (PCJCC) and

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Behavioral Health to enhance a coordinated response for dually adjudicated youth and families; (2) reduce the numbers of dually adjudicated youth and families who further penetration into either the CPS or PCJCC systems; and (3) increase Behavioral Health participation in case supervision of dually adjudicated youth. The Dually Adjudicated Work Group submitted recommendations to Pima County Juvenile Probation and DCYF District Administration in August 2006, and continue to meet regarding implementation of the recommendations. The recommendations include: 1) establish a “specialized team” of Probation and CPS case managers; 2) hold a CFT within the first seven days of a child being placed in detention; 3) present a detailed cross training to CPS and Probation staff regarding navigating each system/agency; 4) allow reciprocal access to JOLTS and CHILDS; 5) provide a calendar to CPS and the Attorney General’s office identifying hearings for dually adjudicated youth; and 6) assign the same attorney for the child in both delinquency and dependency matters.

- *Education Committee* – This Committee’s goal is to improve educational outcomes for court-involved youth. The eight education subcommittees are currently involved in numerous projects. For example, 150 Pima County youth were taken to the University of Arizona Presents: Chris Gardner presentation in the Spring 2007; the Second Annual Pima Community College Career Day was held on April 17, 2007 at Pima Community College; a Pima County team will participate in the statewide Casey Foundation convening in July 2007; an Education Forum/Summit is planned for October 27, 2007. Also, “The Endless Dreams” video was created and will soon be available for computer based distribution for educators and the Early Education workgroup is developing an early childhood resource guide.
- *Adult Substance Abuse Committee* – The goal of this subcommittee is to increase the successful provision of timely and effective substance abuse services to parents. This committee has four workgroups. The Adult Network Subcommittee will focus on efforts to ensure CPS parents receive timely and effective substance abuse, therapeutic, and support services by implementing the “Protocol for Adult Network Referral Process for CPS Families.” The Immediate Engagement Subcommittee will focus on implementing changes in the pre-hearing conference, initial case plan, and the first 60 days of the dependency case to facilitate immediate engagement of parents, children, CPS, the court, behavioral health providers, attorneys and community partners. The Sustainability subcommittee will promote sustainability of the Pima County Family Drug Court program and identify problem solving strategies that can be applied to all dependency cases with substance abuse allegations. The Community Involvement subcommittee will establish strategies to engage the community in supporting children and families beyond sobriety for long term stability.
- *The CPS-Court Data Committee* – This committee was formed in March 2007. The entire committee meets every other month to explore trends and make decisions regarding data recording, identifying necessary practice changes and training. A smaller sub-committee meets one to two times per month, as needed, to explore and correct data inconsistencies between CPS and court data.

A shining example of collaboration between the Court, the Division, and other stakeholders is the Visitation Video that was developed in Pima County. This video features national expert Bob Lewis discussing and interviewing youth, birth families, foster families, and adoptive families about the importance of visitation, family connections, shared parenting, grief and many other issues. The video was distributed in October and November 2006.

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In northern Arizona (District 3), supervisory staff and Assistant Program Managers are active participants in the case flow meetings in Yavapai, Coconino, Navajo and Apache counties. The District also services part of Mohave County and will be requesting notification of Mohave County meetings. District 3 staff in each county are key members of the Juvenile Court Case Flow project. These county based teams are working to streamline court processes to achieve more timely Court decisions.

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

In western Arizona (District 4) Division employees are involved in the caseflow management trainings and in the implementation of the county caseflow improvement plans in Mohave County, La Paz County, and Yuma County. In Mohave, the team has been monitoring fifteen dependency cases to observe how their flow through the system. The group is also creating a chart for families involved in the system to track the timeliness of the process. In La Paz County the group decided to work on foster home retention and recruitment, with Judge Burke as the lead. In Yuma County the Assistant Program Manager donated a computer desk and Juvenile Probation donated a computer, so CPS staff can work while waiting for a court hearing. Monthly meetings with Yuma County mental health providers, the RBHA, and the Juvenile Court Judge are held to resolve problems and identify solutions to improve timeliness of services to children. Judge Nelson, the former Yuma County Juvenile Court Judge, compiled a list of attorneys committed to Dependency cases and stressed the importance of being on time and not being double booked, which has improved the issue. Judge Nelson also modified the Court calendar so that Dependency hearings are heard on Monday, Tuesday, and Thursday afternoons, to alleviate calendaring conflicts for Court personnel and attorneys.

In May 2006 the District 5 Program Manager and two Assistant Program Managers attended a Juvenile Justice Summit in Phoenix. Monthly meetings with the Pinal County Court have been held since that time. In September 2006 District 5 staff attended a Case flow Management Workshop. Local Caseflow Management meetings began in District 5 in October 2006. A parent handbook on Court proceedings was developed, and parents have been given the handbook at dependency hearings since February 2007. This book includes hearing dates, the case plan, service provider names, and other necessary information parents need at case onset to enable their successful participation in services and reduction of risk. The integrated Family Court project began in the fall of 2006, and merged with the Case Management meetings. This project addressed court processes with families who have involvement with more than one court case (dependency, delinquency, custody, etc.). Following the selection of Pinal County as a pilot site for addressing workforce issues for at-risk youth, the Integrated Family Court project evolved into the Vision for Youth Task Force, to focus on at-risk youth issues and the further integration of existing processes. The Vision for Youth Task Force includes District management, Court personnel,

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Juvenile Probation, Juvenile Corrections, and the District's independent living contracted provider. In addition, monthly meetings between the Assistant Attorneys General, the District Program Manager, and two Assistant Program Managers are held to discuss concerns and resolve issues affecting Court activity timeliness. In May 2007 this meeting was expanded to include Pinal County Judges, to discuss workflow and Court scheduling.

Division staff and the Gila and Pinal County CASA Programs have collaborated on various activities, including yearly CASA volunteer trainings, the Gila County Recruitment Council, support to local foster parent support groups, and attendance at local community events with CPS staff. In Pinal County the CASA Program sponsored a Christmas Party for approximately 120 children. In April 2007 local CASAs obtained buses for 200 children to attend the Diamondbacks Baseball game, chaperoned by the CASAs, Judges, and CPS staff.

Each of the four counties in District 6 has a caseload management team, with leadership from the Juvenile Court Judge. The counties also participated in the Pew Foundation's Fostering Court Improvement training meeting in April 2007, and held follow up meetings in May 2007. In Cochise County, Assistant Program Managers and other partners attend weekly drug court meetings to form a multi agency team to discuss and staff issues related to teens enrolled in Drug Court.

Consultation with Youth

Consultation with youth primarily occurs through the State's Youth Advisory Board, comprised of youth who are or were in out-of-home placement, CPS Specialists, and other agency and community professionals. The Board continued to meet quarterly in SFY 2007 to discuss challenges facing youth as they prepare for adulthood; and provide input on the program goals and objectives in the State Plan on Independent Living. The 2006 Annual Arizona Statewide Youth Conference featured workshops facilitated by youth trainers from the California Youth Connection organization. Youth spent three days participating in various activities that resulted in a number of recommendations on court improvement and improvements to the child welfare system. Youth presented these recommendations to a panel of decision makers which included the agency director and court staff. Youth also participate in various staff and provider trainings, conferences, and public forums to educate staff, providers, advocates, and the general public on the needs of older youth in care.

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

Stakeholder Input into Annual Report Development

In SFY 2007, stakeholder input was gathered simultaneously for the CFSR Statewide Assessment and the Child and Family Services Plan Annual Progress Report. Input was gathered through the following means:

- A meeting of District Program Managers, District Practice Improvement Specialists, and District Automation Liaisons was held in December 2006, during which participants discussed and recorded their insights related to each performance measure in the Statewide Assessment. The discussions were guided using the Statewide Assessment exploratory questions. Participants were particularly encouraged to identify data integrity issues, policy and practice issues, and local issues that may affect agency performance.

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- A presentation and discussion was held about the CFSR at the February meeting of the Council of Juvenile Court Judges. This meeting includes presiding Juvenile Court Judges from around the State, Court Administrators, and others. An overview of the CFSR and composite measure data was provided and discussion was held about data and methods for ongoing Court involvement in agency self-evaluation and program improvement activities.
- A presentation and discussion was held at the February meeting of the Youth Advisory Board. An overview of the CFSR was provided, youth were encouraged to be involved in local focus groups, and a brief survey was completed by youth attending the meeting.
- A Statewide Assessment Team of approximately 90 external stakeholders and Division staff was invited to attend a full day meeting on February 26, 2007, and a half day meeting on April 18, 2007. A full list of the Statewide Assessment Team members' names, titles, and agencies, has been provided to the U.S. Department of Health and Human Services. This Team includes a broad spectrum of stakeholders, representing all major stakeholder groups. Participants included, for example, Juvenile Court Judges, Tribal Child Welfare Directors, a birth parent, a foster youth, University Professors, contracted service providers, attorneys, and partners from various State agencies. The meetings provided an opportunity to educate the Division's stakeholders about the CFSR philosophy and process, and how the CFSR shapes the Division's vision for child welfare and program improvement activities. State and county level performance data on the CFSR composites was presented to the participants. In the second half of the February meeting, the participants separated into outcome focused groups and participated in a facilitated discussion of State performance, strengths, and needs related to safety, permanency, and well-being outcomes. During the April meeting, the Division presented the preliminary findings of the Statewide Assessment and received additional comments from attendees. Members of the Statewide Assessment Team were also provided a draft of the outcome related Statewide Assessment sections and were encouraged to provide their comments.
- Focus groups and/or individual interviews with youth, birth parents, and foster parents were held in each district during March and April. Thirty three current or former foster youth completed a one page survey. Twenty-seven of these participants also attended a focus group. Twenty-four birth parents completed a survey. Fourteen of these participants also attended a focus group. Fifty-seven resource parents completed a survey. Fifty-three of these participants also attended a focus group.
- Stakeholders also provide continual input through participation in ongoing collaborative committees and workgroups. See below for more information on these activities.

Coordination of CFSP Services with Other Federal Programs

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

- The Children's Behavioral Health IGA Executive Committee, including Family Involvement and Clinical Subcommittees
- The Council of Governments' (COGS) county-based Councils
- The Childhelp Children's Center of Arizona
- Arizona Families F.I.R.S.T.

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- The Family Recovery Project
- The Single Purchase of Care (SPOC) Committee
- The Dually Adjudicated Youth Committee
- The Child Welfare Case Management Advisory Committee
- The Family to Family initiative
- The CPS Committee on Education
- Partnerships with State Universities and Community Colleges
- The Methamphetamine Task Forces
- The Maricopa County Vision for Youth Community Collaborative
- The Court Improvement Program
- The Pima County Model Court Working Committee

The Department's Service Integration Initiative was developed precisely to coordinate Department-wide services to families. Service integration focuses on prevention and early intervention to build individuals' and families' capacities to improve their lives. Through service integration, individual and family strengths are assessed, and families are engaged to develop plans that build on those strengths to reach progressive goals in safety and self-sufficiency. The collective resources of the entire Department, its partner agencies, community-based organizations, and faith-based groups are used to support families' efforts. The Department is implementing many service integration strategies, including Family Connections Teams, TANF Service Coordinators, the Casey Family Programs' Breakthrough Series Collaborative on Service Integration, and Community Network Teams.

Extensive and continual collaboration occurs between the Division and Arizona's Department of Health Services, Division of Behavioral Health Services. See Section III, Part 3, CFSR Item 23 for complete information on collaboration to support child mental health assessment and treatment services. The Division has also partnered with Arizona's Department of Education to develop educational services for youth in out-of-home care. See Section III, Part 3, CFSR Item 21 for more information on these services.

The Department coordinates with county juvenile probation agencies the Arizona Department of Juvenile Corrections to ensure children with criminal and delinquency issues receive child protection services when needed. Each year the Division conducts numerous child safety and risk assessments initiated by a report from a youth's juvenile probation officer or guardian ad litem, or by a Court order from a Juvenile Court Judge hearing a delinquency or criminal matter. These cases may be closed after the investigative assessment if the youth's needs are being met by the parents, relatives, or community agencies. In other cases the youth becomes dually adjudicated as both a delinquent and dependent ward of the Court. Dually adjudicated youth can reside with their parents, in kinship homes, or in licensed foster homes or treatment facilities. Some reside in juvenile correctional facilities, juvenile detention, or therapeutic placements paid by the juvenile justice system. An inter-agency Protocol for Dually Adjudicated Youth has been finalized, and administrators from the Division and other State agencies (DHS, AHCCCS, and AOC) continue to meet and examine issues relevant to children involved in multi-systems. The needs of dually adjudicated youth are also addressed through local collaboration. For example, in Maricopa County Division and Juvenile Probation staff meet quarterly to ensure that each entity has an understanding of the other's mission and mandates and to address systemic issues.

In some cases it is determined that the youth's needs are best met through a juvenile probation agency or a Department of Corrections and services through the Division are no longer necessary. CHILDS data indicates that during FFY 2006 7,101 children discharged from the care of the Department. Twenty three of these children are confirmed to have transferred to the custody of a juvenile justice agency or the Adult Department of Corrections at the time of exit from the foster care system. These children were

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identified by creating from the State's FFY 2006 AFCARS data a list of all children who were age eight or older at the time of discharge from the Department of Economic Security's care and custody and had a removal end reason of "transfer to another agency." Narrative case information was read to identify the agency to which each child transferred. All twenty three of these children were in the care and custody of the Department of Economic Security (foster care system) for at least one day during FFY 2006 before transferring to the sole custody of the juvenile justice or correctional agency.

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

- Investigative CPS Specialists are co-located with law enforcement and other agencies in child advocacy centers in many communities throughout the State. In Maricopa County, staff are also out-stationed to Police Departments in Scottsdale, Peoria, Glendale, and Chandler. These staff complete joint investigations as outlined in the Maricopa County Protocol.
- Many CPS offices are in multi-services Department offices that house other Divisions or programs such as the Division of Developmental Disabilities, TANF, JOBS, and Vocational Rehabilitation.
- Many communities have co-located CPS staff and behavioral health, such as RBHA and Arizona Families F.I.R.S.T. staff. In Pima County behavioral health network liaisons are housed with the Division Mental Health specialists. In Maricopa County, ValueOptions' Comprehensive Service Providers are co-located in all of the eight non-specialized sections (those other than In-Home and Adoptions); and Arizona Families F.I.R.S.T. is co-located in five sections and plans to expand to all sections by the year's end.
- Contracted psychologists are also available on-site part-time in many offices, to provide easy access to psychological consultation.
- In Casa Grande (Pinal County) in-home service providers are located in the same building as the Division's local in-home unit. In district 2, two Family Connections Units are housed with CPS staff.
- In Pima County, a Vocational Rehabilitation Specialist is housed in the same office as the County's Young Adult Program, and 98% of his clients are YAP youth. The County's new Education Liaison is also housed at this office, to address the educational needs of YAP youth.
- Maricopa and Pima Counties have Division staff co-located at their County Court buildings. Two Case Aides and one Court Liaison are placed at the Pima County Court. CPS Liaisons are placed in each of the Juvenile Courts in Maricopa County, and are part of a Team comprised of Liaisons from Juvenile Probation, Juvenile Court Administration, and the RBHA. Their goal is to reduce the number of dependencies and delinquencies filed in Maricopa County.
- Two contracted resource specialists are housed in the CPS office with Home Study Specialists to assist with support services for kin placements.

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

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

Collaboration Activities

Since American Indian people are citizens of the States in which they reside, local government agencies and entities have the responsibility to serve the American Indian population that resides in their city, county, or State. The Division is responsible for providing protection for American Indian children who are under the care and responsibility of the State. The Department and the Division have comprehensive policy and procedures that support the provision of services to Native American families, consistent implementation of the Indian Child Welfare Act (ICWA) provisions throughout Arizona, and development of intergovernmental agreements with Arizona Indian tribes. The Division's policy was developed jointly with tribal, Division, and Office of the Attorney General staff. To identify children subject to the policy, CHILDS includes the American Indian Detail Window, which is used to record and display American Indian children's maternal and paternal family information and tribal affiliations.

In January 2007, the Department implemented policy that requires tribal consultation prior to actions that affect Indian Tribes. This policy requires that:

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

The Division's Indian Child Welfare Specialist meets regularly with tribal affiliates and designated State and tribal ICWA liaisons to address common concerns, monitor ICWA implementation and compliance measures outlined in the State IV-B Plan, and consult regarding implementation of the ICWA and participation in Titles IV-B and IV-E of the Social Security Act. To ensure compliance with the ICWA, the Indian Child Welfare Specialist provides technical assistance, case consultation, training of State and tribal child welfare staff, and qualified expert witness testimony in State courts. Case consultation and expert witness testimony are provided in collaboration with State and tribal attorneys and case managers.

On December 14, 2006, Department's Director and the President of the Navajo Nation signed the Title IV-E Intergovernmental Agreement between the Department and the Navajo Nation. Many Arizona Indian tribal representatives and Department staff who were in attendance at the 22nd Annual Inter-Tribal Council of Arizona, Indian Child and Family Conference on the Fort McDowell Yavapai/Apache Indian Community witnessed the historic signing. Consultation and training on Title IV-E participation is provided by the State's Title IV-E Specialist to the Navajo Nation and other tribes.

The Division contracts with the Inter-Tribal Council of Arizona, Inc. (ITCA) to provide consultation, technical assistance, and liaison services to 21 tribal governments in Arizona. The ITCA disseminates information among tribal leadership to promote awareness of child welfare matters, performs policy analysis, sponsors public forums to ensure tribal leadership understand federal and State policy

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initiatives, and sponsors the annual Indian Child and Family Conference and Child Protective Services Training. DES participates in the delivery of training related to child safety and risk assessment.

The effectiveness of efforts to comply with ICWA is continually evaluated through a consultation process that began in 1996. Joint strategic planning activities between the Division and tribal affiliates are conducted on a frequent basis. Each year, the Division and Arizona's tribes hold face-to-face meetings to jointly develop action steps to improve and maintain compliance with the ICWA, and collaborate to complete the activities. In SFY 2007 the Division and Arizona's Indian tribes achieved the following accomplishments related to the identified action steps:

- *Continue meetings with Indian Tribes to update, finalize, and develop new Inter-governmental Agreements (IGA) and Memos of Understanding (MOU) with Arizona Indian tribes pertaining to involuntary child custody proceedings involving American Indian children in State court* – The Division's Indian Child Welfare Specialist and an Assistant Attorney General met twice with the Colorado River Indian Tribe and District IV CPS staff. This tribe is framing an agreement based on the discussions. Follow-up meetings will occur in the next few months to review a draft proposal. The White Mountain Apache Tribe Tribal Attorney is also reviewing a proposed agreement.
- *Provide ICWA and cultural awareness training to increase awareness and knowledge among CPS staff of the Indian child Welfare Act and Indian cultures* – ICWA training is available as a component of case manager Core training through the Division's Child Welfare Training Institute. A comprehensive two day ICWA training is also available three times a year through a contract with the ITCA. During SFY 2006, approximately 60 CPS Specialists completed the ICWA Seminars. ICWA training is also available twice a year for social work student interns. During SFY 2006, approximately 25 student interns completed the training.
- *Coordinate State ICWA policy and procedures training with the Inter-Tribal Council of Arizona and the Arizona State University College of Public Programs for the benefit of State and tribal CPS personnel* – The trainings listed above included content on ICWA, cultural awareness, and ICWA policy and procedures.
- *Continue to hold regular meetings between the Division's Indian Child Welfare Specialist and State and tribal ICWA liaisons to develop a quality assurance instrument for reviewing ICWA cases under the jurisdiction of the Division; and to ensure inter-agency coordination, communication, and collaboration on ICWA cases* – State and Tribal ICWA liaisons reconvened their meetings in December 2006. Agenda items included the Bureau of Indian Affairs (BIA) report on the Federal Deficit Reduction Act and its impact on Tribal Social Services funding levels; a presentation on the Child and Family Services Review by the Division's CFSR Manager; and discussion of Tribal ICWA liaisons' concerns about 1.) untimely tribal responses to the State's ICWA notice of service, 2.) the probability that no ICWA cases will be selected by the federal random sampling methodology for the CFSR, and 3.) the Division's lack of a formalized process to measure compliance with ICWA requirements. It was agreed that the Division's CFSR Manager will assist the liaison group to develop an ICWA case record review instrument and implementation strategy. Tribal and State ICWA liaisons plan to start the process of developing an ICWA compliance measure and methodology in June 2007.
- *Continue to provide quarterly updates to the Tribal Social Services Work Group and ICWA liaisons on the number of children under State custody* – The Division assigned an MSW intern

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to complete an electronic review of all case involving Native American children in out-of-home placement, to ensure accurate and complete documentation in CHILDS of each child's tribal affiliation, and the tribal affiliation of each child's Indian parent(s). This process was completed in April 2007 and was vital to the reconciliation of State and tribal information, so that tribes have accurate information about their youngest members who need their commitment and attention. The next step is confirmation of tribal affiliation and eligibility for membership. The Division projects completion in September 2007.

- *Maintain a pool of qualified and trained expert witnesses, available to the Office of the Attorney General, to provide expert witness testimony in State dependency and severance proceedings -* The Office of the Attorney General has agreed to provide special training for tribal ICWA liaisons who are interested in testifying as expert witness. Training is projected to be completed by August 30, 2007.
- *Establish within the Division, in Maricopa County, another specialized ongoing case management unit to serve Native American children –* A specialized case management unit in Maricopa County continues to provide family reunification services to approximately 180 Native American children. The unit is staffed by five Native American and three non-Native American CPS Specialists. The Division's Indian Child Welfare Specialist completed demographic profiles of Native American children in out-of-home care in Maricopa and Pima Counties and proposals to justify additional specialized ICWA units in Maricopa and Pima Counties. In February 2007 it was determined by the District 1 Program Manager that it was not feasible to expand the specialized ICWA case management unit during SFY 2007 due to other pressing priorities and other factors. The proposal will be reconsidered next fiscal year. In April 2007 it was determined by the District 2 Program Manager that there were not enough Native American children in out-of-home care in Pima County to justify a specialized ICWA unit. Currently, fewer than 100 Native American children are in out-of-home care in Pima County. There need to be 120 Native American children in out-of-home care to justify a unit.
- *Continue to implement a culturally appropriate foster/adoptive family recruitment plan in collaboration with Native American communities and Native American organizations to increase the number of licensed/certified Native American foster and adoptive homes –* The statewide Native American Foster/Adoptive Families Recruitment work group convened in August 2005 to develop the Division's first comprehensive and coordinated statewide recruitment plan for Native American children in state custody. Of the 21 Indian tribes, ten were represented on the work group. The Division continues to collaborate with representatives from Native American tribes statewide to develop and implement strategies to recruit foster and adoptive homes for Native American children. The Division is hiring a full time employee to serve as a Native American Recruitment Specialist. This position will be dedicated to building awareness relating to the number of Native American children in foster care and to assist in recruiting homes specifically for Native American children. The work completed to ensure accurate enrollment and tribal affiliation information in CHILDS allows the Division and tribes to more accurately estimate the number of Native American resource parents needed.
- *Continue to support and collaborate with the Inter-Tribal Council of Arizona and Casey Family Programs to enable Indian tribes to receive Title IV-E funding by providing training and technical assistance –* The Division continues to provide training and technical assistance to tribes expressing an interest in implementation of a Title IV-E agreement. This has included CHILDS training and on-site training and technical assistance by Casey Family Programs. These

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services will be provided to the Hopi tribe in the summer of 2007, to support implementation of their Title IV-E agreement.

- *Continue to provide technical support and training to assist the Hopi Tribe to implement their Title IV-E agreement* - The Division entered into a Title IV-E agreement with the Navajo Nation in April 2007, and renewed an agreement with the Hopi Tribe in the same month. Although neither tribe has made a referral under the agreements, CHILDS and other training for tribal social service staff has occurred. An on-site visit with the Hopi Tribe occurred in May 2007, to discuss the implementation of the IGA. During the visit, a review of title IV-E eligibility requirements was presented to a team of Hopi program representatives. This team will coordinate information and communication with the Division. Preliminary steps to implement the IGA were also discussed with the tribe. The tribe plans to complete the preliminary steps by the end of June 2007. A data sharing agreement between the Hopi Tribe and the Division, and CHILDS access for Hopi staff, are expected to be in place by that time as well. The Pascua Yaqui Indian Tribe has also expressed an interest in pursuing a Title IV-E agreement. The tribe was given a copy of the Navajo agreement for reference. The Division is awaiting further communication about the agreement from this tribe.

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

The Division's policy manual includes a separate chapter on the Indian Child Welfare Act, which includes the following topic areas: 1) Identification of Any Child As American Indian Child; 2) Tribal Involvement Prior to Filing a Dependency Petition; 3) Removal and Temporary Custody of a American Indian Child; 3) Voluntary Consent to Foster Care Placement of a American Indian Child; 4) Providing Services to Facilitate Family Reunification; 5) American Indian Child Placements and Placement Preferences; 6) Permanent Guardianship; 7) Termination of Parental Rights and Adoption; 8) Consent to Adoption; 9) Foster Care as a Planned Living Arrangement and; 10) Providing Independent Living Services and Supports. This chapter was developed in consultation with tribal representatives to improve compliance and performance with the major ICWA requirements.

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

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

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

The ACYF Indian Child Welfare Specialist (Specialist) is considered the state “qualified expert witness” and is frequently called upon to provide testimony in State court dependency and/or severance proceedings. During calendar year 2006 the Office of the Attorney General filed 140 new dependency and/or severance petitions involving 262 children. In preparation for these hearings, the Specialist performs a wide range of tasks; to include a complete review of case file information including legal and court documents. The Division’s Indian Child Welfare Specialist collaborates with the Office of the Attorney General prior to dependency or termination of parental rights proceedings to prepare and provide qualified expert testimony in Juvenile Court. This provides an opportunity to assess the Department’s overall compliance with the major ICWA requirements on a case specific basis, including active efforts to prevent the breakup of Indian families. Feedback is provided directly to the CPS case manager, and areas needing improvement are integrated and reinforced in Case Manager CORE training. In addition to internal processes focused on compliance, periodic meetings with tribal affiliates and designated State and tribal ICWA liaisons further assist the Division to monitor ICWA implementation and compliance.

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

A specialized case management unit in Maricopa County (often referred to as the ICWA Unit) provides on-going family reunification services to approximately 180 Native American children. The Unit is staffed by five Native American and three non-Native American CPS Specialists. Performance trends noted by this Unit include:

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

In addition to establishment of a specialized Unit to manage ICWA cases, all other Districts have designated staff that specialize in the implementation of the ICWA. These staff provide consultation and training regarding ICWA requirements to other District staff, and facilitate services for Native American children and their families thorough tribal Social Services.

See Section III, Part 3, CFSR Item 14 for more information about the State’s success identifying Native American children and placing according to ICWA preferences.

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

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

9. Foster and Adoptive Home Licensing, Approval, Recruitment, and Retention

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

Arizona maintains standards for foster family homes, adoptive homes, and child care institutions in statute, rules, and policy. These standards are regularly reviewed and updated with stakeholder input. The standards are enforced through licensing, certification, and Court approval processes, including personal interviews, an extensive home study, a criminal background check, and a CPS record check. Licensed homes are monitored for compliance by community based agencies under contract with the Division through annual license renewal home studies and home visits by the Licensing Specialist. All licensing and regulatory functions within the Department of Economic Security are consolidated within the Office of Licensing, Certification and Regulation (OLCR). Establishing a single point of regulatory authority within the Department that is separate from the programmatic and child placement functions has eliminated duplication, streamlined licensing processes, and standardized application of all licensure and regulatory standards. The OLCR ensures that the licensing standards are applied equally to licensed foster homes, licensed relative homes, and licensed child care institutions.

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

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

State statutes require foster parents and adoptive parents to have a Fingerprint Clearance Card issued by the Arizona Department of Public Safety. State statute specifies the crimes for which a foster or adoptive applicant is denied a Fingerprint Clearance Card. These crimes are not in full alignment with the Adam Walsh Child Protection and Safety Act of 2006; therefore, legislation must be introduced and passed

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during the 2008 legislative session. Arizona was provided a delayed effective date of October 1, 2008 for State legislative amendments.

The results of the criminal history background checks are provided to the Department and to the licensing authority for foster parent applicants. The Department or licensing authority applies the standards without exception, and issues a notice of clearance, non-clearance, suspension, or revocation. The results of criminal background checks for adoptive parent applicants are provided to the Department and to the Court. Foster parents are required to have a Fingerprint Clearance Card, which is run continually for clearance. The Court makes a determination of acceptability as part of the certification process. Kinship provider criminal background check results are provided to the Department for clearance or non-clearance. Clearances are included in the home study submitted to the Court for approval.

Child care institutions are required to have staff complete fingerprinting prior to providing direct supervision to children in care. Group home and shelter staff are fingerprinted through the Arizona Department of Public Safety. The Department of Public Safety, Fingerprinting Division applies standards established in State statute to determine whether to issue a fingerprint clearance card or deny clearance, and to determine the clearance level of an issued card. An appeal process to determine a “good cause exception” is available for those who do not clear the background check through the Fingerprint Board due to certain crimes that are specified through State statute. The Fingerprint Board is composed of representatives from the Department of Economic Security, the Supreme Court, the Department of Health Services, the Department of Juvenile Corrections, and the Department of Education. Federal criminal background clearance is effective for six years for childcare institution staff and foster parents. Re-printing is required in the seventh year.

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

Diligent Recruitment of Foster and Adoptive Homes and MEPA

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

The Division conducts general recruitment through maintenance and response to the KIDSNEEDU and ADOPTUSKIDS phone lines, maintenance of the Department’s www.azkidsneedu.gov recruitment website, creation and use of the statewide Department logo “Children Need Homes” or other logo; receipt and promotion of national ADOPTUSKIDS media packets, and statewide proclamation of Adoption and Foster Care month. The Division contracts with community agencies for additional resource family recruitment, study, and supervision; including foster, adoptive, and kinship family recruitment. The contract effective November 2006 describes requirements for targeted and child specific recruitment. Recruitment focuses on individuals who reflect the ethnic/racial population of

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children in custody and the neighborhoods where the children were removed. Targeted recruitment occurs for sibling groups, older children, specific ethnic groups, geographic areas and any other priority areas identified by a District. Each agency submits a targeted recruitment plan to its District semi-annually. Contracted providers recently submitted their first progress reports on the required program outcomes, which will be reviewed and monitored by District contract administrators and Recruitment Liaisons. The contracted agencies, Division management, contract administrators, District Recruitment Liaisons, and others meet quarterly to discuss any contract issues and service delivery, and are developing statewide contract monitoring tools.

State policy requires child specific recruitment be conducted to find adoptive families for legally and non-legally free children for whom no homes are found on the CHILDS Provider (Adoption) Registry, including children with special needs. All appropriate recruitment resources must be explored and/or utilized within three months of a referral for child-specific specialized recruitment. Child-specific specialized recruitment activities include registering the child with the *Arizona Adoption Exchange Book*, the National Adoption Exchange, Wednesday's Child, the Arizona Heart Gallery, and other cross-jurisdictional resources, such as regional exchanges. Special recruitment also includes listing on Adoption.com, and notices in quarterly newsletters to Arizona's foster parents and adoptive parents. For children who are not legally free, child specific recruitment is initiated on a selective basis, determined by the child's particular circumstances.

Each year, the Division meets with foster and adoptive home recruitment and support providers and other stakeholders to jointly develop objectives and action steps to improve recruitment and retention of resource families. In SFY 2007 the Division and its stakeholders achieved the following accomplishments related to the identified objectives and action steps:

Recruitment/Retention Objective 1: *Increase the number of foster and adoptive homes in targeted communities by increasing community awareness and engaging community partners to actively recruit and support new foster and adoptive families in their neighborhoods*

With community involvement at the center of recruitment, Arizona has implemented several new recruitment tools. The Division established community Recruitment Councils and Recruitment Liaison positions, developed localized recruitment plans, collaborated with faith based communities within communities of color, equipped a recruitment response center to respond to public inquires, implemented a statewide marketing campaign, and identified mentor programs for youth and resource parents. Arizona also continues implementation of the Family to Family initiative, whereby foster and adoptive parents are recruited from the communities in which children are being removed. For more information about the Family to Family initiative and related resource parent recruitment activities, see Section III, Part 1, *Crosscutting Initiatives*.

The Division hired Recruitment Liaisons that successfully instituted Recruitment Councils in each of the six districts. Each liaison has engaged various faith communities, child welfare agencies, schools and community network teams in recruiting and supporting homes for children in foster care. The Division also revised the Home Recruitment, Study, and Supervision (HRSS) contracts to emphasize work with communities of color and within communities in which children have the highest rates of entry to foster care. More than twenty of these community based contracts were awarded in November 2006. Recruitment liaisons and the Community Recruitment Councils have identified targeted geographic areas from which children are most likely to be removed, and developed strategies to address the particular needs of each community.

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In October 2006, Arizona held its first faith based summit ("Family to Family-- Faith to Faith") at the State Capitol, aimed at engaging and supporting faith communities in providing unique solutions for stabilizing families and keeping children safely in their communities. Inspiring nationally recognized speakers including George Clements (One Church, One Child), Willbert Talley (National Network of Adoption Advocacy Programs) and Tim Briceland-Betts (Child Welfare League of America) cast the vision for over 300 faith leaders, child welfare advocates and CPS program managers and staff, who came together to begin capturing and connecting resources in their respective communities. Rounding out the full day's activities were several panel discussions that culminated with a conversation among legislative leaders and state child welfare professionals on Arizona's commitment to succeed. Specific tools such as bulletin inserts were included in the packet of materials. Plans are underway to expand distribution to additional congregations and to develop additional materials. Following the faith-based summit, each recruitment liaison was asked to review the composition of the recruitment councils in their geographic areas and encourage additional membership if needed.

In January 2007, the Division delivered training on the importance of child specific and targeted recruitment. The training provided tools for implementing these types of recruitment to statewide district recruitment council members. Community-based contract agencies provide semi-annual reports on their recruitment outcomes to the Division.

The Division has worked to increase the public's awareness about the need for resource parents and the children needing homes. For example:

- Statewide District Liaisons participated in a forum and retreat to refine the marketing message and receive media training in preparation for engaging community partners. The Division launched the new statewide marketing campaign in 2006. Each component of the campaign addresses the need for diligent recruitment efforts. Campaign components include: television ads and announcements, radio ads and announcements, a new logo, and updated collateral materials. Grassroots marketing efforts including newspaper ads, church bulletin inserts, recruitment videos featuring foster parents, staff and foster care alumni. District Recruitment Liaisons are currently working with contract providers to increase local media attention.
- The Arizona Statewide Newsletter was also revised and the first issue was distributed in December 2006. The newsletter is now published by the Division and is distributed to all foster and adoptive parents. The newsletter includes information relevant to foster and adoptive parents, features children in need of permanent adoptive placements, provides specifics on upcoming training opportunities, shares information on Arizona's Family to Family initiative, and provides information and resources to assist foster and adoptive parents to meet children's medical and overall well-being needs. The newsletter also provides key contact information and various mentor services available for foster parents.
- The Division continues to collaborate with various community partners, including Casey Family Programs, the Arizona Association for Foster and Adoptive Families, the Court Appointed Special Advocate program, the Foster Care Review Board, Arizona Friends of Foster Children, the Arizona Statewide Youth Advisory Board, and the Children's Action Alliance to conduct Foster Care "Blue Ribbon" events, the Children Need Homes Conference, National Adoption Day, and many ongoing training and outreach activities throughout the year. To support these activities, Arizona Governor Napolitano declared May as National Foster Care Awareness Month. In all geographic districts throughout the State, events were held in celebration of foster care awareness month, including ribbon tying events and picnics. The Division, the Arizona

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Association for Foster and Adoptive Parents (AZAFAP), and Casey Family Programs sponsored a Blue Ribbon Event that included foster and adoptive parents and their children attending an Arizona Diamondbacks baseball game.

- To build partnerships, the Division's Deputy Director regularly participates in meetings with members of the State Legislature, various community organizations, and child welfare advocates, providing information about statewide recruitment efforts including school and faith based initiatives.

A list of volunteer mentor programs designed to benefit foster children was developed and distributed statewide. The Arizona Association of Foster and Adoptive Parents currently provides mentoring to prospective resource parents who are in the licensing process. The Division continues to support the efforts of the Arizona Association of Foster and Adoptive Parents.

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

- The OLCR processed 287 initial Division foster home applications in the quarter ending March 31, 2007 – up from 252 in the quarter ending September 2006 and 197 in the quarter ending December 2006.
- In the year ending March 2007, 989 applicants were issued an initial foster home license. Only 24 applicants were not issued a license, either because the application was denied or the applicant dropped out of the process. The number of foster homes licensed per month maintained at 101 in March 2006 and 102 in March 2007.
- The number of Division foster homes that closed was 184 in the quarter ending June 2006, 118 in the quarter ending September 2006, 272 in the quarter ending December 2006, and 157 in the quarter ending March 2007. The number of new licenses issued during the year was greater than the number of closures, resulting in a net gain of foster homes.
- On March 31, 2007 there were 3,179 licensed foster homes, up from 3,049 in February 2007, and well above the baseline average of 1,792 in the months of July through December, 2003.
- The annualized growth rate in the number of licensed foster homes for the year ending March 2007 was 14%.

Recruitment/Retention Objective 2: *Implement a statewide marketing campaign that will increase the overall public awareness for the need for more foster and adoptive homes throughout the state.*

In addition to the activities described above, the Division accomplished this objective by continuing to educate Division employees about the need for resource parents, and by developing data to measure the effectiveness of recruitment activities. The Division expanded the curriculum of new employee CORE training so that new employees are provided more information on the need for foster and adoptive families, highlights of the www.azkidesneedu.gov website, the toll-free 1-877KIDSNEEDU home recruitment response and information system, State marketing campaign strategies, and the national AdoptUsKids. This information is also presented during the initial Family to Family training presented to new CPS Specialists and all Division staff.

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The Division is tracking the number of inquiries generated from general marketing efforts and has a significant online collection of news stories that have been published in the past 14 months. The Division is further developing the ability to track and assess the effectiveness of media efforts at monthly intervals. The Division has developed a data report to identify the types of children requiring homes to inform targeted recruitment, and individual children needing child specific recruitment. This report also allows the Division to track progress in the identification and placement of children in permanent homes and achievement of finalized adoption.

Recruitment/Retention Objective 3: *Operate a more personalized toll-free information line so that inquiries from the public regarding foster and adoptive parents can be responded to by a Recruitment Response Specialist.*

The Division is expanding the capacity of the call center to receive calls, developed procedures so that inquiries are addressed quickly and consistently, and is tracking call volume, source, and other indicators relevant to successful licensing and certification. The Division is funding additional FTEs for the call system to expand the hours of operation to seven days a week and to 8:00 pm on weekday evenings. In most cases the Division is responding to callers, e-mails, and AdoptUskids inquires within twenty-four hours of inquiry, and in all cases within seventy-two hours of inquiry. The Division has also enhanced the information packet distributed to individuals who express an interest in becoming foster or adoptive parents. Information is distributed through the 877KIDSNEEDU toll-free response and information.

The Division developed a system to track all calls received by the 877KIDSNEEDU system. The database tracks the number of calls in English and Spanish as well as other information that assists the Division in monitoring general home recruitment efforts. The Division gathered data from 2005 to establish a baseline for call volume and the baseline is now used to evaluate current activity. The Division uses tools and resources from AdoptUskids to effectively respond to inquiries about foster care and adoption. The Division and community home recruitment, study, and supervision agencies have received specialized training on engaging foster and adoptive parents from the first phone call of inquiry. Tools and training have helped staff enhance their ability to follow up with prospective families and ensure families are supported through the licensing process.

Recruitment/Retention Objective 4: *Increase the number of kinship families so that children in congregate foster care (shelter and group homes) and children with a case plan goal of adoption without an identified adoptive family can be expeditiously placed in a family setting.*

In SFY 2006 the Division successfully located kinship homes, thereby reducing the number of children in congregate care and identifying adoptive homes for waiting children. This objective was achieved by increasing the availability of Family Group Decision Making conferences, establishing follow-up supports to FGDM conferences, strengthening child-specific recruitment contracts, increasing the use of Child and Family Teams to support adoptive parents, and developing new methods to support kinship families.

In SFY 2007 the Division monitored the number and identity of children with no identified adoptive placement resource to ensure that child-specific recruitment occurred, and children in congregate care to ensure efforts were made to identify a relative or other family-based home. The new HRSS contract was implemented in November 2006 to require defined child-specific recruitment activities, including direct contact with relatives, friends, and former caregivers; collaterals such as coaches, mentors, or teachers; and/or significant adults identified in the child's record or during interviews. The HRSS contracts encourage providers to use Family Group Decision Making (FGDM) to identify and facilitate contact

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with family members or other significant adults.

The Division has increased its services and supports for kinship caregivers. See Section III, Part 2, CFSR Item 15 for complete information on these accomplishments. The Division is also reaching out to current kinship placements and discussing the option of becoming licensed, which allows kinship caregivers to benefit from all of the supports available to licensed foster families. Behavioral Health services are particularly important to the preservation of kinship and other placements. The Division continues to collaborate with the Division of Behavioral Health Services to provide assessment and treatment services. Child and Family Team meetings provide ongoing opportunities to identify and address the needs of children and their caregivers. See Section III, Part 4, CFSR Item 23 for information on mental/behavioral health services for children.

The Division is also providing more comprehensive post-adoption support services and therapeutic services to prevent adoptive placement disruption. The Division is funding a position dedicated to receiving and responding to issues and concerns expressed by prospective and current foster and adoptive parents, and examining the reasons that some foster families do not renew their annual foster home license. The Division recognizes that peer support is especially important to kinship and resource parents, and therefore continues to actively support the Arizona Association for Foster and Adoptive Parents (AZAFAP). The Division includes feature articles related to the AZAFAP in the statewide foster and adoptive parent newsletter and distributes AZAFAP membership brochures to all potential Arizona foster and adoptive parents. The Division requests input from the AZAFAP in the planning of its annual Children Need Homes conference, particularly the portion designated for foster and adoptive parents. Foster parents are also honored at a special recognition dinner sponsored by the AZAFAP, as well as during the annual Children Need Homes conference. The Division partnered with the AZAFAP to celebrate National Foster Care Month (May 2007).

Data indicates these and other efforts have successfully identified kinship and other placements for children and reduced the number of children in congregate care. For example, from FFY 2001 to FFY 2004 63 to 65% of children in care on the last day of the year were in family foster home or relative placements; and 26 to 30% were in congregate care settings. By September 30, 2006, the percentage of children in congregate care had dropped to 17% and the percentage in relative or family foster care had increased to 76%. The percentage of children with a goal of adoption that have no identified adoptive placement has decreased from 12% on March 31, 2005 to 5% on March 31, 2006.

Recruitment/Retention Objective 5: *Strengthen the Division's relationship with communities of color in an effort to promote the recruitment of foster and adoptive families in these communities.*

More than half of the children in out-of-home placement and more than half of the children awaiting an adoptive home are of African American, Native American, Hispanic, or other minority origins, which clearly indicates the need for ethnically and racially diverse foster and adoptive homes for children. The Division's HRSS contract that went into effect November 2006 requires targeted recruitment efforts to reflect the characteristics of the foster care population in Arizona. The contracted recruitment agencies include many who focus on recruitment of families specifically for African American children, Hispanic children, and children with special medical or developmental needs. The HRSS contract includes eleven outcomes and sixteen performance measures, including some to encourage recruitment of families that reflect the ethnic diversity of children in foster care. Contractors receive incentive payments based of an amount based upon the number of performance measures met. Outcomes related to foster and adoptive home diversity include:

- Children shall be placed in foster care in their own neighborhood; and

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- Resource families shall reflect the race, ethnicity, and national origin of children needing placement.

Children placed in their home neighborhoods are more likely to be placed with families of the same race, ethnicity, or national origin. The Division is collaborating with the Arizona State University School of Geography to implement a mapping system to identify the specific areas, statewide, in which children are being removed from their homes. The maps were distributed in October 2006, and identify the number of children removed from each county, zip code, and school district; the age groups and ethnicity of removed children; and the areas where licensed foster homes currently exist in relationship to the areas in which children are being removed from their homes. The maps were also distributed to the new HRSS contract agencies in November 2006. The Department is exploring the possibility of bringing the GSI mapping system internally through a partnership between the Division and the DES Research Administration.

The Division has been collaborating with representatives from Native American tribes statewide to develop and implement strategies to recruit foster and adoptive homes for Native American children. The Division is hiring a full time employee to serve as a Native American Recruitment Specialist. This position will be dedicated to building awareness relating to the number of Native American children in foster care and to assist in recruiting homes specifically for Native American children. Case file reviews have been conducted for all children identified as Native American. Through this process the Division has updated 180 child files with enrollment status and/or tribal affiliation. These updates are now being entered into the CHILDS data system and Tribes are being contacted with the enrollment verifications for the children in out of home placement. This improved information allows the Division and tribes to more accurately estimate the number of Native American resource parents needed.

The Division has also pursued strategies to engage the Latino and African-American communities in foster parenting. The Division has collaborated with entities such as the Phoenix African American Evangelical Pastors Coalition, the Greater Phoenix Black Chamber of Commerce, various Black Fraternities and Sororities, the Boeing Black Employees Association, and Multi-Dimensional Faith-Based Recruitment/Outreach. Activities to recruit Latino families have included participation in the Annual Hispanic Women's Conference, the National "Answering the Call" Spanish recruitment campaign, and collaboration with Hispanic media affiliations. The "Meet Arizona's Waiting Children" link on the KidsNeedU website is now also available in Spanish and the 877KidsNeedU Home Recruitment Information and Response System provides personalized responses to inquiries in English and Spanish. Potential families can access many reports, data and training information in Spanish. The website also provides the opportunity for individuals to email questions to the 877KIDSNEEDU response and information center in Spanish. Over 25% of all television ads and announcements regarding the need for foster and adoptive homes were aired in Spanish on different networks.

The Division has also improved recruitment of families that reflect the communities and ethnicities of children needing homes by supporting involvement of former and current foster youth in resource family recruitment and retention activities. The Youth Advisory Board assisted the Division to develop the statewide marketing campaign to recruit families for youth in care, and one member appears in a new recruitment video. Youth helped the Division to select training topics for youth and staff at the annual Children Need Homes Conference. Foster care alumni and youth in care provide additional valuable input regarding home recruitment through their contact with the District Recruitment Liaisons and placement staff. The Division is also working to incorporate former foster youth into PS MAPP training, which is Arizona's standardized foster and adoptive parent pre-service training program. YAB members are currently working with Dr. Stephani Etheridge-Woodson of Arizona State University (ASU) on the

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second Place, Vision and Voice project (through the ASU Theater Department) to produce their own Public Service Announcement, billboard/ads, and potentially a live performance to break down negative stereotypes associated with older youth in care. The Place, Vision and Voice project has been extended as additional time is needed for youth participation and for ASU to obtain project-related funding. Dr. Etheridge-Woodson will be participating in the August 2007 Statewide Youth Conference to engage more youth in the project. The current Chafee Foster Care Independence Program Plan includes financial incentives and other support to encourage youth (including alumni) participation in a variety of advocacy, mentoring, training, and program development activities. Youth receive \$25.00 incentive payment for participation in statewide trainings and meetings.

Use of Cross-jurisdictional Resources for Permanent Placements

Division policy supports the permanent placement of children in other jurisdictions. Policy states that “the ability of the family to meet the child's needs shall govern the selection of an adoptive family; no single factor shall be the sole determining factor in the selection of a family, and the Department shall not deny or delay the placement of a child for adoption when an approved out-of-state adoptive family is available for placement.” Adoption Promotion funds are available statewide to encourage and promote cross-jurisdictional adoptive placements. These funds can be used to cover unexpected incidentals that do not qualify as non-reoccurring adoption expenses and would otherwise hinder the finalization of an adoption. These expenses may include transportation costs associated with cross-jurisdictional placements.

The Division is successfully using cross-jurisdictional resources to achieve adoption, and continues to address barriers to cross-jurisdictional adoption whenever they are identified. Ongoing dialogue with recruitment agencies has proven vitally important to reducing systemic barriers to permanency outcomes. Arizona continues to expand its capacity to recruit foster and adoptive families across the country with the hope that this will bring about an increase in the number of cross-jurisdictional placements and successful adoptions. Recruitment efforts include the continued use of resources such as the statewide adoption registry, Adoption Exchange Book, contract agency websites, and the national adoption exchange/photo listing on AdoptUsKids.

The Division has implemented a new contract to enable comprehensive child specific recruitment. The HRSS contract became effective November 2006, and describes the expectations for contracted child specific recruitment. Within the first thirty days of receiving a child specific referral from the Division, the contractor is to prepare an individualized plan for identifying a permanent home for the child or sibling group in need of adoption. The plan must include individualized activities, strategies, and resourced to be implemented within the next 60 days and must include but not be limited to the following activities:

- direct contact with relatives, friends, and former caregivers; collaterals such as coaches; mentors; teachers; and/or other significant adults identified in the child’s record or during interview (who may be in-state or out-of-state);
- customized marketing tools such as brochures, posters, letters, newspaper articles, TV interviews and radio spots for the identified child; and
- strategies that reflect searches have been conducted at all child placement or adoption agencies in Arizona to identify possible matches.

Arizona is successfully using these special recruitment resources to place children in adoptive homes. In SFY 2006, 62 children were referred for child specific recruitment through such efforts as AdoptUSKids and The Arizona Adoption Exchange. This represents a 71% increase from the 35 referrals received in

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2005. Children legally free for adoption continue to be displayed on both the national and local adoption registries. A statewide photo listing, Adoption.com, also continues to serve as a valuable resource. In SFY 2006, Adoption.com received 176 inquiries. The inquiries/referrals received from Adoption.com are forwarded to the appropriate CPS Specialist or contracted Adoption Specialist. In SFY 2006, 34 children were placed outside Arizona as a direct result of special recruitment efforts, including sibling groups and children with special needs.

B. Objectives and Activities for SFY 2008

The following objectives and major activities for SFY 2008 are those most closely related to improving systemic factors. These objectives and activities will also support achievement of safety, permanency, and well-being outcomes. For example, Division efforts to recruit and retain staff will impact the Division's ability to achieve all the safety, permanency, and well-being outcomes. These objectives and activities are based on input from Division staff and child welfare stakeholders, and other strategic planning processes.

Objective 14: Increase the number of foster, adoptive, and kinship homes, particularly in targeted geographic communities, communities of color, and for children over age nine

1. Develop Geographical Information System (GIS) map projects using CHILDS data depicting the geographical areas and demographics of the targeted communities where the highest number of children enter out of home care and the lowest number of licensed resource families exist, and share these with all private contracted agency partners, community and faith-based councils, foster care associations and other stakeholders to increase awareness of targeted needs.
2. Monitor, consult with, and provide performance incentives to the Home Recruitment Study and Supervision contract agencies to ensure the following outcomes are met:
 - Increase the number of newly licensed homes within targeted neighborhoods
 - Increase the number of children placed within their own neighborhood
 - Increase percentage of children in out of home placement who had monthly contact with siblings who are not placed together
 - Increase the percentage of resource families that reflect the race, ethnicity and national origin of children in out of home care
 - Increase the percentage of children ages nine and older that are placed within a family setting
 - Increase percentage of resource families who feel supported
3. Provide technical assistance through the Annie E. Casey Family to Family initiative's Recruitment Development and Support strategy, to ensure community contract agencies have training and tools on developing targeted and child specific recruitment plans.
4. Continue to develop, distribute, and train staff to use a data report identifying children with an adoption goal and children who are legally free and do not have an identified adoptive placement, to assist district managers to track child specific recruitment efforts.
5. Collaborate with National Resource Centers to increase the percentage of waiting children who are featured on inter-jurisdictional tools such as the AdoptUskids website, by providing technical assistance to contracted community providers and Division adoption staff on using inter-

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jurisdictional resources to identify adoptive homes in other states.

6. Provide technical assistance on utilizing the Arizona adoptive family registry in order to increase the percentage of waiting families who are listed on the statewide adoption exchange and to improve the ability to locate families for waiting children in other districts.
7. Continue to support the Arizona Heart Gallery by sending referrals of waiting children and by sharing information with community stakeholders about Arizona Heart Gallery events.
8. Provide technical assistance to Independent Living staff on how to increase opportunities for youth to participate in recruitment activities and recruitment planning.
9. Use general recruitment activities to expand community awareness of the need for foster and adoptive homes by:
 - expanding television ads to include Northern Arizona,
 - expanding placement of radio/audio ads in targeted communities,
 - selecting three large events that draw people around the State where KidsNeedsU can be promoted,
 - updating the Department's www.azkidsneedu.gov website to improve the content of information provided,
 - promoting the new KidsNeedU logo by placing on recruitment ads produced by contracted agencies and collateral materials such as pens, hats, and giveaways at statewide Adoption Month and Foster Care Month Events, and
 - conducting Faith-based outreach activities and engaging faith communities in the Family to Family Faith to Faith Summit October 3, 2007.
10. Drafting and distributing the Arizona statewide newsletter to 6,700 foster and adoptive resource families in Arizona with current information on waiting children, new Division programs, and a section dedicated to specific medical and dental information for foster and adoptive children.
11. Track progress of non-licensed kinship families expressing a desire to become licensed or certified, to identify and address any systemic barriers to becoming licensed or certified caregivers.
12. Improve support of foster and adoptive families by actively participating in foster care and adoptive month activities.
13. Provide increased supports to families who are at risk of adoption disruption or dissolution by providing them in-home support services, counseling and transition services and supports.

Objective 15: Improve services and increase ICWA compliance on cases involving Native American children

1. Continue meetings with Indian Tribes to update, finalize, and develop new Inter-governmental Agreements (IGA) and Memos of Understanding (MOU) with Arizona Indian tribes pertaining to involuntary child custody proceedings involving American Indian children in State court.
2. Continue to provide ICWA and cultural awareness training to CPS staff to increase their awareness and knowledge of the Indian Child Welfare Act and Indian cultures.

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3. Continue to coordinate State ICWA policy and procedures training with the Inter-Tribal Council of Arizona and the Arizona State University College of Public Programs for the benefit of State and tribal CPS personnel.
4. Continue to convene a workgroup of Department staff and tribal ICWA liaisons to develop a quality assurance instrument for reviewing ICWA cases.
5. Complete quality assurance case reviews on a random sample of ICWA case files to monitor compliance with early identification of American Indian children, notice to tribes, placement preferences, provision of remedial/rehabilitative services, and effectiveness of ICWA training.
6. Continue to provide quarterly updates to the Tribal Social Services Work Group and ICWA liaisons on the number of children under State custody.
7. Continue to hold regular meetings between the Division's Indian Child Welfare Specialist and State and tribal ICWA liaisons to ensure inter-agency coordination, communication, and collaboration on ICWA cases.
8. Increase the number of witnesses available to the Office of the Attorney General to provide expert witness testimony in State dependency and severance proceedings.
9. Explore the feasibility of establishing an additional specialized ongoing case management unit in District 1 to serve Native American children.
10. In collaboration with Native American communities and Native American organizations, continue implementation of a culturally appropriate foster/adoptive family recruitment plan to increase the number of licensed/certified Native American foster and adoptive homes.
11. Continue to support the Inter-Tribal Council of Arizona to enable Indian tribes to receive Title IV-E funding by providing training and technical assistance.
12. Continue to provide technical support and training to assist the Navajo and Hopi Tribes to implement their Title IV-E agreements.

Objective 16: Collaborate with the Juvenile Court, Court Improvement Program, Foster Care Review Board, and CASA Program to improve outcomes for children and families involved in dependency cases

1. Continue participation by the Division's Administration for Children, Youth and Families Program Administrator, Child and Family Services Manager, and a CPS Unit Supervisor in the CIP Advisory Committee.
2. Participate in Caseflow Management Summits and in the implementation of the county Caseflow Management improvement plans.
3. Continue to provide dependency training for attorneys assigned as guardians ad litem for children and ensure that they receive the training prior to their appointment, as required by the Child Abuse Prevention & Treatment Act (CAPTA).

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Objective 17: Participate in the Casey Family Programs Breakthrough Series Collaborative: Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System

1. Continue to spread the learnings from the BSC through the implementation of a diversity committee in each CPS office in Maricopa County and through the testing of new strategies.
2. Continue rolling out the “Knowing Who You Are” enhanced learning from Casey Family Programs.
3. Add “ethnicity” as a demographic indicator on satisfaction surveys for families when they are enrolled in various CPS contracted services that utilize a satisfaction survey.
4. Continue to test and spread results from the revision to the Speaker Bureau’s presentation that added statistics on the ethnicity of children in out-of-home care.

Objective 18: Increase family, youth, and stakeholder involvement in agency planning and practice improvement activities

1. Continue to hold quarterly meetings of the Foster Youth Advisory Board, comprised of youth who are or were in out-of-home placement, CPS Specialists, and other agency and community professionals.
2. Continue to participate in meetings of the Governor’s Oversight Committee for CPS Reform.
3. Continue to expand the role of community organizations, including faith-based organizations, in Community Network Teams, Family Connections, Family to Family, local Recruitment Councils, and other efforts of the Division to improve services to children and families at the local community level.

Objective 19: Improve CPS Staff workload conditions and work environment

1. Provide methods for efficient data and case note entry and modify CHILDS to facilitate navigation within the system.
2. Implement a “roving staff” concept to assist difficult-to-fill urban and rural offices with CPS investigations and, in the interim, deploy Central Office staff to assist with CPS investigations, child monitoring, in-person contacts, and other case management functions.
3. Obtain funding for CPS staff to purchase meals and snacks for children.
4. Reconvene and redefine the purpose of the Division’s Recruitment and Retention Advisory Board in conjunction with implementation of the Cornerstone for Kids' Workforce Planning process and formation of the Division's Workforce Planning Team.
5. Utilize Cornerstones for Kids’ technical expertise to create a strategic workforce development plan that supports the Department’s vision and aligns with the Family to Family goals and strategies.

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6. Enhance efforts to recognize employees.

Objective 20: Improve the hiring process for CPS Specialists and Supervisors to recruit the right people and retain staff

1. Modify the interviewing process to better evaluate passion, flexibility, values, and strengths of prospective employees; implement the process through the Hire For Fit Committee.
2. Continue to require all new applicants to view the new Realistic Job Video that portrays the opportunities and challenges associated with working for CPS in Arizona, prior to the applicant submitting an application or participating in a job interview; continue to analyze results after implementation, and make correction in delivery as needed.
3. Develop a CPS Marketing Campaign, with technical assistance provided by ADOA, to assist in the recruitment and retention of new CPS employees.

Objective 21: Improve ease and quality of documentation of CPS case activity; particularly initial response, comprehensive assessment, and contact with non-custodial or incarcerated parents

1. Provide access to software and dictation services for faster entry of case notes.
2. Develop training curriculum on child welfare documentation, and link training materials to the on-line policy manual.

Objective 22: Institutionalize a system to obtain and review information about the efficacy of the Division's training programs in achieving Division outcomes and goals, and improve the accessibility and content of training as indicated

1. Continue to use the CWTI Training Advisory Committee to provide input into training needs and strengths.
2. Continue to review the results of weekly Case Manager Core Training Evaluations and the ASU research on trainees' Self-Assessment of Skills Knowledge, and Abilities; and improve Case Manager Core Training as indicated by these evaluations.
3. Continue Case Manager Core revisions as needed, to reflect Division initiatives (for example, the implementation of the new CSA-SRA-Case-planning process; Infant and Toddler Mental Health; and family-centered case practice).
4. Assess the pilot CPS Specialist Coaching Unit; compare this unit to another field training model; determine if expansion is warranted and feasible, or if implementation of a different model is indicated; and make recommendations to the Division as to the best model of provision of field training to new staff.
5. Explore the feasibility of using alternative modes of training delivery to make training more readily accessible to participants statewide, when appropriate to the training subject. The CWTI will ensure that the quality and integrity of the training content is maintained first and foremost,

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and utilize alternative delivery in a way that reduces participant travel, but also adheres to adult learning principles.

6. Finalize and provide advanced training in high quality documentation to all existing field staff state-wide.
7. Continue to provide training refreshers in CHILDS and the CSA-SRA-Case-planning process, and identify whether refreshers are needed in other areas, such as documentation.
8. Contingent upon resources, continue plans to implement advanced coursework for continuing education for CPS employees.
9. Finalize revisions and implement three advanced courses for the new Supervisor Core Training. The CWTI will also identify and add any specific courses that are needed (for example, a class focused on supervision of the new CSA-SRA-Case Planning process).
10. Partner with ASU to develop additional coursework on group supervision and/or other advanced manager's training.
11. Provide follow-up training and local support to Managers state-wide, to embed use of the new CSA-SRA-Case-planning Process in child welfare practice.
12. Further define, develop, and implement a method to evaluate the overall efficacy of the training programs and the training system as a whole.

Objective 23: Develop supports and skills of CPS unit supervisors

1. Enhance the current group supervision process to promote and reinforce family centered concepts and practice principles, promote communication and growth among CPS field staff.
2. Use Central Office staff with prior CPS supervisory experience to mentor and provide on-site assistance to CPS Unit Supervisors, as needed.
3. Continue Division efforts to create two grade levels for CPS supervisory positions to assist in recruitment and retention of supervisory staff.
4. Continue to modify the CPS Supervisor Core Training Curriculum.
5. Continue to revise and review the Clinical Supervision forms and procedures to determine their effectiveness in assisting Supervisors in their case decisions.

Objective 24: Improve the accuracy and accessibility of AFCARS, NCANDS, Practice Improvement Case Review, and other critical performance data; and increase use of data in field practice and system improvement

1. Continue to add performance indicators and report capabilities to the Business Intelligence Dashboard that allows administrative, supervisory, and practice improvement staff to generate worker, unit, or district specific reports to track key performance indicators.

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2. Continue to train staff to use the report on adoption timeframes to analyze and improve agency performance in timeliness of achieving adoption.
3. Continue to hold meetings of District Automation Liaisons, Practice Improvement Specialists, District Program Managers, and Central Office staff to develop data analysis skills and clear roles and responsibilities for data correction and data analysis.
4. Continue to evaluate and improve the Division's Continuous Quality Improvement processes.

Section IV

Child and Family Services Training Plan

CHILD AND FAMILY SERVICES TRAINING PLAN

A. Training System Description

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

New policies regarding initial and advanced training for CPS Supervisors, CPS Specialists, and Case Aides delineate the requirements and time frames for:

- initial CORE training for CPS Supervisors, CPS Specialists, and Parent-Aides/Case Aides;
- the field component for CPS Specialists;
- advanced CORE training for CPS Supervisors; and
- continuing education for CPS Program Specialists, CPS Supervisors and CPS Specialists.

The policy was enacted in April 2007 and includes requirements that CPS Specialists not carry cases as the primary assigned worker until they have completed Core training; and that all CPS Specialists, Supervisors, and Program Specialists must complete 24 hours of continuing education each year after their initial year of employment. Continuing education hours can be achieved by attending specialized workshops or conferences on topics such as methamphetamine abuse; advanced training provided through the CWTI; or in-service trainings provided within a district or field unit.

Staff development and training opportunities are provided in a variety of ways. The CWTI provides Comprehensive Case Manager Core training to newly hired Child Protective Service Specialists, Supervisor Core training, Parent Aide Core training, in-service and out-service workshops, specialized trainings, and advanced trainings. The CWTI collaborates with the districts to train on new initiatives, such as the revised *Child Safety Assessment, Strengths and Risk Assessment*, and case planning process in early 2007. In order to better support new staff in the field, the CWTI provides regular refresher trainings in the CHILDS computerized case management system. The Division encourages staff to attend community workshops and provides opportunities for the pursuit of Bachelor and Master Degrees to further improve the quality and professionalism of services.

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

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

- For initial in-service training, if the subject content of the training is Title IV-E reimbursable, the

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employee charges the training hours to a payroll reporting code that allocates training costs based upon the IV-E Population Factor and is then reimbursed at 75% after the population factor is applied.

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

Case Manager Core

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

The first component of Case Manager Core requires the trainees to attend six weeks of classroom training. The initial two weeks of the training focuses on foundational child welfare topics. The remainder of the training uses a pragmatic approach to learning by sequentially following and assessing an actual Arizona case. Topics covered throughout the six weeks of classroom training include: vicarious trauma/self care, cultural diversity, the effects of child abuse and neglect on child development, centralized CPS Hotline (initial receiving and screening of child abuse reports), indicators of child abuse, sexual abuse, family dynamics, interviewing, child safety assessment, strengths and risk assessment, CHILDS, legal, behavioral health, child placement, case planning and staffings, substance abuse, and domestic violence. A focus on family-centered practice is woven throughout all topic areas. During the six week Core training, trainees are given hands-on experience in assessing child safety, developing safety plans, holding case staffings, interviewing clients, and testifying. Staff from the Comprehensive Medical and Dental Program (CMDP), Arizona's medical/dental plan for foster children, provide training on how to obtain physical and mental health services for children in out of home placement more effectively. Other diverse training staff include Division trainers, Field Training Supervisors, community providers, foster youth and alumni, and other child welfare stakeholders.

Case Manager Core training includes comprehensive training on CHILDS. CHILDS training includes hands-on experience in a computer lab, where trainees enter case information into an automated training region. The training also includes "Lab" days for trainees to continue practicing their CHILDS skills in the lab. Trainees are also provided 'stand-alone' CHILDS classes on all aspects of child welfare (investigations, case management, adoption, etc.).

The Case Manager Core training incorporates a practical, hands-on instructional style through Field

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Training. Field Training exercises facilitate transfer of learning and provide an opportunity for new case managers to apply the knowledge and skills learned in the classroom. Field Training Supervisors, who assure that the training is methodical and consistent with best practice, coordinate with the CPS Unit Supervisors to provide all Field Training experiences to new CPS Specialists.

Field training is organized into three phases, as follows:

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

The estimated cost in FY 2008 is \$1,000,000 for an estimated 450 trainees.

Supervisor Core Training

Supervisor Core training occurs intermittently over 12-months, so that CPS Supervisors can provide supervisory support while completing their Core training. A new group of supervisors begins the training every six months; although new supervisors can begin their Supervision 411 training within two months of hire. All supervisors are encouraged to have all of the training requirements completed by the end of the twelve-month period. The newly revised Supervisor Core includes numerous Department requirements provided by the Arizona Government University and the Department’s Office of Management and Development, and eleven days of coursework offered by the CWTI. The CWTI modules include: Supervision 411 (“Nuts and Bolts”); Electronic Information Systems; Legal and Policy for Supervisors; Administrative Supervision; Educational Supervision; and, Supportive Supervision. Supervision 411 is offered every two months in different areas of the state to facilitate access to the information needed by new supervisors. The Electronic Information Systems module is offered 5 times per year for the same reason.

The estimated cost of in FY 2008 is \$222,000 for an estimated 100 trainees.

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Parent Aide Core Training

Parent Aide Core training is provided for all contracted community provider Parent Aides and Family Support Specialists, as well as CPS Case Aides. This training provides the knowledge and skills necessary for working within the child welfare system. The training consists of eight classes, one to three days in length, completed over four months. Both community trainers and internal staff development personnel within the Training Unit and/or field units conduct this training. Trainers use various presentation methods, including lecture, group exercise, role play, PowerPoint, audio and video.

The estimated cost for FY 2008 is \$260,000 for an estimated 350 trainees.

Non-Core CHILDS Training Requests

These trainings provide instruction on navigating the CHILDS computer based case management system. The trainings are tailored to the needs of the requesting agency. Audience includes contracted direct service providers, representatives from Tribes, and other child welfare stakeholders such as the Foster Care Review Board. These training requests also include on-site assistance and support for CPS employees using the CHILDS system.

The estimated cost in FY 2008 is \$592,000 for an estimated 800 trainees.

Workshops and Advanced Trainings

Workshops and advanced trainings are offered annually for all Division staff. Topics available via these workshops and trainings include mental health, methamphetamines, managing conflict, gangs, working with chemically dependent families, Arizona Families F.I.R.S.T. (Substance Abuse Program), and Independent Living/Arizona's Young Adult Program.

Division policy requires that staff employed in CPS classifications receive 24 hours of advanced training per year. The Division is currently implementing a plan to offer specific advanced training modules to enhance the skills and knowledge of employees at varying levels of experience. Planned Advanced Training topics for the next 2-3 years include, but are not limited to: 0-5 Mental Health, Levels I and II; Permanency Planning for Adolescents; Trauma and Mental Health Disorders; Stress, Burnout, and Secondary Trauma; Adoptions Advanced Training; Client Engagement for the CPS Professional; Documentation for the CPS Professional; Visitation; Advanced Domestic Violence; and Working with Adolescents in Care. These training modules will be periodically offered statewide to provide continuing education opportunities for all CPS staff, contingent upon training development and delivery resources. The Advanced Domestic Violence course has already been offered in two districts and is planned to be offered statewide.

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

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

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- Family Centered Practice Conference, sponsored by Prevent Child Abuse of Arizona

The estimated cost in FY 2008 is \$440,000 for an estimated 1,200 trainees.

Specialized Training Programs

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

The Navajo Nation, the Hopi Nation, and the Administrative Office of the Courts (AOC) have recently implemented Title IV-E agreements with the Department. Pursuant to these agreements, these custodial agencies are eligible for Title IV-E training reimbursement in accordance with federal regulations. It is essential that direct service staff from these agencies participate in case management training in addition to training relevant to Title IV-E administrative activities, foster care maintenance and eligibility activities, and initial in-service training.

The AOC and two counties are currently participating in an IGA with the Department. Pursuant to this agreement, they encourage staff to attend Title IV-E seminars to maintain relevant knowledge and/or expand on their skills already in place. The Juvenile Justice Service System also encourages staff to participate in training related to case management and program monitoring activities.

Estimated Cost: \$ 300,000

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

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

The estimated cost in FY 2008 is \$214,600 for an estimated 1,220 trainees.

Assistant Attorney General Trainings

The Division partners with the Arizona Office of the Attorney General to enhance training on legal

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aspects of child welfare and the intersection of legal issues and social work practice. Assistant Attorneys General provide staff training in Case Manager Core, Supervisor Core, and other specialized trainings. To ensure that the attorneys representing the child welfare agency are informed on agency policy, best practices, and relevant social work issues, the Assistant Attorneys General also participate in trainings on current child welfare practices, legal implications, and training issues.

The estimated cost in FY 2008 is \$50,000 for an estimated 100 trainees.

Provider Training

Contracted provider agencies deliver the pre-service training to resource parents. In February 2005 the Department initiated statewide implementation of the Child Welfare Institute's Partnering for Safety and Permanence – Model Approach to Partnerships in Parenting (PS-MAPP) program for the preparation and selection of all new resource (foster and adoptive) parents. PS-MAPP is a 30 hour group session program of ten meetings over ten weeks. The program objectives include five core abilities that families must have to be successful resource parents, which are assessed based upon twelve critical skills. The five core abilities are:

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

Potential resource parents who can not attend a group session can be prepared using the *PS Deciding Together* one-to-one program. PS Deciding Together (DT) is seven face to face consultations with the potential resource parents and the Foster Care Specialist of the contracted provider agency. Completion of PS-MAPP or *Deciding Together* training is required prior to licensure and prior to placement of a child (aside from court-ordered placements with unlicensed kin or significant others). This pre-service training is also required for kinship parents who are applying for a foster home license. All resource parents who begin the preparation and selection process on or after November 1, 2006 will be prepared using either the PS-MAPP group or the *PS Deciding Together* one-to-one program. Licensed foster parents trained and prepared using a pre-service program other than PS-MAPP or DT must attend a six hour Mini PS-MAPP session prior to their next license renewal or by November of 2007. Mini PS-MAPP is an Arizona curriculum designed to deliver the consistent core philosophies of PS-MAPP, Family to Family, and Family Centered Practice.

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

The Division continues to partner with group care provider agencies to enhance opportunities for the short term training of State-licensed child care institution staff who provide care to foster and adopted children. This training enhances the ability of these staff members to provide support and assistance to children in their facilities.

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The estimated cost in FY 2008 is \$850,400 for an estimated 5,016 trainees (Includes PS-MAPP/Pre-Service and leadership trainings, as well as Foster/Adoptive In-Service).

University/College Partnerships

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

- Tuition reimbursement is available for job-related courses or degrees at a rate up to the cost of the public universities. One hour of educational leave may also be granted per three hours of class time. In FY 2007, 57 Division staff received tuition reimbursement for job-related courses.
- Up to ten staff members are selected annually to participate in the Two-Year or Advanced MSW Program provided by Arizona State University (ASU) West Campus. This program enables Division employees to study full-time while being granted educational leave and relieved of regular agency duties. After completion of their studies, staff who attend this program are committed to employment with the Division for the same amount of time that they received an educational leave benefit.
- Twelve Division staff attended a pilot part-time community based MSW program. This part-time study and field instruction program permitted students to achieve their MSW degrees in three years. All of these students graduated in 2006.
- In collaboration with the ASU Child Welfare Training Project, the Division recruits and educates MSW and BSW students to prepare them for a career in child welfare. Stipends are awarded to qualified students who commit to at least two years of employment with CPS following graduation. During FY 2007, twenty-eight students graduated from the MSW stipend program and were hired by CPS. In May 2007 twenty individuals were interviewed for the Fall 2007 MSW-stipend program.

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

B. Measures of Effectiveness and SFY 2007 Accomplishments

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

- After each Case Manager Core class, trainees complete evaluation forms to provide their suggestions for improving the training content and/or delivery. The CWTI takes suggestions into consideration and makes appropriate revisions to the curriculum. A Likert Scale measures the overall satisfaction of new CPS Specialists with the Core training program. Evaluations are also used to measure performance in many of the workshops and conferences held throughout the State. Topics and presenters rated highly are retained and continued, such as the Child Welfare Safety training. Suggestions are taken into consideration for future presentations or conferences.
- In partnership with Arizona's Universities, a self-assessment tool is used to measure the knowledge, skill, and job satisfaction of new CPS Specialists. This assessment is completed by new employees four times during their first year of employment. Once analyzed, results of this

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tool are used to evaluate the effectiveness of the Core Training. The first year and initial findings were reported to the CWTI on June 28, 2006. Some of the recommended changes have already been implemented based on class evaluations; and discussion is underway about how the CWTI may further implement changes based on these findings. The findings specifically related to training indicate trainees:

- self-reported a positive impact on competency and skill levels, in all subjects addressed, for both ongoing and investigative trainees;
 - liked almost all of the content areas;
 - preferred “practical” and active experiential exercises and group activities;
 - learned from real-life pictures and panels of consumers and foster children;
 - wanted more content about testifying, identifying child abuse, interviewing and making assessments, case-planning, documentation, domestic violence, and substance abuse;
 - wanted some of the training time to be devoted to their specialty; and
 - suggested breaking up the training into phases rather than several weeks straight; and
 - reported leaving home for several weeks at a time to be a hardship for some.
- The Division’s case record review process uses a tool that measures both strengths and areas needing improvement within its child welfare program. The Division’s review process is based upon the federal Child and Family Services Review and includes a random selection and review of cases within each of the Division’s geographic areas. The case record review process assists the CWTI in determining the effectiveness of training, and identifying areas requiring additional training. For example, this review process identified the need for clarity regarding case note documentation policy and procedures. A workgroup was subsequently formed to address these issues and improve performance in this area. Implementation of an Advanced Training in case note documentation is planned for June 2007.
 - In 2006 the CWTI re-established and convened the Training Advisory Committee, which is comprised of CWTI staff, experienced CPS Supervisors and other field staff, District Practice Improvement Specialists, policy experts, Family-to-Family representation, foster care providers, birth parents, attorneys general, and other child welfare stakeholders. This committee continues to meet at least quarterly to provide oversight, review strengths and needs, and make recommendations on training objectives and initiatives. For example, the Training Advisory Committee considers staff training needs identified by CPS Unit Supervisors during clinical supervision with CPS Specialists. Recent discussions at the Training Advisory Committee have included the need for trainees to have greater understanding of youth and parents’ emotional and behavioral reactions to CPS involvement, and the affect on service participation and communication with professional team members. As a result, Client Engagement Advanced Trainings have begun and will be implemented across the state. This Committee has also discussed recommendations on comprehensive training policies and Supervisor Core content for 2007. Those recommendations were implemented in April 2007, and the Supervisor Core revisions were completed for February 2007.
 - The CWTI also participates in statewide Program Managers’ meetings to discuss issues pertinent to training and solicit feedback from the Program Managers. The feedback includes identification of strengths, gaps and training needs for field staff, and assists to develop further partnerships in the provision of training to newly hired CPS Specialists and Supervisors.

Based on the information obtained through the methods described above, the CWTI continually revises and improves the Division’s training system. For example, based on trainee requests for practical, hands-

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on, and job-related training, the CWTI changed the CPS Specialists Core curriculum in 2005 to follow the “Life of a Case,” and in 2006 added more hands-on activities and practice using the CHILDS system and the CSA and SRA tools. In 2007 CWTI allocated time in CPS Specialist Core to focus on the trainees’ specific jobs (investigations, in-home, ongoing, etc), and added a “Field Week” after the first three weeks of classroom instruction, to allow for transfer of learning. In addition, the CWTI’s Training Advisory Committee has considered and is pursuing changes to the 2007 Training Curriculum including:

- increased availability of computer-based training that trainees can complete in their home districts, to reduce travel and time away from families and allow class-time to be more experiential and discussion-oriented;
- continued and enhanced use of practical exercises and experiences;
- enhanced use of real-life participants in the training curriculum;
- continued development of Advanced Training classes to provide more in-depth information in certain content areas; and
- increased inclusion of separate training modules on trainees’ areas of specialty.

CPS Specialists, Supervisors, and Program Managers continually raise the need for some computer-based training modules, so that new employees do not have to leave their families for so long. The CWTI researched alternative modes of training delivery during FY 2007. These have been reviewed and discussed in the Training Advisory Committee and with the Division’s University partnership staff. In February 2007 a pilot computer-based training was initiated using some of the legal material presented by the Attorneys General (AG). The informational portion of the material from two half-days of training was provided on computer-based training, with follow-up discussion and activities by the AGs to reinforce that learning. Preliminary results are very positive. Responses included feedback that trainees learned well from this mode but also needed the classroom discussion and activities to make sense of the information and its application to situations they might encounter in the field. Some challenges were discovered, including the capabilities of old computers in certain areas in the State. In SFY 2008 the CWTI will continue to explore expansion of this technology to other segments of the Core Training, contingent upon subject appropriateness, feasibility, and resource availability.

Based on issues raised in Program Manager meetings, the CWTI distributed a revised Field Training Manual to CPS Supervisors and District Field Training Supervisors. This Manual clarifies the roles and responsibilities of CPS Unit Supervisors and Field Training Supervisors, and provides an outline of the basic skills that must be covered during the employee’s on-the-job training experience. The Manual was distributed at a Leadership Conference in August 2006. For supervisors who were not in attendance at this conference, the CWTI created a computer-based training (CBT) PowerPoint presentation with voice-over, available on-line. The Division has required these Supervisors to complete the on-line training and submit the related documentation to the CWTI. The classroom version of this PowerPoint presentation is being used in the new Supervisor Core Training so that all new Supervisors receive training in use of the Field Training Manual. At the same Leadership Conference, Supervisors attended a workshop entitled “Slowing the Revolving Door: Supervising to Sustain, Retain and Preserve,” facilitated by nationally recognized presenter Teresa Buehler, MSW, LCSW. This workshop addressed the importance of training and mentoring new child welfare staff, and provided approaches and techniques. CPS Supervisors were also required to attend a Supervisor Forum at the end of this conference, during which the CPS Program Administrator and CWTI the Training Administrator reviewed the Field Training Manual, the roles and expectations outlined in it, and the goal of collaboration for a well-trained workforce.

The CWTI’s post-core field training experience pilot in Pima County continued to function in SFY 2007, offering opportunities to evaluate the benefits of the approach and feasibility of expansion. This

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pilot is a unit of experienced CPS specialists who coach newly hired CPS Specialists for 5 weeks after they complete the Core training. The coaches help the new staff to transfer their classroom knowledge from Core training to the field, and apply that knowledge to actual cases. This process occurs prior to the new CPS Specialist acquiring a caseload of his/her own. With the expertise of Arizona State University professor Dr. Ann MacEachron, the results of this pilot were evaluated and published in summer 2006. Results from this unit as compared to the general population of trainees in the state were inconclusive, therefore the CWTI and ASU have decided to continue the pilot and do a more controlled comparison of its outcomes in SFY 2008.

The Supervisor Core training program was also revised in late 2006 to better meet the needs of new CPS Unit Supervisors. In response to needs assessment, feedback, and requests, the new coursework provides more hands-on training relative to the daily job needs and activities of new supervisors, and includes additional training to assist CPS Supervisors in the post-core training of newly hired CPS Specialists. The CWTI heads a Supervisor Core Advisory Committee, which provides input, oversight, and planning for Supervisor and Manager training.

During FY 2007, all CWTI staff completed a three-day Train-the-Trainer course provided by the Department's Office of Management and Development (OMD). Over the course of the next year, their certification will become final after being observed and coached by OMD's staff in the course of their training duties.

Other accomplishments in SFY 2007 include provision of the following trainings to meet identified Division needs.

- *Refresher trainings in the CHILDS case management system* -- In response to the need for CPS staff to be updated on significant changes to the CHILDS system, and to provide support to CPS Specialists and CPS Supervisors, the CWTI instituted regularly scheduled Refresher trainings in CHILDS. Refresher trainings are also available to field staff as needed. Initial response to these trainings has been excellent, and it is believed that these trainings will help decrease errors and improve documentation. The refreshers are currently provided in Maricopa County, and Pima County, and will be rolled out state-wide in FY 2007-2008.
- *Refresher trainings in the Child Safety Assessment (CSA) and Strengths and Risk Assessment (SRA) tools* – In response to the need for CPS staff to have a clearer understanding and improved utilization of these important tools, the CWTI instituted refresher trainings in the CSA and SRA. These are provided on an as-needed basis in Maricopa County, and were rolled out state-wide over the course of FY 2007. Initial response to these trainings has been excellent, and it is believed that they will lead to improved assessment of child safety, improved safety-planning, and improved case-planning with families. In addition, Safety-planning Refreshers were rolled out state-wide in FY2007, focusing specifically on improving staff's understanding of Safety Planning and appropriate Safety Monitoring.
- *Statewide roll-out of the newly revised Child Safety Assessment-Strengths & Risk Assessment – Case-planning Process* - Over the course of FY2006 and 2007, in conjunction with two National Resource Centers, the Division revised its Child Safety Assessment and Strengths and Risk Assessment tools and designed a process that encompasses both of these in a comprehensive, family-centered safety assessment, risk assessment, and case-planning process. Training in the use of this process was provided to all existing CPS Specialists, CPS Supervisors, and Assistant Program Managers, in the spring of 2007, and is hoped to better guide all staff in the process of

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assessing families, making safety decisions, choosing safety monitors, and doing strengths-based, family-centered case-planning. Plans for training that will follow-up, reinforce, and embed this process into practice, will be part of the FY2008 Training Objectives.

- *Further expansion of the Division's capacity to train newly hired staff* – CWTI training sites were established in the southern part of the state in 2005, and in the northern part of the state in October 2006 (FY 2007). These additional sites allow the CWTI to serve a larger number of staff in more geographical locations, resulting in less travel, shorter time away from home, and increased capacity to train new employees in a timely fashion.
- *Statewide training for the In-Home Services Unit* -- CPS Specialists in these units coordinate with contracted provider agencies to provide families with an intensive array of in-home services and supports. This effort is expected to reduce out-of-home placements for children. A key facet of this training is family engagement and involvement in services. Five two-day trainings were held throughout the State in during three months in 2006; delivering training to 225 participants. An additional two-day training was held in December of 2006, for new in-home staff and other interested staff. This training in family engagement will be part of the continuing provision of advanced-level skills for all child welfare workers.
- *Methamphetamine Training* – In response to the growth of methamphetamine-involved families served by Arizona CPS, the Division established a Methamphetamine Task Force in FY 2006. The Task Force sponsors a methamphetamine training for CPS staff and community agencies (public and private). From March 2006 to June 2006 there were nineteen methamphetamine trainings with 790 professionals attending. There are six more trainings scheduled in FY 2008.
- *Advanced training in Infant and Toddler Mental Health* – This training was made available to CPS staff in FY 2007, and will again be provided in FY 2008.

B. Objectives and Activities for SFY 2008

In FY 2008, the Division and the Child Welfare Training Institute will continue to provide comprehensive and applicable training to CPS Specialists and CPS Supervisors that incorporates techniques for skill acquisition, knowledge of agency policy and procedures, and statewide information systems. The Division will also maintain the training improvements that were accomplished in SFY 2007. The Division and CWTI will continue to emphasize in training the Division's priorities such as family-centered practice, engagement of fathers, comprehensive and reliable safety and risk assessment, and provision of in-home services to safely maintain children at home. In addition to maintaining the current training system and recent improvements, the Division and CWTI will pursue further improvement through the following objective and activities:

Objective 22: Institutionalize a system to obtain and review information about the efficacy of the Division's training programs in achieving Division outcomes and goals, and improve the accessibility and content of training as indicated

1. Continue to use the CWTI Training Advisory Committee to provide input into training needs and strengths.

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2. Continue to review the results of weekly Case Manager Core Training Evaluations and the ASU research on trainees' Self-Assessment of Skills Knowledge, and Abilities; and improve Case Manager Core Training as indicated by these evaluations.
3. Continue Case Manager Core revisions as needed, to reflect Division initiatives (for example, the implementation of the new CSA-SRA-Case-planning process; Infant and Toddler Mental Health; and family-centered case practice).
4. Assess the pilot CPS Specialist Coaching Unit; compare this unit to another field training model; determine if expansion is warranted and feasible, or if implementation of a different model is indicated; and make recommendations to the Division as to the best model of provision of field training to new staff.
5. Explore the feasibility of using alternative modes of training delivery to make training more readily accessible to participants statewide, when appropriate to the training subject. The CWTI will ensure that the quality and integrity of the training content is maintained first and foremost, and utilize alternative delivery in a way that reduces participant travel, but also adheres to adult learning principles.
6. Finalize and provide advanced training in high quality documentation to all existing field staff state-wide.
7. Continue to provide training refreshers in CHILDS and the CSA-SRA-Case-planning process, and identify whether refreshers are needed in other areas, such as documentation.
8. Contingent upon resources, continue plans to implement advanced coursework for continuing education for CPS employees.
9. Finalize revisions and implement three advanced courses for the new Supervisor Core Training. The CWTI will also identify and add any specific courses that are needed, for example a class focused on supervision of the new CSA-SRA-Case Planning process.
10. Partner with ASU to develop additional coursework on group supervision and/or other advanced manager's training.
11. Provide follow-up training and local support to Managers state-wide, to embed use of the new CSA-SRA-Case-planning Process in child welfare practice.
12. Further define, develop, and implement a method to evaluate the overall efficacy of the training programs and the training system as a whole.

Training and Technical Assistance

The Division is planning to use various National Resource Centers for Training and Technical Assistance in SFY 2008. However, the number and allocation of the Division's Technical Assistance days will largely depend upon the Practice Improvement Plan that evolves from the federal Child and Family Services on-site Review in August of 2007. Therefore, the exact number of TA days are not known at this time. Areas of work that are currently identified include the following:

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- *Assessment and Case Plan Improvement Project* – The Division plans to continue its work with the National Resource Center (NRC) for Child Protective Services and the NRC for Family-Centered Practice and Permanency Planning to improve implementation of the *Child Safety Assessment* and the *Family-Centered Strengths and Risk Assessment and Case Planning Process*; this newly designed process seeks to improve assessment of child safety, improve overall assessment of strengths and risks, and to improve the case planning process so that case plans are clearly based upon the assessed strengths and needs of the individual family and are more behaviorally-based and clear for families.
- *Reproductive Health Training* – The Division is planning to develop and deliver statewide reproductive health training, with an emphasis on positive youth development. The goal of this project is to reduce the rate of first and subsequent pregnancies for youth in systems of care. The Division may request the NRC for Youth Development to identify health education curricula that are based on positive youth development components; and/or take a best/promising practice curricula and train trainers, which may include foster care alumni, to deliver this curricula to youth in systems of care statewide. This workgroup met during FY 2007, and for FY 2008, the Division anticipates it will request five days of technical assistance from the NRC for Youth Development for this project.
- *Permanent Family Connections for Older Youth* – The Division is planning to develop a comprehensive plan for increasing the number of older youth in care who attain permanency through permanent family connections. The Division anticipates it will request five days of technical assistance from the NRC for Youth Development for this project. The Division would like assistance to develop strategies that will aid older youth in care to build permanent family/kin connections, and to identify a method to track established CFCIP outcomes long term, including methods to contact former foster youth up to age thirty to assess outcomes after they leave care. The project is still in process.

Section V

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

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

The following information is submitted to serve as a report on SFY 2007 accomplishments and planned activities for SFY 2008. This report provides information as outlined in Program Instructions ACYF-CBPI-06-03, dated February 28, 2007. Such information includes the following: progress achieved, planned activities to meet the purposes of the CFCIP, and planned changes in service for the next year for the CFCIP and ETV programs.

As Arizona has not elected to establish trust funds, there is no information included as to section 477(b)(2)(A). Under section 477(b)(3)(B), the State in FY 2005 and 2006 used 30% of funds available for the costs associated with room and board, specifically rent and utilities (and deposits), food, clothing, personal care, furniture, household cleaning and maintenance items, and other basic household goods.

The State plans to use up to 30% of funds available for these same costs in 2007 and 2008. Actual expenditures of Chafee Allocated Funds for FFY 2005 total \$ 1,991,020, and for FFY 2006 (as of 04-30-07) total \$2,319,670.

The State's Chafee Foster Care Independence Program and Education and Training Voucher Program support the State's ability to achieve permanency and well-being outcomes for youth who are likely to reach age 18 while in out-of-home care, or are transitioning out of foster care between the ages of 18 through 20. Arizona monitors the effectiveness of these programs through goals and related program statistics, reflected within relevant sections below. Arizona refers to its state CFCIP as the *Arizona Young Adult Program (AYAP)*.

A. Program Descriptions and State Fiscal Year 2007 Accomplishments

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

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

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

The AYAP provides specialized case management in two areas of the state along with various training and advocacy activities designed to support a successful transition to adulthood. Local offices provide both "welcome" and "discharge" packets to program youth. These packets contain an array of

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information on program services, opportunities and community support available to youth in care and alumni.

In FY 2007 the annual AYAP statewide youth conference received support from both the Children's Action Alliance and Casey Family Programs. Over three days, youth facilitators from the California Youth Connection organization provided a variety of activities to assist approximately 80 Arizona youth in brainstorming activities to illicit policy recommendations for improving the juvenile court and child welfare systems. Youth presented their recommendations to a panel of child welfare administrators and court staff that provided feedback and a commitment to address recommendations to their fullest potential. Many of the recommendations surrounded the court environment and how case information is communicated to the court. In response to a recommendation to better educate youth about the court process, the Children's Action Alliance, with the expertise of alumni and youth in care, developed a written guide to help orient youth to the Juvenile Court. This guide has been disseminated statewide to local child welfare offices. This guide is also being used in conjunction with an alumni-led workshop for youth in care on how to effectively participate in the court process.

In 2007, the AYAP successfully advocated for re-entry of discharged young adults into the State foster care program. Policy changes were finalized and implemented that provide a method for youth who exit care at age 18 or older to return to care voluntarily. This policy was drafted in response to concerns and needs voiced by youth, youth advocates, staff, and others. Arizona has provided additional training to staff and encouraged youth to remain in care past age 18. Arizona has continued to see an increase each year in the number of youth electing to remain in care voluntarily past age 18. More than 300 such youth are receiving continued care services at any point during the year. Youth who remain in care benefit from more comprehensive support and assistance as they pursue post-secondary education and employment goals. The state Independent Living Subsidy Program (ILSP) continues to be a valuable resource providing monthly stipends to older youth in care who are living on their own. Over 300 youth participated in the ILSP last year.

In SFY 2007, the AYAP continued work with national experts (Lambda Legal, National Center on Lesbian Rights-NCLR, CWLA) to improve policies and guidelines to staff serving Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth in care. Policies were finalized and anticipated to be fully integrated into the online manual by July 1, 2007. In SFY 2008 the AYAP will continue to develop curriculum and provide training to staff and caregivers around the importance of providing support to youth in all areas of their development, including the development of their sexual orientation and gender identity. The AYAP plans to provide training in cooperation with LGBTQ youth and alumni, to enhance case manager and caregiver preparedness to assist youth in understanding and developing their individual identities, including gender identities, through participation in age appropriate activities and support services.

With the assistance of legal and local immigration experts, the Division continues to work through a number of legal and funding issues in order to establish policies on meeting the needs of undocumented youth, and anticipates policy will be finalized to respond to issues of immigration and naturalization in SFY 2008. Training and technical assistance will be subsequently provided throughout the state. Many immigrant youth were brought into Arizona as young children, without the benefit of legal entry. These children have no ties to their country of origin and often do not speak their native language. These children must maneuver the often complicated and cumbersome process of becoming a legal resident, or potentially face deportation. The new policy will provide information and guidelines specific to these and other issues facing undocumented youth, to enhance case manager preparedness in assisting undocumented youth.

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Efforts will continue to address the need for affordable housing and reliable transportation for young adults who have transitioned from foster care into their communities, particularly those outside the urban areas. In SFY 2008 the AYAP plans to explore opportunities to partner with local housing authorities around the State and to work with non-profit agencies and other community stakeholders to address the transportation needs of youth and young adults.

Education, Training, and Services Necessary to Obtain Employment

Department case managers recognize the need to provide youth with skills to enhance their employment opportunities. Case managers and contract providers assist youth in the development of job readiness skills such as resume writing, interviewing skills, and job maintenance. Youth are linked with opportunities for job shadowing and volunteering, as well as federal School-To-Work and Workforce Development programs. Youth are additionally referred for Vocational Rehabilitation (VR) Services (as needed) with VR counselors available on site at the two AYAP case management offices. VR counselors provide services directly to youth in care who are referred by their case managers. This co-location has resulted in expedited services to youth and allows for expedited information sharing. Statistics on the number of program youth participating in VR services is not currently gathered as youth may enter these services through avenues outside the Department, such as local high schools. However, VR staff report having provided some level of service to over 100 youth in care.

In SFY 2007, the Division continuously participated in the State Shared Youth Vision (SYV) Team. Arizona's SYV Team was chosen to participate in an advanced training and technical assistance forum in September 2006 in Atlanta, Georgia. The team submitted a proposal for a pilot project that is pending approval. The proposed project will focus on engaging youth from two rural communities into workforce activities, incorporating the principles of positive youth development and peer mentoring. Special emphasis is placed on youth who are parenting or involved in the juvenile justice system. This pilot program will address a critical need in the target community to better prepare this priority group of neediest youth for success, and will become a model for replication in other Arizona communities.

Vocational Rehabilitation (VR) staff in Phoenix and Tucson continues to serve youth referred directly from the AYAP units. VR staff report over 100 youth served during the last year, as a direct result of the co-location initiative. In SFY 2008 the AYAP will be more closely examining the services and outcomes for youth involved in VR services with the goal of engaging more youth successfully in this service. The SYV Team will also continue work to build stronger, sustainable partnerships between State agencies to better prepare youth for the demands of Arizona's workforce. The AYAP will look to the progress of Service Integration initiatives for strategies that may be duplicated to positively impact youth.

Education and Training Vouchers (ETV)

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

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

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In 2006, a new State statute allocated \$500,000 to enhance the ETV Program and establish two educational case management positions. These staff assist case managers to develop and coordinate education plans for youth in the Independent Living Program. These positions are also mandated to help youth graduate from high school, pass the Arizona Instrument to Measure Standard (AIMS) test, apply for postsecondary financial assistance, and apply for post-secondary education. It is anticipated that these new positions and the additional State funds will provide more comprehensive support of youth in care, remove barriers to successful completion of secondary education programs, and support more youth pursuing post-secondary education and training opportunities. In SFY 2008, the Education Case Management Unit will continue to explore ways to assist CPS Specialists in meeting the educational needs of youth. Areas identified for consideration include:

- Obtain/transfer education records;
- Secondary and Post-Secondary educational case planning;
- Surrogate Parent issues;
- Obtain/determine school credits;
- Attend school staffings/IEP meetings;
- Update automated case file system;
- Resolve barriers in secondary and post-secondary enrollment;
- Provision of educationally appropriate tutoring services;
- Communicate with schools regarding youth needs and progress
- Provide information to youth, alumni and case managers on scholarships including the state Education and Training Voucher (ETV) Program; and
- Provide information on and technical assistance regarding the McKinney-Vento Act.

Prepare Youth to Enter Post-Secondary Training and Educational Institutions

Division staff recognizes the importance of education in the life of youth in care. CPS Specialists, caregivers, and contracted providers work together to ensure youth receive necessary educational services, such as tutoring, special equipment, special education services, etc. These team members also work with high school programs to help youth make up lost credits or address other educational issues. When necessary, CPS Specialists ensure a surrogate parent is assigned to address special educational needs.

In SFY 2007, new State statute established an educational case management unit consisting of two staff that is mandated to develop and coordinate education plans for youth in the State Independent Living Program (ILP). This unit is also responsible to assist youth in the State ILP to accomplish four objectives:

- graduate from high school,
- pass the Arizona Instrument to Measure Standards (AIMS) test;
- apply for postsecondary financial assistance; and
- apply for postsecondary education.

This bill also appropriated \$500,000 to help support the state Education and Training Voucher (ETV) Program.

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

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Mentors and Interactions with Dedicated Adults

The AYAP recognizes the significant impact a positive, long-term connection with even one adult has on outcomes for youth in care; therefore, building mentoring opportunities for youth in care and alumni of foster care continues to be a priority for the Division. In SFY 2007, more than a third (37%) of youth participating in AYAP services were reported to be involved with a community advisor or mentor, with an additional 19% of youth involved in extra-curricular or community based activities. Local field offices work with available mentoring programs to build resources for youth transitioning out of care. In Districts 1 and 2, youth in the Young Adult Program are referred to a variety of community mentor programs, such as District volunteer and contracted services programs, Big Brothers/Big Sisters, corporate/business mentor programs, and other community based mentor programs. Throughout the State, CPS Specialists help youth identify and build supportive relationships with mentors, family members, friends, and other federal and State programs serving youth. Existing community mentor programs such as Phoenix Youth at Risk, the Florence Crittenton “STARS” program, and university mentoring programs (specifically at Northern Arizona University and University of Arizona) have been contacted and are working with the State to enroll youth in these programs. The universities have also agreed to work with the State to develop on-campus mentoring opportunities for current and former foster youth who are enrolled at the university. There is great interest and support of this initiative within Arizona’s communities.

The expansion of mentoring programs continues with the Foster Angels of Arizona Serving Together, Inc. (FAAST). FAAST is a private, non-profit organization that provides a variety of support to youth in care in Maricopa County. This organization was born out of a group of foster parents who continued to see children and young adults in care who had unmet needs. Current programs include: *Kids Learn FAAST* (comprehensive tutoring/mentoring), its support program *Kids in Action* (various cultural and special interest activities), *FAAST Track Transitional Living Program* (career mentoring) and its supporting program, *FAAST Friends Peer Mentoring*. In addition, the Youth Advisory Board developed a mentoring brochure that highlights the need for and benefits of mentoring, as well as local and state resources. The brochure is used by State foster and adoptive home recruitment staff, and is disseminated throughout the districts. The brochure is included in information packets mailed to persons who call the statewide Kids-Need-U recruitment line. In SFY 2008, the AYAP will continue to expand mentoring opportunities around the State through recruitment and engagement of education and faith-based institutions in local communities.

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

Foster care services are often necessary beyond the age of majority. Youth ages 18 through 20 who reached age 18 while in out-of-home care are served in one of three ways:

1. Youth who sign a case plan agreement (prior to their 18th birthday) to remain in foster care and participate in services may do so until their 21st birthday. Youth must maintain satisfactory compliance with their individual case plan in order to receive this continued support.
2. Youth who choose to end program involvement after attaining age 18 and later wish to reapply for support and services without returning to foster care are able to do so through the Transitional Independent Living Program (TILP) [Sections 477(a)(5) and 477(b)(3)].
3. Former Foster Youth under age 21 who left care at age 18 or older and need long-term case management and support services now have the option of returning to the State agency for these

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services, including transitional living support and the cost of foster care. This policy became effective in May 2006.

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

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

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

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

In SFY 2008, collaborative work will continue among the Divisions within the Department of Economic Security to streamline referral processes for participating youth. Throughout the Department and with community organizations there exists an emphasis on collaboration and creativity to ultimately find solutions to housing, employment, education, or other barriers experienced by our youth. The Department has re-emphasized the rights of children in care to file a formal complaint/grievance when foster care services are recommended for closure (or for other reasons) if they are unable to resolve concerns at a lower level. The Independent Living Rules Package contains a similar provision for complaints/grievances. This rule package is anticipated to be submitted for legislative approval by the end of 2007.

Service and Program Collaboration

Under section 477(b)(3)(F), a number of activities are in progress to enhance service collaborations with other Federal and State programs for youth in Arizona. The State is currently working to streamline enrollment of eligible former foster youth into the Workforce Investment Act (WIA) programs. The State participated in the federally sponsored Department of Labor's Shared Vision for Youth, Regional Forum in December 2004. Arizona's team, which consists of members from WIA, Job Corps, the Governor's office, the Department of Education, the Arizona Young Adult Program and others, is striving to improve employment outcomes for youth by increasing their access to workforce programs

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and educating the workforce community on the special needs of youth in care, youth transitioning from the juvenile justice system, and homeless youth.

Youth in care and alumni continue to participate in the State's Youth Advisory Board, where youth study issues, identify solutions, and make recommendations for positive change. Local offices continue to work collaboratively with a variety of agencies and community organizations to increase support and opportunities for youth in care. Collaborations and partnerships within the Department, with youth in care and alumni, and with external stakeholders such as Casey Family Programs and Children's Action Alliance have resulted in improved services and resources, such as the following:

- *Getting from Here to There: a Guide to the Dependency Court for Children and Youth in Foster Care* was created with the support of the Children's Action Alliance.
- Alumni, with support from the Division's community partners, are holding orientations on the court process for youth residing in out-of-home care.
- The *Place, Vision and Voice* project with Arizona State University is developing a variety of media to educate the community on the true needs and characteristics of youth in care.
- An increase in the Independent Living Subsidy stipend available to youth was included in the Governor's State budget and is on track to be approved. If approved the maximum stipend would increase from \$558 per month to \$1000 per month

The program partnership with Vocational Rehabilitation (VR) has maintained co-location of VR staff in the Phoenix and Tucson Young Adult Program offices. Efforts continue to build a similar resource in rural areas. This valuable resource has not only resulted in expedited services to disabled youth, but has also allowed for identification of previously unknown disabilities. This collaboration has also allowed easier screening of youth, and subsequent referrals to the developmental disabilities and adult mental health systems.

Community agencies contracted to provide Independent and Transitional Independent Living services are now required to include abstinence education in their work with youth. With these agencies, teen health issues are emphasized, in addition to personal responsibility and youth "ownership" of service plans.

The Statewide Youth Advisory Board and an alumni group (HUBS-Helping Us Bridge Systems) remain available, providing forums for teens and young adults to express their needs and recommendations in the development and refinement of services and programs. Arizona recently applied to the Foster Care Alumni of America (FCAA) and was accepted as one of seven states who will open an FCAA Alumni Chapter.

Mentoring initiatives continue to be supported by the Governor's reform plan. Increased outreach statewide is increasing mentoring opportunities for youth in care through such programs as the In My Shoes peer mentoring project, the Foster Angels of Arizona Serving Together peer mentoring program, and Phoenix Youth at Risk. Additionally, representatives from the state CFCIP continue to work with State universities to begin development of on-campus peer and adult mentoring programs. The universities agreed to develop procedures to identify and prioritize current and former foster youth for participation in the programs.

The Governor's Office continues to facilitate a work group that includes members of the Governor's

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Office on Children, Youth, and Families, the state AYAP, community Teen Pregnancy Prevention organizations, Department of Education, Department of Health Services and others. This group is actively working to explore, identify and implement strategies to address the high rates of teen pregnancy and sexually transmitted infections among youth in foster care and the juvenile justice systems. Efforts continue to develop a comprehensive health education policy for youth in systems of care. This workgroup has tested and is working to refine training curriculum for staff and caregivers, designed to teach adults how to talk to youth about sexual health, reproduction and related issues. In May 2007, the workgroup additionally sponsored a consultative type gathering of decision makers and field experts on these topics, for the purpose of identifying effective or promising curriculums for youth.

The existing Youth Advisory Board continues to inform the state CFCIP, Governor, and Department and Division administrators of the needs of youth in care. Youth participated in the October 2006 Children Need Homes Foster/Adoptive Home Recruitment Conference in Phoenix. Youth co-facilitated training activities for licensed foster and adoptive parents and others. Efforts continue to involve youth in statewide foster home and adoptive home recruitment efforts and training. The Division has included older youth as a population for targeted recruitment in the Home Recruitment Study and Supervision contract implemented in November 2006. During SFY 2008 the statewide Youth Advisory Board plans to work more closely with the State recruitment specialists to develop targeted recruitment strategies for homes for older youth in care and will again co-design and facilitate a program at the 2007 Children Need Homes Conference.

Many youth in care require ongoing services to address mental health needs as they transition to adulthood. Protocols for transitioning youth into the adult mental health system have been developed throughout the State. The Regional Behavioral Health Authorities (RBHAs) have worked closely with local CPS offices and the two Young Adult Program sites to refine and strengthen transition services for older youth in care.

Arizona continues a collaborative effort to better serve youth and families who are dually involved in the state child welfare and juvenile delinquency systems. The Dually Adjudicated Interagency Initiative has finalized a formal Letter of Agreement that provides partner agencies with a best practice framework for serving youth who are dually adjudicated and involved in multiple systems (including child welfare, juvenile justice and behavioral health). The Executive Committee of the Initiative created four sub-committees to further the goals of reducing the incidence of (1) dependent youth who become involved in the delinquency system (and vice versa), (2) delinquent youth who penetrate deeper into the juvenile justice system, and (3) siblings who become involved in either system. The sub-committees will focus efforts in the areas of data sharing, information sharing, staff cross-training and out-of-home care. The Governor's Office continues to facilitate and monitor the Executive and Sub-Committee work, with support from the Child Welfare League of America. Each committee is building an action plan around outcomes specific to their topic area.

Case Manager and Provider Training

Current and former foster youth, including members of the state Youth Advisory Board, have been instrumental in assisting with the development and coordination of training provided to CPS Specialists, caregivers (including contracted group home staff), and foster and adoptive parents. Training participants benefit by increasing their understanding of those issues faced by youth who are transitioning from foster care to adulthood.

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In SFY 2007, current and former foster youth participated in the following training related activities:

- Provider agency training of foster and adoptive parents;
- Development and testing of an advanced staff training curriculum designed to reduce teen pregnancy and sexually transmitted infections by teaching staff how to communicate effectively with teens about sexual health and reproduction;
- Youth panels and other training activities through the Child Welfare Training Institute's (CWTI) new case manager training;
- Planning activities and mentoring of peers during the 2006 Youth Conference; and
- Collaboration with the state CFCIP by co-facilitating the delivery of training on permanency to case managers and contract staff serving youth in the Arizona Young Adult Program.

The training that involved youth was funded through Title IV-E or Chafee, depending upon the appropriateness of the curriculum. Financial and other incentives were provided to support youth in these activities.

In SFY 2008, the Division plans to continue to use incentives to support the integration of youth into various training opportunities, including development and implementation of CWTI case manager and supervisor core and advanced training. These curricula will address a variety of "teen issues" and be offered to group care staff, foster and adoptive parents, and agency administrators and field staff. Current and former foster youth will also continue to participate in the annual AYAP staff training and training to community partners.

The State Independent Living Specialist also continues to provide training to members of the CASA (Court Appointed Special Advocates) and FCRB (Foster Care Review Board) organizations. This training informs participants of the Division's services and supports for youth transitioning out of foster care to adulthood.

Consultation and Coordination with Indian Tribes

The Inter Tribal Council of Arizona (ITCA) and the state ICWA Policy Specialist actively support coordination of program activities with tribal communities. The State IL and ETV Coordinators and contract providers continue to be available to tribes to assist in the development of tribal specific education and training programs for youth and caregivers.

Services funded by the state CFCIP (including the ETV Program) are available to youth in tribal foster care programs and young adults formerly in tribal foster care programs on the same basis as youth in state foster care programs. Youth age 13-18 in tribal programs are referred through their tribal case manager, and young adults formerly in a tribal foster care program self-refer for services. Youth and young adults submit their ETV applications directly to the State ETV Coordinator. Tribal social service staff assists Department providers by verifying the former foster care status of young adults 18-20 who request aftercare services. Provider agencies have reported successful outreach to the following tribes: Ft. McDowell Yavapai, Salt River, Gila River, San Carlos Apache, Tohono O'Odham, Tohono O'Odham Xavier and Pascua Yaqui.

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State contracts for Independent Living and Transitional Independent Living require outreach and collaboration with local tribes to ensure that training is accessible and culturally appropriate. Community providers are required to increase outreach, collaboration, and engagement of Tribal youth in services. Efforts to engage tribes have resulted in a minimal number of referred youth. In SFY 2008, efforts will continue to educate tribal entities on services available to youth and young adults currently and formerly in care in tribal foster care systems. Tribal staff have reported great difficulty in engaging their youth in adult services and in tracking the location of youth once they turn 18. Ongoing input from tribes has been sought through the Inter Tribal Council of Arizona (ITCA) who is contracted by the Department to provide training to member tribes, and through the Department Tribal Liaison staff.

A request for training and technical assistance through the National Child Welfare Resource Center on Youth Services to train tribal staff on the use of the NCWRCYS Tribal Independent Living Curriculum was denied. Efforts to revise this request to meet federal requirements will be initiated in FY 2008.

Involvement of Youth in State Agency Efforts

The Department and the Division continue to value and support the involvement of youth in State agency efforts to improve programs and practices, and to educate staff and the community about the needs of older youth in care. Youth in care and alumni are viewed as the true experts, whose voices are invaluable to continuous improvement efforts in Arizona. Current and former foster youth are invited to participate in the Statewide Youth Advisory Board (YAB), which meets on a quarterly basis or more often, as needed. Arizona's Governor, her staff, and the Department's Director and staff also participate in Board meetings, providing youth with ongoing opportunities to voice concerns, problem solve, and be involved in new or ongoing initiatives.

Through the State YAB, youth are currently partnering with the State Office of Licensing, Certification and Regulation to provide opportunities for youth and young adults to participate in site monitoring of group home facilities. A plan is being refined that will also support their involvement in a number of activities related to the licensing and monitoring of group care facilities, including Corrective Action Plan reviews, yearly renewal activities, unannounced site visits, and review of facility policy/procedures on visitation, allowances, discipline, youth employment, and other teen issues. Additionally, youth have developed a tri-fold resource card for use by their peers in group care. Youth are also developing a website focused on providing information and support amongst current and former foster youth.

Youth in care participated in the first round of the CFSR reviews through interviews with reviewers. Youth have provided input into Arizona's 2007 CFSR through participation by a youth board representative in the Statewide Assessment Team, participation of youth statewide in focus groups and interviews, and completion of a survey by many youth. Youth will continue to be involved in CFSR activities and in the building of the State Program Improvement Plan.

Arizona has recently been accepted by the Foster Care Alumni of America as a Chapter organization. Two of Arizona's alumni are spearheading this effort. These alumni are currently employed by the In My Shoes Peer Mentoring Project and the Governor's Office. Financial and other incentives will be used to support youth participation in these efforts.

Youth designed a survey to gauge the effectiveness of independent living programs and services. The initial run of this survey was completed April 30, 2007 with results pending. The plan is for this survey to be administered to at least 100 youth in care and alumni on an annual basis. The results will be used in ongoing program development.

B. Measures of Effectiveness

Arizona monitors the effectiveness of its Independent Living Program and Educational and Training Voucher Program through the following Independent Living Program/Educational and Training Voucher Program goals.

ILP/ETVP Goal 1: The percentage of youth in the Independent Living Program participating in the Independent Living Subsidy (ILS) Program will be 25% or more.

FY 2005: 32%
FY 2006: 36%

ILP/ETVP Goal 2: The percentage of participants in the Independent Living Program and Transitional Independent Living Program who complete high school or obtain a GED will be 83% or more.

ILP FY 2005: 86% TILP FY 2005: 61%
ILP FY 2006: 91% TILP FY 2006: 51%

ILP/ETVP Goal 3: The percentage of participants in the Independent Living Program and Transitional Independent Living Program enrolled in a college or trade school after completing high school or obtaining a GED will be 45% or more

ILP FY 2005: 69% TILP FY 2005: 43%
ILP FY 2006: 85% TILP FY 2006: 32%

ILP/ETVP Goal 4: The percentage of participants in the Independent Living Program and Transitional Independent Living Program who are employed will be 45% or more

ILP FY 2005: 49% TILP FY 2005: 46%
ILP FY 2006: 46% TILP FY 2006: 61%

This data indicates that the Division has exceeded its goal of having 25% of youth in the Independent Living Program (ILP) participate in the IL Subsidy Program. The Division has also made progress increasing the percentage of participants in the ILP who complete high school or obtain a GED, and those who are enrolled in college or trade school following high school. The Division is exceeding these goals for the ILP population. The continued lower percentage of high school graduates or GED recipients and college or trade school enrolled youth from the Transitional Independent Living Program (TILP) may be attributed to the participants' more serious need for the basic life necessities (food, shelter, and clothing). These needs must be satisfied before the young adult can commit to higher education pursuits. It should also be noted that 69% of youth participating in the TILP were reported to be engaged in some level of education or training, be it secondary or post-secondary. Furthermore, data indicates that the TILP population is more likely than the ILP population to be employed, and this percentage rose significantly between FY 2005 and FY 2006.

Other data on the education, training, and employment of young adults includes the following:

- 87% of the young adults currently in the Young Adult Program had graduated from high school or completed a GED, or were continuing their education in school or in preparation for a GED.
- 64% of the young adults discharged in FFY 2006 had graduated from high school or completed a GED, or were continuing their education in school or in preparation for a GED.

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- 55% of the young adults currently in the Young Adult Program have completed or are currently participating in independent living skills training. An additional 7% participated in some training, but quit prior to completion of training.
- 75% of young adults discharged in FFY 2006 participated in Independent Living Skills Training.
- 46% of the young adults currently in the Young Adult Program are employed or participating in employment related training.
- 49% of the young adults discharged in FFY 2006 were employed or participating in employment related training at the time of discharge.
- 38% of the young adults discharged in FFY 2006 who were not employed at the time of discharge had been employed in the past.
- 58% of discharged young adults who completed high school or earned their GED were participating in or had completed post-secondary education or training. This is a 2% increase from FY 2005.
- The number of ETV recipients increased 13% from FY 2005 (156 students served) to FY 2006 (176 students served).

The Division also monitors data on the participation of former foster care recipients ages 18 through 20 in services and supports provided by the Division. Of young adults discharged in FY 2006, 44% participated in continued voluntary foster care (past age 18) prior to discharge:

- 24% remained in care to their 21st birthday.
- 7% left care during their 20th year.
- 18% left care during their 19th year.
- 51% left care during their 18th year.

Over 100 former foster youth were provided aftercare services through the Transitional Independent Living Program during the last year. This includes youth who aged out of tribal or other state foster care systems. Young adults benefited from this service as follows:

- 18% increase in the number of young adults enrolled in a health plan.
- 40% increase in the number of young adults who moved into stable living situations.
- 35% increase in the number of young adults living on their own.

C. Objectives and Activities for SFY 2008

In SFY 2008 the Division and the Arizona Young Adult Program (AYAP) will continue to support youth involvement in the design and implementation of various program and policy enhancements and related training. Collaborations with other State agencies and community stakeholders will also be maintained. In addition to ongoing program improvement, priorities include strengthening partnerships around housing, transportation, education, and employment. In addition to maintaining the current initiatives and recent improvements, the Division and the AYAP will pursue further improvement through the following objectives and activities:

Objective 7: Develop new placements, services, and supports to address the needs of young adults in out-of-home care

1. Continue to recruit and engage education, faith-based, and other community stakeholders, to expand mentoring programs (such as *In My shoes*) and resources to ensure all youth in the process of transitioning from foster care have an adult mentor.
2. Explore opportunities to partner with local housing authorities around the State and to work with non-profit agencies and other community stakeholders to address the housing and transportation needs of youth and young adults.
3. Pending approval of the State Shared Youth Vision (SYV) Team’s proposal, implement a pilot project to engage youth from two rural communities into workforce activities, incorporating the principles of positive youth development and peer mentoring, and prioritizing youth who are parenting or involved in the juvenile justice system.
4. Examine the services and outcomes for youth involved in Vocational Rehabilitation services with the goal of engaging more youth successfully in these services.
5. Participate in the Shared Youth Vision Team to build sustainable partnerships between State agencies to better prepare youth for the demands of Arizona’s workforce and review the Service Integration initiatives for strategies that may be duplicated to positively impact youth.
6. Continue to collaborate with the Divisions within the Department of Economic Security to streamline referral processes for participating youth.
7. Continue to receive assistance from legal and local immigration experts to establish policies on meeting the needs of undocumented youth and responding to issues of immigration and naturalization; and provide statewide training and technical assistance on the policies.
8. Design and support a website/webpage for teens in care and alumni, featuring program information, resources, hotline numbers, youth advocacy and training opportunities, a teen bulletin board, and a section that provides for online submittal of the State ETV application.
9. Increase CPS Specialist and caregiver preparedness to assist youth to understand and develop their individual identities, including gender identities, through participation in age appropriate activities and support services.
10. In consultation with the statewide Youth Advisory Board, and by including youth participation in foster parent orientation trainings and the annual statewide Children Need Homes Conference, conduct specialized recruitment to increase the quantity, quality, and preparedness of foster care placements for older youth.
11. Engage the Youth Advisory Board and the State recruitment specialists to develop targeted recruitment strategies for homes for older youth in care and again co-design and facilitate a program at the 2007 Children Need Homes Conference.
12. Expand the use of CFCIP funds to provide financial incentives and other support to encourage youth participation in a variety of advocacy, mentoring, training, and program development (including alumni) activities; including development and implementation of CWTI case manager

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and supervisor core and advanced training, participation in the annual AYAP staff training, and training to community partners.

13. Continue to deliver training by the State Independent Living Specialist to members of the CASA (Court Appointed Special Advocates) and FCRB (Foster Care Review Board) organizations, to inform them of the Division's services and supports for youth transitioning out of foster care to adulthood.
14. Revise and resubmit the request for training and technical assistance through the National Child Welfare Resource Center on Youth Services to train Tribal Staff on the use of the NCWRCYS Tribal Independent Living Curriculum was denied.
15. Finalize and publish the results of the April 2007 youth survey on the effectiveness of independent living programs and services, and administer the survey annually.

Objective 8: Increase the accessibility and utilization of services and supports for youth age 18 and older, and encourage youth to remain in care until they have the capabilities and resources to successfully live on their own

1. Upon entry into the Young Adult Program, provide youth with a comprehensive welcome packet of information regarding the independent living program, client rights (including grievance procedures), program services, benefits and activities, emancipation options, aftercare services, mentoring, and opportunities for youth advocacy.
2. Develop an internal grievance process in the Independent Living Rulemaking Package to provide due process when the Department denies the opportunity for youth to remain in care beyond age 18, and work with Appellate Services to formalize an appeals process for youth who can not get resolution through the internal grievance process.
3. Continue to develop partnerships with the State Universities and Community Colleges to ensure current and former foster youth receive all available financial support to continue with post-secondary education or other professional or trade school.
4. Provide professional experience to older youth who desire to pursue social service careers and use CFCIP funds to support youth intern positions responsible for various activities, including the facilitation of local youth advisory boards and the assistance of local efforts to recruit foster and adoptive homes for older youth.

Section VI

Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress Report

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) ANNUAL PROGRESS REPORT

A. Update on Selected Program Areas

The following is an update on program areas selected for improvement from one or more of the fourteen program areas set forth in Section 106(a) of CAPTA.

1. Improving the intake, assessment, screening, and investigation of reports of abuse and neglect

Child Protective Services Specialist Group Care Investigations

Goal:

To provide specialized staff capacity and expertise to conduct investigations of child abuse and neglect reports in licensed group care facilities statewide. Investigations may include joint investigations with law enforcement or other agencies as necessary.

Objectives:

Investigate all reports of child abuse and neglect in licensed child welfare facilities through the continued use of specialized staff. Investigations include:

- coordination with Child Abuse Hotline staff, group care facilities staff, law enforcement, licensing authorities, CPS Specialists assigned to identified child victims, and other State agencies including the Division of Developmental Disabilities (DDD) and the Department of Health Services (DHS); and
- joint investigations with law enforcement for all reports alleging extremely serious conduct, which includes sexual abuse and any other conduct that, if true, would constitute a felony offense.

Update:

The Division maintains a specialized unit located in District I (Maricopa County) to conduct investigations of all reports of child abuse and neglect concerning children residing in licensed group care facilities. This program continues to be successful and effective in promoting the protection of children placed in residential settings. The Group Care Investigators help meet the statutory mandate to investigate 100% of CPS reports.

The Group Care Investigation Unit met its goal of conducting investigations of all reports received on licensed agencies. During this reporting period, the Unit received 84 reports on licensed facilities. Of the 84 reports, 81% concerned facilities licensed by the Department of Economic Security (DES) and 19% were facilities licensed through the Department of Health Services (DHS). Of the facilities licensed by the DES, 60% were supervised by the Division of Children, Youth and Families and 21% were supervised by the Division of Developmental Disabilities (DDD). These reports are generated from 182 DES licensed facilities, including satellite facilities, and 34 DHS licensed facilities.

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Of these 84 reports, two investigations resulted in a substantiated finding of child abuse and/or neglect. The two cases proposed for substantiation involved physical abuse-low risk and high risk neglect. All other reports were unsubstantiated.

In addition to investigating reports concerning group care facilities statewide, the Group Care Investigation Unit also investigates reports of child maltreatment concerning licensed foster homes in District I. During this reporting period 73 reports were received and investigated by this Unit.

The CPS Specialists in the Group Care Investigations Unit coordinated activities and investigation with CPS field staff, the licensed group care facilities and other involved State agencies. Investigations are conducted jointly with the licensing authority [DHS and the Office of Licensing, Certification and Regulation (OLCR)] and/or law enforcement when appropriate to avoid duplication of work, reduce the number of interviews with the alleged victims and perpetrators, and to permit licensing issues to be addressed concurrently with the CPS investigation. The outcome of all investigations is provided to the licensing authority to determine if any licensing violation occurred and to ensure that corrective action is taken.

Group Care Investigation Unit provided training regarding the policies and procedures for conducting an investigation of a report concerning licensed facilities. During this reporting period, Unit staff delivered five training sessions to foster care agencies including foster parents, with approximately 10 to 15 persons attending per session. Ten training sessions were delivered to newly hired CPS Specialists, with 8 to 20 staff in attendance person session, and one session was provided for staff of the Office of the Attorney General.

Arizona State Child Fatality Review Program

Goal:

To reduce preventable child fatalities through the systematic, multidisciplinary review of child fatalities in Arizona; through interdisciplinary training and community-based prevention education; and through data-driven recommendations for legislation and public policy.

Objectives:

Review all child fatalities in Arizona and make a determination that the fatality was or was not preventable.

Submit an annual report to include recommendations for legislation and public policy aimed at preventing child fatalities.

Provide recommendations for improving the child welfare system including policy and procedural changes and training related to the prevention of child fatalities.

Update:

The Child Fatality Review Program continued to work on its goals of reducing preventable child fatalities and making recommendations for change and improvement. Members of the State and local teams accomplish this through case reviews, training, community education and data-driven recommendations for legislation and public policy changes. By statute, the State team includes

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representatives of the Arizona Chapter of the American Academy of Pediatrics, Indian Health Services, law enforcement, a prosecuting attorney's office, a county health department, a military advocacy program, Child Protective Services, American Indian agencies and a county Medical Examiner's Office. State law also delineates the composition of each local team. Local teams must include local representatives from Child Protective Services, the county Medical Examiner's Office, the county health department, law enforcement, and the county prosecuting attorney's office. Other team members include a pediatrician or family physician, a psychiatrist or psychologist, a domestic violence specialist and a parent.

The responsibilities of the State Child Fatality Review Team include:

- the development of standards and protocols for local child fatality review teams and to provide training and technical assistance to these teams;
- the development of protocols for child fatality investigations including protocols for law enforcement agencies, prosecutors, medical examiners, health care facilities and social service agencies;
- to study the adequacy of statutes, ordinances, rules, training and services to determine what changes are needed to decrease the incidence of preventable child fatalities and, as appropriate, take steps to implement these changes;
- providing case consultation on individual cases to local teams if requested; and
- public education regarding the incidence and causes of child fatalities as well as the public's role in preventing these deaths.

The Child Fatality Review Program's ability to interface with Arizona's vital records database provides comprehensive and reliable data on child fatalities and enables the Program to regularly provide recorded child death information to the local teams in an efficient and timely manner, resulting in an increase in the number of cases reviewed. For the first time since its inception, the Child Fatality Team Program reviewed 100% (1,148) of child deaths. Of the 1,048 child deaths reported during 2004, 98% (1,031) were reviewed for the 2005 Arizona Child Fatality Review Program's report. Of the 1,053 child deaths reported during 2003, 89% (937) were reviewed for the 2004 Child Fatality Review Program's report.

During this reporting period, the Teams met their objectives and have identified a new objective for the next reporting period. The new objective is to obtain a greater understanding of the circumstances surrounding childhood fatalities, the contributing factors and strategies to reduce preventable deaths of children through participating in the multi-state Child Death Review Case Reporting System through the National Center for Child Death Review.

Key 2005 Child Fatality Review Program Findings

- In 2005, 1,148 children died in Arizona.
 - 388 (34%) children's deaths could have been prevented. The proportion of deaths that were determined to have been preventable ranged from a low of 7% of natural deaths to a high of 93% of accidental deaths.
 - 667 infants died before reaching their first birthday.
 - The majority of childhood deaths (765 or 67%) were the result of natural causes.
 - 22% (253) were the result of an accidental injury.

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- 134 children died as a result of motor vehicle crashes. As in previous years, motor vehicle crashes continued to be the most common cause of preventable deaths. Of these deaths, 126 were determined to have been preventable.
- In 2005, 20 children died from fires or burns in Arizona, in contrast to 2004 during which no children in Arizona died as the result of fires or burns.
- In 2005, 19 children died as the result of exposure to excessive heat or cold in Arizona, compared to six exposure-related deaths of children in 2004. Four children died after being left in a car. Illegal border crossing was a factor in 13 of the exposure deaths and three deaths were due to other causes.
- 36 children committed suicide. Thirteen of these children were less than 15 years old.
- Abuse of drugs or alcohol contributed to 11% (131) of all child deaths in Arizona.
- The infant's sleep environment was the most frequently identified factor contributing to unexpected infant deaths, including unsafe bedding in 44 deaths (49%), co-sleeping in 41 deaths (46 %), sleep position in 31 deaths (34 %) and drugs or alcohol in 15 deaths (17%).

Of particular concern to the Division is the finding that 50 of Arizona's children died as the result of maltreatment. Of these children:

- 88% (44) of maltreatment deaths were of children less than five years old.
- 23 children had prior involvement with a CPS agency, including Arizona Child Protective Services and child protective services in other jurisdictions such as tribal authorities and other states.
- The most common factors contributing to the maltreatment were drug or alcohol abuse (62% or 31) and lack of parenting skills (62% or 31). Methamphetamine was the substance most frequently identified, contributing to 32% (16) of maltreatment deaths.

From the factors identified in the reviews of the child deaths in Arizona, the 2006 Fatality Review Program report sets forth 13 recommendations to reduce childhood deaths. Recommendation 12 indicates that "Parents, childcare providers, and anyone caring for an infant should be educated about the dangers of unsafe sleeping environments for infants." A similar recommendation was noted in the Citizen Review Panel's 2006 report. (see attached Arizona Citizen Review Panel, Eighth Annual Report) The Department plans to take the lead in implementing this recommendation.

The 2006 Child Fatality Review Program Annual Report is posted on the Department of Health Services (DHS) website and is available to the public at this site.

Arizona Citizen Review Panels

Goal:

Review policy, procedures and practice of the State and District Offices and determine the extent to which the State and local Child Protection System are discharging their child protection responsibilities.

Objectives:

Convene, at least quarterly, to review case records including fatalities, near fatalities, high risk maltreatment, and other case types as required.

Submit an annual report including recommendations for improving the child welfare system.

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Provide feedback regarding policy, procedural and practice improvement to the State and District Child Protective Services system, and any need for additional technical assistance.

Update:

The Arizona Citizen Review Panels continued to focus their efforts on improving the State's response to children in need of protective services through the review of child fatalities, near fatalities and high-risk cases. Each Panel met more frequently than the required quarterly meetings. The State Citizen Review Panel convened seven times and reviewed five cases; the Pima County Panel convened 12 times and completed 11 case reviews; and the Yavapai County Panel convened nine times and reviewed 9 cases. Of the 25 cases reviewed by the Panels, ten involved child fatalities due to maltreatment and 15 cases involved near fatalities and other high-risk cases. These 25 case reviews represented eight counties: Cochise (1), Greenlee (1), Maricopa (5), Mohave (3), Navajo (1), Pima (8), Pinal (1) and Yavapai (5).

Case Record Review Findings:

The following summarizes the Citizen Review Panel findings for the cases reviewed.

- *Prior Child Protective Service History* – Twenty cases had previous involvement with Child Protective Services prior to the investigation reviewed by the Panel. The 20 cases totaled 61 prior reports. In 14 cases, adequate steps were taken to ensure the safety of the child and safety concerns were sufficiently addressed prior to case closure.
- *Intake and Screening Stage* – As in previous years, record reviews identified this stage as a strength of the system. The Panel found that actions taken by the Hotline were complete, accurate and timely in 24 cases reviewed and disagreed in one case with the Hotlines' decision not to accept a call as a report.
- *Investigation Stage* – Records reflected that during the investigation stage, CPS Specialists complied with existing protocol or policies in 20 out of the 25 cases reviewed. Policies not followed included requirements to contact known sources of pertinent information, interview all children and parents, and obtain medical, law enforcement and court records.
- *Crisis Intervention and Safety Assessment Stage* – The Panels concluded that Child Protective Services fulfilled its role of ensuring the child's safety. In 16 cases, safety assessments adequately addressed all safety concerns. In the cases that did not meet the child's safety needs, Panels concluded that:
 - Safety assessments did not identify or address all safety concerns (such as a history of domestic violence, mental illness and substance abuse).
 - Medically fragile children were not adequately assessed or monitored.
 - Safety assessments were not consistently completed on all parents or guardians.
- *Investigative Findings/Determination Stage* – In 23 cases, Panels concluded that Child Protective Services gathered sufficient information during the investigation. Concerns with this stage include disagreement with the Department's finding and failure by CPS to amend the allegation findings in the automated case management system (CHILDS).
- *Case Planning and Implementation Stage* – Of the 23 cases that remained open after investigation, Panels determined that overall, case planning and ongoing case management

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activities were appropriate and timely. In 19 cases, Panels determined family needs were adequately addressed within the case plan. In 22 cases the case plan was developed timely and reviewed in accordance with policy; parents and guardians were involved with case planning; and appropriate services were offered. Barriers to providing services included parental incarceration, parental substance abuse and parental refusal to participate in services.

- *Foster Family Section* – Three cases involved the death of children residing in foster care homes. The Panels noted the following concerns regarding the licensing and monitoring of foster homes:
 - lack of identification of risk factors within families and lack of resolution of identified concerns; and
 - concerns regarding the abilities of foster parents in relation to the number of children they are licensed to care for.
- *Case Closure Stage* - Five cases were closed at the time of the case review. Panels agreed with the decision to close 3 of these cases. In these 3 cases, Panel members determined that unresolved risks warranted continued involvement with the family by CPS. Panels expressed concerns with case closure when safety concerns such as substance abuse, domestic violence, and parental custody issues were not adequately resolved prior to closure.
- *Family Risk factors* – Throughout each review, Panel members identify risk factors for each case. Panels determined if CPS adequately identified and resolved risks contributing to the maltreatment. Lack of parenting skills, substance abuse, domestic violence and mental health were the most prevalent risk factors identified in reviewed cases. It was possible for more than one risk factor to be noted in a single case. Following is a list of the most prevalent risk factors and the number of times they were found in reviewed cases.
 - Lack of parenting skills (19)
 - Substance abuse (18)
 - Domestic violence (16)
 - Mental health problem ((16)
 - Lack of motivation to provide adequate care (15)
 - Anger control problems (13)
- *Additional Information from Reviews* - Panels reported that State and federal policies were followed in 15 cases, a significant increase from the last reporting period where policies were followed in only 8 of the 23 cases reviewed. Panels noted that Child Protective Services has made efforts to improve the quality of investigations and ongoing case management through policy and procedures development and enhancement. However, Panels continue to express concerns regarding the completion of safety and risk assessments and review of unsubstantiated report findings. The Panel noted several cases demonstrated exceptional efforts, exceptional case management and supervisory skills. The Panels noted several cases where case aides provided exceptional efforts. The Panels sent letters of commendation to case aides, CPS Specialists and Supervisors of five cases.

The Arizona Citizen Review Panel Annual Report and the Department's response to the Panel's recommendations are included in the CAPTA section of the Title IV-B Plan as electronic attachments.

Revision of the Child Safety Assessment, Strengths and Risks Assessment and Case Planning Process

CAPTA funds were used to purchase software to support full automation of the Department's revised

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Child Safety Assessment (CSA), Strengths and Risks Assessment (SRA) and Case Planning process. This automation project is expected to be completed in November, 2007. This enhanced assessment and case planning process:

- Improves practice integration of the CSA, SRA and case planning process---creates a process for assessment and case planning (not a form to complete).
- Sets a standard of practice for child safety and risk assessment and case planning.
- Creates statewide uniformity in practice.
- Creates a “template” that includes all required action steps from receipt of a report for investigation to case closure.
- Guides the collection, analysis and application of information during the investigation of child maltreatment.
- Informs decision making about child safety and risks assessment and case planning.
- Moves practice from “incident” based investigation to a comprehensive assessment of child maltreatment and family strengths and needs.
- Places all documentation in one template, reflective of the decision making process.
- Integrates clinical supervision requirements into the process.

2. Creating and improving the use of multidisciplinary team and interagency protocols to enhance investigations.

Child Protective Services Multidisciplinary Teams

Update:

As indicated in the 2005-2006 CAPTA Annual Report, the Multidisciplinary Teams (MDT's) and coordinator activities were discontinued during this reporting period. This discontinuation was the result of the implementation and expansion of other family team processes such as Family Group Decision Making (FGDM), Child and Family Team meetings (CFT) and Family-to-Family. These processes resulted in a decrease in the number of functioning MDTs, and were viewed as repetitive processes that were capable of replacing the local MDT functions.

Districts found the implementation of these multi-agency processes more useful in meeting the needs of the children and families involved with CPS and included State and community agencies and family members in decision-making, and the identification and development of services specific to the child and family's needs.

Arizona's implementation of the Family-to-Family initiative includes a goal of reducing the number and rate of children placed away from their birth families. Team Decision Making (TDM) is a strategy employed by the Family-to-Family initiative. In calendar year 2006, 3,885 children who had been removed or were at risk of removal benefited from TDM meetings. During that time, the teams for 48% of the children recommended the children remain with family.

The TDM process enhances the CPS Specialist's ability to thoroughly assess safety threats while investigating allegations of abuse or neglect. The TDM provides a forum where participants -- family, child (when applicable), friends, natural supports, CPS staff and community providers -- identify and discuss risk and safety concerns. The TDM process improves the quality and consistency of investigative decision making and the outcome for the family. This discussion assists in the collection of comprehensive case information otherwise not available to the CPS Specialist. All participants discuss

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and share the family's situation. Family concerns are thoroughly examined as well as risk and safety issues, family strengths and outcomes and goals. This consultation ensures that better decisions are made regarding child safety, development of appropriate action plans and services; it ensures that the plan meets the family's individual needs and avoids unnecessary removals.

Use of mental health providers and community-based collaboration for service provision has increased in recent years. Coordination of services through the Department of Health Services (DHS), Division of Behavioral Health Services' (DBHS) Child and Family Team Meetings (CFT) are utilized throughout the State. CFTs are operational in all districts to review family and CPS goals, services being provided based on all team members input, and to ensure services are meeting the goals or if changes to services and/or goals need to be made. Recent information from the DBHS estimates approximately 40% of functioning CFTs involve children in CPS custody.

3. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers.

Goal:

Provide specialized intensive training to line staff and supervisors to enhance their skills and knowledge resulting in improved outcomes for children and families.

Objectives:

Support DCYF staff attendance at the annual Child Abuse Prevention Conference.

Complete a redesign of the Children's Services Manual as a means to improving field staff knowledge and application of family-centered principles and practice, and assessment of family strengths and needs including child safety assessment and risk of harm assessments.

Update:

Child Abuse Prevention (CAP) Conference

CAPTA funds continued to support CPS staff attendance at the annual Child Abuse Prevention Conference on January 18 and 19, 2007. Attendance at this conference provides an opportunity for staff to obtain new skills and knowledge through various workshops and interaction with national and Arizona child welfare experts. This assistance provided the opportunity for approximately 20 staff to attend a one day Pre-Conference and 110 staff to attend the two day conference and workshop sessions.

In addition to CPS staff participation, other stakeholders and partners were encouraged to attend the Conference including: Advocates, Educators, Healthcare, Law Enforcement, Child Welfare, Youth Services, Mental Health, Juvenile Court Judges, CASA, Prosecutors, Therapists, Childcare, Victim Services and Foster Care.

The focus of this Conference was child abuse and neglect prevention and intervention and was titled Hope, Help, Healing. A one day pre-conference training was held on January 17, 2007. This pre-conference training, titled Battling Meth in Arizona, made the following workshops available:

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- Meth, 101 - what it is; how it is manufactured; dangers, signs and symptoms.
- Medical Aspects - dangers and risks to children when exposed to clandestine meth labs and other dangerous drugs
- Child Abuse Investigation Strategies & Techniques - role of law enforcement and CPS in the Emergency Response Team
- Children at Arrest Scenes - multidisciplinary team protocol involving at-risk children removed from a drug home

In addition to the pre-conference, the following Keynote and General Session Speakers presented:

- Opening Keynote: Prevention of Child Abuse & Neglect-Past, Present & Future, (Randell Alexander, MD, PhD, Professor of Pediatrics at the University of Florida);
- Luncheon Keynote: Never Fear, Nanny's Here (Stella Reid);
- Plenary Session: A Vocabulary for Working Together (Karen Ray, MA)

Forty-four workshop sessions were available to participants, including:

- What are Child Friendly Interventions?
- What are the Courts Doing to Protect Children from Abuse?
- Youth Development Model in Action.
- Change Roles—Changing Lives: The Journey into Kinship Care.
- Supporting Resiliency in Children.
- It's All About the Relationship: Keys to Working with Families.
- Discipline vs. Punishment: The Language of Effective Parenting.
- Support Connections--Grandparents Raising Grandchildren.
- Working with Traumatized Children.

CAPTA funds were also used to provide collaborative funding for a one day Institute held on January 17, 2007 focused on increasing the capacity of Arizona's Juvenile Court, child welfare and behavioral health providers to identify and address the unique needs of infants and toddlers in the foster care system. Participants increased their understanding of the unique needs and vulnerability of infants and toddlers; developed strategies and action steps to implement a coordinated, comprehensive system of care for infants and toddlers by engaging local service providers and resources in their communities; and lead effective local collaborative efforts to improve the quality of day-to-day relationships between young children, foster parents, birth parent and service providers.

As a result of this effort, multidisciplinary county-based teams (known as Local Court Teams), under supervision of at least five Juvenile Courts, will provide effective, integrated, and coordinated services to infants and toddlers in out-of-home care, and ensure that the Court has sufficient information to make decisions based on each child's unique needs. The Institute provides follow-up technical assistance (10 hours weekly for one year) to the local Court Teams.

Redesign of the DCYF Children's Services Manual

As indicated in the 2006 CAPTA Annual Report, CAPTA funds were used to contract with a nationally recognized expert in family-centered practice to reorganize, reformat and integrate family-centered "Best Practice Tips" and concepts throughout the manual. This redesign resulted in a set of policies and procedures that direct CPS staff practice in a family-centered manner. The redesigned Children's Services Manual was deployed and immediately accessible to all staff via the Department's intranet site on July 1, 2006. The Manual was also made accessible to the public on November 30, 2006 at the following address: <http://www.azdes.gov/dcyf/cmdps/cps/Policy/PolicyManual.htm>

B. Activities for CAPTA State Grant Funds

DCYF Child Protective Services Specialist for Group Care Investigations

CAPTA Basic State Grant funds will continue to support specialized investigations of child abuse and neglect reports received on children in congregate care (group care and residential settings). This activity does not differ from the previous plan.

Child Abuse Prevention (CAP) Conference

CAPTA Basic State Grant funds will continue to support CPS staff attendance at the Child Abuse Prevention Conference held annually in January. This assistance provides opportunities for CPS staff to learn from and network with national and Arizona child welfare experts. This is one of several advance training opportunities for CPS staff to gain new (and refresh existing) skills and knowledge through various workshops. The focus of the Conference is prevention, protection, permanency and well-being. This activity does not differ from the previous plan.

Arizona State Child Fatality Review Program

CAPTA Basic State Grant funds will continue to support the Arizona Department of Health Services (DHS) State Child Fatality Review Program through an Interagency Service Agreement. The program activities include physician consultation, case processing and preparation of cases for review, maintenance of a database, and data analysis resulting in child death prevention recommendations. There continue to be 13 local Teams statewide and a State Child Fatality Review Team that meets quarterly. This activity does not differ from the previous plan.

Arizona Citizen Review Panels

CAPTA Basic State Grant will continue to support the required Arizona Citizen Review Panels. Three Citizen Review Panels are fully operational and are managed by the Department of Health Services Child Fatality Review Program through an Interagency Service Agreement. Grant funding is used to support a management position, equipment and State and Local Panel coordinator activities. The Panels, located in Maricopa, Pima and Yavapai Counties, use volunteer members who have established working relationships. This activity does not differ from the previous plan.

Specialized Skills Development and Enhancement

CAPTA Basic State Grant funds will be used to provide specialized skills enhancement in the investigation and assessment of child abuse and neglect reports. This multi-pronged approach includes: training, development of experts and quality supervision.

A preliminary evaluation of District II's (Pima County) implementation of the revised assessment and case planning process indicates that line staff need specialized training in child safety assessment and planning, risk of harm assessment, family-centered assessment of strengths and needs, and behaviorally based case planning. Enhancement of these skills will improve the investigations of child maltreatment in Arizona.

Intensive on-site staff support will focus on building agency capacity by developing experts at the "front line" level through "targeted training", case specific consultation and group supervision. The intent is to

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ensure staff fully understand and apply the revised child safety assessment, strengths and risks assessment, and behaviorally based case planning process as designed to promote child safety, permanency and well-being.

Effective supervision is a critical component to successful implementation of the revised assessment and case planning process. Integration of clinical supervision into the process guides supervisory discussion with staff. To assist in embedding the revised assessment and case planning process into Arizona practice statewide, front line CPS Supervisors will be provided support through group consultation (focus groups) and periodic teleconferencing facilitated by national child welfare experts.

This activity does not differ from the previous plan; although, the focus is enhancing supervisory skills and knowledge.

C. Description of Services and Training Required by 106(b)(2)(C)

1. Services to be provided under the grant to individuals, families, or communities, either directly or through referrals aimed at preventing the occurrence of child abuse and neglect

The DCYF does not use CAPTA grant funds to provide direct services or referrals aimed at preventing the occurrence of child abuse and neglect. CPS staff refer children and families to community based contract providers for services aimed at preventing and treating child abuse and neglect. These contract providers offer an array of services such as child care services, domestic violence shelters, food stamps, housing assistance, counseling, behavioral health services for adult and children, etc. Families also have direct access to voluntary services through Healthy Families Arizona, Arizona Promoting Safe and Stable Families, TANF, and Family Connection Teams. These voluntary service programs often refer families to other community based services. The Child Abuse Hotline also makes referrals to community based resources and services when the information being reported does not meet the criteria for a report.

2. Training to be provided under the grant to support direct line and supervisory personnel in report taking, screening, assessment, decision making, and referral for investigating suspected instances of child abuse and neglect.

CAPTA grant funds are not used to support training of Arizona's Child Abuse Hotline staff that receive, screen, assess and make decisions regarding the referral of reports of suspected child abuse and neglect for investigation. Hotline staff training is provided through existing State resources including a dedicated full-time Hotline training position, and Hotline supervisory staff completion of the Child Welfare Training Institute (CWTI) Supervisor's CORE training.

The Child Abuse Hotline trainer provides all direct line staff training. The Hotline training program involves four weeks of instruction and practice which includes two weeks of classroom instruction and two weeks of mentored practice followed by further instruction.

The comprehensive curriculum includes specific instruction in Arizona's child abuse and neglect statutes (and related criminal statutes) which provide the legal basis for investigation of child abuse and neglect. Legal and applied definitions of abuse and neglect, and specific criteria for assignment of response times are trained in detail since Hotline staff are required to assess safety and risk to children. Tools used by the Hotline staff include Cue Questions specific to each type of child maltreatment (physical, sexual and emotional abuse, and neglect) that support the interview process; the CPS Response System; legal

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reference material; and the safety and risks assessment guidelines.

Hotline staff receive additional training on the use of various Division and Department-wide automated databases such as: the automated case management system (CHILDS/SACWIS), CPS Central Registry, AZTEC (Family Assistance Administration) and MZIP to research current and historical information concerning the Department's intervention with families. These databases provide further information to assist in the immediate location and assessment of child safety and risks.

During their tenure with the Hotline, advanced training is required for staff throughout the year: Topics for advanced training include methamphetamine use and its impact on child safety; animal abuse and its correlation to child maltreatment; interviewing mandatory reporting sources, specifically medical personnel and the use of language interpreters during the interview process; and processing hard copy (mailed and faxed) report information.

Twice annually staff are trained on child safety and risk assessment including assessment of child safety when specific risk factors such as mental illness, substance abuse or domestic violence are co-occurring in the home. Recognition of related issues and Department policy are part of the training.

3. Training to be provided under the grant for individuals who are required to report suspected cases of child abuse and neglect

CAPTA grant funds are not used to provide training to mandated reporters. Training for mandated reporters is provided by various persons and agencies, both internal and external to the DES. The Children's Justice Project, which functions as part of the Office of the County Attorney, provides training to mandated reporters regarding reporting of abuse and neglect and the joint investigation protocols between CPS and law enforcement.

The Child Abuse Hotline Program Manager, Assistant Program Manager, and trainer are primary providers of training to mandated sources. District Administration and front line staff also provide training to mandated reporters through a formal Speakers' Bureau process. Training materials including written pamphlets, posters, cards, and a video regarding mandated reporting and the Hotline process are distributed throughout the State at professional in-service training sessions delivered by state CPS personnel. These materials include the Child Abuse Hotline number, a national toll-free and customized number. The Hotline number is well publicized in the media (i.e. newspapers, television, and in telephone directories). Information about reporting child abuse and neglect including the reporting statute, parent's rights during a CPS investigation and available services are available on the Department's website.

The plan to update and make available standard reporting forms and related documents and information (i.e., the Child Abuse Hotline reporting form, Hotline Cue Questions, CPS Response System, and other information) on the Department's website remains a goal for State Fiscal Year 2008. All forms and information will reference and be linked with an informational video regarding recognition and reporting of abuse and neglect, and the joint investigation protocols. Copies of the video will be distributed to mandatory reporting sources through State agencies responsible for large reporting sources (such as schools, public safety, medical and behavioral health personnel), and will be available throughout the child protection and other professional communities. The draft video is under review.

D. Substantive Changes that may Effect Eligibility

The Office of the Attorney General has reviewed statutory changes and finds no substantive changes that would affect eligibility. The written analysis of statutory revisions by Gaylene Morgan, Unit Chief Counsel, Protective Services Section, is included as an attachment in the Child and Family Services Annual Report.

E. Citizen Review Panels Annual Report and Division Response

The annual report of the Citizen Review Panels and the Department's response to the Panel recommendation are included as an electronic attachment in the Child and Family Services Annual Report.

F. Provisions and Procedures for Criminal Background Checks

No statutory revisions made by the 2006 Legislative session affected the criminal background checks for foster parent licensing and adoptive parent certification. All prospective foster and adoptive parent applicants must have a valid fingerprint clearance card.

- A.R.S. § 8-509 specifies that each adult member of the prospective foster parent household must have a valid fingerprint clearance card.
- A.R.S. § 8-112 requires a State and federal criminal records check of the prospective adoptive parent and each adult who resides with the prospective adoptive parent.
- The Arizona Administrative Code (R6-5-5802 and R6-5-6604) requires applicants for foster home licensing and adoption certification to be fingerprinted. R6-5802 specifies any adult member of the prospective foster parent must also be fingerprinted.

The 48th Legislature (2007) submitted Senate Bill 1045 (Employment, Fingerprint Clearance) to the Governor for signature. Senate Bill 1045 was signed by the Governor on April 18, 2007 and becomes effective 90 days after the 48th Legislature adjourns.

Senate Bill 1045 amends State law to preclude an individual who is awaiting trial on or who has been convicted of committing or attempting, SOLICITING, FACILITATING or conspiring to commit one or more prescribed crimes from being issued a fingerprint clearance card.

Senate Bill 1045 adds the following to the list of crimes that preclude the issuance of a fingerprint clearance card:

- Sexual trafficking.
- Sexual abuse.
- Production, publication, sale, possession and presentation of obscene items as prescribed in section 13-3502.
- Furnishing harmful items to minors as prescribed in section 13-3506.
- Furnishing harmful items to minors by internet activity as prescribed in section 13-3506.01.
- Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512.
- Luring a minor for sexual exploitation.
- Enticement of persons for purposes of prostitution.
- Procurement by false pretenses of person for purposes of prostitution.

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- Procuring or placing persons in a house of prostitution.
- Receiving earnings of a prostitute.
- Causing one's spouse to become a prostitute.
- Detention of persons in a house of prostitution for debt.
- Keeping or residing in a house of prostitution or employment in prostitution.
- Pandering.
- Transporting persons for the purpose of prostitution, polygamy and concubinage.
- Portraying adult as a minor as prescribed in section 13-3555.
- Admitting minors to public displays of sexual conduct as prescribed in section 13-3558.

Senate Bill 1045 also adds the following to the list of prescribed crimes that an individual is denied a fingerprint clearance card, but may request a "good cause" exception by the Board of Fingerprinting. These crimes include the following:

- Negligent homicide.
- Criminal damage.
- Misappropriation of charter school monies as prescribed in section 13-1818.
- Taking identity of another person or entity.
- Aggravated taking identity of another person or entity.
- Trafficking in the identity of another person or entity.
- Cruelty to animals.
- Prostitution.
- Sale or distribution of material harmful to minors through vending machines as prescribed in section 13-3513.
- Welfare fraud.

Fingerprint clearance cards continue to be issued by the Arizona Department of Public Safety (DPS). The Board of Fingerprinting determines (grants or denies) a request for a "good cause" exception. An officer of the court may obtain the results of the State and federal criminal records check from the DPS.

The DPS is also alerted (via the Arizona Automated Fingerprint Information System) anytime a fingerprint clearance card applicant is arrested. The DPS confirms the crime for which the applicant is arrested. If the crime is a prescribed crime that precludes the issuance of a clearance card, the DPS suspends the card and notifies the applicant and sponsoring agency. The clearance card may be reinstated when the applicant provides documentation of the outcome of the arrest.

Section VII

Financial

Maintenance of Effort

The Department's statewide Intensive Family Preservation Program is currently funded using \$1,985,000 in State funds. In addition, for SFY 2007, Healthy Families Arizona is funded with other qualifying funds (Governor's Division of Drug Policy, Lottery Funds and Child Abuse Prevention Funds) in the amount of \$ 1,175,000. The Department also receives state funds that will be used to match the Adoption Promotion portion of the grant. The portion of the state appropriation that will be used amounts to \$ \$ 579,000. This appropriation funds services related to the recruitment and training of adoptive parents, and provides for post adoption specialized services for parents.

The state will monitor levels of spending on an ongoing basis to assure that current state and federal spending is not supplanted with Title IV-B Part II dollars. The state will ensure maintenance of effort in keeping with the estimated expenditures reported for FY 1992, which were submitted in the Arizona State Application for Title IV-B, Part II funds in FY 1994.

The state will cooperate in submitting the required fiscal reports for the Title IV-B Plan.

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Section VII: Financial

CFS-101, Part I: Annual Budget Request For Title IV-B, Subpart 1 & 2 Funds, CAPTA, Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV):

Fiscal Year 2007, October 1, 2006 through September 30, 2007.

1. State or ITO: ARIZONA	2. EIN: 866004791
3. Address: Department of Economic Security 1789 West Jefferson Street, Site Code 750A Phoenix, AZ 85007	4. Submission: <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision
5. Total estimated Federal title IV-B, Subpart 1 Funds.	\$ 5,801,780.
6. Total Estimated Federal title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a – f.)	\$ 8,519,335
a) Total Family Preservation Services.	\$ 1,703,867.
b) Total Family Support Services.	\$ 1,703,867.
c) Total Time-Limited Family Reunification Services.	\$ 1,703,867.
d) Total Adoption Promotion and Support Services.	\$ 1,703,867.
e) Total for Other Service Related Activities (e.g. planning).	\$ 851,934.
f) Total Administration (not to exceed 10% of estimated allotment).	\$ 851,933.
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. \$ _____	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting. \$ 3,000,000.00	
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required)	
Estimated Amount \$ 562,599.00 , plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds.	\$ 2,600,648.
10. Estimated Education and Training Voucher (ETV) funds.	\$ 891,782.
11. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP \$ _____.	
b) Indicate the amount of the State's allotment that will not be required to carry out ETV \$ _____.	
c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP \$ 750,000. for ETV program \$ 500,000.	
12. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30, 2007.	
Signature and Title of State/Tribal Agency Official	Signature and Title of Regional Office Official

Child and Family Services Plan - Annual Progress Report 2007

Section VII: Financial

CFS-101, Part I: Annual Budget Request For Title IV-B, Subpart 1 & 2 Funds, CAPTA, Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV):

Fiscal Year 2008, October 1, 2007 through September 30, 2008. (Original)

1. State or ITO: ARIZONA	2. EIN: 866004791
3. Address: Department of Economic Security 1789 West Jefferson Street, Site Code 750A Phoenix, AZ 85007	4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision
5. Total estimated Federal title IV-B, Subpart 1 Funds.	\$ 5,801,780.
6. Total Estimated Federal title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a – f.)	\$ 8,519,335
a) Total Family Preservation Services.	\$ 1,703,867.
b) Total Family Support Services.	\$ 1,703,867.
c) Total Time-Limited Family Reunification Services.	\$ 1,703,867.
d) Total Adoption Promotion and Support Services.	\$ 1,703,867.
e) Total for Other Service Related Activities (e.g. planning).	\$ 851,934.
f) Total Administration (not to exceed 10% of estimated allotment).	\$ 851,933.
7. Re-allotment of Title IV-B, Subpart 2 funds for State and Indian Tribal Organizations	
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the Promoting Safe and Stable Families program. \$ _____	
b) If additional funds become available to States and ITOs, specify the amount of additional funds the State or Tribes is requesting. \$ 3,000,000.00	
8. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required)	
Estimated Amount \$ 562,599.00 , plus additional allocation, as available.	
9. Estimated Chafee Foster Care Independence Program (CFCIP) funds.	\$ 2,579,240.
10. Estimated Education and Training Voucher (ETV) funds.	\$ 886,272.
11. Re-allotment of CFCIP and ETV Program Funds:	
a) Indicate the amount of the State's allotment that will not be required to carry out CFCIP \$ _____.	
b) Indicate the amount of the State's allotment that will not be required to carry out ETV \$ _____.	
c) If additional funds become available to States, specify the amount of additional funds the State is requesting for CFCIP \$ 750,000. for ETV program \$ 500,000.	
12. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the ACF Regional Office, for the Fiscal Year ending September 30, 2008.	
Signature and Title of State/Tribal Agency Official	Signature and Title of Regional Office Official

SERVICES/ACTIVITIES	TITLE IV-B		(c) CAPTA*	(d) CFCIP*	(e) ETV*	(f) TITLE IV- E	(g) State Local Donated Funds	(h) NUMBER TO BE SERVED		(i) POPULATION TO BE SERVED	(j) GEOG. AREA TO BE SERVED (Include both # and type of areas to be served)
	(a) I-CWS	(b) II-PSSF						Individuals	Families		
1) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)		1,703.9	819.7						5,689	Families	46 Communities
2) PROTECTIVE SERVICES	5,801.8		50.0						35,466	Reports of abuse/neglect	Statewide
3) CRISIS INTERVENTION (FAMILY PRESERVATION)		1,703.9				10,701.4				Families	46 Communities
4) TIME-LIMITED FAMILY REUNIFICATION SERVICES		1,703.9				2,000.0			9,874	All children in Foster Care	Statewide/reservation
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		1,703.9				1,000.0				Children free for adoption	Statewide/reservation
6) FOSTER CARE MAINTENANCE: (A) FOSTER FAMILY & RELATIVE FOSTER CARE					16,165.5	14,714.1				All eligible children	
(B) GROUP/INST CARE					24,013.0	16,209.5					
7) ADOPTION SUBSIDY PMTS.					36,951.8	29,551.2			10,092		Statewide
8) INDEPENDENT LIVING SERVICES				2,600.6			2,171.0				
9) EDUCATION AND TRAINING VOUCHERS					892.0		170.6				
10) ADMINISTRATIVE COSTS		851.9				29760.5	48610.1				
11) STAFF TRAINING		851.9				4360.9	5229.1				
12) FOSTER PARENT RECRUITMENT & TRAINING						1321.5	2913.6				
13) ADOPTIVE PARENT RECRUITMENT & TRAINING						925.0					
14) CHILD CARE RELATED TO EMPLOYMENT/TRAINING											
15) MONTHLY CASEWORKER VISITS											
16) TOTAL	5,801.8	8,519.3	869.7	2,600.6	892.0	113,498.2	135,612.4				

* States Only, Indian Tribes are not required to include information on these programs

CFS 101, Part III: Annual Expenditures for Title IV-B, Subpart 1 & 2 Funds, Chafee Foster Care Independence Program (CFCIP), and Education and Training Vouchers (ETV): for Grant Year FY 2005: October 1, 2004 through September 30, 2005

1. State or ITO: ARIZONA		2.EIN:866004791		3. Address: 1789 West Jefferson Street, Site Code 750A Phoenix, AZ 85007		
4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision						
<i>Description of Funds</i>	<i>Estimated Expenditures</i>	<i>Expenditures</i>	<i>Number served</i>		<i>Population served</i>	<i>Geographic area served</i>
			<i>Individuals</i>	<i>Families</i>		
4. Federal Title IV-B, Subpart 1 Funds	\$ 5,593,386.	\$ 5,593,386.		37,493	Reports of abuse/neglect	Statewide
a) Total Administrative Costs (not to exceed 10% of Federal allotment)	\$ 559,339.	\$ 0				
6. Total Federal title IV-B, Subpart 2 Funds. (This amount should equal the sum of lines a – f).	\$ 8,206,764.	\$ 8,206,764.				
a) Family Preservation Services	\$ 1,641,353.	\$ 1,753,671.		19,603	Families	46 Communities
b) Family Support Services	\$ 1,641,353.	\$ 2,073,319.		3,564	Families	46 Communities
c) Time-Limited Family Reunification Services	\$ 1,641,353.	\$ 2,399,560.		470	Children in foster care	Statewide
d) Adoption Promotion and Support Services	\$ 1,641,353.	\$ 976,861.	1,893		Children free for adoption	Statewide
e) Total for Other Service Related Activities (e.g. planning).	\$ 820,676.	\$ 412,606.				
f) Total Administrative Costs (not to exceed 10% of total allotment after October 1, 2007)	\$ 820,676.	\$ 590,748.				
7. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 1,991,020.	\$ 1,991,020.	1170			Statewide
a) Indicate the amount of State’s allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).	\$ 597,306.	\$ 474,906.				Statewide
8. Total Education and Training Voucher (ETV) funds.	\$ 680,385.	\$ 680,385.				Statewide
9. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2005.						
<i>Signature and Title of State/Tribal Agency Official</i>		<i>Date</i>		<i>Signature and Title of Regional Office Official</i>		<i>Date</i>

Attachments

Agency Response to Citizen Review Panel's 2006 Recommendations

Recommendation 1: The Citizen Review Panels noted that the CPS training academy does not include a component on safe sleep environments for infants, including recommendations from the American Academy of Pediatrics regarding safe sleep environments for infants. The Panel recommends that DCYF develop and implement training for CPS workers on recommendations from the American Academy of Pediatrics. The Panel further recommends that during the course of investigations or ongoing case management duties, that CPS promote infant safe sleep practices as recommended by the American Academy of Pediatrics. This should include assessment of the infant's sleep environments and discussions with parent/guardians. DCYF should consider distribution of safe sleep campaign literature to families with infants. Information on safe sleep recommendations can be found at <http://www.cdc.gov/SIDS/sleepenvironment.htm>

Response: The Department agrees with this recommendation. By August 31, 2007, the Division's Child Welfare Training Institute (CWTI) will ensure that the CPS Specialists and Supervisors receive information on infant safe sleeping arrangements. By August 31, 2007 the Division's Policy Unit will develop and disseminate to CPS staff a brochure for caregivers of infants that encourage safe sleeping arrangements for infants.

By August 31, 2007, the Division's Policy Unit will review and revise as applicable the child safety assessment (CSA) and strengths and risks assessment (SRA) tools to ensure that safe sleeping arrangements for infants is addressed.

Recommendation 2: Citizen Review Panels noted that in some cases, risk assessments, safety assessments, and case plans did not adequately address the increased vulnerability of infants and children with special needs, including premature infants, children with chronic illnesses, and mental or physical disabilities. Panels also concluded that caregivers in some out-of-home placements may not have adequate knowledge, experience and/or training to provide care for children with special needs. The Panel recommends that training and resources be made available to CPS staff and licensed foster homes to adequately identify and address the increased risks of children with special needs. These children include infants less than 6 months old or weighing less than 14 pounds, and infants, children or adolescents who have chronic illnesses, mental or physical disabilities, failure to thrive, and those prenatally exposed to substances.

Response: The Department agrees with this recommendation. The Division's revised child safety assessment (CSA) and strengths and risks assessment (SRA) and case planning process directs staff to clearly gather information about the child's special needs and ensure that these needs are considered in the overall assessment and case planning process. Statewide implementation of this revised CSA, SRA and case planning process is projected for June 30, 2007. All staff are currently being trained on the enhanced process.

By August 31, 2007, the Division's Child Welfare Training Institute (CWTI) will review and revise as applicable the basic core curriculum for CPS Specialists and Supervisors to ensure that the risks to children with special needs are identified and addressed. The CWTI will continue to enhance staff knowledge and skills through training opportunities that focus on the needs of infants and children with special needs such as co-sponsorship of the Pre-Conference Institute on Infants and Toddlers in

the Courts and the Infant Toddler Mental Health Coalition of Arizona Conference set for August 2007.

As of November 2006, the Division now requires all newly licensed foster parents to complete the nationally recognized, standardized curriculum (PS-MAPP) which includes preparation, selection and training program for foster parents. PS-MAPP (Partnering for Safety and Permanence—Model Approach to Partnerships in Parenting) curriculum is designed to present information about the special needs of children entering out-of-home care and requires prospective foster parents to assess their abilities to meet the needs of this population.

By November 30, 2007, the Division's Policy Unit will review the PS-MAPP (Foster Parent Preparation and Selection, and Training) and ensure that it adequately addresses the risks and needs of children with special needs. The Division will monitor existing contracts for home recruitment, study and supervision (HRSS) to ensure that providers fully implement PS-MAPP consistently statewide. In addition to PS-MAPP, licensed foster parents, who receive medically fragile children, will complete advanced pre-service training prior to accepting placement of children with special needs.

Recommendation 3: During this reporting period, Panels reviewed three cases of deaths of children in foster care. The Citizen Review Panel recommends the following to address concerns identified during these reviews:

- During the course of initial foster home licensing, all risk factors should be thoroughly assessed and necessary actions taken to ensure the safety of children prior to the issuance of the foster home license. Licensing agencies and CPS should work together to assess any risk factors that may be identified and resolve any concerns regarding these risk factors to ensure the safety of children in the foster home. Examples of factors requiring assessment include:
 - ⇒ A history of domestic violence,
 - ⇒ Past history of abuse within the foster family or within the foster parent's family of origin,
 - ⇒ Mental health concerns,
 - ⇒ Financial instability,
 - ⇒ Lack of parenting experience, and
 - ⇒ Changes in family composition.
- DCYF should conduct a study to reevaluate the license capacity of an individual foster home. The study should consider the following:
 - ⇒ More stringent limits on the number of infants and toddlers in a foster home.
 - ⇒ The number of children in a foster home should reflect the capabilities of the foster parents, the support systems in place, and the total number of children living in the foster family's home. This includes the foster parents' own children and other children living in the home.
 - ⇒ Increases in the number of children a family is licensed to care for should be gradual and closely monitored following each increase.
 - ⇒ The Panel recommends that, although there is a shift from congregate to foster care, DCYF explore how congregate care can effectively be utilized.

Response: This recommendation was forwarded to the Department's Office of License, Certification and Regulations (OLCR) for consideration.

The Department contracts with child placing agencies to study an applicant's strengths and risk factors. Based on the contractor's assessment of the home, a written home study report is submitted to the OLCR that includes their recommendation to license the home or deny the application. The OLCR reviews the information provided by the contractor to ensure compliance with all licensing requirements and may require additional information from the applicant to resolve potential risk factors prior to the issuance of a license.

As of November 2006, the Division now requires all newly licensed foster parents to complete PS-MAPP which includes preparation and selection and training for foster parents. PS-MAPP (Partnering for Safety and Permanence—Model Approach to Partnerships in Parenting) program requires families to identify and assess the strengths and risks or needs within their own family and family of origin as they may impact the family's ability to meet the needs of children placed in their care.

By November 30, 2007, the Division's Policy Unit will monitor existing contracts for home recruitment, study and supervision (HRSS) to ensure that providers fully implement PS-MAPP consistently statewide.

The rules that govern the licensing of family foster homes are currently under review and revision. The issue of licensing capacity in relation to number of small children placed simultaneously in the same home is being addressed in these rules. In preparation for this rule review and revision, OLCR staff completed an exhaustive review of other states' foster home licensing rules. Information gathered during this review was considered by OLCR.

The Division will continue to work with the provider community to utilize congregate care when appropriate to meet the child's individualized assessed placement needs.

Recommendation 4: Reviews completed by the Panels resulted in numerous concerns surrounding the failure to substantiate allegations when there appeared to be clear evidence of abuse and/or neglect. Panels recommend that DCYF more closely review decisions to unsubstantiate reports.

Response: The Department agrees with this recommendation. The Protective Services Review Team (PSRT) Manager holds a case conference with the CPS Supervisor to review any action to "over-turn" a proposed substantiated finding. The purpose of the conference is to ensure that the CPS Specialist and Supervisor clearly understand the required evidence to support a substantiated finding.

By November 30, 2007, the Division's Practice Improvement Unit will develop a process to conduct periodic reviews of random selection of cases in which the CPS Specialist and Supervisor did not substantiate child abuse or neglect to assess whether evidence gathered during the investigation was sufficient to support a finding of child abuse and/or neglect. Information gathered during these reviews will be used to direct case consultation and training including monthly "tips" regarding the evidence required to substantiate child abuse and neglect.

Additionally, the Division's current initiative to improve case record documentation will include direction regarding evidence required to substantiate child abuse and neglect.

Recommendation 5: Panel reviews also resulted in numerous concerns surrounding the completion of investigations, services offered or provided and investigation outcomes. The Panel has the following recommendations.

- If no perpetrator is identified in the investigation of a serious non-accidental injury to a child, CPS should not return the child to the parents/guardians unless evidence conclusively demonstrates the child will be safe in their care.

Response: The Department agrees with this recommendation. A child, who has suffered a serious non-accidental injury, should not be returned to the home until a safety plan is developed and implemented. Current policy requires that the safety plan be sufficient to control and manage the safety threat, and monitored to ensure the child's continued safety. Department policy also requires the case to remain open until the safety threat is eliminated.

Implementation of the Division's revised child safety assessment (CSA) and strengths and risks assessment (SRA) and case planning process will address this recommendation as it directs the child safety assessment and safety planning process. All staff are currently being trained on the enhanced process. Statewide implementation is projected for June 30, 2007.

- Investigations that involve young, pregnant teens should trigger referrals to community and public health agencies to help ensure a healthy outcome of the teen's pregnancy.

Response: The Department agrees with this recommendation. By September 30, 2007, the Division's Policy Unit will review (and revise as warranted) current policy to ensure that staff refer a young pregnant teen for prenatal care. By September 30, 2007, this recommendation will be reviewed with CPS staff, who provide specialized services to this population.

- Failure to comply with substance abuse treatment plans, including screening, should impact decisions regarding children remaining with or return to parents.

Response: The Department agrees with this recommendation. The Division's revised child safety assessment (CSA) and strengths and risks assessment (SRA) and case planning process directs staff to clearly gather information about the parent's overall functioning including use (or continued use) of substances and its direct impact on the parent's ability to ensure child safety. The revised case planning process requires staff to develop behaviorally-based case plans that clearly describe how the parent's behavior must change to ensure child safety. Decisions regarding the permanency plan for the child will be determined based on the parent's ability to make the identified behavioral change.

Assessment and re-assessment of child safety and risk of harm include an assessment of the parent's use of substances and occur at intervals specified in the case plan.

Statewide implementation of this revised CSA, SRA and case planning process is projected for June 30, 2007. All staff are currently being trained on the enhanced process.

In addition to the above activities, the Division's Program Services Administration staff have actively sought to increase CPS staff knowledge and skills to better assess the impact of substance abuse on child safety. Such efforts include:

- ⇒ *statewide training on methamphetamine by experts was completed in June 2006. Twenty-five sessions were held with a total of 1,011 CPS staff and other stakeholders attending. This training has been instrumental in increasing awareness of the consequences of methamphetamine abuse in addition to building skills in engaging and providing interventions for these seemingly difficult clients. Sixteen additional trainings are planned for July 2007 to June 2008.*
- ⇒ *convening and leading a task force examining the methamphetamine impact on child welfare to improve the child welfare response to family's impacted by methamphetamine in order to ensure child safety and improve well being. The task force includes experts from substance abuse organizations, behavioral health agencies, universities and others. The efforts and recommendations of this task force resulted in the following:*
- ⇒ *updated Child Welfare Training Institute (CWTI) training curriculum on substance abuse to include a train-the-trainer component completed January 30, 2007;*
- ⇒ *partnership with Department of Health Services to identify a screening tool to enhance CPS Specialists identification of substance abuse related issues (disseminated to field staff with in-service training in April 2007);*
- ⇒ *development of informational publications targeted at CPS staff to ensure staff are properly informed on the impact of methamphetamine; The informational series includes practice points on topics such as family-centered practice, methamphetamines and child maltreatment, effective treatment, safety, and engagement and are currently being disseminated to field staff with in-service training.*
- ⇒ *development of Risk Domains and Six Fundamental Safety Questions for Methamphetamine Abuse matrix to assist CPS Specialists to explore maltreatment in the context of methamphetamine abuse. This tool was disseminated to the field with an in-service training in April 2007.*

Strategies have also been implemented to enhance CPS expertise and resources related to substance abuse. These include substance abuse treatment provider participation in family drug court, Team Decision Making meetings and dependency hearings, and co-location of substance abuse staff in CPS offices to improve levels of engagement and provide CPS staff with expertise in the area of substance abuse, while ensuring immediate access to needed treatment services.

- Decisions regarding outcomes of investigations should not solely depend upon Medical Examiner or physician findings, if there is inconsistent evidence and/or CPS has reason to doubt the Medical Examiner or physician findings. Since not all physicians or medical examiners have had substantial experience in the diagnosis of abuse, CPS should encourage staff to seek out consultants with expertise in abuse whenever there is inconsistent evidence or doubts regarding the findings.

Response: The Department agrees with this recommendation. Current policy directs staff to review all conflicting medical evidence with a multidisciplinary team including a

physician with expertise in child maltreatment diagnosis and treatment, or to base intervention on the most serious diagnosis if a multidisciplinary team is not available. Clearly, the intent is that staff seek out "specialists" to assist in determining the appropriate course of action.

By September 30, 2007, the Division's Policy Unit, in consultation with the District Program Managers, will:

- *review available resources to ensure that CPS staff have access to consultants with expertise and experience in the diagnosis and treatment of child maltreatment;*
 - *ensure that staff understand when expert consultation should occur; and*
 - *ensure that the Division's Medical Director of the Comprehensive Medical and Dental Program takes a more active role in the resolution of these rare case specific situations.*
- Joint investigation protocol is not always followed. This includes failure to notify agencies of a qualified investigation and failure by law enforcement to assign a case for investigation. The Governor's Office Division for Children should periodically publish reports from counties/law enforcement jurisdictions on compliance with joint investigation requirements. Reports should be standard throughout the state to allow for informed comparisons.

Response: The Department agrees with this recommendation. To improve compliance with this statutory requirement, the Division completed a review of a random sample of cases meeting the joint investigation criteria. Based on this review, the Division took the following corrective actions to improve performance in this area:

- *modifications to CHILDS to enhance identification and accurate documentation of reports that required joint investigation with law enforcement;*
- *written clarification to field staff about the importance of and when a joint investigation with law enforcement is required and what constitutes a joint investigation;*
- *integration of the requirements for a joint investigation in the revised child safety assessment, and documentation requirements; and*
- *development of management information reports to monitor compliance with joint investigation.*

By June 30, 2007, the Division's Policy Unit will provide follow-up written clarification and "reminders" to field staff regarding the statutory requirement to conduct joint investigations, the importance of joint investigations, and how such investigations should be documented in CHILDS.

- Both parents, regardless of their custodial status, should always be interviewed and notified of allegations.

Response: The Department agrees with the intent of this recommendation. By September 30, 2007, the Division's Policy Unit will revise policy to direct the CPS Specialist to interview the non-custodial parent when the identity and whereabouts can be reasonably determined, or when such contact would not be likely to endanger the life or safety of any

person or compromise the integrity of a criminal investigation or the CPS investigation.

Policy currently requires the CPS Specialist to interview all persons who have information about the allegations or about the risk of future maltreatment to the child. Policy also requires the CPS Specialist to consult with the Supervisor when the Specialist's determines that it is not necessary to interview the parent or other adult who does not reside in the home.

Additionally, the revised child safety assessment (CSA) and strengths and risks assessment (SRA) directs the CPS Specialist to make contact with the custodial and non-custodial parent in order to gather information about their overall functioning.



Terry Goddard
Attorney General

Office of the Attorney General
State of Arizona

Protective
Services Section

June 5, 2007

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

RE: Notification required for submittal with the CAPTA State Plan regarding substantive changes in Arizona's State Laws

Dear Ms. Flanzer:

The Office of the Arizona Attorney General has reviewed the child welfare law changes that were made during the regular legislative session of 2006, and became effective on September 21, 2006. There were very few changes that affected child welfare and none of the statutory changes impacted CAPTA eligibility.

The major substantive statutory changes in the 2006 session in the child welfare area are as follows:

Parental Rights; Termination; Grandparents; Custody (Senate Bill 1119; Amends A.R.S. §§ 8-514, 8-536, 8-538, 8-824, 8-829, 8-845: This legislation requires that placement with grandparents or other family members be specifically addressed in dependency and termination proceedings. The Department is required to place a child in the least restrictive type of placement available, consistent with the needs of the child. The legislation includes an order for placement preference that lists a parent first in order of preference, a grandparent second, kinship care third, licensed foster care fourth, therapeutic foster care fifth, group home sixth, and a residential treatment facility seventh. A separate order of placement preference is listed for Native American children. At the preliminary protective hearing, the court must review evidence that ADES is attempting to identify and assess placement of a child with a grandparent or another member of the child's extended family including a person who has a significant relationship with the child. If a child is not placed with a grandparent or another member of the child's extended family within 60 days after removal, the court must make a determination as to why such placement is not in the best interest of the child. The court must also make specific findings in

order and the termination order as to why it is not in the child's best interest to be placed with kin. This legislation codifies the Department's policies on placement preferences and continuous and ongoing efforts to locate family members for consideration of placement, particularly grandparents.

Adoption; Termination of Parental Rights (Senate Bill 1415; Amends A.R.S. §§ 8-106, 835): This legislation eliminates a potential father's right to receive notification and give consent to adoption or termination of parental rights if he fails to file a paternity action within 30 days after notification of potential paternity. This legislation specifies that consent of a potential father who fails to file a paternity action within 30 days after notification is not required for adoption or termination and is consistent with furthering permanency for children.

Private Service Providers; Hearings (House Bill 2094; A.R.S. § 8-248): This legislation authorizes the court to order an agency or private service provider to provide covered behavioral health services that the agency/private service provider has determined to be medically necessary. It allows a court to order an agency/private service provider to appear at a hearing to discuss a child's or parent's service plan, on motion of any party asserting that the child or parent has a statutory or contractual right to receive services from the agency or private service provider. In providing the court with authority to order a private service provider to appear and discuss the child's or parent's case plan provides additional oversight by the court in ensuring that appropriate services are provided in a timely manner.

Newborn Safe Havens' Volunteers; Dangerous Drugs (Senate Bill 1427; Amends A.R.S. §§ 13-3623, 13-3623.01): This legislation allows volunteers, in addition to staff, at a private welfare agency, adoption agency or church to accept newborn infants as a safe haven provider. It adds that the possession of equipment or chemicals, or both, for the purpose of manufacturing a dangerous drug be included as a violation of endangerment or abuse towards a child or vulnerable adult. It also adds that if one possesses equipment or chemicals, or both, for the purpose of manufacturing a dangerous drug that person does not need to have custody or care of the child or vulnerable adult in order to be in violation. This legislation strengthens Arizona's Safe Haven Law and broadens the criminal culpability for those in possession of the necessities for manufacturing drugs.

CPS; semiannual reports; child deaths (House Bill 2048; Amends A.R.S. § 8-526): This legislation expands the Child Welfare Reporting Requirements Semi-Annual Report to include a variety of new information including a categorization of a child's death while in the custody of the Department of Economic Security by the cause and location. Providing additional information in the Semi-Annual Report promotes oversight and understanding of CPS.

Foster Care Review Board; Continuation (House Bill 2125; A.R.S. §§ 41-3006.23; 41-3016.01): This legislation continues the Foster Care Review Board until July 1, 2016.

The 2006 session legislation in Arizona did not include any significant changes in the child welfare area, but were for the most part statutory codifications of current policies. **The changes that did occur did not impact CAPTA eligibility.**

Please feel free to contact me if you have any questions or would like to discuss the 2006 legislation.

Sincerely,

Gaylene Morgan

Gaylene Morgan
Unit Chief Counsel, Policy, Training & Appeals
Protective Services Section
Office of the Arizona Attorney General

DISASTER PREPAREDNESS AND RESPONSE



ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DIVISION OF CHILDREN, YOUTH AND FAMILIES

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Division of Children, Youth and Families' Emergency Preparedness

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INTRODUCTION



Guiding Principles

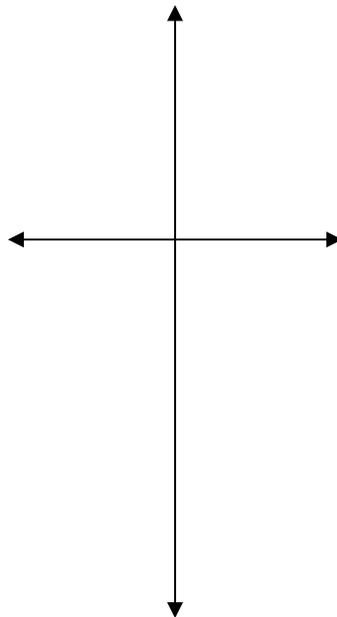
Mission

DES VISION

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

DES MISSION

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



DES BCP MISSION

The Mission of the DES Business Contingency Plan is to protect human lives, minimize the Impact of a disaster on the agency and its clients, and provide an acceptable level of business until normal operations are resumed.

State of Arizona

Summary of Emergency Response and Recovery Plan

The State of Arizona (Arizona), in accordance with Arizona Revised Statutes, Title 26, Chapter 2, Article 1, entitled Emergency Management, is required to prepare for, respond to, and recover from emergencies/disasters with the primary objectives to save lives and protect public health and property.

Growing threats triggered by natural, medical, or human-caused disasters demand a unified and coordinated approach to incident management. The National Strategy for Homeland Security (Homeland Security Act of 2002) and the Homeland Security Presidential Directive-5 (HSPD-5), directs the United States Department of Homeland Security to lead a coordinated national effort with other federal departments and state, local and tribal governments, to establish a National Response Plan (NRP) and a National Incident Management System (NIMS).

Arizona utilizes the NIMS as a basis for the Incident Command Center (ICS) structure. The NIMS creates a standard incident management system that is scalable and modular, and can be used in incidents of any size and/or complexity. These functional areas include command, operations, planning, logistics and financial administration. The NIMS incorporates the principle of Unified Command (UC) to ensure further coordination for incidents involving multiple jurisdictions or agencies at any level of government.

Arizona's Emergency Response and Recovery Plan (SERRP) describe the methods that Arizona will use to mobilize resources and conduct response and recovery activities. It uses a functional approach to groups and types of assistance through the identification of 18 Emergency Support Functions (ESF). Each ESF is led by one or more primary agencies which are selected based on their authorities, resources and capabilities. Other agencies are designated as support agencies for one or more ESF based on their resources and capabilities to support functional areas. The ESF serves as the primary mechanism through which state response and recovery assistance is provided. State assistance is provided under the coordination of the State Coordinating Officer currently designated as the Director of the Arizona Division of Emergency Management (ADEM).

The SERRP serves as the foundation for the development of detailed state agency plans and procedures to implement response activities in a timely and efficient manner. Under SERRP guidance, the Arizona Department of Economic Security (Department) has primary roles in:

1. Coordinating efforts to provide social services for vulnerable children and adults such as emergency food boxes, food stamps, TANF benefits, child protective services, adult protective services, and coordinating with other entities who provide behavioral health or medical care services. Efforts include coordination with Mass Care Annex (ESF6) emergency response following a disaster.
2. Operating a Disaster Welfare Information (DWI) system to collect, receive and report information about the status of victims in state-acknowledged special needs shelters and assist with family reunification.
3. Identifying and listing emergency evacuation centers statewide that are capable of providing for the emergency needs of special categories of people including individuals who are handicapped, mentally impaired, abandoned and other persons requiring special emergency assistance after exhausting their usual resources and support networks.

Division of Children, Youth & Families

Business Contingency Procedures

The Division of Children, Youth, and Families (Division) is a child welfare program mandated under A.R.S. § 8-802 for the protection of children alleged to be abused and neglected. The Division provides an array of services to children and families, including prevention programs, child protective services, in-home intensive services, family support and preservation services, kinship and foster care services, adoption promotion and support services, health care services for children in foster care, and other child welfare programs.

Arizona's fifteen counties are divided into six regions, which are referred to as Districts. Urban Districts are represented by District 1 (Maricopa County, which includes the City of Phoenix) and District 2 (Pima County, which includes the City of Tucson), and the urban districts are represented by Districts 3 through 6.

The purpose of the DES Business Contingency Plan (Plan) is to establish guidance in the event of an emergency when normal business operations are disrupted. The Plan is based on an all hazards approach and sets forth activities and procedures to perform before, during and after a disaster when operations are disrupted. Even though an event might not rise to the level of activation of the DES Incident Command System and/or Arizona's Emergency Response and Recovery Plan (SERRP), coordination between the Division's Chain Of Command, staff and its internal and external community partners is essential.

The Division's Disaster Procedures are designed to go into effect when a natural, medical, or human-caused disaster has an adverse effect on the day-to-day operations of the Division. The Division focuses its response to disasters planning on:

- Continuing/restoring critical business activities immediately following an emergency event, and
- Restoring and recovering essential administrative and business activities, if practical, immediately following such an emergency event, or as soon thereafter as possible.

Understanding the critical functions of the Division is important in ensuring the safety, permanence and well-being of Arizona's at-risk children and families. The Division continually analyzes its procedures against possible threats and evaluates results to determine if the emergency procedures provide the desired outcomes. This is a continuous process in combination with staff, client and community providers.

PREPARE



Preparing to Manage

Direction and Control

The Department views the following three divisions of the Department as performing critical functions: the Division (CPS), Adult Protective Services, and Developmental Disabilities. Due to this, the Department's Director and/or other three Deputy Directors can activate the Department's Incident Command System at any time based on the specific emergency need.

The Division's Central Office is located in Phoenix and is overseen by the Deputy Director and the Division's Central Office Management Team. The purpose of the Central Office Management Team is to provide command and control over internal operations, logistics, planning, administrative and finance functions. Oversight of district functions is provided by the Child Welfare Program Administrator (CWPA) who is a key member of the Central Office Management Team.

Each District within the Division has a District Program Manager (DPM) who is responsible for responding to emergencies within their own District and for coordinating with other Districts who are responding to an emergency. Each DPM is responsible for communicating possible threats and required response to their District's Management Team, CPS Unit Supervisors, CPS Specialists, and other critical staff. Each DPM is responsible for communicating potential treats to the CWPA and for keeping the CWPA informed of the status of the emergency response.

The Division's Plan is activated when either ordered by the Division's Deputy Director/Designee or when determined appropriate by the CWPA, DPM or CPS Hotline Program Manager. A Plan shall be activated when it is determined that Division policy and usual office operating procedures can not be followed due to an emergency. The emergency plan will end when the Office can resume its usual operating procedures.

Alert Systems

Homeland Security and Arizona's 211 system

Homeland Security Advisories

The Department is participating in the emergency alert system developed by the U.S. Department of Homeland Security. This alert system is activated when there is a potential terrorist attack. Division staff are aware that the alert system is a color-coded level system based on the terrorism threat. The alert levels are:

- Yellow—Elevated Risk of Terrorist Attack
- Orange—High Risk of Terrorist Attack
- Red—Severe Risk of Terrorist Attack

“Alert Level YELLOW” is the Department’s normal operating posture. For each Alert Level, there is an expectation that each government agency will have up-to-date emergency phone trees to respond to the alert level. Division staff are notified through the phone tree to implement the Plan when the alert levels are raised to a higher level.

Arizona's 211 System

Arizona's 2-1-1 on-line system combines information from a wide variety of health and human service providers through a single information network that can easily be accessed by Division staff and the public at large. Through Arizona 2-1-1 On-line Arizona citizens are able to access disaster response and homeland security information, including assistance locating disaster relief organizations and services, obtaining accurate updates regarding threats and disasters and identifying opportunities to volunteer in their communities.

Office Preparation

Evacuation Procedures & Disaster Response Notebooks

Each of Arizona's Department Offices has a wall brochure posted for "ADES Emergency Procedures" (ISA-1003AHBPNA 10-01). The following checklist outlines primary procedures for securing offices and ensuring the safety and support of children, families and staff:

- Based upon the type of disaster, immediately notify the emergency responder such as the fire department and/or law enforcement;
- Immediately notify affected Office staff through the phone tree;
- Immediately notify the CWPA who will inform the Deputy Director;
- Coordinate emergency response with the Division's Central Office;
- If the building is threatened, ensure the safety of staff and clients in the Office first;
- If time permits, secure a safe place for all hard-copy case files and a safe place for all state vehicles;
- If the emergency involves evacuation of residents from their homes, attempt to contact all out-of-home care providers to assess the safety of children in their care and determine their course of action;
- For Offices that are evacuated, designate another CPS office where staff can call, or work and where all interoffice mail and travel and paychecks can be transferred;
- Notify the Statewide Child Abuse Hotline as to which office(s) will be taking standby CPS reports;
- Program telephones, if telephones are not involved in an outage, so that there is a voice message alerting staff, clients and the community where they can call to leave or give messages or where parents can check the welfare of their children; and
- Allow staff time to arrange for their own personal affairs in order to ready themselves for evacuation, if needed.

Each District Office will maintain a regularly updated Disaster Response Notebook (Notebook) which shall be made available to all District management and supervisory staff. The Notebook is to be used in combination with information contained within the Division's automated case management and payment system (CHILDS). The contents of the Notebook are outlined in the following section.

Disaster Notebooks will include:

- Up to date phone trees and e-mail addresses for:
 - Division Central Office key administrators
 - DPMs
 - Deputy DPMs
 - APMs
 - CPS Unit Supervisors
 - CPS Specialists
 - All other office employees

- Up to date addresses and contact information for:
 - Out-of-home care providers
 - Location of children placed in foster care
 - Home Recruitment, Study and Supervision (HRSS) foster and adoptive home contracted agencies

- Paper forms for all processes when CHILDS is not available

- Alert levels

Preparation by Local Districts

Arizona's Districts Preparedness

The DPM or designee will maintain a general crisis plan to include the following procedures for:

- Activation of the phone tree;
- Maintenance of up-to-date listings of out-of-home care providers, including their locations and contact information;
- Maintenance of up-to-date listings of the location of children in out-of-home care, including the identification of any children with special behavioral health or health care needs;
- Maintenance of an up-to-date listing of HRSS contracted agencies;
- Maintenance of a listing of emergency first responder contacts;
- Maintenance of plans for each Office within the District to handle phone outages, computer outages and/or need to relocate staff to another Office;
- Maintenance of a listing of emergency resources;
- Designation of responsible personnel and their duties and responsibilities;
- Forms for manual documentation in the event of a computer systems failure; and
- Maintenance of the Notebook.

In the event of a fire, flood, natural disaster, bomb threat, terrorism or other major catastrophic event, the DPM or Designee shall:

- Ensure that the emergency first responder has been alerted to the disaster;
- Appoint a staff member to monitor the emergency channel on the emergency radio. That person shall report any information related to evacuation, client safety, and change in conditions or clearance of the emergency to the DPM;
- Activate the phone tree for the geographic area experiencing the emergency and provide contacted staff information on the disaster, areas affected, actions to be taken, and staffing needs to address the emergency event;
- Designate staff who are to report to the District Office or staging area;
- Appoint staff members to notify appropriate emergency services personnel (fire, police etc.) of any homes in the involved area in which a person with a disability lives and who may be in danger; and
- Act as the primary liaison between various agencies involved in the emergency situation (i.e. Homeland Security, FEMA, other DES agencies).

In the event of a Medical Emergency the DPM or Designee shall:

- Active the phone tree as delineated above;
- Determine the extent of the emergency and District emergency response and provide instruction to staff. For example, in situations where it is unsafe for groups of people to be together, it may be necessary for staff to work from their homes in order to protect themselves and still ensure the safety of persons served. In the event of a major medical event such as a group of people involved in an automobile accident or a group of people burned or seriously injured, the DPM may elect to deploy staff to the respective hospitals so that CPS reports can be taken first hand; and
- As necessary, request the need for additional assistance through the CWPA.

In the event of a Power/Water or Phone failure, the DPM or Designee shall:

- Activate the phone tree as delineated above;
- Assess the extent of the utility failure and determine if business can continue as usual within the affected Office;
- Assess whether operations need to be relocated to another Office;
- Notify staff of any decisions made to address the emergency and the course of action they are expected to take;
- Assess the impact of the utility concern on persons receiving services in the specific geographic area;
- In the event that there are individuals dependent on power within the affected area and these individuals live alone, notify emergency first responders of the situation;
- Assess the need to contact out-of-home care providers in the geographic area to determine if providers are being evaluated;
- Based on this assessment, CPS Specialists will assist in contacting providers to ascertain their individual situations; and
- Ensure that affected staff have cellular phones and needed resources.

Documentation of the actions taken in any emergency is critical. This documentation will serve as back up of efforts made to ensure the safety of clients. Post event review of the documentation should occur so that it can be determined how well the plan worked and if any revisions are necessary to the plan.

Preparing Community Partners

Division and its community partners will continue their efforts to enhance their collaboration in emergency/disaster situations.

The Division, in collaboration with others, will:

- Identify all possible disasters that can impact the protection of children and delivery of child welfare services that may be unique to a geographic locale and require specific planning and response;
- Coordinate with all key child welfare stakeholders in disaster planning (local courts, CASA, JPOs, etc.);
- Maintain a Division lead for coordination of child welfare disaster planning and response. The Division lead serves as liaison to Department disaster planning efforts and communication of expectations to staff; and
- Cooperate in the Department's securing of all electronic records.

Managing Disaster:

- Local District Plans shall address how the District will involve community partners in responding to the needs of vulnerable children and adults.
- Local District Plans should include coordination with emergency first responders, providers of emergency services and volunteer organizations.
- Local District Plans should outline their interface with the Juvenile Court during an emergency that impacts the ability of the Court to conduct business as usual.

Rebuilding:

Local District Plans shall include a debriefing process with community partners and stakeholders to assess any need to revise the emergency plan. Rebuilding plans should also include a coordinated effort with other government agencies, stakeholders and community partners.

Preparing Youth and Families

When a disaster strikes, these are some of the things you can do before, during and after the disaster.

This section will be made available to out-of-home care providers to assist them in preparing for and responding to an emergency situation.

Prior to a Disaster

Foster Parents: these are some of the steps that you can take to prepare for a disaster:

- Meet with your family and discuss why you need to prepare for disasters. Explain the dangers of fire, severe weather, and other types of disasters to children. Plan to share responsibilities and work together as a team. Include pets in your disaster planning.
- Discuss the types of disasters that are most likely to happen. As a family discuss how this can affect all family members and how you will address the special needs of persons with a disability. Explain what to do in each case.
- Notify your local fire and/or police chiefs of any special evacuation needs.
- Pick two places to meet in the event you are separated. You might pick outside your home in case of a sudden emergency such as a fire. Or if you cannot return home, you would pick someplace outside of your neighborhood. Everyone must know the address of the “meeting place” and how to contact one another.
- Ask an out-of state friend to be your “family contact” and share this information with your CPS Specialist and/or Licensing Case Worker. After a disaster, it’s often easier to call long distance. Other family members should call this person and tell them where they are. Everyone should memorize your contact’s phone number.
- After a disaster, you should also call the Statewide Child Abuse Hotline at 1-888-767-2445.
- Post emergency telephone numbers by phones (fire, police, ambulance, hospital, doctor, poison control, etc.)
- Teach children how and when to call 9-1-1 or your local emergency medical services number for emergency help.
- Show each adult family member how and when to turn off the water, gas, and electricity at the main switches.
- Decide the best evacuation routes from your home.
- Prepare a disaster supply kit (food, water, first aid, etc.) for 10 days for your family.
- Identify and have easily accessible health information and medications used/needed for each family member.
- Determine if back up systems are needed for special medical equipment that requires electricity.
- Make sure all medical information is updated and documented.
- Check with your children’s school to find out what their emergency plan is.
- Post your CPS case manager’s and licensing worker’s numbers and inform all family members.

If a disaster strikes:

- Stay calm. Put your plan into action.
- Check for injuries and give first aid or get help for seriously injured people.
- Try to reduce your child's fear and anxiety.
- Listen to your battery powered radio for news and instructions.
- Evacuate, if advised to do so.
- Check for damage in your home.
- Use flashlights not candles or lanterns—do not light matches or turn on electrical switches if you think there may be damage to your home.
- Check for fires, fire hazards and other household hazards.
- If you smell gas leaking from your stove, furnace, water heater, or other gas appliance leave your house immediately and contact the gas company or the fire department from a neighbor's house.
- Clean up spilled medicines, bleaches, gasoline and other flammable liquids immediately.
- Put your pets in a safe place.
- Call the Child Abuse Hotline and your family contact—do not use the telephone again unless it is a life-threatening emergency.
- Check on your neighbors, especially elderly or disabled persons.
- Stay away from downed power lines.
- Check food and water to determine if it is still safe to eat and drink.
- Watch animals (both wild and domestic) as they will be confused and scared and may be dangerous.
- Be careful of snakes and insects. They may be on the move looking for new homes or a place to hide.
- Contact your CPS Specialist when it is safe to do so and inform the worker of your location and the location and condition of your foster children and how you can be contacted.

RESPONSE



Assisting Staff

The Staff continuity assistance plan is activated when ordered by the Director, Deputy Director or designee, the CWPA, and/or DPM dependent upon the type and extent of the emergency.

DPM will:

- Determine the impact of the emergency upon staff;
- Assess whether additional staff need to be deployed to the emergency area and contact the CWPA for assistance;
- Assist staff in addressing personal issues by offering the assistance of the Employee Assistance Program (EAP) or other local resources and if determined needed, contact those resources to make arrangements for services;
- Ensure that staff have the resources they need to address the emergency; and
- Maintain constant communications with staff as to the status of the emergency situation

Division Employees will:

- Keep their immediate supervisor informed regarding the impact of a disaster or significant event that may impact their work or pose a safety risk to themselves or to their families;
- Inform their immediate supervisor if they are unable to continue to respond to the emergency; and
- Contact their immediate supervisor periodically regarding their own safety, or the safety of their family.

Critical Functional Areas

CPS Hotline/CPS Investigations/CPS Ongoing Case Management/Interstate Compact on the Placement of Children/ Comprehensive Medical and Dental Program

The CPS Hotline, Arizona's centralized intake for CPS reports, CPS Investigations, CPS Ongoing Case Management, Interstate Compact on the Placement of Children (ICPC) and the Division's Comprehensive Medical and Dental Program (CMDP) are considered the critical functional areas of the Division. The continuity plan is activated when there is any indication that any of these functions are disrupted due to an emergency, as follows:

CPS Hotline

The Hotline Program Manager will:

- *Assess and determine if there are other alternatives to the receipt of CPS reports including the pick-up of telephone messages, faxing of information, transfer of calls to cell-phones, use of an alternative site, and etc;*
- *Contact the CWPA and e-mail Division staff on the emergency procedures implemented by the CPS Hotline to respond to the emergency;*
- *Activate the phone tree to contact CPS Hotline staff when they cannot report to work at their normal work site and/or the alternative for receiving CPS reports;*
- *Continue to receive and review communications to the CPS Hotline;*
- *Utilize paper forms for documenting reports if CHILDS is not available; and*
- *Notify Division staff when the emergency is no longer a threat.*

CPS Investigations

DPMs:

- *When CPS Investigative Specialists are impacted by the emergency and workload presents an issue, prioritize Priority 1 reports for CPS investigation;*
- *Activate the phone tree for affected areas providing staff with information regarding their role in responding to the emergency;*
- *Contact law enforcement when a child is in danger and CPS in the District cannot response to the CPS report;*
- *Provide ongoing communications to the CWPA regarding staffing needs, the Districts ability to respond to CPS reports during the emergency, and other District needs;*
- *Respond to a Department directive to respond to the emergency needs of children entering Arizona when an emergency has occurred in another jurisdiction and report to the CPS Hotline and the Interstate Compact on the Placement of Children (ICPC), available information regarding any such children; and*
- *Notify Division staff when the emergency is no longer a threat.*

Child Protective Services Specialist will:

- *Determine the best method for conducting the investigation when the standard procedures cannot be followed. For example, additional collateral contacts may be made to ensure that children are safe when a child cannot be seen in person;*

- Notify local law enforcement when a child is in imminent danger and the CPS Specialist cannot respond;
- Document all efforts made in CHILDS (or on paper); and
- Maintain regular contact with the immediate supervisor.

CPS Ongoing Case Management

DPMs:

When CPS Ongoing Case Management Specialists are impacted by the emergency and workload presents an issue, activate the phone tree for affected areas providing staff with information regarding their role in responding to the emergency.

APMs or CPS Unit Supervisors will:

- Assign staff as needed to check on each foster child's condition, location and on-going needs;
- Ensure out-of-home care providers are contacted;
- Review all cases and confirm the safety of all children with immediate safety issues such as: medically fragile children dependent on life supporting equipment, children dependent on prescription medications, and children in the process of being removed from their homes;
- Determine what essential activities need to be continued;
- Notify local law enforcement when a child is in imminent danger and the CPS Specialist can not respond;
- Document all efforts made in CHILDS (or on paper); and
- Maintain regular contact with the immediate Supervisor.

Out-of-Home Care Providers

CPS Specialist will for affected geographic areas:

- Contact all out-of-home care providers of children in open cases to collect information about: their current and any planned future locations; need for medical information and/or prescriptions for every child in their care; and, any other specific needs of the child or family during and after the disaster;
- Ensure providers have Division emergency contact information; and
- Notify local law enforcement when a child is in imminent danger and the CPS Specialist cannot respond.

Residential Providers will:

- Implement the emergency plans specified by licensing rules Title 6, Chapter 5, Article 74 and Contract Agreements;
- Contact the Statewide Child Abuse Hotline at 1-888-767-2445 informing them of the emergency. If the situation allows, also contact the CPS Specialist or their Supervisor who has responsibility for the child's case management and inform them of the status, needs and location of the child;
- Follow procedures required by contractual agreements and by licensing rules Title 6, Chapter 5, Article 74;
- Identify placement changes that may be necessary; and
- Provide name and location of new site if re-location becomes necessary.

CPS Supervisors and/or CPS Specialist will:

- Document all information received about a child in residential care;

- Determine if there are available foster homes or other residential facilities for a child who may need to be transferred;
- Assist in the transfer of the child when requested; and
- Keep the DPM or APM informed of the situations.

Interstate Compact on the Placement of Children (ICPC)

The ICPC continuity plan is activated when ordered by the Director, Deputy Director and when the agency can no longer follow the usual procedures.

Interstate Compact Administrator will:

- Receive information about children in the geographic area affected by the disaster;
- Receive information about the child's location and condition, contact the CPS Specialist responsible for the case, and entering a case note into CHILDS regarding the child's location and emergency contact;
- Receive information about children that have been displaced from other states;
- For children displaced from other states, enter a case into CHILDS under Interstate Compact Placement;
- For children displaced, contact the ICPC in the child's state of origin and provide any available information; and
- Document any collected information on paper forms (if CHILDS is unavailable).

The Comprehensive Medical and Dental Program (CMDP)

The Division's Comprehensive Medical and Dental Program (CMDP) provides medical and dental health care for children placed in foster care in Arizona. Its continuity plan is activated when ordered by the Director, Deputy Director and when the agency can no longer follow the usual procedures.

Emergency Prescription:

- Pharmacies are authorized to cover a 30 day emergency supply.

Prior Authorization for Medical/Dental:

- Providers understand *Emergency Procedures* and know that emergencies do not require authorization.
- Medical Doctors can sign for emergency "unauthorized procedures".

Emergency Behavioral Health Hospitalization

- The Behavioral Health Manager and Psychiatric Consultant can authorize 72 hour evaluation and request consultant behavioral health services.
- If system failure occurs the MIS staff will develop Ad Hoc Reports and Children and Provider Eligibility rosters.
- An alternative solution is to shift operation/business functions to the local DES offices and perform back-up off site.

MIM Health Plans (Prescription Contractor)

- The Contracts Manager (CM) performs back-up system off-site per the contract.
- The CM will follow the Information Technology (IT) Disaster Recovery Plan from DES Division of Technology Services (DTS).

Critical Function Area

Business and Administrative Areas

The Business and Administrative Areas continuity plan is activated when ordered by the Director, Deputy Director and when the agency can no longer follow the usual procedures.

Statewide CPS Child Abuse Hotline:

- Power Failure
 - For short-term (under 8 hours) power failure, a UPS battery back-up will be utilized.
 - For long-term power failure over 8 hours, the CPS Hotline PM will follow procedures in the DBF Facilities Section of the DES Business Contingency Plan (BCP) Handbook.
- Telephone system failure
 - For short-term failure (under 8 hours), calls will be forwarded to CPS Hotline cellular telephones.
 - If data lines are available, the CPS Hotline will email field staff on moderate to high risk reports.
 - In long-term situations, the CPS Hotline PM will follow procedures in the Division of Business & Finance (DBF) Facilities Section of the DES BCP Handbook.
 - An alternative solution is to route the calls to a local Division Office.
- Fax machine failure
 - Faxes will be redirected to the 20th Street and couriers will be utilized to deliver the reports to the CPS Hotline Office.
- US Postal Service disruption
 - If the CPS Hotline is forced to relocate from its current location, mail will be directed to a Post Office box that is already established for this purpose.
 - If the UPPS is unable to provide service, public service announcements will direct the public on an alternative solution based on the nature of the emergency.
- CHILDS System Failure
 - System step-downs will be initiated as outlined in the procedures manual.
 - For short-term failure, the CPS Hotline Evacuation Plan will be followed and calls transferred to CPS Hotline cellular phones.
 - For long-term failure, the IT Disaster Recovery Plan from DES Division of Technology Services will be followed.
 - An alternative solution is to shift operation/business function to a local Division Office.
 - To assign CPS reports to the field the Hotline will fax a manual log of assigned reports to the CPS Unit Supervisors and follow the IT Disaster Recovery Plan for the DTS.

Foster Care Provider Payments and Payments for Contracted Services:

- CHILDS and FMCS system failures
 - Short-term (Under 30 days): Districts will use the PAAR fund for emergency payments only and will manually track payments; once systems are functional then enter payments into the appropriate system.
 - Long-Term: After 30 days, the Districts will make payments manually and track payments; once systems are functional then enter payments into the appropriate system.
 - The IT Disaster Recovery Plan from DTS will be followed.

Licensing:

CHILDS and Mainframe System Failures

- The Districts will manually track/record contract and licensing documents.
- The license will be issued manually.
- For fingerprint clearance and background checks, DES will mail form letters to the contract providers.
- The providers may also go to the Division office to obtain necessary documents.
- The IT Disaster Recovery Plan from DTS will be followed.

Eligibility:

- If there are CHILDS, AZTECS or PMMIS Systems failures, DES will shift operation/business functions to local DES offices.
- If eligibility processing fails, paper forms will be utilized.