Statewide Assessment Instrument

Section I - General Information

Name of State Agency

State of Arizona
Department of Economic Security
Division of Children, Youth and Families

Period Under Review

Onsite Review Sample Period:	Foster Care – April 1, 2006 through September 30, 2006
	In-Home – April 1, 2006 through November 30, 2006
Period of AFCARS Data:	April 1, 2005 through March 31, 2006
Period of NCANDS Data:	April 1, 2005 through March 31, 2006

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Introduction

Agency Structure

The Division of Children, Youth and Families (the Division) serves as the State administered child welfare services agency, and is divided into three administrations: the Administration for Children, Youth and Families; the Finance and Business Operations Administration; and the Comprehensive Medical and Dental Program.

Arizona's fifteen counties are divided into six regions, which are referred to as districts. District 1 (Maricopa County, including the city of Phoenix and surrounding cities) and District 2 (Pima County, including the city of Tucson) are the urban districts, while Districts 3 through 6 are considered rural districts, although some 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%.
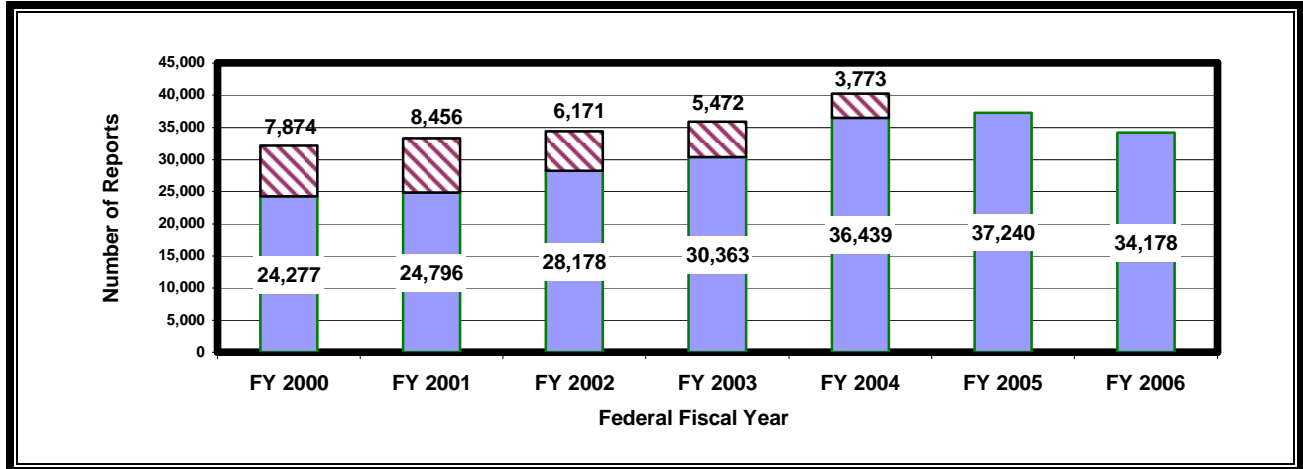
Investigative, In-Home Services and Out-of-Home Caseload Volume

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. The caseload distribution has changed somewhat since the 2001 Statewide Assessment. Investigation cases have 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.

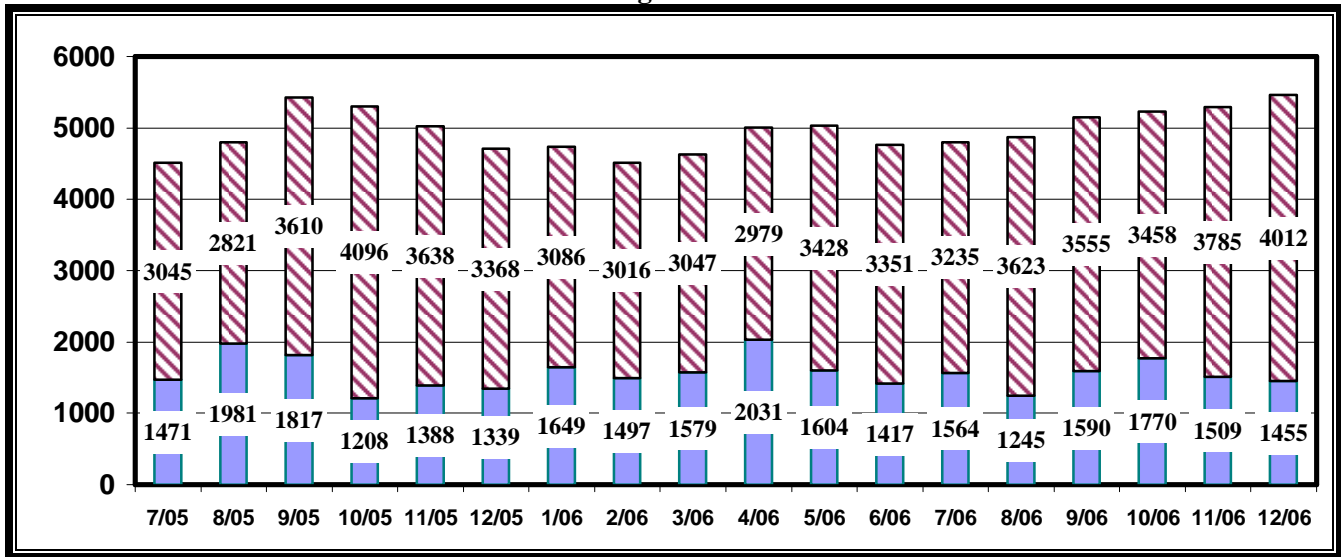|	District 1	District 2	District 3	District 4	District 5	District 6
Counties	Maricopa	Pima	Coconino Apache Navajo Yavapai	Yuma Mohave La Paz	Gila Pinal	Cochise Graham Greenlee Santa Cruz
Investigations	58.3%	17.8%	7.6%	6.5%	6.4%	3.4%
In-Home Cases	54.9%	20.6%	9.5%	5.9%	5.6%	3.5%
Children in Out-of-Home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

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

	Number of Reports

FY 2000: 7,874 / 24,277
FY 2001: 8,456 / 24,796
FY 2002: 6,171 / 28,178
FY 2003: 5,472 / 30,363
FY 2004: 3,773 / 36,439
FY 2005: 37,240
FY 2006: 34,178

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

| Month	Upper value	Lower value
7/05	3045	1471
8/05	2821	1981
9/05	3610	1817
10/05	4096	1208
11/05	3638	1388
12/05	3368	1339
1/06	3086	1649
2/06	3016	1497
3/06	3047	1579
4/06	2979	2031
5/06	3428	1604
6/06	3351	1417
7/06	3235	1564
8/06	3623	1245
9/06	3555	1590
10/06	3458	1770
11/06	3785	1509
12/06	4012	1455

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
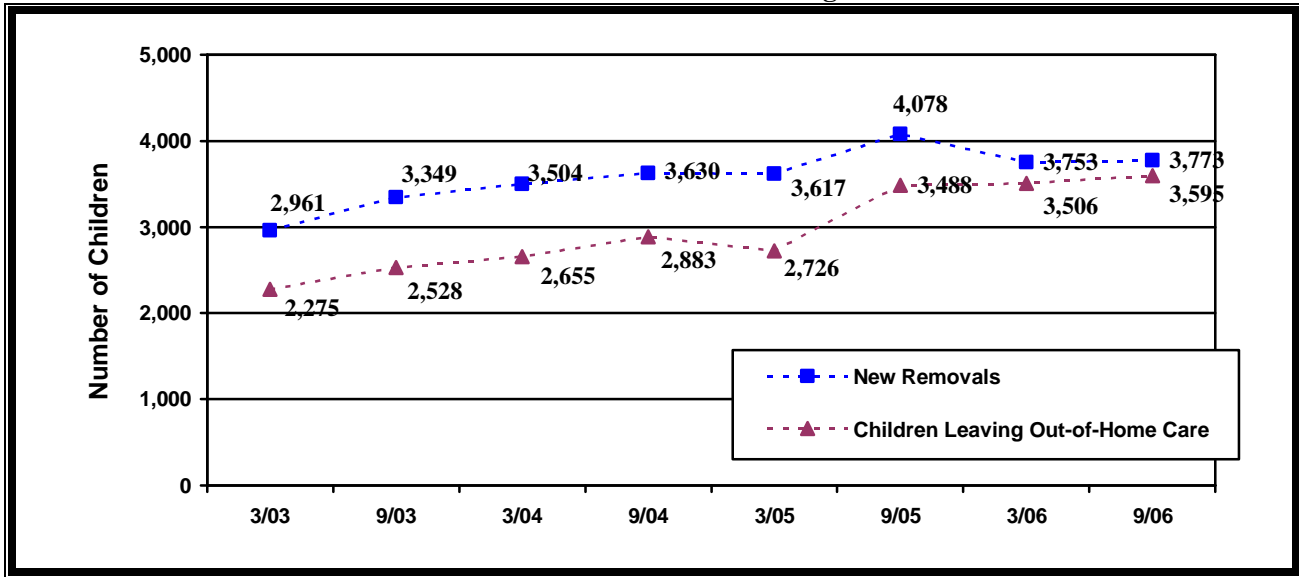
According to the *Child Welfare Reporting Requirements Semi-Annual Report*, 9,906 children were placed in out-of-home care on September 30, 2005 – a 12% increase over the 8,839 children in out-of-home care on September 30, 2004. However, the annual rate of increase slowed from a high of 20% in FFY 2003 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.

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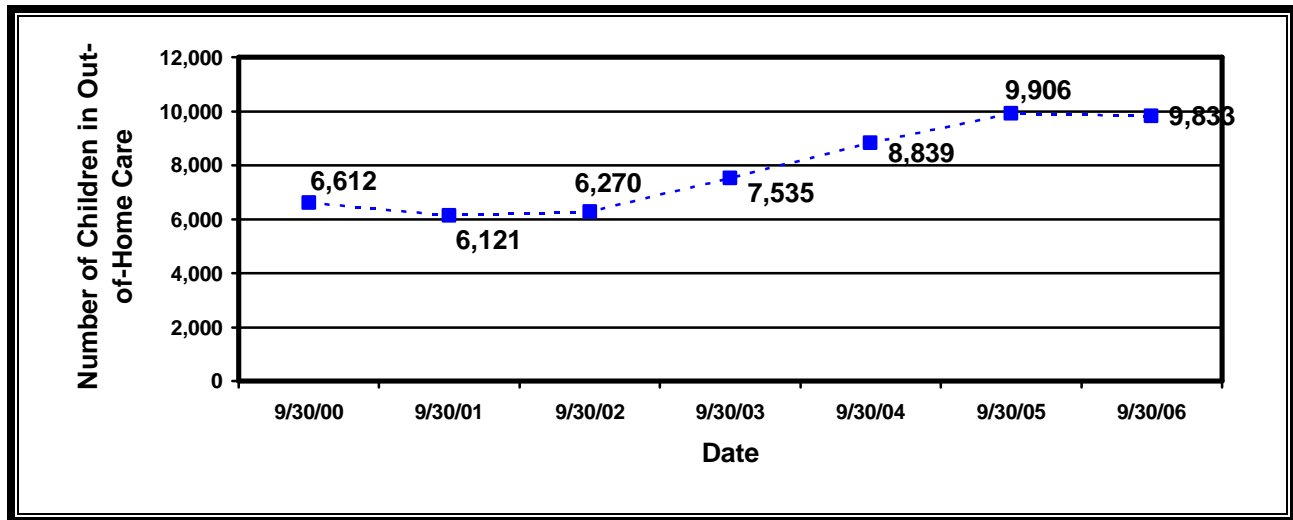
Staff Resources

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. Some of these activities 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 developed a "Realistic Job Video" portraying the opportunities and challenges associated with working with CPS Arizona. All new applicants for CPS Specialist positions are required to view the video prior to submitting an application or participating in a job interview. CPS Specialist applicants can view the video by downloading it from the DES website, or can obtain a copy from the DCYF Personnel Unit. The Division is conducting follow-up to ensure consistent use of the video across all districts. This realistic view of the work helps to ensure that applicants experience a good job fit. Some offices also offer applicants an opportunity to discuss the job with experienced staff prior to accepting the position.

- 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 advertising.

- The Division encourages retention by offering tuition reimbursement, educational leave, and participation in advanced degree programs. In collaboration with University and College partners, the Division has offered a one year advanced standing MSW program and a three year part time MSW program to selected staff; and a stipend program for MSW and BSW students

who commit to at least two years of employment with the Division following graduation.

- The Department has provided financial incentives to support retention. Stipends for CPS Specialists conducting investigations were instituted by statute in 2004. In 2006 the Department implemented a program that provides performance pay for all staff when outcome related performance goals are achieved. 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 other "Pride" Program awards for accomplishments above and beyond normal job duties.

Primary Data Sources

This report provides data from a variety of sources; including other reports published by the Division or Department, the 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 child welfare information system or SACWIS) or differences between data extraction programs, such as the Adoption and Foster Care Analysis and Reporting System (AFCARS). Data sources, extract dates, and operational definitions are included throughout the document. Frequently cited data sources include the following:

- *CFSR Data 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 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 data 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 through review of 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 item 31 for more information.

Crosscutting Initiatives

The Division has pursued several multi-faceted 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 in the pertinent Statewide Assessment items in Section III of this document.

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 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. 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 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 (AECF) 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 foster 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 item 44 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 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 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. Other Districts remain in the planning stages around this strategy.

- *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 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 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 items 30 and 31 for more information about the Division's activities and achievements in the use of data for continuous quality improvement.

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 United States 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.

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 in 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 item 34). In addition, 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. A consultant from this NRC 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 the consultant in August and September 2005. During the roundtables, the consultant 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.

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 provided 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.

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 included 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 behaviorally based case planning. The family members are assisted to identify strengths that will help them 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 child in out-of-home care will have 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 will also include 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 of those conferences. 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 CSA-SRA-Case planning process occurred statewide from February through May 2007. Statewide implementation was complete on 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. Child Welfare Training Institute (CWTI) staff are available to provide on-site and/or telephonic support as workers begin its use. 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 will 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 behaviorally 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.

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. For example, 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 that are related to 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 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 Item 34 for more information on PS-MAPP training.

- Foster Care Specialists from the contracted agency are assigned to support and monitor each resource family. The Foster Care Specialist partners with each placed child's CPS Specialist to ensure the caregiver has the necessary training and support services to meet the needs of each child. The Foster Care Specialist is required to make one visit within 72 hours of a children 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 contract agency's Foster Care Specialist must arrange a one-to-one meeting with the 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 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 with siblings who do not reside with them.

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CHILD SAFETY PROFILE	Fiscal Year 2004ab						Fiscal Year 2005ab						12-Month Period Ending 03/31/2006					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	35,623		81,121		63,919		37,088		84,154		66,996		36,119		81,872		65,843	
II. Disposition of CA/N Reports[3]																		
Substantiated, Indicated, Alternative Response Victim[A]	5,220	14.7	7,344	9.1	7,021	11.0	4,308	11.6	6,119	7.3	5,884	8.8	3,633	10.1	5,242	6.4	5,075	7.7
Unsubstantiated	26,642	74.8	41,188	50.8	33,244	52.0	32,780	88.4	49,595	58.9	40,759	60.8	32,486	89.9	48,905	59.7	40,550	61.6
Other	3,761	10.6	32,589	40.2	23,654	37.0			28,440	33.8	20,353	30.4	0	0	27,725	33.9	20,218	30.7
III. Child Cases Opened for Services[4,B]			7,344	100	7,021	100			6,119	100	5,884	100			5,242	100	5,075	100
IV. Children Entering Care Based on CA/N Report[5]			3,455	47	3,272	46.6			2,944	48.1	2,827	48.0			2,532	48.3	2,463	48.5
V. Child Fatalities[6]					23	0.3					22	0.4					22	0.4
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence[7] [Standard: 94.6% or more)					2,912 of 3,001	97.0					2,267 of 2,340	96.9					2,199 of 2,256	97.5
VII. Absence of Child Abuse and/or Neglect in Foster Care[8] (12 months) [standard 99.68% or more]					14,277 of 14,320	99.70					16,023 of 16,043	99.88					16,809 of 16,840	99.82

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Additional Safety Measures For Information Only (no standards are associated with these):

	Fiscal Year 2004ab						Fiscal Year 2005ab					12-Month Period Ending 03/31/2006				
	Hours				Unique Childn.[2]	%	Hours			Unique Childn.[2]	%	Hours				Unique Childn.[2]	%
VIII. Median Time to Investigation in Hours (Child File)[9]	>24 but<48						>24 but<48					>24 but<48					
IX . Mean Time to Investigation in Hours (Child File)[10]	53.0						58.3					62.6					
X. Mean Time to Investigation in Hours (Agency File)[11]	41.5[C]						75.5					n/a					
XI. Children Maltreated by Parents While in Foster Care.[12]					D					30 of 16,043	0.19					D	

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)

	Fiscal Year 2004ab						Fiscal Year 2005ab						12-Month Period Ending 03/31/2006					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
XII. Recurrence of Maltreatment[13] [Standard: 6.1% or less)					89 of 3,001	3.0					73 of 2,340	3.1					57 of 2,256	2.5
XIII. Incidence of Child Abuse and/or Neglect in Foster Care[14] (9 months) [standard 0.57% or less]					22 of 13,053	0.17					19 of 14,622	0.13					20 of 15,186	0.13

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NCANDS data completeness information for the CFSR

Description of Data Tests	Fiscal Year 2004ab	Fiscal Year 2005ab	12-Month Period Ending 03/31/2006
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	4.19	3.93	3.11
Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]	100	100	100
Percent of perpetrators with relationship to victim reported [File must have at least 75%]	99.97	100	100
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	89.60	99.97	99.99
Average time to investigation in the Agency file [PART measure]	Reported	Reported	n/a
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child **does not have to be in foster care to have this ID**]		100	

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

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Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded "substantiated," "indicated," or "alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded "unsubstantiated" or "unsubstantiated due to intentionally false reporting." A child classified as "other" has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to "other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an "other" disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.

2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.

3. For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

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6. The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with Safety Outcome #1.

8. The data element "Absence of Child Abuse/or Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent of facility staff member. This data element is used to determine the State's substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

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13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

A. There has been a change in the law regarding Substance Exposed Newborns. Prior to the change in the law, an SEN report could be substantiated if the mother and child tested positive for drugs. The law added the requirement that a medical doctor must indicate that there is demonstrable harm to the child. A finding of demonstrable harm is apparently rare. This has caused the number of child victims to drop. In addition the number of private petitions and Court ordered pick-ups have been increasing. Both of these categories have a low incidence of substantiation.

B. Post-investigative services are provided to all clients having a referral of child abuse or neglect either directly by the Department Child Welfare or through referrals made to community agencies.

C. In FFY2004, AZ provided the following comment for the average time to investigation reported in the Agency file: "It is based on whole days (no time data was used). A same day investigation would equal 0 hours, a next day investigation would equal 24 hours. In 42 percent of the reports the investigation was initiated on the day of the referral. In 91 percent of the reports the investigation was initiated within 96 hours of the referral."

D. AFCARS IDs provided in the FFY2004 and the 2005b2006a NCANDS submissions were not encrypted the same way as the Record Numbers in the AFCARS file. AZ corrected this problem in the most recent resubmission of the FFY2005 Child File.

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year[1]	7,305		8,497		9,196	
Admissions during year	7,015		7,546		7,644	
Discharges during year	5,110		6,358		7,069	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	1,328	26% of the discharges	1,447	22.8% of the discharges	1,643	23.2% of the discharges
Children in care on last day of year	9,210		9,685		9,771	
Net change during year	1,905		1,188		575	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	50	0.5	499	5.2	333	3.4
Foster Family Homes (Relative)	2,895	31.4	2,935	30.3	3,035	31.1
Foster Family Homes (Non-Relative)	2,957	32.1	3,599	37.2	3,807	39.0
Group Homes	1,385	15.0	1,179	12.2	1,158	11.9
Institutions	913	9.9	629	6.5	588	6.0
Supervised Independent Living	241	2.6	255	2.6	246	2.5
Runaway	283	3.1	333	3.4	306	3.1
Trial Home Visit	209	2.3	65	0.7	74	0.8
Missing Placement Information	277	3.0	191	2.0	224	2.3
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	4,637	50.3	4,968	51.3	4,883	50.0
Live with Other Relatives	339	3.7	391	4.0	352	3.6
Adoption	1,917	20.8	2,236	23.1	2,417	24.7
Long Term Foster Care	459	5.0	442	4.6	438	4.5
Emancipation	1,120	12.2	1,195	12.3	1,196	12.2
Guardianship	52	0.6	64	0.7	73	0.7
Case Plan Goal Not Established	686	7.4	389	4.0	412	4.2
Missing Goal Information	0	0.0	0	0.0	0	0.0

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	3,101	33.7	3,295	34.0	3,299	33.8
Two	2,241	24.3	2,434	25.1	2,500	25.6
Three	1,279	13.9	1,379	14.2	1,345	13.8
Four	707	7.7	759	7.8	816	8.4
Five	412	4.5	493	5.1	493	5.0
Six or more	1,351	14.7	1,300	13.4	1,299	13.3
Missing placement settings	119	1.3	25	0.3	19	0.2
V. Number of Removal Episodes						
One	7,377	80.1	7,754	80.1	7,754	79.4
Two	1,457	15.8	1,523	15.7	1,584	16.2
Three	296	3.2	320	3.3	342	3.5
Four	59	0.6	75	0.8	74	0.8
Five	21	0.2	13	0.1	17	0.2
Six or more	0	0.0	0	0.0	0	0.0
Missing removal episodes	0	0.0	0	0.0	0	0.0
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	1,334	30.3	1,045	32.8	1,187	33.3
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	12.0		12.2		12.9	

VIII. Length of Time to Achieve Perm. Goal	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification	2,933	0.8	3,424	1.9	3,739	1.9
Adoption	784	27.0	1,070	26.7	1,228	27.2
Guardianship	665	12.3	900	13.6	1,045	13.1
Other	728	17.9	964	15.1	1,057	15.2
Missing Discharge Reason (footnote 3, page 16)	0	--	0	--	0	--
Total discharges (excluding those w/ problematic dates)	5,110	7.5	6,358	9.2	7,069	9.2
Dates are problematic (footnote 4, page 16)	0	N/A	0	N/A	0	N/A

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Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4

	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 110.8	State Score = 106.9	State Score = 104.3
National Ranking of State Composite Scores (see footnote A on page 12 for details)	19 of 47	13 of 47	10 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 69.9%, 75th percentile = 75.2%**]	75.7%	72.2%	70.1%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [**national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measureB)**]	Median = 5.5 months	Median = 6.3 months	Median = 6.3 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 39.4%, 75th Percentile = 48.4%**]	30.0%	28.2%	29.2%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [**national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)**]	19.3%	19.7%	19.5%

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	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. $caled Scores for this composite incorporate three components.	State Score = 110.8	State Score = 112.6	State Score = 121.3
National Ranking of State Composite Scores (see footnote A on page 12 for details)	33 of 47	35 of 47	41 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [**national median = 26.8%, 75th Percentile = 36.6%**]	38.1%	33.8%	34.9%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [**national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)**]	Median = 26.9 months	Median = 26.7 months	Median = 27.2 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [**national median = 20.2%, 75th Percentile = 22.7%**]	23.1%	28.1%	30.5%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [**national median = 8.8%, 75th Percentile = 10.9%**]	9.3%	11.1%	13.1%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: **Legally free children adopted in less than 12 months:** Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [**national median = 45.8%, 75th Percentile = 53.7%**]	47.1%	40.2%	44.5%

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	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 117.4	State Score = 118.7	State Score = 123.6
National Ranking of State Composite Scores (see footnote A on page 12 for details)	29 of 51	32 of 51	37 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). **[national median 25.0%, 75th Percentile = 29.1%]**	22.5%	27.6%	31.7%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) **[national median 96.8%, 75th Percentile = 98.0%]**	94.6%	94.5%	94.9%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? **[national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]**	41.2%	45.3%	45.3%

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	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates **no components** but three individual measures (below)	State Score = 85.2	State Score = 88.5	State Score = 90.5
National Ranking of State Composite Scores (see footnote A on page 12 for details)	15 of 51	18 of 51	19 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75th Percentile = 86.0%]	80.7%	82.0%	82.9%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75th Percentile = 65.4%]	56.0%	56.4%	57.9%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75th Percentile = 41.8%]	22.1%	27.5%	29.2%

Special Footnotes for Composite Measures:

A. **These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.**

B. **In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.**

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PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	2,903	85.4	2,883	82.7	3,294	84.4
II. Most Recent Placement Types						
Pre-Adoptive Homes	0	0.0	61	2.1	21	0.6
Foster Family Homes (Relative)	910	31.3	912	31.6	1,106	33.6
Foster Family Homes (Non-Relative)	826	28.5	958	33.2	1,057	32.1
Group Homes	353	12.2	339	11.8	406	12.3
Institutions	562	19.4	443	15.4	569	17.3
Supervised Independent Living	0	0.0	7	0.2	9	0.3
Runaway	62	2.1	53	1.8	75	2.3
Trial Home Visit	105	3.6	34	1.2	20	0.6
Missing Placement Information	85	2.9	76	2.6	31	0.9
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	2,024	69.7	1,798	62.4	1,943	59.0
Live with Other Relatives	89	3.1	96	3.3	72	2.2
Adoption	97	3.3	133	4.6	171	5.2
Long-Term Foster Care	10	0.3	11	0.4	9	0.3
Emancipation	75	2.6	90	3.1	104	3.2
Guardianship	8	0.3	8	0.3	1	0.0
Case Plan Goal Not Established	600	20.7	747	25.9	994	30.2
Missing Goal Information	0	0.0	0	0.0	0	0.0
IV. Number of Placement Settings in Current Episode						
One	1,567	54.0	1,556	54.0	1,954	59.3
Two	735	25.3	736	25.5	783	23.8
Three	310	10.7	347	12.0	324	9.8
Four	138	4.8	123	4.3	124	3.8
Five	63	2.2	49	1.7	54	1.6
Six or more	36	1.2	46	1.6	35	1.1
Missing placement settings	54	1.9	26	0.9	20	0.6

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PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	947	82.7	1,002	81.5	1,195	78.4
Adoption	4	0.3	2	0.2	10	0.7
Guardianship	104	9.1	97	7.9	147	9.6
Other	90	7.9	129	10.5	172	11.3
Unknown (missing discharge reason or N/A)	0	0.0	0	0.0	0	0.0
	Number of Months		**Number of Months**		**Number of Months**	
VI. Median Length of Stay in Foster Care	14.1		7.6		not yet determinable	

ACFARS Data Completeness and Quality Information (2% or more is a warning sign):

	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	0	0.0 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	236	4.6 %	0	0.0 %	0	0.0 %
Missing discharge reasons	0	0.0 %	0	0.0 %	0	0.0 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	45	5.7 %	27	2.5 %	1	0.1 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	66	8.4% fewer in the adoption file.	85	7.9% fewer in the adoption file.	N/A	There is no rolling year adoption file.
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	119	1.3 %	25	0.3 %	19	0.2 %

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Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) **[Standard: 76.2% or more]**	2,480	84.6	2,783	81.3	3,013	80.6
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) **[Standard: 32.0% or more]**	298	38.0	362	33.8	428	34.9
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) **[Standard: 86.7% or more]**	6,287	81.7	7,048	84.6	7,341	86.0
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) **[Standard: 8.6% or less]**	682	9.7 (83.4% new entry)	679	9.0 (83.4% new entry)	716	9.4 (83.4% new entry)

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FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The FY 04, FY 05 , and 06 counts of children in care at the start of the year exclude 120 , 104 , and 104 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months,* rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

[3]This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

[4]The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

[5]This First-Time Entry Cohort median length of stay was 14.1 in FY 04. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

[6]This First-Time Entry Cohort median length of stay was 7.6 in FY 05. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

[7]This First-Time Entry Cohort median length of stay is Not Yet Determinable for 06. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

Section III – Narrative Assessment of Child and Family Outcomes

A.   Safety

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

The Division was found to be in substantial conformity with Safety Outcome 1 during the 2001 CFSR.

Item 1: Timeliness of initiating investigations of report of child maltreatment. How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

Policy Description

The Child Abuse Hotline receives and prioritizes reports of child maltreatment. CPS Hotline staff use guidelines provided in policy to designate reports of maltreatment as high, moderate, low, or potential risk; based upon factors such as the age of the child, the need for immediate medical treatment, and the situation's severity and potential to threaten the child's life. State policy requires an initial response within two hours for high risk reports, 48 hours for moderate risk reports, 72 hours for low risk reports, and seven consecutive days for potential risk reports. CPS may respond within a mitigated response timeframe if law enforcement or other emergency personnel is with the child victim and confirms the child's safety. Mitigated response times are 24 hours for high risk, 72 hours for moderate risk, and 72 hours excluding weekends and holidays for low risk reports. There is no mitigated response time for potential risk reports. Initial response is defined as an action by CPS, law enforcement, or other emergency personnel to determine the child is currently safe, such as face-to-face contact with the child or a home visit to attempt to see the child.

Joint investigations with law enforcement are required when the report or the investigation indicates that the child is or may be a victim of an extremely serious conduct allegation, which if deemed true would constitute a felony. Protocols for conducting joint investigations have been established with municipal or county law enforcement agencies in all counties but Yuma and Gila. The Child Abuse Hotline or the field office may identify the report as meeting the criteria for joint investigation and add a tracking characteristic to the report. CPS and law enforcement determine the necessity and ability to conduct a joint response within the specified timeframes. If law enforcement is unable to respond jointly, CPS must proceed with the CPS investigation and safety assessment. Whether or not law enforcement and CPS respond jointly, they work cooperatively and share information throughout the investigation to conduct the joint investigation.

State policy requires that the child victim and all siblings and other children living in the home be interviewed or observed prior to closing the investigation or transferring the case to ongoing services, unless a child can not be seen despite reasonable efforts to locate.

Measures of Effectiveness

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. District performance ranged from 68% in District 3 to 97% in District 2, with all Districts performing at or above 80% except District 3. 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 2006, made a timely response to 80% and 87% of investigations, suggesting the rate of improvement increased in the latter part of 2006.

Data on the State's Business Intelligence Dashboard provides a more precise description of the State's performance than elements VIII, IX, and X in the CFSR Data Profile. The 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
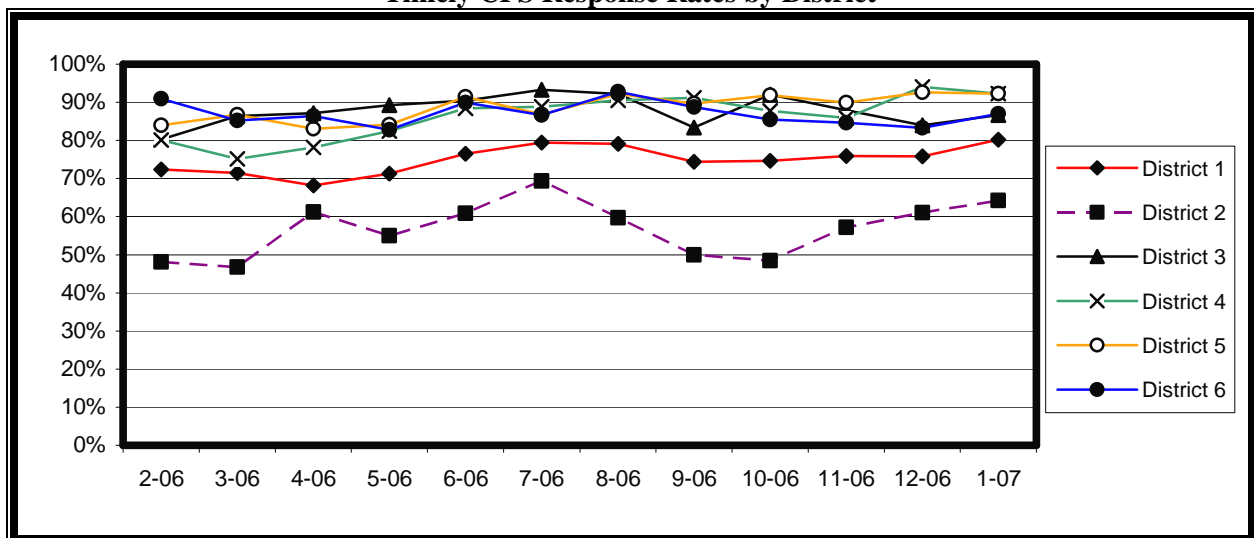
Dashboard data indicates that high and potential risk reports are much more likely to have a timely response by CPS than moderate and low risk reports. Dashboard data on April 5, 2007 indicates the on-time CPS response rate for potential and high risk reports increased from approximately 72% in CY 2004, to 84% in January 2007. The on-time response rates for moderate and low risk reports also increased more than 15% since CY 2004, reaching approximately 78% in January 2007. It is probable that the two hour timeframe on high risk reports is more frequently met because these children are often reported to be currently unsafe and in need of immediate protection. Conversely, potential risk reports have a seven day response timeframe, which provides flexibility to manage workload and achieve a timely response. The two and three day response timeframes for moderate and low risk reports provide less flexibility and these

reports do not have the same urgency as high risk reports.

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

Timely response is an area of strength for the Division and continues to improve. In conjunction with stakeholders the Division identified the following programs, activities, and system improvements affecting performance in this area:

- 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 response was made by law enforcement or other emergency personnel.

- The Business Intelligence Dashboard became available to supervisors and administrators in 2006. The dashboard provides data, updated weekly, on the number or 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.

- 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 lead some staff to believe they can not respond to serious reports unless jointly with law enforcement. In 2006, 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 is 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 inter-agency collaboration and coordination of services to Native American families. Stakeholders also identified needs to reduce tribal social service agency vacancies, better coordinate services to families moving back and forth from the reservation, and share more information on families with prior involvement with the Tribe or State.

- 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. Timely response improves when CPS Unit Supervisors are experienced and knowledgeable about investigative policy and procedures, consider staff workload and ability when assigning reports for investigation, and provide sound guidance to new workers. 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, 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 in some districts, and temporary assistance from Central Office staff and others who are not permanently assigned to investigation positions. However, these methods may be difficult to maintain since the staff are required to spend much time away from home. Furthermore, there is a concern that the roving staff do not have the same knowledge of the community as local staff.

  ➢ 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 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 statute 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 education efforts may encourage individuals to make reports rather than consider other resources or methods to meet the families' needs. One stakeholder noted that Children's Justice Coordinators throughout the State are providing community trainings on reporting abuse and neglect and CPS could coordinate with this resource.

- ➢ Stakeholders suggested that the districts review and analyze the current methods for report assignment, i.e. volume of reports by zip code or geographic area. Assignment of reports by geographic areas of law enforcement agency jurisdiction would encourage communication and relationships between CPS and law enforcement agencies.

- • Staff and stakeholders also stated there may be a relationship between timeliness of initial response and quality of assessment. Data does suggest this is an area worthy of exploration. According to the Business Intelligence Dashboard data, District 2 consistently has a much lower on-time response rate than the rest of the State. However, 97% of this District's investigations reviewed in 2006 included in-person contact with all the involved children and 89% of District 2's cases were rated strength on provision of pre-placement preventive services, by far the highest in the State.

Item 2: Repeat Maltreatment. How effective is the agency in reducing the recurrence of maltreatment of children?

Policy Description

Division policy requires the supervisor to review all prior reports and case history when there have been three or more prior reports involving a child, parent, guardian or custodian; to determine whether all allegations in previous reports were addressed, there is a pattern of cumulative harm evident or emerging, the severity of maltreatment has increased, additional sources of information should be contacted, or additional records should be obtained. When possible, the review is to be completed prior to assigning the report for investigation and the supervisor should consider assigning the current report to a different CPS Specialist if the last two reports were investigated by the same CPS Specialist.

The Division's safety and risk assessment policies, case planning policies, and after care planning policies require that each family's strengths and needs be comprehensively assessed and appropriate services be provided to reduce risks and prevent future maltreatment. History of prior maltreatment is a risk factor that must be assessed when evaluating the overall risk level to children in the family. Repeat maltreatment may be prevented through safety planning, out-of-home care services, in-home services, or by linking the family to community services without ongoing CPS involvement. Child safety assessments and strengths and risk assessments must be completed within defined timeframes from case opening, and

again prior to supervisory approval when considering to close an investigation, in-home services, or out-of-home case.

Policy also directs staff to evaluate the evidence gathered during the investigation and determine whether or not to substantiate the report of child abuse or neglect. A report is proposed substantiated when an investigation finds probable cause to support a finding of abuse or neglect (i.e. facts exist that provide a reasonable ground to believe that abuse or neglect occurred). The Division notifies the parent, guardian or custodian in writing of the investigation finding, and his or her right to appeal a proposed substantiated finding, before entry of the finding into the Central Registry.

In compliance with the Child Abuse Prevention and Treatment Act (CAPTA), the Division implemented the Protective Services Review Team (PSRT) appeal program in January 1998. The two-tiered appeal process includes an internal review prior to a formal hearing by an Administrative Law Judge. CPS Specialists, with supervisory review and approval, can propose to substantiate a report according to criteria defined in policy. If the proposal to substantiate is not appealed by the alleged perpetrator within required timeframes, the finding is changed from propose substantiation to substantiated. Cases that are involved in a civil, criminal, or administrative proceeding in which the allegation of abuse or neglect is at issue are not eligible for appeal. Propose substantiation findings remain as proposed until the PSRT and/or administrative review process is complete, at which point the finding is changed to substantiated or unsubstantiated.

When the appeal process was implemented, substantiation guidelines and operational definitions were developed to assist staff in the application of the legal definition of abuse and neglect. Based upon legal consultation and trends in decisions made by Administrative Law Judges, the Division also made a programmatic decision to unsubstantiate reports classified as "potential abuse or neglect," since no abuse or neglect had actually occurred. Initially, staff were also not able to substantiate reports when the perpetrator was unknown. This requirement was dropped in September 2003, and staff can now substantiate and indicate the perpetrator is unknown if there is sufficient evidence that abuse or neglect occurred.

Measures of Effectiveness

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 reports of new information regarding the same family situation already being assessed by the Division.

Factors Affecting Performance

The State's low substantiation rate is a factor affecting the State's performance on repeat maltreatment. Arizona's substantiation rate is calculated by dividing the number of substantiated investigations by the total number of investigations, excluding reports falling under tribal or military jurisdiction and reports categorized as potential risk. Reports under these jurisdictions are excluded because they are not assessed by CPS and no CPS finding is made. Potential risk reports are excluded because they can not be legally substantiated since only *potential* risk is present, versus *actual* abuse or neglect. Prior to the discontinuation of the Family Builders differential response program in June 2004, reports referred to this program were also excluded because no finding was made by CPS.

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. The CFSR data profile also indicates a reduction in the State's substantiation rate. This data indicates an 11% substantiation rate in FFY 2004, 8.8% in FFY 2005, and 7.7% in the year ending March 31, 2006. This data differs from the *Semi-Annual Report* because the data is categorized according to the date the finding was entered rather than the date the report was received, and the substantiation rate is calculated using a denominator that does not exclude potential risk reports (which results in a much lower substantiation rate).

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.

Stakeholders suggested that CPS field staff increase their consultation with PSRT Specialists to determine whether the assessment information meets the standard of probable cause, and to receive guidance on documentation to support a substantiated finding. 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 so they can practice observing, recognizing, and documenting abuse and neglect; and 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 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:

- Stakeholders acknowledged the difference between investigations of probable cause to support a finding of substantiation (an incident based assessment) and comprehensive assessment of safety and risk, and confirmed the Division needs to continue efforts to ensure comprehensive assessment. The Division's work to improve the *Child Safety Assessment* and *Strengths and Risk Assessment* process and implementation is expected to address this need. The quality of assessment affects service planning, which in turn affects the likelihood of repeat maltreatment. The Division's strategies for improving safety and risk assessment and case documentation are also expected to affect the accuracy of substantiation findings as an indicator of whether abuse or neglect that meets statutory definitions did in fact occur. For more information on these strategies, see Section 1, Introduction, *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 1, Introduction, *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 1, Introduction, *Crosscutting Initiatives* for more information on the Division's activities to increase the in-home service array.

In addition to mentioning many of the above activities, staff and stakeholders provided the following input:

- Stakeholders suggested that the Division consider alternatives for documenting the finding of an investigation that does not meet the standard of probable cause, so that suspected maltreatment and identification of risk can be communicated to law enforcement. Stakeholders suggested that law enforcement and the public be educated to view findings differently, since currently "unsubstantiated" is interpreted to mean the incident did not occur, which is not always the case.

- Contract issues may impede CPS from providing in-home contracted services for as long as the family requires. The Division's In-Home Services Program contract states the intent of the Program is to provide intensive time-limited services (approximately six months).

- Some stakeholders stated that contractors should be paid on outcomes versus the number of referrals to which they respond. The In-Home Services Program contract pays providers for referral acceptance, signed service plan submittal, and discharge summary submittal. Contractors are required to provide outcome reports on areas such as consumer satisfaction and the percent of children who do not have a report of abuse or neglect during program participation, but achievement of these outcomes is not tied to payment. Other stakeholders disagreed that payments and outcomes should be linked, since contractors may not have sufficient control over outcomes.

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

The Division was found to be in substantial conformity with Safety Outcome 2 during the 2001 CFSR.

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

Policy Description

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 investigative assessment and the CSA and SRA, the Division determines the level of intervention; 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.

Services through the Division's Family Support, Preservation and Reunification (In-Home Service Program) are available statewide to children and family members referred by CPS. This program provides a wide range of services including, but 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 are family-centered, comprehensive, coordinated, community based, accessible, and culturally responsive. Services may be provided within a natural parent's home or in the home of a pre-adoptive or adoptive kinship or foster family home. Services 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 integrated services model includes two service levels, intensive and moderate, which are provided based upon the needs of the child and family.

Measures of Effectiveness

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 2006 and 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. For example:

- 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 I, Introduction, *Investigative, In-Home Services and Out-of-Home Caseload Volume* for more information.

Data in the CFSR Child Safety Profile indicates the number of cases opened for services following a report of maltreatment is equal to the number of substantiated reports. Family assessment and case management services, which occur in all investigation cases, were included in the definition of services within this data element. Future CFSR data profiles will identify the number of cases that received paid services that started or continued after entry of the investigation findings, including in-home and out-of-home services.

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 process 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, particularly when a safety threat or high risk is present but the family declines or does not make progress in services.

The *Dependent Children in the Arizona Court System Fiscal Year 2005* report, published by the Arizona Supreme Court, Administrative Office of the Court, 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

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 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. These units and staff provide intensive case management to quickly identify and address any factors that might impact the safety of children living in their homes. 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 (see the policy description for more information). The contract increases the array of available in-home services, coordinates services, and better ensures the appropriate intensity of services is provided. Development of this program has increased accessibility of in-home services, although stakeholders report a need for greater consistency of in-home service use across the State. Stakeholders report there is variation across providers; although provider meetings have helped address this issue and some variation in service design

to meet local needs is viewed favorably. Stakeholders also report some locations are more likely than others to serve families in-home. 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 provider 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 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 behavioral 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. The new integrated process addresses stakeholders' concerns that the current safety assessment has not been sufficiently informative to providers, that case plans do not sufficiently identify and build on relevant strengths, and that the standard for reunifying a child is sometimes higher than the criteria for removal. Case plans that are linked to safety threats and risk factors and clearly define behavioral changes necessary for reunification should reduce instances where the Court requires task completion or elimination of all risks prior to reunification, and will be more likely to prevent removal and re-entry. For more information on the integrated CSA-SRA-Case planning process, see Section I, Introduction, *Crosscutting Initiatives.* In addition, use of family-centered practice techniques will assist staff to actively engage and motivate families to make behavioral changes, especially in cases where grounds for involuntary services are not present. See Section I, Introduction, *Crosscutting Initiatives*, for more information on the Division's activities to embed family-centered practice principles as a method to engage and motivate families.
 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 I, Introduction, *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 others who might assist in decision making (such as Division of Developmental Disabilities, juvenile probation, or school system staff). 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 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 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 Arizona's *Child and Family Services Plan, Annual Progress Report 2006.*

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 I, Introduction, *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 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.

Item 4: Risk assessment and safety management. How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

Policy Description

See item 3 for information on Division policies about safety assessment and strengths and risk assessment. In addition to assessment following a report of maltreatment, completion of the *Child Safety Assessment* is required:
- prior to supervisory approval when considering closure of an in-home or out-of-home case;
- on out-of-home cases when considering commencement of unsupervised visits in the home with the parent or guardian;
- on out-of-home cases within 24 hours prior to returning a child home; and
- whenever evidence or circumstances suggest that a child may be in danger.

When a *Child Safety Assessment* concludes that a child is unsafe, the Division determines the level of intervention necessary to manage the safety threats and implements a safety plan. The safety plan identifies services and supports that will enable the child to remain at or return home safely, or indicates the need for out-of-home care. State policy includes a full chapter on safety assessment and plan

development, including best practice tips, decision making guides, and other information to describe the qualities of an effective safety plan.

See items 41, 42, and 43 for information on the Division's policies and procedures for assessing resource families to ensure foster, adoptive, and kinship caregivers are capable of providing safe and nurturing care for the children placed in their homes. Ongoing monitoring of the safety and well-being of children in out-of-home care is conducted by CPS Specialists and contracted provider Foster Care Specialists. See item 19 for more information on CPS Specialist contacts. Foster Care Specialists are required to supervise and monitor licensed foster homes by personally visiting the foster homes as follows:

- for experienced foster homes, a minimum of quarterly;
- for homes licensed in the past six months, weekly during the first month of a child's placement and at least monthly thereafter, in addition to telephone contacts;
- for foster homes providing care to a medically fragile child, a minimum of monthly; and
- for foster parents who have no children in placement, prior to placement of a child to ensure continued full compliance with licensing rules if there has been no home visit within the previous three months.

Reports of abuse or neglect by an out-of-home care provider are investigated by a CPS Specialist, including reports involving unlicensed non-relatives, unlicensed relatives, licensed family foster homes, certified adoptive homes, and Department certified child care homes. These assessments are conducted by specialized staff that are trained to consider the factors involved in the daily care of foster children, such as child behavioral or emotional health issues. Joint investigative assessments are frequently completed by CPS and licensing personnel. After completion of an investigation, the Division convenes a case conference with the out-of-home provider and staff, including licensing personnel. At the case conference, the findings and recommendations are fully discussed and, if warranted, corrective action plans are developed and implemented. All licensing concerns are also investigated by the Office of Licensing, Certification and Regulation (OLCR). Investigations that result in licensing recommendations are addressed by licensing personnel through corrective actions plans.

Measures of Effectiveness

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 comparison, in 2005 these 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.

- 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

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 1, Introduction, *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/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 I, 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 Child Protective Service 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 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 items 41, 42, and 43 for information on the Department's process for selecting and monitoring out-of-home placements to ensure children in foster care are safe. See item 17 for information on services to support caregivers to prevent maltreatment in out-of-home care.

When asked about factors affecting the State's performance in this area, staff and stakeholders identified many of the areas that are being addressed through the activities described above. The discussion focused on the affects of staff turnover and the volume of new and relatively inexperienced CPS Specialists and Supervisors. Stakeholders stated that training on the necessary skills and knowledge must be continuous and embedded into the CWTI, and should also be given to providers, judges, and attorneys. The Administrative Office of the Courts (AOC) is interested in providing overviews of critical Division training topics in future AOC trainings. For example, the Division is scheduled to present the revised CSA, SRA and case planning process at several statewide stakeholder meetings including the annual Judicial Conference, CASA, FCRB, CRP and the AOC Dependent Children Services Division staff meetings. Stakeholders also identified a need to educate law enforcement about the CPS assessment process and how this differs from a criminal investigation.

B. Permanency

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

The Division was found to not be in substantial conformity with Permanency Outcome 1 during the 2001 CFSR. Items addressed in the 2002-2004 Program Improvement plan include: Item 5 – Foster care re-entries; Item 6 – Stability of foster care placement; Item 7 – Permanency goal for child; Item 8 – Reunification, guardianship, or permanent placement with relatives; and Item 9 – Adoption.

Item 5: Foster care re-entries: How effective is the agency in preventing multiple entries of children into foster care?

Policy Description

Policies related to child safety assessment, strengths and risk assessment, case planning, and after care planning affect the State's ability to prevent re-entries of children into foster care. See items 3, 4, 18, and 25 for a description of these policies.

Measures of Effectiveness

The 2001 Statewide Assessment identified a need to create a report so that removal start and end data could be continually monitored for accuracy. This report was developed and has been viewable on the Business Intelligence Dashboard since October 2006. The report is used by all districts to monitor the number of children in out-of-home care, trends related to removals and exits from care, and progress toward reducing the number of children in out-of-home care. Staff review the report to ensure removal start and end dates have been accurately entered.

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 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
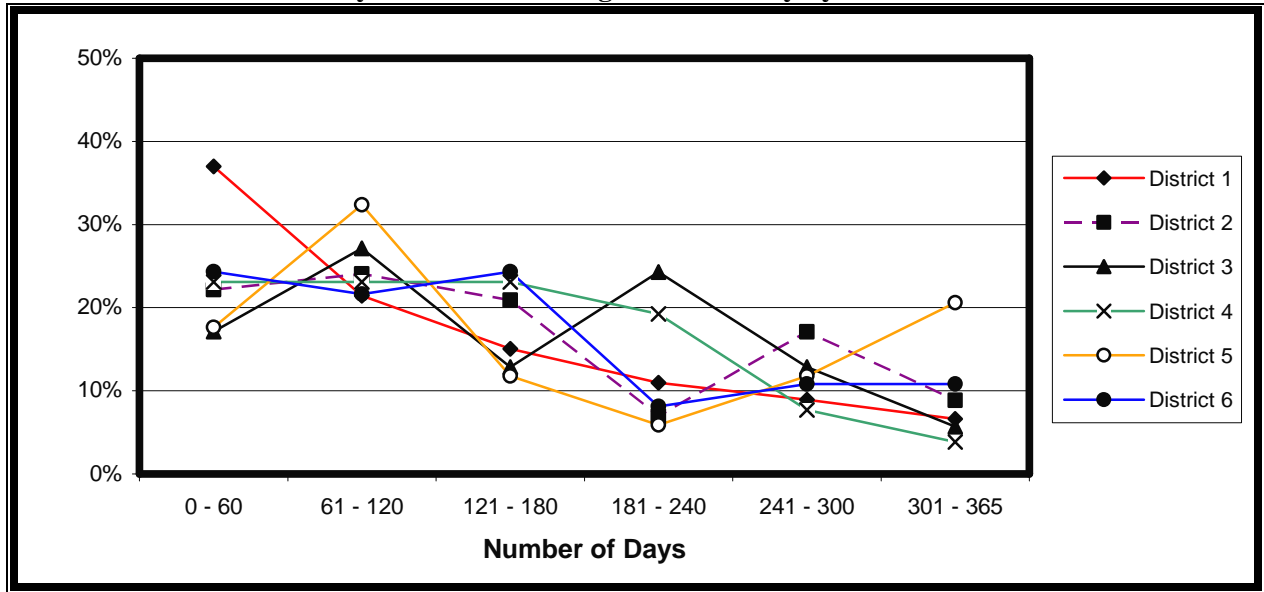
- There is not a clear and consistent relationship between county re-entry rates and the likelihood and speed of reunification. Staff and stakeholders suggested that in counties where children are more likely to reunify and/or reunify earlier, more children will re-enter. The hypothesis is that the child 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.

- 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
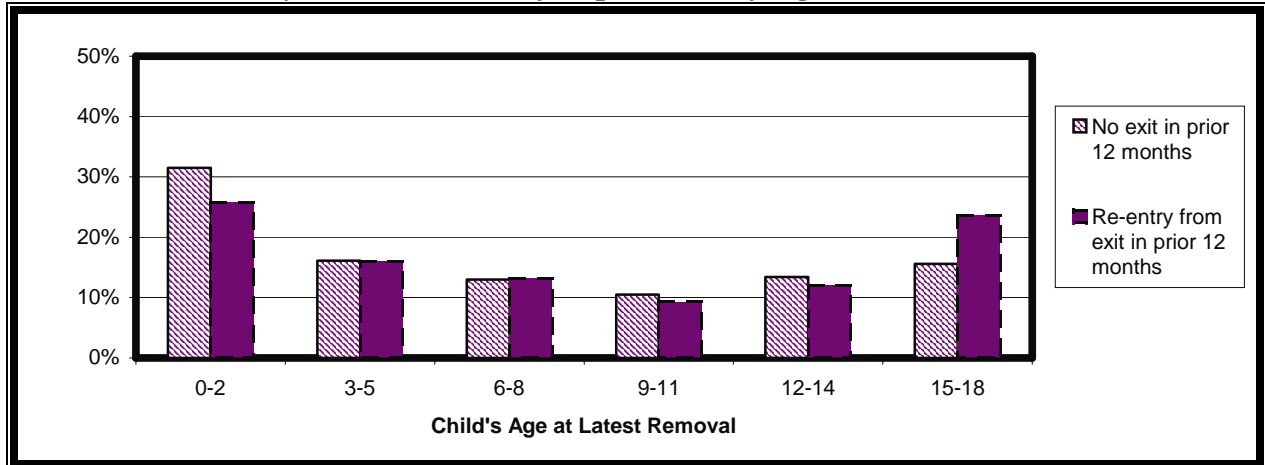
- Most districts match the statewide pattern, having a higher percentage of children age 15 or older in the re-entry population compared to children whose removal was not within twelve months of a prior exit. Districts 2, 5, and 6 demonstrate this pattern most dramatically. For example, in District 5, 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.

Factors Affecting Performance

Since the 2001 CFSR 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. Strategies implemented during the 2002 to 2004 Program Improvement Plan phase included:
- improvements to the quality of supervision;
- implementation of a Strengths and Risk Assessment instrument;
- 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 initiation of assessment within 24 hours of a child's entry into out-of-home care;
- 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 1, Introduction, *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. Activities have included the following:

- The training content of the 25 sessions of methamphetamine training that concluded in June 2006 addressed relapse. More of this training will be provided in 2007 and 2008.
- A modified curriculum on substance abuse for the CWTI was developed in partnership with the Arizona Division of Behavioral Health Services, including significant content regarding stages of change and recovery stages, in addition to co-occurring disorders.
- Practice guidelines have been developed, including content on how to address positive drug screening from a behavioral perspective.
- Methamphetamine practice points will be disseminated in the summer of 2007, one of which addresses treatment and relapse. These will compliment the Division's efforts to address safety and risk issues from a behavioral perspective.
- Efforts are occurring to improve communication between AFF providers and CPS Specialists, including participation in TDMs, use of CFTs to address challenges in treatment and parental recovery, and co-location of substance abuse treatment providers in several offices in District I.
- AFF contracts require a relapse prevention plan as a component of the service plan.

Stakeholders commented that more accessible behavioral health services are needed to support children in their own homes and that some re-entries are precipitated by a lack of follow-through by the behavioral health system to support the child and parents in-home. They also reported a need to improve the quality, consistency, and frequency of communication between CPS Specialists and service providers, to identify and address issues in the home early. Stakeholders reported that families need behavioral health services to address the special needs of adolescents and children with attachment problems, which are common among children who have experienced removal and foster care. Adolescents need more comprehensive wrap-around services in their home communities, and their ability to reunify is further diminished when the re-entry placements are far from their home community due to lack of resources. Stakeholders reported that services are sometimes less available or accessible in rural areas, particularly on Indian reservations. See item 3 (in-home services to prevent removal or re-entry) and item 23 (mental health of the child) for more information on State efforts to improve accessibility to behavioral health services to meet the needs of children and families in the child welfare system.

Stakeholders emphasized the need for transition and after care planning to ensure families are connected to their kin, communities, perhaps mentor families, and other supports. Stakeholders stated that families need more than three months of monitoring and agency support following reunification, and that transition and after care planning is especially important when there has been a long history of substance abuse or there are large sibling groups transitioning home. CPS and provider agencies need to ensure services are withdrawn slowly or replaced with alternative supports so that families have adequate time to adjust following reunification or case closure. The Division notes that there is no policy limiting the time a case may remain open with services following reunification.

The Division's data supports the suggestion of stakeholders that strategies to better meet the needs of young adults would prevent re-entry into foster care. Furthermore, the data indicating re-entries are more likely to occur soon after reunification suggests the Division should consider strategies to improve reunification transition planning, comprehensive post-reunification services, and links to community prior to CPS case closure.

Item 6:   Stability of foster care placement. How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?

Policy Description

State policy requires a complete individual placement needs assessment for every child who requires out-of-home care, and that each child be placed in the least restrictive placement available, and consistent with his or her placement needs. Relatives are the placement of preference for all children, and the Division required to make efforts to place siblings together unless there is documented evidence that placement together is detrimental to one of the children.

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. CPS Specialists support placement stability by:

- ensuring every child in out-of-home care has an individualized Out-of-Home Care Plan included in the case plan;
- *providing children and out-of-home care providers current information about matters affecting the children and allowing them an opportunity to share their thoughts and feelings;*
- reviewing each case every 6 months, through the Foster Care Review Board process or the Department's Administrative Review procedures; and
- making monthly in-person contacts with children in out-of-home care and their caregiver(s) to assess their safety, well-being, and service needs.

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. The CPS Specialist and supervisor are to hold a case conference with the out-of-home provider and the child (if appropriate) prior to a change of placement to inform the provider of the plan to move the child (if not requested by the provider), discuss the reason a placement change is being considered, and explore possible supportive services that could be put into place to preserve the placement. If a foster parent disagrees with the plan to remove the child and the removal is for a reason other than to achieve the permanency plan for the child, the provider has the right to request a Foster Home Transition Conference, to be held within 72 hours of notification of the disagreement. 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.

Measures of Effectiveness

Most children served in out-of-home care experience two or fewer placements during their removal episode. The State has not achieved the CFSR 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. 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 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.

Placement Stability by Time in Care
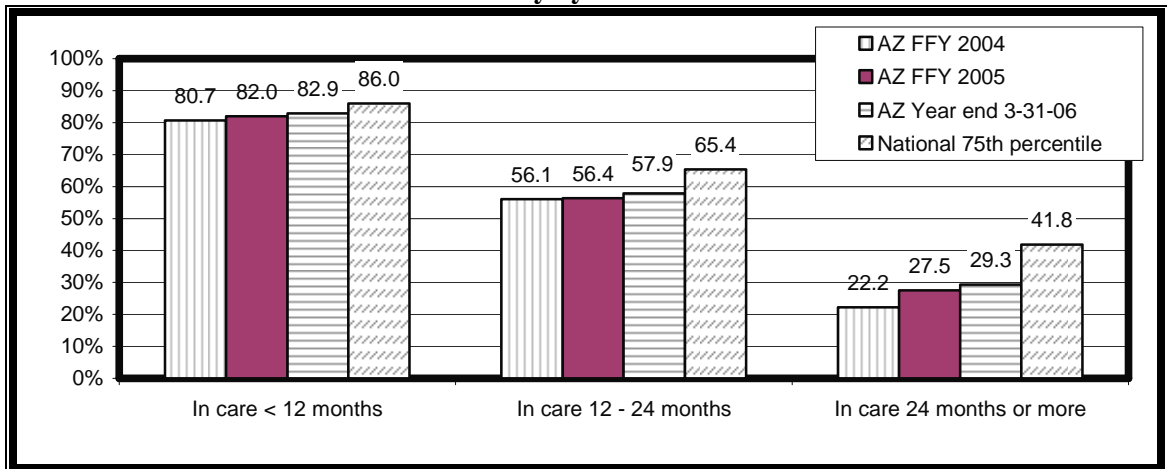
- County data indicates a range from 72% to 87% on placement stability for children in care more than 7 days and less than twelve months. The variance grows to a range from 41% to 70% for children in care 12 to 24 months. The county variance is highest for children who had been in care for 24 months 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
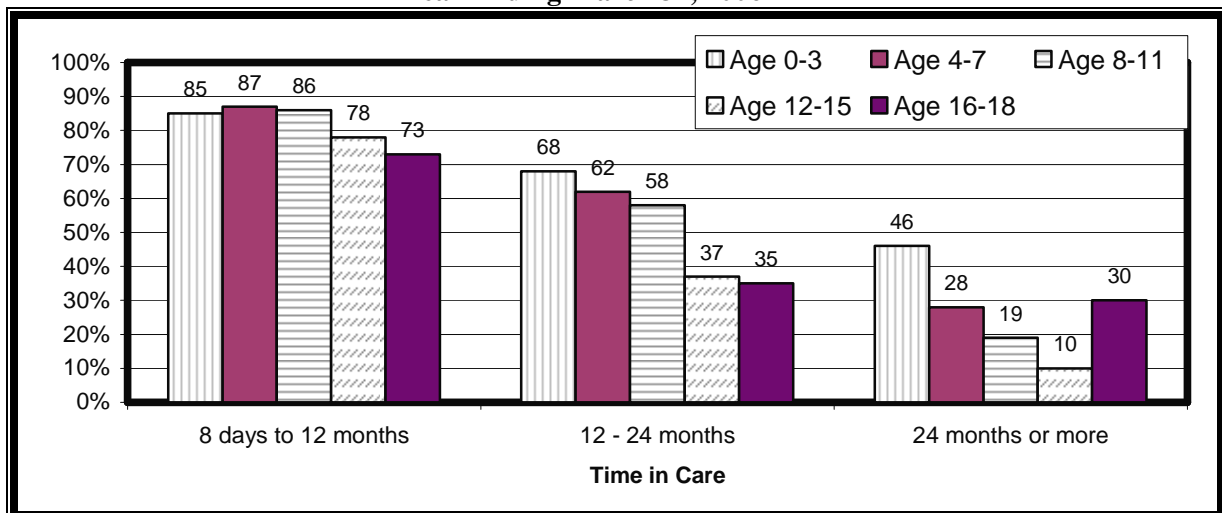
Factors Affecting Performance

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 following data demonstrates Arizona's success in this area:

- By March 31, 2006 the Division had reduced the number of children in institutional, shelter, or group care to 1,802. This is a 15% reduction from the 2,124 children in these settings on June 30, 2005, and exceeds the State's goal of reducing such placements by 10% by June 30, 2006.

- The Division also reduced the number of children ages birth to six years who are placed in a group home from 67 on December 31, 2005, to 42 on March 31, 2006. These numbers exclude infants placed with their teen mothers and children placed in a licensed child welfare agency that uses a foster-parent model.

- The number of children ages birth to three years placed in a shelter care facility other than for a reason clearly in the best interest of the child (such as keeping a large sibling group together or treatment of a medical condition) dramatically reduced from 98 on June 30, 2005, to 31 on March 31, 2006; and the number of children who remain in shelter for more than 21 days dropped from 1,127 on March 31, 2005, to 838 on March 31, 2006.

- 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 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 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.

The State has improved placement stability through 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 1, Introduction, *Crosscutting Initiatives* and item 44 for information on the Division's new HRSS contract and other recruitment activities. Stakeholders discussed various aspects of Native American resource family recruitment. Successful recruitment was stated to be lacking on the Navajo Nation and it was recommended that the State consistently recognize and honor homes licensed by the tribes. It was also mentioned that movement of Indian children to Indian homes is recorded in AFCARS as a placement change, although this can be positive for the child. See item 44 for more information about the Division's coordination with tribes to recruit Native American resource families.

Experienced and well-trained foster parents are more likely to provide stable placements, but stakeholders noted that successful recruitment has increased the pool of inexperienced foster parents. The Division has developed support services that provide more intensive support to new caregivers. 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.

Stakeholders report that caregivers are sometimes not equipped to meet children's needs, particularly children with behavioral health issues. Stakeholders also discussed the emotional aspects of removal and placement on youth, noting that placement instability may occur when children are cut off from their communities, and when older youth are provided a list of rules and told what they need to do rather than being welcomed into a supportive environment. Familiarity of environment is especially important, and out-of-home caregivers could set up their homes to support the child's familiar cultural practices. To support caregivers, stakeholders recommended respite care, training, knowledgeable support service providers, and opportunities to team with experienced foster families. They identified the behavioral health system's Rapid Response service as a system strength. See item 17 and 23 for more information on services to support out-of-home caregivers, including child behavioral health services.

Stakeholders recommended that opportunities be provided for peer support and other interaction between youth in care and alumni, new and experienced resource parents, and between youth and resource parents. PS–MAPP training provides a mechanism for contact between new and experienced resource families, in addition to participation in Foster Parent Associations. Contracted agencies are working to identify and train youth to also participate in PS-MAPP training. In District 2 a former foster youth attends foster parent orientations to speak with potential future foster parents about her experiences as a foster child. Stakeholders identified PS-MAPP training as a positive improvement for this and other reasons. See Section 1, Introduction, *Crosscutting Initiatives*, and item 34 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. Stakeholders reported that positive, responsive, and communicative CPS Specialists; provision of timely information to the caregivers; and timely payments and reimbursements are important to placement stability. See 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 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.

Item 7: Permanency goal for child: How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

Policy Description

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.
.
Concurrent planning is required in cases where the goal is reunification and there is a poor prognosis of reunification within twelve months of removal. Concurrent planning is to be initiated as early as the Removal Review Conference but no later than 90 days from case opening, and whenever significant information related to the prognosis for achieving family reunification is received. The concurrent goal can be adoption or guardianship, and may not be long-term foster care or independent living. In cases where concurrent permanency planning is occurring, the Division is to simultaneously actively pursue the family reunification permanency goal and the concurrent permanency goal, and identify and pursue placement of the child in a suitable and potentially permanent family placement.

Adoption or guardianship may be considered if reunification is not successful within the timeframes identified in federal and State law. All other permanency options must be fully considered and ruled out 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 are often living in a stable setting with relatives or foster parents.

Measures of Effectiveness

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:

- AFCARS data in the CFSR data profile dated April 5, 2007 indicates that 50% of children in care on March 31, 2006 had a permanency goal of reunification, 25% had a goal of adoption, 12% independent living, 4% live with other relatives (which includes guardianship with a relative and long-term placement with a relative), 5% long-term foster care (with a non-relative), and less than 1% guardianship (with a non-relative). There has been very little change in these percentages from year to year. Data on children in care on September 30, 2006 continued to show virtually no change in these percentages.

- 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, 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. This standard is higher than the federal on-site standard, which instructs reviewers to identify the permanency goal documented in the case plan *or* Court minute entries. Therefore, the Division anticipates that a higher percentage of cases will be rated strength during the 2007 On-site Review.

- 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.

- In the 2001 CFSR, 74% of cases were rated strength and this area was identified as needing improvement. The 2001 CFSR Final Report cited issues of "inadequate case planning, and services provided did not always match the identified placement goal," delays in achieving the legal and other steps required to achieve adoption, incomplete implementation of concurrent planning, lack of services to support reunification, and high worker turnover. The Division believes this area would have been identified as a strength according to the standards in the newly revised CFSR on-site review instrument, which more clearly separates evaluation of timely and appropriate goal *assignment* from timely and appropriate service provision for goal *achievement*.

Factors Affecting Performance

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.

Staff and stakeholders recommended the Division further improve outcomes by addressing the following barriers to assignment of appropriate permanency goals:

- Case plan staffings are not always held to develop the case plan, and this may be due to the number of other team meetings held on a case – including Child and Family Team meetings, Team Decision Making meetings, Court hearings, Foster Care Review Board meetings, and in some cases Family Group Decision Making meetings. Additional meetings may seem duplicative, but it is also not clear that permanency planning and the full range of issues related to the CPS case plan are discussed at the other meetings, or that all team members have the opportunity to participate and be heard.

- Staff and the Courts are not consistently applying concurrent planning policy, and often do not initiate concurrent planning early enough in the case. There is a need for greater understanding of concurrent planning, which may contribute to the hesitancy to apply the practice. Additionally, Arizona's Native American Tribes generally support reunification as the initial permanency goal for Native children, but do not support concurrent case planning because they believe it is inconsistent with the requirements of the Indian Child Welfare Act (ICWA).

- Judges are sometimes reluctant to change the goal from reunification to another goal, even when the ASFA time in care requirement has been reached and the parents have not made significant progress reducing risks. It is not clear if this reluctance is due to the severity of consequence to the family, or a belief that additional services could be provided by the Division to effectively achieve reunification. The Division could explore data on the percentage of cases that do in fact result in successful reunification after twelve or fifteen months.

Building on the improvements to safety and risk assessments, significant changes are underway with the Division's case planning process to address some of the needs identified above. 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 1, Introduction, *Crosscutting Initiatives,* for more information on this project.

Item 8: Reunification, guardianship, or permanent placement with relatives. How effective is the agency in helping children in foster care return safely to their families when appropriate?

Policy Description

Division policy states that CPS Specialists shall seek to reunify families when the parent has successfully addressed the risk factors that prevented him or her from caring for the child safely without DES involvement. Specific guidelines and tools are provided to assist in a planned transition to the home with sufficient follow-up and support services in place to ensure a safe and successful reunification. In most cases the initial permanency goal upon removal is Family Reunification. If reunification is not successful within the timeframes identified in federal and State law, adoption or guardianship may be considered.

Measures of Effectiveness

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 being

reunified within twelve months of removal. Although Arizona has not achieved the 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 CFSR period under review). Arizona's 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 former CFSR national standard of 76.2% for this performance measure.

Percentage of Children Exiting to Reunification in 12 Months from Removal
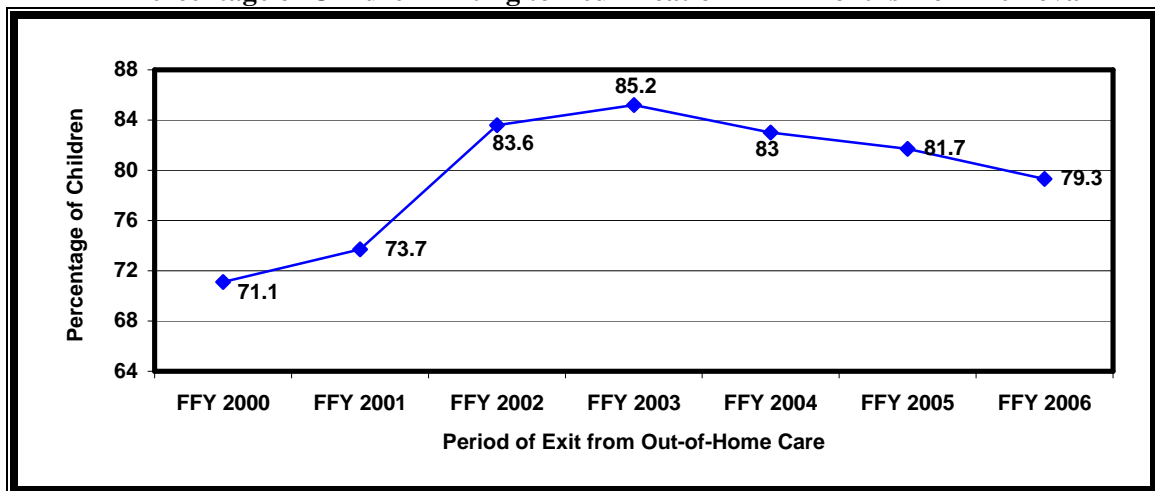
- According to the *Child Welfare Reporting Requirements Semi-Annual Report,* the average and median lengths of time in care for children exiting to reunification have increased in the past three years. The average months in care increased in the six month periods ending September 2004, 2005, and 2006, 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 who 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 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 measure C1-4 (foster care re-entry). For more information on foster care re-entry, see 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 the Introduction of this assessment and in Item 3, including development of a continuum of in-home 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 the Introduction in Section I for more information on staff resources and population 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. Furthermore:

  ➢ Timely provision of services through the Regional Behavioral Health Agencies, particularly the availability of wrap-around services, can delay reunification. Collaborating with local clinics on multi-agency teams to talk about integration of services for high risk youth is especially helpful.

> ➢ Therapeutic services to effectively address parental attitudes toward teenagers is needed, particularly the attitude among some parents that they can "give away" their teen. Better options are needed to support these families.

> ➢ Sufficient training is needed for provider agency staff, including parent aides and others, to ensure they are using research based practices for services such as parenting skills training. Community partners also would benefit from increased training on Family-Centered Practice.

> ➢ Greater service availability is needed for Spanish speaking families, families who have emigrated from Mexico, and families who have much of their extended family and support system in Mexico.

> ➢ Sometimes the system allows parents to detach or places demand on parents that are unreasonable, such as too many services and appointments at one time. Families need a single service plan so they know what is expected of them to achieve reunification and do not become overwhelmed. The Division's current case plan is hard to read and compliance based. The Division notes that the case plan is currently being revised. See item 25 for more information.

> ➢ The Division and provider agencies need to ensure families have an opportunity to provide feedback on services and use the information to improve services.

- The Division needs to continue to improve communication with Native American tribes, staff knowledge of the ICWA, and identification of tribal family members. Services to Native American children are delayed on the Navajo Nation because the tribe has only one Judge, who also hears criminal and other cases. The wait for a Court order can be two to three months.

- The federal timelines for reunification or termination of parental rights conflict with best practice knowledge from the substance abuse treatment field.

- 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.

Item 9: Adoption. How effective is the agency in achieving timely adoption when that is appropriate for a child?

Policy Description

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. The petition for TPR must account for any parent who has not relinquished or whose death is not verified. Termination of parental rights shall not be initiated when it has been determined that such action is not in the child's best interests. The District Program Manager or designee must approve a recommendation that TPR is not in the child's best interests. See

item 28 for more information on the State's laws, policies and processes related to TPR.

State policy provides instruction and guidance for assessing the adoptive placement needs of a child, preparing a child for adoptive placement, selection of an adoptive family, and supervision of adoptive placements. Child specific recruitment is conducted to find adoptive families for children for whom no homes were found on the CHILDS Provider (Adoption) Registry, including children with special needs. Child specific recruitment is to be initiated within five days of conducting a search or a case conference that resulted in no identified placement. All appropriate recruitment resources are to be explored and/or utilized within three months of the referral for child specific recruitment.

Measures of Effectiveness

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 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 then 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 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 CFSR data profile, the percentage of children in care with a goal of adoption increased from 20.8% in FFY 2004, to 23.1% in FFY 2005, and 24.7% in the year ending March 2006. The *Child Welfare Reporting Requirements Semi-Annual Report* indicates 23.4% of children in care on September 2006 had a goal of adoption.

- 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 to12, 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

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.

- 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 and Overview, for information on activities to address staff resource needs.

- Stakeholders suggested that concurrent planning could be better utilized to identify permanent placement options earlier. For example, relative searches must be conducted early, thoroughly, and periodically; and relatives should be informed about the requirements and reasons for permanency planning and concurrent planning. When relatives are identified or express a desire to adopt late in the case, it can create intense conflict among team members, particularly when a child is thriving with non-relative foster parents who desire to adopt. These situations are often resolved in Court over many months, after home studies and bonding and attachment evaluations are completed.

- 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 1, Introduction, *Crosscutting Initiatives* for more information on these contracts.

- Stakeholders stated that adoptive parents could benefit from supports such as mentor families and improved adoption subsidy and post-adoption services. Arizona Adoption Subsidy increased the monthly maintenance payment available for special needs adoptive children. The Adoption Subsidy was increased twice in 2004 to match increases allocated for foster care. This program is State operated and provides significant post adoption support to families who have adopted special needs children.

- Stakeholders reported factors affecting adoption of Native American children. For example, the lack of resources on tribal lands impacts the tribes' ability to intervene and take full jurisdiction of cases involving Native American children, yet most Indian communities do not support termination of parental rights because it is contradictory to Native customs and cultural values. Furthermore, when Native American children are free for adoption, some families hesitate to

adopt due to a myth that adoptions of Native American children are never truly final and the child could be removed at any time. Stakeholders suggested the Division and tribal social services need to communicate to resolve questions of permanency early, so that the optimal option can be pursued quickly if reunification efforts are not effective. Stakeholders did note that most of the State's specialized adoption staff are aware of ICWA and adoption regulations regarding Native American children. See CFSR Item 14 for information on the Division's collaboration with Native American tribes to produce positive outcomes for American Indian children.

- 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.

- Stakeholders identified a need to address the emotional impact of adoption, particularly maintenance of birth family connections and issues for older youth. Examples include the impact of a name change, cultural differences between birth and adoptive families, the lack of visitation rights for siblings who are adopted by different families or not adopted, and behavioral health adjustments for young adults coming to terms with their identity as an adopted child. Stakeholders did observe that youth age 12 or older are increasingly involved in Court hearings and given opportunities to advocate for their needs and wishes, but continue to receive a message that they are not adoptable.

- Child behavioral health and placement instability also 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 items 6 and 23 for more information on services and improvements affecting placement stability and child mental health outcomes.

- Adoption is achieved more quickly when staff and Courts are decisive about termination of parental rights and pursuit of adoption. Adoption is delayed when staff and Judges extend reunification efforts that are ultimately ineffective. However, staff caution that the decision to pursue adoption should be made carefully and only after thorough reunification efforts, and it is not always clear whether a parent who is making progress will achieve reunification within the near future. State statute aligns with federal statute in providing steps and timelines for reunification efforts and termination of parental rights, and oversight by the FCRB, CASA, Guardians ad litem, and others help to move cases through the system according to the statutory timeframes.

- 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 item 28 for information on activities to address this concern.

Item 10: Other planned permanent living arrangement. How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?

Policy Description

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 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 (aftercare) 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.

Measures of Effectiveness

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 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.

- 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

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 example:

- Collaborations and partnerships within the Department and with external stakeholders such as Casey Family Programs, the Children's Action Alliance, and Vocational Rehabilitation have

resulted in improved resources and services to foster youth and alumni, 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 help of the Arizona Children's Action Alliance.

> Alumni, with support from the Division's community partners, are currently 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 IL Subsidy available to youth from the current maximum of $558 per month to a new maximum of $1,000 per month was included in the Governor's State budget and will likely be enacted.

- 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 four areas of data sharing, information sharing, cross-training of staff, 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.

- Stakeholders who participated in discussion groups for this Statewide Assessment identified support from the Arizona State Legislature and Community Colleges as strengths resulting in positive outcomes for young adults in care.

- Youth served in Tribal child welfare systems are participating in life skills training, and former foster youth are participating in the Transitional Independent Living program to receive case management and financial assistance to further their individual goals around employment, education, housing, health, and training. These youth may also access funds for post-secondary education and training through the state Education and Training Voucher Program, on the same basis as other current and former foster youth in the State.

- The Arizona Statewide Youth Advisory Board (YAB) provides an influential forum for youth voice, which has resulted in revisions to State policy and procedures and more responsive programs and services to youth and alumni. For example:

> Youth and alumni have partnered with the Department's Office of Licensing, Certification and Regulation to co-monitor group care facilities around the State. The OLCR now requires staff to include a current or former foster youth when conducting site visits on at least a monthly basis.

> The YAB provided feedback on the need for youth who leave care at age 18 or older, to have the opportunity to return to care anytime until their 21st birthday. Policy was re-written and now includes directives and information on facilitating a former foster youth's return to care up to age 21.

➤ The YAB also noted the special issues faced by Lesbian, Gay, Bi-sexual, Transgender, and Questioning (LGBTQ) youth in care. Policy has been revised to affirm the rights of LGBTQ youth to express their sexual orientation and gender identity with additional information and guidance to staff on supporting the needs of LGBTQ youth in care.

- Youth and alumni develop and assist to facilitate an annual youth conference that focuses on critical issues they identify. Youth and alumni are participating in training sessions with the Department, Administrative Office of the Courts, and various foster care licensing agencies and community groups to continually educate and inform decision makers and caregivers on the needs of youth in care.

- Evaluative surveys developed by youth and alumni are currently used to gauge the effectiveness of programs and services and to inform positive change.

Stakeholders provided the following input about independent living and permanency outcomes for young adults:

- Targeted recruitment for older children would increase the number of children who exit to adoption or guardianship and therefore have a more permanent outcome than independent living services can provide. The Division has included older youth as a population for targeted recruitment in the Home Recruitment Study and Supervision contract implemented in November 2006.

- The benefits of participation in the Young Adult Program may encourage some youth to decline permanency options of reunification, adoption, or guardianship. A young person may find the idea of living on his/her own an attractive idea, but the services and opportunities available through the Young Adult Program are not an appropriate substitute for continuing or establishing permanent legal relationships with family or other caregivers. Staff serving older youth in care are directed to continue to pursue permanent legal relationships (where appropriate) and permanent positive connections for all youth anticipated to age out of care. Some areas are routinely utilizing FGDM and TDM to assess and support permanent connections with family, kin, and community at different points during a case, including prior to assignment of the IL goal and prior to case closure for youth who turn 18 in care but elect to leave care prior to 21. The Division has also begun to look at available resources, such as the "Permanency Pact" tool designed by *FosterClub* to encourage life-long kin-like connections between a young person and a supportive adult.

- Stakeholders report that more highly trained, skilled, and responsive life skills trainers are needed to support older youth in care, and that Independent Living Coordinators are needed statewide to coordinate training and educate youth and staff on services and needs. Stakeholders do report increased satisfaction with services provided through Independent Living Skills contracts. Districts have identified staff to act as independent living services coordinators, but these staff serve their districts primarily in some other capacity and are not wholly dedicated to the coordinator function.

- Stakeholders stated it is unrealistic to expect youth to be self sufficient at age 18 and the child welfare system puts youth on their own too early. Youth who opt out of voluntary care at age 18 could benefit from more comprehensive and thoughtful after care planning, to identify their current and foreseeable needs and provide them with information on community services available to meet those needs. Youth would also benefit from more education on the many youth transition services that are available statewide.

- Stakeholders suggested services should begin earlier and continue further into adulthood to better prepare youth to live independently of the foster care system. Suggestions to extend and improve independent living skills training included the following:
  - ➢ Pro-rate the subsidy so youth can begin budgeting.
  - ➢ Create an introduction to Independent Living and identify Independent Living as a goal earlier.
  - ➢ Provide more opportunity and time to practice independent living skills.
  - ➢ Provide a more supportive and less punitive response when youth make mistakes or have a bad day – failures are recorded in the file more than successes.
  - ➢ Identify mentors and permanent supports early, to support and advise youth – such as different kinds of "foster parents" who can serve as mentors for kids.
  - ➢ Provide easier access to driver's licenses, and resolution to the liability barrier.
  - ➢ Gradually reduce services as youth become closer to leaving foster care.

- Stakeholders report that provision of independent living services in groups homes and congregate care is at times problematic due to the unique needs of each youth in their care, lack of adequate funding to hire additional staff to deliver such training, and licensing rules (such as supervision requirements) that pose barriers to youth independently practicing new skills.

- The Navajo Nation does not provide Independent Living services for children in their system. States and tribes have different policies for Independent Living programs, due to tribal funding limitations. The Division notes that Chafee funded services are available to all Chafee eligible youth and young adults in the State, including youth who are or were in a tribal foster care system. Youth may access services through their tribal case managers via contact with State contracted IL service providers. Former foster youth from tribal foster care systems may access services directly through these same providers, and may also apply directly for ETV funds through the State ETV Coordinator. Information on these services is available on the State website, through the local contract providers and through the state Independent Living and ETV Coordinators. The Inter-Tribal Council of Arizona (ITCA) has also been repeatedly notified of the availability of these services.

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

The Division was found to not be in substantial conformity with Permanency Outcome 2 during the 2001 CFSR. All items were identified as substantially achieved except one. Item 13 – Visiting with parents and siblings in foster care was addressed in the 2002-2004 Program Improvement plan.

Item 11: Proximity of foster care placement. How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

Policy Description

State policy requires a complete individual placement needs assessment for every child who requires out-of-home care, and that the Division:
- place children in the least restrictive placement available, consistent with the needs of the child;
- place children in close proximity to the parents' home and within the child's own school district;
- seek adult relatives or adults with whom the child has a significant relationship to meet the placement needs of the child in out-of-home care;

- make efforts to 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

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. By the end of CY 2007 TDMs will also be held for all placement transitions and reunifications for children in out-of-home care. See Section 1, Introduction, *Crosscutting Initiatives* for more information on TDMs and Family to Family.

Measures of Effectiveness

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. Given the Division's improvements since 2001 in foster parent recruitment, family-centered practice, and other factors affecting placement proximity, the Division believes that proximity of foster care placement will be identified as a strength in the 2007 CFSR.

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

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 1, Introduction, *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 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 items 3 and 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.

Staff and stakeholders stated that the Division does not always succeed at placing children near their homes, but were hopeful that the new HRSS contracts would improve outcomes. 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.

Staff also reported that increased partnering between the Division and the Department's Office of Licensing, Certification and Regulation has been beneficial in District 2 and is recommended for all areas of the State. Attendance of OLCR staff at meetings allows them to receive suggestions first hand.

Item 12: Placement with siblings. How effective is the agency in keeping brothers and sisters together in foster care?

Policy Description

See Item 11.

Measures of Effectiveness

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

Factors Affecting Performance

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, 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. See item 15 for more information on Division efforts to support kinship placement. 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.

- 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 1, Introduction, *Crosscutting Initiatives* for more information on the Family to Family initiative.

- The HRSS contracts implemented in November 2006 require 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 1, Introduction, *Crosscutting Initiatives* for more information on these contracts. Stakeholders provided suggestions for recruiting and retaining resource families for sibling groups, including the following:

  ➢ Market the benefits of sibling group placement to resource families, such as the ease of one service team and one visit schedule for all children in the home versus multiple teams and schedules for children in different families.

  ➢ Recruit resource parents who have raised large sibling groups and are familiar and comfortable with sibling group dynamics.

  ➢ Provide more training, resources, and behavioral health services to support resource families caring for sibling groups, especially those that include older children.

- 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.

- 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.

- Stakeholders also suggested that the Division establish resource family placement selection systems that ensure homes are available with room for a sibling group, rather than having available placements scattered among several foster homes. However, it was acknowledged this can be difficult since children, including siblings, do not enter and exit care at the same time.

Item 13: Visiting with parents and siblings in foster care. How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

Policy Description

State statute and policy require the Department to facilitate contact between a child in out-of-home care and the child's parents, siblings, family members, relatives, and individuals with significant relationships to the child to preserve and enhance these relationships and attachments to the family of origin. Contact may be by telephone, mail, and/or in-person visitation. Visitation is to take place in the most natural and family-like setting, and with as little supervision as necessary to ensure the safety of the child. Visitation and other contact by telephone and mail are not to be used as a reward or as a punishment for the child or any family member. The Department may only restrict contact between a child in out-of-home care and the child's parents, siblings, family members, other relatives, friends, and any former foster parents when contact is detrimental to the child's health and safety.

Case plans for children in out-of-home care are to include a contact and visitation plan that is developed with involvement of family members and the child, if age appropriate; or documentation of why contact and visitation is detrimental to the child's health and safety. Frequency, duration, location, and structure of contact and visits are to be determined based primarily upon the child's need for safety and family contact, with safety being the paramount concern. State policy identifies factors to consider when developing the contact and visitation plan, such as the child's chronological and developmental age, the child's and family's requests for and reaction to visits, and the family's and child's work and school schedules. The Division is to strive for weekly contact between the child and his or her parents and siblings placed separately.

Measures of Effectiveness

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. This may be related to the rapid population growth in District 5 and its impact on CPS Specialist and transportation resources. 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

In consultation with staff and stakeholders, the Division identified several factors that affect the frequency and quality of family visitation. Staff and stakeholders particularly recognized that 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. Children placed with different relatives or foster families in the same neighborhood are able to see each other daily at and after school, and have "sleepovers" on the weekends. Stakeholders reported that placement of siblings with foster families licensed by the same agency can also provide opportunities for contact, such as agency functions or social gatherings of acquainted foster parents. However, when resource families have the responsibility for facilitating sibling visits, consistent oversight by the CPS Specialist is needed to ensure the visits take place in the manner and frequency described in the visitation plan. Transportation and scheduling sometimes become barriers to sibling visitation facilitated by the out-of-home caregivers.

Since SFY 2006 the Division has been 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. Stakeholders noted the agency shift to family-centered practice and empowerment of birth family will take time; and that foster families and the Court sometimes still present barriers to adequate visitation, such as when the foster parents work or have other demands on their time. Birth parents are not routinely informed about school and other important events in the child's life where contact might occur, and stronger connections between birth and foster parents would improve outcomes. See Section 1, Introduction, *Crosscutting Initiatives* for more information about PS-MAPP training, shared parenting, and the HRSS contracts.

Caseload growth and lack of transportation resources were 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 1, Introduction, *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.

Staff recommended the Division clarify policy on visitation to specify required frequency, particularly requirements for sibling visitation and justifications for visit restrictions. 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. Clarification of policy and collaboration with external partners could impact the various case management practice issues that were identified by staff and stakeholders as affecting visitation frequency, including the following:

- Visitation with a parent who is in jail or prison is sometimes put on hold until the parent's release. Stakeholders reported that visits with incarcerated parents present a resource issue due to the time required for scheduling the visits, transportation distances, and wait time at the facility. Rules and information about when and how visits can occur is not consistent between, or even within, facilities. However, in some cases insufficient efforts are made to schedule and facilitate visits, and there is no documentation to indicate visits at the jail or prison would be contrary to the child's safety or well-being. Some staff, attorneys, and other team members believe visitation at a jail or prison is always harmful to the child and should never occur.

- Visitation with parents is sometimes not arranged because the parent is not maintaining contact with the CPS Specialist or case aide, and/or is not attending service appointments. In some instances it is appropriate to require a parent with a pattern of not attending visitation to confirm or arrive at the visit site before the children are transported, to avoid an emotionally traumatic event for the children. However, in some cases insufficient efforts are made to encourage visit attendance, or unnecessary prerequisites to visits create barriers to parental attendance.

- In some cases there is a lack of ongoing diligent efforts to locate or maintain contact with a non-custodial parent, usually the father. When a parent has not historically had contact with his or her child, and especially when the uninvolved parent is not an option for reunification (such as an incarcerated parent), some staff and team members do not maintain contact with the parent to encourage development of a parent-child relationship.

To address some of these perceptions 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.

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?

Policy Description

State policy instructs that within the constraints of available resources and when consistent with the needs of the child, the Division must seek to place a child who requires out-of-home care:
- in close proximity to the parents' home;
- with members of the child's extended family and adult siblings;
- with minor siblings who are in out-of-home care;
- in the least restrictive placement that will meet his/her needs;
- within the child's own school district; and
- with caregivers who can communicate in the child's language.

The Division's policy manual includes a full chapter on serving Native American children and their families. This policy was written in consultation with tribal social service representatives and their attorneys and covers all phases of child welfare cases, from identification of a child as a Native American child to adoption and independent living services. The policy requires identification of any child as a Native American child within five days of case opening. Every parent is to be asked during initial contact whether they have Native American heritage. Available family information is collected from parents, children, and family members. Native American community and other relevant information collected is provided to the appropriate tribe for confirmation of eligibility for tribal membership. Indian Child Welfare Act (ICWA) placement preferences are explored with the parent, extended family, and the child's tribe prior to deviating from a preferential placement. The child's tribe is given every opportunity to participate in case planning, case staffings, Foster Care Review Board Hearings, and Court hearings.

See item 13 for a description of State policy regarding contact with family members and significant others.

Measures of Effectiveness

See 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.

A comprehensive evaluation of Arizona's compliance with the Indian Child Welfare Act was completed in 2003 by Eddie F. Brown, D.S.W., Gordon E. Limb, Ph.D., Toni Chance, M.S.W., and Ric Monoz, J.D./M.S.W.; with the Kathryn M. Buder Center for American Indian Studies, George Warren Brown School of Social Work, Washington University in St. Louis. The full evaluation is available upon request and provided extensive findings and recommendations related to ICWA training and awareness, identification and initial applicability of ICWA, jurisdiction and transfer to tribal Court, and procedural requirements for proceedings in State Court. Some of the many findings included the following:

- Eighty percent of tribal workers indicated that State workers maintained regular contact with the tribe regarding membership.

- Timeframes for initial Court hearings are problematic because they do not provide sufficient time to notify tribes and determine tribal affiliation prior to the initial hearing (which is generally held within five to seven days of removal).

- In the majority of cases, the child's Indian status, along with the name and tribal affiliation of the mother (97%) and father (82%) were identified.

- Almost all cases (92%) contained documentation of the State's initial inquiry to the tribe regarding the child's tribal membership, and most cases (85%) also included documentation of the tribe's response to this initial inquiry.

- Request for transfer of jurisdiction was only initiated by a tribe in two cases. One major issue concerning transfer of jurisdiction appears to be a matter of resources, both in terms of service provision and placement options. However, tribes intervened in all cases. The tribe formally intervened in half of the cases and became an interested party in the other half.

- The child's race/ethnicity and potential tribal affiliation was immediately identified in most emergency removals (88%).

- Demonstration of active efforts to prevent breakup was documented in most cases (94% of involuntary foster care cases and 95% of TPR cases).

- Documentation in the files revealed that most of the children (92%) were placed in the least restrictive setting available and were placed within reasonable proximity of their permanency homes (83%).

Factors Affecting Performance

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 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 I, Introduction, *Crosscutting Initiatives.*

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

The Division is also engaging in activities to develop staff understanding of the critical nature of connections to culture and community, and provide tools for fostering a sense of identity and connections for youth. With the support of Casey Family Programs, the Division participated in a Breakthrough Series Collaborative (BSC) on disproportionality that concluded in September 2006. 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. Some of the many current programs, practices, and improvement activities affecting outcomes for Native American children include the following:

- State law and Court rules require that at the beginning of any and all Court proceedings held in a juvenile dependency matter, the Court shall inquire if any party has reason to believe that any child who is subject to the proceeding is subject to the Indian Child Welfare Act. This inquiry is not required if the Court has already determined that the ICWA applies. If the child is subject to the ICWA, the Court and parties must meet all requirements of the Act. Staff and stakeholders reported that Judges do ask at every hearing whether the child is a Native American child. This improves the rate at which Native American children are accurately identified.

- The Division assigned an MSW intern to complete an electronic review of all cases 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 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 Division has partnered with tribes to recruit Native American resource families, as described previously in this document. Stakeholders suggested that inclusion of a tribal representative at all TDM meetings involving a Native American child might also improve outcomes. A Native American stakeholder observed that communication is improving between the Division and the tribes, mini PS-MAPP training has occurred on his reservation, and they are exploring issues of foster care licensing of families living on the reservation. While the Division acknowledges that more Native American foster families are needed, data also indicates that many Native American children are placed according to ICWA preferences. On December 31, 2006, the total number of Native American children in out-of-home care was 556, and 35% (195) were placed with relatives.

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

- A specialized case management unit in Maricopa County (known as the ICWA Unit) provides ongoing family reunification services to approximately 180 Native American children. The Unit

is staffed by five Native American and three non-Native American CPS Specialists. 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 child's Indian tribe; and
- ➢ less time in out-of-home care.

- Continual collaboration with Arizona's Native American communities occurs through consortium tribal consultation and a work group problem-solving process. Concerns relating to Indian child welfare policy and practice issues and initiatives are addressed through the Inter-Tribal Council of Arizona (ITCA) tribal consortium. Twenty-two Indian tribes in the ITCA meet quarterly to confer with the Department and other State agencies about matters affecting Native American children and families.

- 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.

- Specific Indian child welfare practice issues are also addressed quarterly through State and tribally appointed Indian Child Welfare Act (ICWA) liaisons. This group is cohesive, well informed about issues, and has vested interest in monitoring the implementation of the Native American foster/adoptive families' recruitment plan and the State's compliance with the ICWA. Major products of this group have included the State policy chapter on services to Native American children and their families, and the Division's comprehensive and coordinated statewide recruitment plan for Native American children in State custody. This group is interested in developing a method to evaluate outcome achievement in State child welfare cases involving Native American children. The liaisons have begun to discuss development of a targeted case review event, since the random sample methodology used by the State's Practice Improvement Case Review process rarely identifies a case involving a Native American child for review. In order to facilitate tribal participation, the Division often provides lodging, mileage, and per diem reimbursement for our tribal counterparts.

- 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.

Although the Division's activities to develop attitudes and resources that preserve important connections

have been successful, barriers and challenges do exist. The following challenges were identified by staff and stakeholders:

- As with the Division, tribal social service agencies experience frequent staff turn over. Travel distance from remote tribal lands and limited tribal resources also present barriers to engagement of tribal personnel in stakeholder groups, committees, and organizations where child welfare issues involving Native American families could be addressed. In person, one-on-one consults with tribal affiliates seem most effective, but this approach is time consuming and impractical for the Division's Indian Child Welfare Specialist. Of the various engagement methods available, the work group problem-solving process seems to be the most promising and productive.

- Many of the families receiving services from the Division are isolated from extended family members by geography or estrangement. Families living in remote areas of Arizona may live hours away from extended family, which creates transportation and scheduling issues. Most Native American communities in Arizona are located in isolated rural areas, which can make it difficult for Native American children in out-of-home care off the reservation to maintain frequent contact and significant connections with their extended families and tribal communities. Furthermore, some families have chosen to live in remote areas precisely because they do not wish to have contact with extended family, communities, and especially government agencies. Resource families are fewer in these communities, and birth families who resent government intrusion may not be receptive to efforts at shared parenting.

- Many tribes do not have sufficient funds and other resources to meet the needs of children with medical or behavioral conditions. Extended family and other Native American families who live in remote areas may not have sufficient transportation or other access to medical or therapeutic services necessary for the care of the child.

- Birth parents sometimes request that the Division not involve their tribe in the decision-making process. Some Native families and non-Native parents in situations of interracial unions are estranged from their families and tribes, have no cultural connection with their tribes, and perceive tribal involvement as an intrusion in their lives. Also, parents are often embarrassed and ashamed of CPS involvement. The Division is often placed in a difficult position of honoring a parent's request for anonymity and the tribe's right to notice and intervention.

Item 15: Relative Placement. How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

Policy Description

State policy requires the Division to identify and assess 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. These caregivers are referred to as "kinship foster caregivers." 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 is required to 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.

Kinship foster caregivers must be evaluated and approved by the Division based upon an assessment of the family and home, and must be (1) at least 18 years of age, (2) fingerprinted and cleared by a state and national criminal history records check, (3) cleared by a Child Protective Services check of child abuse and neglect reports and history, and (4) able to meet the child's placement needs including health and safety. Assessments of a potential kinship foster caregiver must be initiated within five work days of a request. Kinship foster care parents 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. Kin are not required to be licensed foster parents for children in the care and custody of the Department; however, should they choose to apply for licensure, kin must meet the same licensing standards as non-kin foster parents.

The Division informs potential kinship foster care parents 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 application for TANF child-only assistance.

Measures of Effectiveness

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 resided with relatives, preventing removal and dependency. These children are not included in the above 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

Staff and stakeholders reported that the Division does a good job of asking about relatives, particularly at the time of the initial assessment and removal. They stated that the maternal family is sought more consistently than paternal relatives and the discussion is not always sufficiently revisited throughout the life of the case, but they have also experienced cases with thorough and ongoing searches for both maternal and paternal relatives. Stakeholders also reported that the Interstate Compact on the Placement of Children can be a barrier when appropriate relatives are located in another State, and that in-State relatives may therefore get preference to relatives out of State. Stakeholders recommended that training and tools to assist CPS Specialists to conduct searches would be beneficial. 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, many of which address the needs identified by staff and stakeholders. For example:

- 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.

- 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.

- District 2 has designated a staff person to conduct searches for missing relatives. Stakeholders suggested that all districts could benefit from similarly designated staff to ensure a thorough search is conducted at regular intervals. This would help 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.

- Stakeholders reported that the Division and local districts are 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. These included training of CPS staff and attorneys and Judges on sensitivity to the special issues of kinship caregivers, and development of more kinship-oriented State policy.   The Arizona BSC Team presented information on the project to Department managers, Division management, and District managers and staff. Some activities and resources associated with the Pima County BSC include the following:

  - 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.

  - 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.

  - The BSC resulted in the development of a kinship caregivers Resource Notebook. This notebook 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. These notebooks were provided to the Program Manager of each district, and many districts have adapted them for local use with local resource information. The notebooks provide helpful information to both CPS Specialists and kinship foster caregivers.

- In 2005 the Division began to spread learnings from the Kinship Care BSC into other Districts. Kinship liaisons in District 3 and 5 provide assistance and resource information to kinship foster caregivers. In District 3 staff 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. 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.

- A best practice tip added to the Division's policy manual in 2006 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 1, Introduction, *Crosscutting Initiatives.*

- Use of the data dashboard and other managerial oversight of contact with parents have 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.

- 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.

- During the 2006 Legislative Session, financial resources were specifically 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.

The Division continues to implement these and other strategies to locate, assess, and support kinship foster caregivers. One of the greatest challenges is the unequal financial support available to unlicensed relatives. 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. In addition, they are asked to participate in visits and other appointments that make it difficult for them to accomplish other necessary household tasks.

Kinship caregivers have told the Division that one of the most important supports they can receive is the opportunity to talk and share their experiences with other kinship foster caregivers. 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.

Item 16: Relationship of child in care with parents. How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

Policy Description

See items 13 and 14 for a description of policies related to visitation and other contact to promote and maintain parent-child relationships for children in out-of-home care. See item 21 for a description of policies related to birth parent involvement in educational meetings and decisions regarding their children.

Measures of Effectiveness

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. One parent stated he had no contact with the foster parents, knew nothing about them, and was not informed of events in his child's life such as medical treatment appointments. A parent with a child in a group home stated she had contact with the group home staff whenever she chose and was fully involved in events in her child's life. Another parent reported she went to the foster home and was able to share her preferences for her child's care. 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. Most resource parents indicated medium or high agreement with the statements that foster parents should have frequent contact with birth parents and that parents should be invited to attend important events in their children's lives. Many commented that the level of contact and involvement should be determined on a case by case basis, with particular attention to the child's wishes. Several resource parents stated they have contact with birth parents at visits, and through frequent phone calls and letters. One resource parent stated she continues to have weekly contact with a reunified sibling group and provides ongoing support to the father. This information suggests many resource parents are receptive to, and actively engaging in, contact with birth parents. However, other comments suggest 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. Several resource

parents indicated that these activities should only occur when parents are participating in the case plan and demonstrating improvement, or when they produce clean urinalysis tests; and that contact by the adoptive parents should be at their discretion. Others stated that CPS had prohibited parent-child visits and/or discouraged contact between the resource and birth parents because the parents were incarcerated, or because the goal was adoption.

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 stated they are sometimes fearful for their own safety or that the parents might abduct the child, and they would like reassuring information prior to contact. 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

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 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 1, Introduction, *Crosscutting Initiatives* for more information on Family to Family and other multi-faceted systemic improvements affecting performance in this area.

C. Child and Family Well-Being

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

The Division was found to not be in substantial conformity with Well-Being Outcome 1 during the 2001 CFSR. Items that were addressed in the 2002-2004 Program Improvement plan included: Item 17 – Needs and services of children, parents, foster parents; Item 18 – Child and family involvement in case planning; and Item 20 – Caseworker visits with parents.

Item 17: Needs and services of child, parents, foster parents. How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

Policy Description

CPS Specialists engage parents, children, out-of-home caregivers, extended family, and other service team members in the integrated CSA-SRA-Case planning process to identify safety threats, risk of harm, behavioral changes necessary to ensure child safety and reduce risks, and services and supports to assist the parents and children to achieve the behavioral changes. The initial Child Safety Assessment is conducted within 24 hours of seeing the child, and the initial Strengths and Risks Assessment is

completed within 45 days of case opening. Additional assessment may be requested through the Title XIX behavioral health system, contracted psychologists and other assessment professionals, or referral to the Arizona Families F.I.R.S.T. program for substance abuse assessment. The integrated CSA-SRA-Case planning process provides ongoing assessment throughout the case. Information to inform ongoing assessment is gathered during monthly in-person and other contacts with parents, children, and caregivers, service provider reports, and other information provided to the family and team. Child and Family Team (CFT) meetings provide an important and productive method for ongoing identification of needs and service adjustment. See item 23 for more information on CFTs. See Section 1, Introduction, *Crosscutting Initiatives* for more information on the integrated CSA-SRA-Case planning process.

Division policy requires a complete individual assessment of the placement needs for every child who requires out-of-home care prior to placement. The policy provides a decision making guide that identifies information to gather and consider during this assessment. Division policy also provides numerous sections on services available to meet the needs of children in out-of-home care and their caregivers, including educational, medical, behavioral health, transportation, and many other services.

Measures of Effectiveness

The percentage of cases rated strength during the Practice Improvement Case review on needs and services of children, parents, and foster parents was 68% in 2005 and 67% in 2006. In both years, District 2's performance was the highest – 83% strength in 2005 and 75% strength in 2006. 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.

The Arizona Administration Office of the Courts, Dependent Children Report (SFY 2005) provides information on Foster Care Review Board findings related to service provision (Finding 10). Findings by the FCRB that services are *not* being provided to the child or parents are rare. In 9,782 reviews subject to Finding 10 in SFY 2005, the FCRB entered the following findings. Note that more than one finding is often made on the same case:

- In 2.7% of reviews the FCRB found that the Regional Behavioral Health Authority (RBHA) was not providing the required services.
- In 2.6% of reviews the FCRB found that case manager changes were impeding service provisions.
- In 2.5% of reviews the FCRB found that the recommended treatment services were not adequately available.
- In 2.5% of reviews the FCRB found that the child's therapeutic needs were not being met through the services the RBHA was providing.
- In 0.9% of reviews the FCRB found that agency staffing problems were impeding service provisions.
- In 0.6% of reviews the FCRB found that a waiting list for counseling was inhibiting service delivery.

Involvement of out-of-home caregivers in case planning is an important method to identify their needs and appropriate services. Resource parents reported that the quality of engagement and information sharing varies between CPS Specialists. Some resource parents are invited to all meetings and feel fully

involved and respected, while others reported they did not feel heard or respected and they obtain information from team members other than the CPS Specialist (such as a Court Appointed Special Advocate). Some resource families reported that the growing frequency of CFT meetings has helped involvement and communication. Some resource parents indicated that they have difficulty getting sufficient information, particularly about the birth family, and that CPS Specialists may need more clarification about confidentiality requirements and the information they can share with resource parents. Resource parents stated they want to be invited to meetings and hearings, but can not always attend. They recommended scheduling at times they are available, offering participation by telephone, and contact from the CPS Specialist prior to the meeting to obtain their input. One CPS office was noted to have a monthly "bring your own lunch" meeting with resource parents that helped to build camaraderie.

For more information on the Division's service array, see items 35 through 37.

Factors Affecting Performance

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 to engage birth parents and resource parents in shared parenting, are also expected to improve the quality of initial and ongoing assessment and service provision. For information on these processes and improvements, see Section 1, Introduction, *Crosscutting initiatives.* Staff and stakeholders indicated that the application of these processes is affected by the skill and experience of CPS Specialists and CPS Supervisors. See Section 1, Introduction, for information on the Division's efforts to reduce vacancies and increase retention. See items 32 and 33 for information on staff training.

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 1, Introduction, *Crosscutting initiatives.*

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 items 35 through 37.

Item 18: Child and family involvement in case planning. How effective is the agency in involving parents and children in the case planning process?

Policy Description

A written case plan addressing all the federally required elements is to be 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 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 out-of-home care provider's needs. CPS Specialists 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 family members to identify and participate in strategies to reduce risk. Parents and children age 12 or older are encouraged to attend 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.

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 policy requires that at or before the initial case plan staffing and all subsequent case plan staffings, the CPS Specialist discuss and stress with the parents the importance of permanency, engage the parents in a discussion of the available alternatives to achieve permanency, and inform the parents that if significant progress toward the outcomes listed in the case plan is not made by the time of the Permanency Hearing the Department may recommend, or the Court may order, that the permanency goal be changed from family reunification to another permanency goal, such as adoption or guardianship. When concurrent planning is needed, the parents are encouraged to participate in the concurrent planning process and are informed of the concurrent permanency goal.

CPS Specialist contacts 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 needed. See items 19 and 20 for more information on Division policies regarding CPS Specialist contacts with children and parents.

Districts have developed various methods to encourage parent and child involvement in case plan development while meeting State case planning requirements. Examples include Family Group Decision Making meetings (available Statewide) and the Permanency Mediation project (in Yavapai County). District 1 has fully implemented Team Decision Making for all child removals and potential child removals, and is expanding this activity to occur prior to placement changes and reunifications. Parents and youth are actively encouraged and supported to attend and participate in these meetings.

In dependency cases, case plans are discussed and related orders are entered during Court hearings. The preliminary protective hearing (PPH) and its pre-hearing conference (PPC) are mandatory meetings of all parties to the dependency action and other interested persons as permitted by the Court. The hearing and conference are held between five and seven days, excluding weekends and State holidays, after a dependency petition is filed. The purpose of the PPC is to attempt to reach an agreement about temporary custody and placement of the child; services to be provided to the child, parent, or guardian; and visitation

of the child. The PPC may be substituted for an initial case plan staffing if all service team members have been identified, notified, and provided an opportunity to participate. In Arizona's largest two counties, Team Decision Making (TDM) meetings occur earlier than the PPH/PPC, and provide an opportunity to engage the family in safety assessment and safety planning; gather information to help better understand the safety threats and risk of harm; identify protective capacities of the parent; and identify family strengths that can support the case plan.

In in-home cases that do not involve the Court the referring CPS Specialist often drafts an initial case plan to identify the presenting issues of the family and services to which the family will be referred, such as intensive or moderate in-home services through the Division's In-Home Services Program contract. The service providers complete a thorough SRA and develop a plan with the family that provides more specific information about goals and services, and functions as the primary plan with the family. Specifically, the contract's Scope of Work describes the contractors' responsibilities as follows: "Initiate the Strengths and Risks Assessment to determine services for the case within 48 hours after initial contact with the family. … A completed assessment should provide a thorough understanding of the family's situation …. Complete with the family the Family Centered Service Plan within 30 days after receipt of the referral from CPS. …. In many instances multiple service plans will be developed over the course of the family's involvement in the Program based on the changing needs of the family." The Scope of Work also states the Service Plan must include goals, strengths, tasks, and "input from all family members living in the home and associated with the case over 6 years of age unless the person refuses to participate."

Measures of Effectiveness

The percentage of cases rated strength during the Practice Improvement Case Review on family involvement in case planning was 52% in 2005 and 56% in 2006. 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 (52%).

This data 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.

Youth were asked during focus groups to discuss their involvement in case planning. Most youth reported they are able to attend Court hearings and case plan staffings when they choose, but less reported that they are encouraged to share their thoughts and feelings about the decisions affecting them. Some youth reported they were involved in case plan development, invited to Court hearings, received a copy of the case plan, and felt included. Other youth said they had not seen their case plan and did not have sufficient information about their family, case decisions, or their own future. Some youth reported they felt they could speak and be heard at Court, CFT, and FCRB meetings; while others reported the CPS Specialist spoke for them or the team did not want to hear what the youth had to say.

Birth parents were also asked to discuss their involvement in case planning. The vast majority of parents

report they are invited to Court (80%) and FCRB (90%) hearings most or all of the time, and attend these hearings. Only 50% of parents reported they are given the opportunity to speak in Court, while 90% reported they have an opportunity to speak in FCRB hearings. Two thirds of parents reported they are invited to attend CFT meetings, they attend these meetings, and have an opportunity to speak. Some parents reported they were fully involved in decisions, were provided a copy of the case plan, and were given opportunities to discuss the plan at CFT and TDM meetings. Other parents stated that the plan was written without their input and presented to them, but some of these parents indicated they were in agreement with those services and did not ask to change the plan. Parents recommended that case plan staffings need to be held in safe and comfortable settings, not at Court; that parents need to have more input into plans so they are specialized and don't include unnecessary services, that case plans need to be updated more frequently, and that clear timeframes should be provided so parents do not become discouraged.

Factors Affecting Performance

Staff and stakeholder input in relation to involvement in case planning is consistent with input reported in other items. Stakeholders reported that there has been phenomenal change and reform in Arizona in the last four or more years; including practice improvements in family engagement, more frequent contact between birth parents and foster parents, and shifts to a family-centered practice philosophy. Stakeholders reported that continual improvement efforts should seek greater awareness and support for these philosophical and practice shifts among Courts and other stakeholders. Improvement activities should aim to:
- increase involvement of fathers, including incarcerated fathers, in case planning;
- schedule meetings at times that are convenient to working parents;
- increase information sharing with youth and inclusion of youth in Court hearings and other case planning activities;
- recognize strengths and culture in case planning processes;
- revise the structure of planning forums such as case plan staffings and mediation;
- integrate planning meetings, such as staffings and CFTs;
- improve the written case plan document to prompt development of more individualized plans;
- reduce caseload size; and
- improve quality of contacts.

The Division has been actively involved in numerous activities to improve family involvement in case planning, many of which are addressing the needs identified by stakeholders. 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 1, Introduction, *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 1, Introduction, *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 items 19 and 20 for information on factors affecting the frequency and quality of contacts, and Division efforts to improve.

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 item 23 for more information on CFTs.

Family Group Decision Meetings (FGDM) are another method to engage families in a discussion of needs, strengths, and goals. The purpose of FGDM is to prepare and encourage families to develop and carry out their own plans designed to ensure child safety. Cases can be referred for a FGDM meeting at any stage of a CPS case, and are most often used to identify a kinship placement and/or a permanency plan for a child. Through FGDM, CPS can better identify members of a child's nuclear and extended family who are invited to join the CPS Specialists, resource staff, and other family supports in developing a placement and support plan for the child. The Department also uses FGDM to connect adolescent youth with relatives or other significant persons. Between July 2005 and May 2006, 213 family group conferences were held, serving 639 children and over 1,800 total participants.

Item 19: Caseworker visits with child. How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

Item 20: Caseworker visits with parents. How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

Policy Description

Case manager contacts provide ongoing opportunities for parents and children to identify strengths, needs, progress, goals, and services; so timely and appropriate adjustments to goals and services can occur. In-person case manager contacts are generally held monthly with children in out-of-home care and those served in-home. At least one visit in every three month period is to be conducted by the CPS Specialist with the child and the caregiver in the caregiver's home. CPS Specialists are to consult with the out-of-home caregiver, the child if verbal, and other service team members as appropriate to determine if the child and/or caregiver requires more frequent face-to-face contact and/or telephone contact between face-to-face contacts.

State policy directs CPS Specialists to have face-to-face contact with all parents at least once a month when the case plan goal is family reunification or remain with family. Contacts must include any alleged parents, parents residing outside of the child's home, and incarcerated parents. Exceptions to monthly face-to-face contact may be made on a case-by-case basis, based on the unique circumstances of the family. For example, monthly in-person contact is not expected with parents who reside out-of-State or those who are incarcerated in another county. Whenever an exception to monthly in-person contact is granted, the CPS Specialist is to have telephone or written correspondence with the parent a minimum of once every three months.

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.

State policy does allow rare and limited exceptions to monthly face-to-face contact by the assigned case manager, with supervisory approval and based on an assessment of the needs of the child, parent, and/or out-of-home care provider. The State policy manual includes a Decision Making Guide for determining if

an exception substituting face-to-face contact by another professional for face-to-face contact by the CPS Specialist is appropriate. Exceptions must include a plan for written or telephonic contact to supplement less frequent face-to-face contact. Policies regarding exceptions include the following:

- Children placed out-of-district without Courtesy supervision may receive visits every two months with supervisory approval.

- Children in out-of-home care with a goal of long term foster care or independent living and placed in a licensed foster home or a kinship home with whom a Long Term Foster Care Agreement has been signed can receive a minimum of quarterly face-to-face contact with the child and the provider together in the provider's home; if deemed appropriate after consultation with the out-of-home care provider, the child, and other service team members.

- If an exception substituting face-to-face contact by another professional for face-to-face contact by the CPS Specialist is approved by the supervisor, at least one visit in every three month period is to be conducted by the CPS Specialist, with the caregiver and the child together in the caregiver's home. If an exception to monthly contact with a parent is approved, the CPS Specialist must have telephone or written correspondence a minimum of once every three months.

- The CPS Specialist is to have monthly telephone contact with children, if verbal, and caregivers when the monthly face-to-face contact is made by another ACYF staff or other involved professional.

District 1 has been granted a policy exception for its in-home service monitoring units. District procedures and the in-home services contracts explain that the CPS Specialists serve as monitors, and the contracted agency is responsible for strengths and risk assessment, case plan development, and at least monthly in-person contact with the parents and children.

At times, circumstances prevent the assigned CPS Specialist from seeing a child or parent. The Practice Improvement Case Review Instrument identifies justifications for lack of contact in a given month. The following apply to child contacts and similar justifications are identified in relation to parent contacts:

- the child was on runaway status throughout the month or during the last week of the month;

- the child was out-of-state (on vacation or a visit) throughout the month;

- the assigned CPS Specialist (CPSS) was on medical or other leave for at least two weeks during the month and another case manager made in-person contact in his/her absence;

- the CPSS made at least one attempt to have in-person contact with the child during the month but the child was not available for a scheduled appointment or actively avoided contact with the CPSS;

- the CPSS attempted to arrange in-person contact with the child during the month but the out-of-home care provider or the child requested the CPSS schedule the contact the following month due to illness or other conflict; or

- the child is placed in another State and a caseworker from the receiving State visits with the child in the placement on a schedule that is consistent with the child's needs and no less frequently than required by the ICPC.

Policy requires that an extensive search for absent parents occur prior to key decision points in the case and at least every six months. Key decision points include filing of a dependency petition, prior to case plan staffings, prior to pre-adoptive placement, and others. Efforts to locate the absent parent may include mailing a certified letter or making a visit to the last known address, or placing a telephone call to the last known telephone number. If these efforts are unsuccessful and identifying information on the parent is known, the CPS Specialist is to use the Arizona Parent Locator Service, through the Division of Child Support Enforcement, to conduct a search for the parent.

In addition to the frequency of contact, State policy provides guidance on contact content. State policy directs that the CPS Specialist shall assess the following during contacts with children and care caregivers:
- the child's safety;
- the child's and the caregiver's adjustments to each other;
- the ability of the placement to meet the child's needs;
- the safety of the physical home environment;
- the developmental progress of the child;
- the child's educational, physical health, and emotional and behavioral health status and needs;
- the appropriateness and adequacy of services and supports provided the child; and
- the appropriateness and adequacy of services and supports provided the caregiver to maintain the caregiver's ability to care for the child.

State policy also includes an exhibit titled *Quality Supervision and Contacts with Children in Out-of-Home Care*. This document provides best practice information related to the frequency and content of CPS Specialist contacts. For example, the document instructs the CPS Specialist to guide the content of a visit with a verbal child by considering these questions:
- Does the child have current, accurate information about any plans, changes, etc. that affect his or her life?
- Does the child understand the current case plan and team members roles and responsibilities?
- Has the child had a recent opportunity to share his/her thoughts and feelings about
    - the reasons for initial or continued placement?
    - the current placement?
    - the current case plan and how well it is working?
    - parent and sibling visitation?
    - contacts with relatives and family members, friends, and former out-of-home care providers?
    - any other needs, fears, impressions, wishes, etc.?

Measures of Effectiveness

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
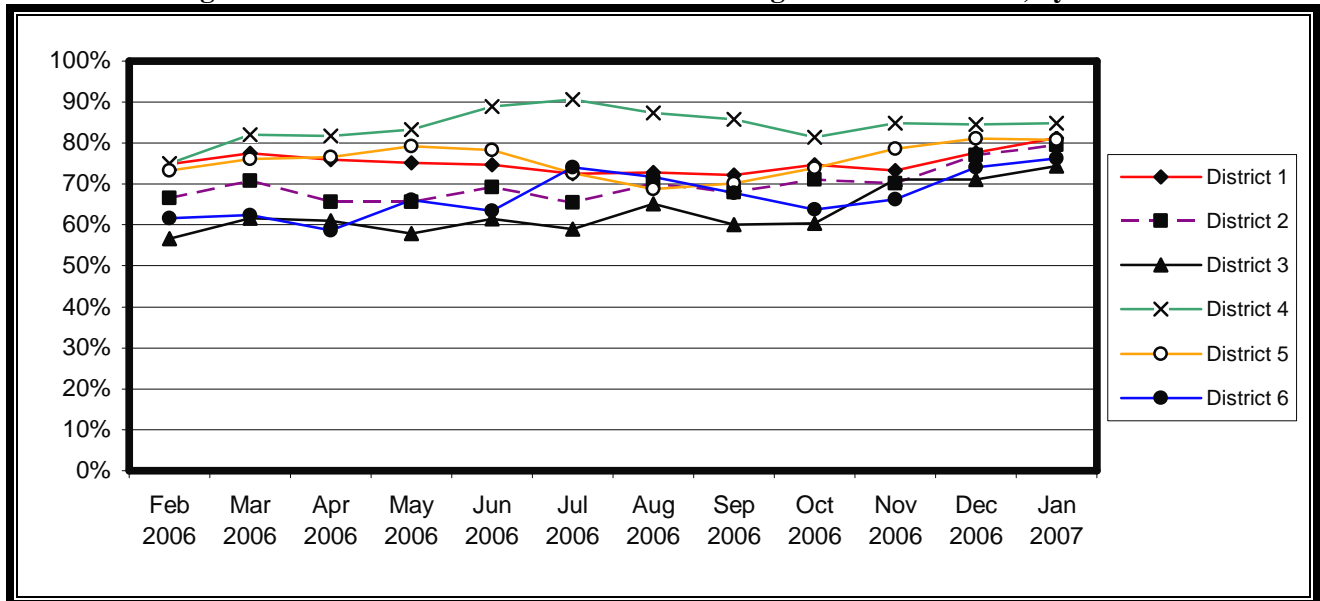
- The percentage of cases rated strength during the Practice Improvement Case Review on CPS Specialist contact with the parent has remained stable statewide. This percentage was 39% in the quarter ending June 2004, 46% in 2005, and 46% in 2006. In 2006, the highest performing area was District 1 (60% 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
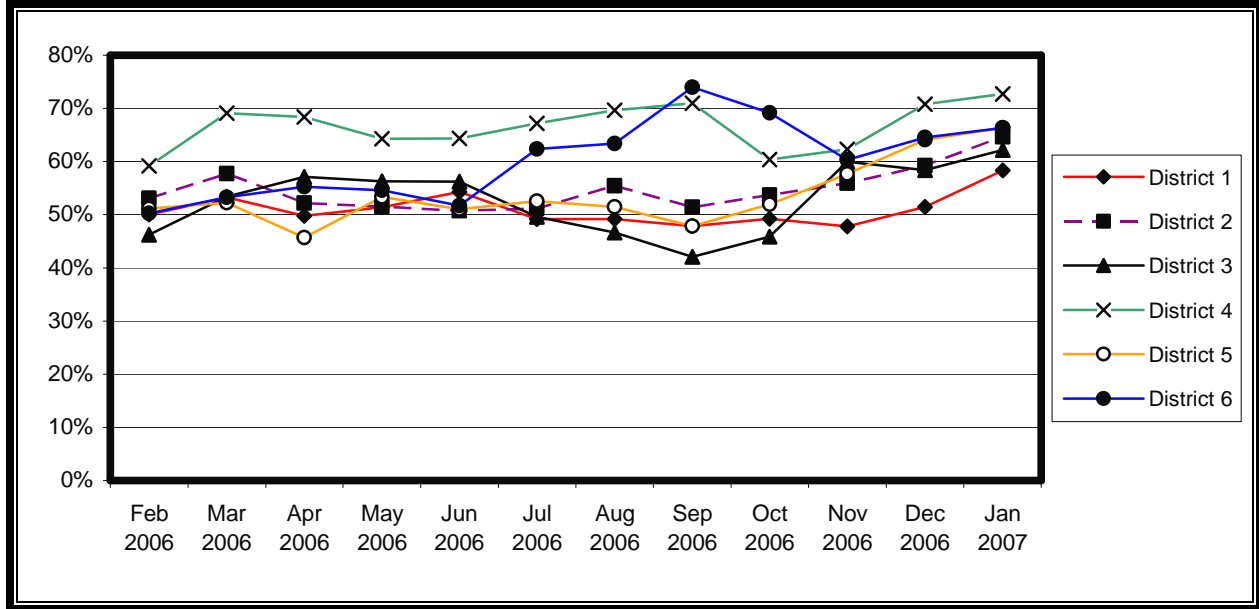
Youth were asked during focus groups to share their thoughts about contacts with their CPS Specialists. About 90% of youth indicated medium to high agreement with the statement that they have had monthly contact with their CPS Specialist over the past 12 months, while 10% of youth expressed low agreement with this statement. As in other areas, the comments of youth were mixed, suggesting inconsistency in the quality of service provided by CPS Specialists. Many youth reported that they have frequent contact with their CPS Specialist, that calls were returned promptly, and that the CPS Specialist provided advice about school and college, obtained requested resources, and was a good listener. Some youth were highly complimentary of their CPS Specialists. Other youth reported that they did not have sufficient contact with their CPS Specialists, telephone calls were not returned promptly, and the CPS Specialists did not follow through on tasks timely. Some youth reported that their CPS Specialists did not have answers to the youth's questions or made decisions without consulting the youth. Youth reported that CPS Specialists are helpful when they keep youth informed about appointments, help to get things the youth need (clothes, documents, and college scholarships), and set up visits. Youth reported that CPS Specialists could be more helpful by being more like a parent (setting rules, checking on school, etc.), setting up more visits, listening more, and providing more information about the youth's family and decisions that affect the youth.

Birth parents similarly reported that the quality of contacts and support was inconsistent between CPS Specialists. In the very small sample of parents completing a survey, more than half indicated they do not see the CPS Specialist monthly. Birth parents reported CPS Specialists are most helpful when they listen to the parents rather than dictate to them; are respectful, professional and encouraging, not belittling;

share all information; return phone calls; keep parents informed about appointments and contact information for service providers and others; and provide services such as child care, housing assistance, food vouchers, and timely referrals to mental health services. Birth parents suggested that some CPS Specialists need more training on special needs children, and on addiction. Some parents also wanted more services to address family system issues, rather than individual counseling. One parent recommended that CPS rewrite the pamphlets that are provided to parents.

Resource parents were also asked during focus groups and interviews to share their experiences around CPS Specialist contacts. About 40% of resource parents indicated low agreement with the statement that "the CPS Specialists have in-person contact with me very month" and 50% indicated high agreement. Responses were similar in regard to CPS Specialist in-person contact with the child every month, although ratings tending toward the middle rating. Agreement with the statement that the resource parent received sufficient information from the CPS Specialist to enable care of the children was split evenly between high and low. As with youth, the comments and survey responses suggested a lack of consistency between CPS Specialists. In fact, some resource parents specifically drew comparisons in the quality of work between previously and currently assigned CPS Specialists. Many resource parents stated their CPS Specialist visits every month, cares about the children, is respectful, and keeps them informed. More experienced and knowledgeable CPS Specialists were viewed as more helpful and responsive. The most commonly reported concerns were difficulty accessing the CPS Specialist (monthly home visits not made, calls not returned timely, or calls returned by a case aide for the CPS Specialist), and inadequate provision of information about the child, family, case decisions, appointments, or cancellations. Resource parents also felt that some CPS Specialists do not have sufficient knowledge of resources, parenting practices, or shared parenting and other philosophies taught in PS-MAPP training. Resource parents stated that CPS Specialists are most helpful when they return calls in a timely manner, call just to check in, arrange services quickly upon need identification, share comprehensive information about children's history and birth family, ensure they are paid in full and on time, and respect the opinions of the foster parents. Many resource parents stated that their Foster Care Specialists (contracted providers through the HRSS contract) were especially helpful, supportive, and available.

Factors Affecting Performance

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 I, 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 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 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.

The Division was found to not be in substantial conformity with Well-Being Outcome 2 during the 2001 CFSR. Item 21 – Educational needs of the child was addressed in the 2002-2004 Program Improvement plan.

Item 21: Educational needs of the child. How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

Policy Description

State policy requires that the Division 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. 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 parents, and special education meetings initiated by the child's school. The case plan for children in out-of-home care now includes an education case plan, which is being rolled out statewide as part of the new CSA-SRA-Case planning process. The requirement to develop this specialized plan will encourage discussion with the parents about the child's educational needs and services.

Birth parents are also encouraged to participate in the development and approval of Individual Education Plans (IEP) whenever they are able and willing. When the birth parents cannot be identified or located, or are unwilling or unable to be involved in educational decision making, the Division collaborates with the local school district to ensure an 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). The law had previously required the Court to appoint a surrogate parent. This change will make the appointment process easier and faster and reduce delays to assessment and service provision.

Measures of Effectiveness

The percentage of cases rated strength during the Practice Improvement Case Review on educational needs of the child was 84% in the quarter ending June 2004, 91% in CY 2005, and 91% in 2006. Cases are rated strength 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

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 numerous 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
- 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).

As described in the following paragraphs, all of the AEST's goals have been accomplished. 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 and 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.

Many of the State's improvement activities address the needs identified by stakeholders for (1) greater cooperation between schools, foster parents, and the Division – particularly greater sharing of child-specific information and professional expertise; and (2) ongoing educational assessment and oversight, so children needing services are identified and appropriate services are provided. Stakeholders acknowledged that CPS Specialists are not educational experts, but need to be able to provide resource information to out-of-home care givers so the caregivers can be effective in a lead role to meet the child's day to day educational needs. In turn, schools need to be better informed about the special needs of youth in foster care. In relation to oversight, stakeholders observed that Court Appointed Special Advocates (CASAs) and foster parents are more attentive to educational needs than CPS Specialists, and the Division more thoroughly monitors educational needs for youth with an IEP than those without special education needs or for whom these needs have not yet been identified. In particular, stakeholders recommended greater attention be given to the developmental and educational needs of children ages zero to three, to ensure they are prepared to succeed when they reach school age.

To address these and other school related issues for children in foster care, Casey Family Programs and the AEST produced a 200+ page education advocacy manual, with youth self advocacy pages in each chapter. This has been distributed with training across the State to foster parents, CASA, attorneys, Judges, social workers, youth, advocates, teachers, and others. This manual is available both in binder form and compact disc. An addendum to the manual with services specific to Pima County is also available. The Division and its partners also 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. In addition to these resources, stakeholders reported that a website or other resource that provides information to foster parents on AIMS testing, tutoring, and other educational resources would be helpful.

To improve timely record sharing, the Division and its partners created a separate *Order to Release Educational Records*, which is now included within all dependency petitions and requires schools to expedite the transfer and delivery of school records of children in care.

Courts statewide have been 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 through ASSET, to inform about the educational needs of foster children and how to more effectively work with these students.

Stakeholders identified 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:

- 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.

Other notable comments of staff and stakeholders include the following:

- Basic needs such as nutrition, physical health, stability of living arrangement, and emotional health are critical prerequisites to learning and need to be considered when assessing a child's educational needs. The behavioral health system must collaborate with the school system to achieve educational success for children involved with CPS.

- Parental and community role models and mentors that promote school attendance and youth vision for personal success are important to educational achievement and need to be encouraged by the child welfare system.

- Some educational resources are being underutilized or staff may not be aware they exist. For example, the Department of Education has "transition specialists" that can provide assistance to CPS. The Department of Education if also beginning to track data about post high school outcomes.

- Staffings, Court hearings, and other appointments need to be scheduled so they do not interfere with school attendance.

- Child and Family Team meetings provide a good forum to discuss child's educational needs, but education does not generally receive sufficient attention at these meetings. Meetings are not always set in the afternoon, when teachers might be able to attend.

See 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.

The Division was found to not be in substantial conformity with Well-Being Outcome 3 during the 2001 CFSR. Items 22 – Physical health needs of the child, and Item 23 – Mental/behavioral health of the child were addressed in the 2002-2004 Program Improvement plan.

Item 22: Physical health of the child. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Policy Description

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

CMDP covers a full scope of prevention and treatment health care services, when determined to be medically necessary. Services include Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, inpatient and outpatient hospital care, laboratory services, vision care, dental care, drug prescription services, and necessary services of physicians or other specialty providers. CMDP operates as an acute care health plan under contract with the Arizona Health Care Cost Containment System (AHCCCS) for children who are determined Medicaid eligible. Non-Medicaid eligible children are provided the same services with State of Arizona funding.

State policy requires a comprehensive medical examination that meets EPSDT requirements within 30 days of a child's initial placement in out-of-home care, annual medical exams, and semi-annual dental exams. The case manager 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.

Measures of Effectiveness

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.

Factors Affecting Performance

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. While health care is an area of strength for the State, the Division continues to seek 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 of recent and current activities to achieve this goal include the following:

- The automated interface between CMDP and CHILDS improves case record documentation of medical information. Based upon approved claims data, the CHILDS case record receives information relating to health care services and certain diagnoses given to foster children. Changes in a child's assigned PCP are also transmitted to CHILDS. 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. This automated interface provides an excellent tool to track medical and health care services delivered to children in foster care.

- CMDP provides tracking services to ensure necessary medical services are provided. An automated system, implemented in January 2001, enables CMDP to produce reminder post cards that are sent to out-of-home care providers when children are due for EPSDT or dental check ups. 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. 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.

- CMDP instituted 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 has 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:

  - ➤ 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 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 provide several formats of medical provider education to ensure members are receiving 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." 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.

Staff and stakeholders confirmed the Division is excelling in provision of physical health services to children. Suggestions to further improve physical health included the following, some of which are already being addressed by the Division:

- CMDP staff have noticed that performance has dropped since fewer children are in congregate care, suggesting a need to better educate foster and kinship families on required services and CMDP coverage. Stakeholders suggested that kinship care liaisons should provide information and instructions on what needs to be done to ensure medical/dental follow up, and could assist to get information from kinship caregivers and providers regarding the child's health. Stakeholders stated that foster parents need to see themselves as the primary person responsible for making sure the child's medical and dental needs are met and taking the child to appointments, and should be held accountable to do so.

- Better information sharing between CMDP, CPS Specialists, and medical providers is needed to ensure comprehensive timely assessments are being completed, particularly initial medical assessments. Some of the issues identified by stakeholders included:

- ➢ lack of available information at the time of removal to inform an initial medical assessment;
- ➢ lack of understanding of how EPSDT examinations differ from routine physicals and sick child visits,
- ➢ CPS does not routinely request medical records or review them to identify medical needs,
- ➢ staff are not fully aware of the Medical Summary Report in CHILDS and the interface with CMDP; and
- ➢ medical doctors do not always understand the behavioral health system, which hinders collaboration to meet children's needs.

- • Stakeholders reported the following would improve physical health care for children:
  - ➢ more providers with expertise in serving children in foster care;
  - ➢ medical and dental checklists for the Courts to improve accountability for timely check ups and treatment follow-through;
  - ➢ access to health care at schools, such as the dental screenings currently provided at some schools; and
  - ➢ refrigerator magnets and other methods to remind caregivers of CMDP coverage, support services, and telephone numbers.

Item 23: Mental/behavioral health of the child. How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Policy Description

Meeting the behavioral health needs of foster children is a responsibility of the Division 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 (CFT's) for children who are Title XIX eligible and receiving behavioral health services.

State policy requires that all children entering foster care be referred to the local RBHA for a behavioral health assessment, known as the Urgent Response, to assess their placement needs within 24 hours of removal. The CPS Specialist is required, and the caregiver is encouraged, to participate in the assessment process and provide information pertinent to an effective assessment. Urgent Response includes face-to-face evaluation of the child and enrollment in behavioral health services, and is designed to be followed by a more in-depth behavioral health core assessment to be completed within 45 days. Additionally, the Urgent Response marks the beginning of the development of the CFT.

The CPS Specialist monitors the appropriateness and timeliness of services being provided by the RBHA to adults and children, and advocates for client service needs. The RBHA is required to provide services in a timely manner. Examples of RBHA response requirements include: 24 hours for a non-acute service request, 1 hour for a crisis service in Phoenix and Tucson, and 72 hours for an inpatient hospitalization utilization review.

Every client receiving Title XIX services must have an Individualized Service Plan (ISP) for behavioral health services, developed by the RBHA provider with input from the CPS Specialist and the family. Twelve principles of development of the ISP include: collaboration with the child and family, functional outcomes, collaboration with others, accessibility, best practices, most appropriate settings, timeliness, tailored services, stability, culture, independence, and connection to natural supports. The ISP includes measurable goals and objectives, dates by when achievement of those goals and objectives is expected, specific services and activities intended to assist the client in achieving the goals, and names of providers involved in the delivery of services.

Measures of Effectiveness

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. In 2006 District 2 performed highest in the State, with 88% of cases rated strength. Districts 1 and 4 achieved 83% of cases rated strength. Districts 3 and 5 performed lowest in the State, with 64% and 68% of cases 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

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. Stakeholders reported that continuous improvement activities are needed to ensure systemic changes within the behavioral health system are consistently translated into behavioral health practice with families. For example, stakeholders identified a need to improve consistency of:

- therapist's experience and knowledge about the needs of children in foster care;
- response to requests for mental health assessment on babies;
- timely and seamless transition of services from the Urgent Response team to the ongoing service provider;
- level of service approved and provided in relation to need,
- definition and provision of wrap-around services;
- availability of services statewide to meet the referral volume;
- service accessibility for young adults, particularly dually adjudicated youth;
- availability of a range of treatment approaches, to include family therapy, behavior management, and peer support services; and
- integration of behavioral health and CPS services and goals.

Positive change within the behavioral health system has been substantial and continual in recent years, and many of the recent and current activities are addressing the needs identified by stakeholders. Accomplishments that were achieved in 2006 or 2007 include the following:

- 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 by ADHS.

- DBHS has implemented a quality assurance and monitoring tool designed to evaluate the effectiveness of the UR process in identifying and addressing the specialized needs of children removed from their homes and placed in CPS care, as well as the needs of their current caretakers. This represents a significant change from the previous tool that simply looked at numbers of cases referred and thoroughness of documentation.

- DBHS has clearly indicated to its RBHAs that the CFT for each child should have the authority to make decisions on what services are best suited to meet that child's needs. The only services now requiring prior approval are higher levels of behavioral health care.

- In partnership with the Division, DBHS developed several Practice Improvement Protocols (PIPs) and related Technical Assistance Documents (TADs) designed to improve service delivery to CPS involved children and families, such as: CFTs; The *Unique Behavioral Health Needs of Children, Youth and Families Involved with CPS*; Therapeutic Foster Care; Children and Adolescents Who Act Out Sexually; and Transitioning to the Adult System.

- After development of the *Unique Behavioral Health Needs of Children, Youth and Families Involved with CPS*, DBHS worked with the Division and other partners to develop an on-line and face-to-face training curriculum, which will be fully implemented in May 2007. All behavioral health staff will be required to participate in this training. The needs for increased family or caretaker engagement, Court attendance, and system coordination will also be highlighted during this training.

- A streamlined process was implemented for the referral and coordination of early intervention and behavioral health services to children under age three. For these children, if the UR developmental and behavioral health screening 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.

- In Pima County, the RBHA has contracted with the Blake Foundation to provide UR assessments on all children placed in out of home care by the Department. The Blake Foundation has years of expertise in providing developmental assessments of infants and toddlers through the AzEIP. The Blake Foundation will also track the children during monthly visits through age five, when the child reaches school age. This tracking will ensure a quick response to any developmental concerns that emerge during these formative years.

- The Division, in partnership with the Administrative Office of the Courts and ADHS, recently sponsored a Court Teams for Infants and Toddlers conference, which includes eight months of Technical Support for up to five communities throughout the State. Court Teams is an innovative approach to work with the dependency Court and infant and toddler serving agencies to provide coordinated developmental assessments and services to small children when they are placed in foster care. Court Teams was implemented as a pilot in Prescott, Yavapai County, in 2004. Known as "Best for Babies," the pilot combines periodic Court oversight with a developmental checklist that identifies 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. The technical assistance for expanding Court Teams is coming from the lessons learned in Prescott.

- ADHS is sponsoring an Infant-Toddler Mental Health Mentorship Program through Southwest Human Development's 2-year Harris Institute, training ten practitioners from different geographic regions.

- 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 Court order any medically necessary services.

The Division continues to participate in monthly meetings of the Arizona Children's Executive Committee (ACEC), as well as monthly Clinical Subcommittee meetings co-chaired by the Division. The ACEC strengthens interagency commitment to collaborative efforts and provides a forum to resolve statewide barriers to behavioral health service delivery that can not be resolved at local levels.

The Division has also developed services that address the mental health needs of children and their caregivers. For example, the State's in-home service array provides intensive or moderate level therapeutic support for families. See item 3 for more information on these services. The Comprehensive Medical and Dental program provides services to address the mental health needs of children who are not Title 19 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.

Section IV – Systemic Factors

A. Statewide Information System

The Division's statewide information system was found to be in substantial conformity during the 2001 CFSR.

Item 24: Statewide Information System. Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

System Description

Since February 1998, Division staff have been required to use the CHILDS Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location, and goals for the placement of every child who is in foster care. Today, CHILDS supports intake, investigation, case management, adoption, and eligibility staff, as well as provider management, payment, and personnel functions. 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 have access to CHILDS, including Casey Family Programs' Independent Living Program, Catholic Community Services of Southern Arizona's adoption case management program, and contracted in-home 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 also provided access. Access for external agency staff is designed specifically for their needs. For example, in-home service providers generally enter case notes and assessment information while tribal and juvenile justice agencies enter AFCARS required data. 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.

The CHILDS system includes the following components:

- *Intake:* Child Abuse Hotline staff use CHILDS to record communications and categorize them according to whether they meet the criteria for a report of child abuse or neglect. The source, intake worker, date and time of the communication, communication type, district, and a narrative are recorded.

- *Investigations:* Upon receipt of a report, the unit supervisor creates a CHILDS case and assigns the case to a CPS Specialist, allowing other Division staff to immediately identify the assigned investigator, when needed.

- *Case Management:* CPS Specialists document telephone, in-person, and other contacts with persons important to the investigation or ongoing case. CHILDS windows guide staff through key decision points from investigation through case closure, and provide a means for documenting the decisions and their basis – including permanency planning and placement decisions. Child's needs are documented in participant specific windows, and the case planning windows. The case manager requests a placement and receives authority to place the child through interactive service authorization and approval processes in CHILDS. Placements of all

children in care, including those in relative care, unlicensed placements, voluntary placements, and unpaid placements are recorded in CHILDS.

- *Adoptions:* CHILDS supports adoption processes by allowing documentation and/or retrieval of all phases in the adoptions process, including adoptive family search, child placement, and legal status.

- *Eligibility Determination:* CHILDS identifies children needing eligibility determination and re-determination, alerts eligibility staff, ensures the information required for the determination or re-determination is available, and communicates determination results to appropriate parties. Programs requiring eligibility determinations include Title IV-E and Title XIX of the Social Security Act.

- *Provider Management:* CPS Specialists can search for, identify, and select out-of-home care providers for children needing out-of-home placement. Child preferences, service authorizations, licensure or certification status, and other information to ensure appropriate provider/child placement matches are documented in CHILDS.

- *Payment Processing:* CHILDS provides the means to track authorization, provision, and payment of direct services to parties outside the Division on behalf of clients. The ability to provide payments from the same management information system that maintains client entitlement eligibility, facility licensure status, and case management activity provides many safeguards for payment integrity.

In addition to these components, CHILDS provides access to on-line help, on-line policy, numerous electronic forms, and an alert system to remind staff of upcoming case events. CHILDS also includes mechanisms to monitor and maintain data accuracy. A Missing Mandatory Data (MMD) window alerts CPS Specialists when they need to enter information in CHILDS to meet statutory and other requirements, such as AFCARS requirements. The window is immediately displayed to the Specialist each time he/she logs into CHILDS. Alerts in the MMD window are case specific and are shown only to the assigned Specialist who must enter the information. In addition, the MMD window alerts CPS Supervisors when staff in their units have not entered information within required timeframes. Data accuracy is also achieved through various edits built into the system to prevent entry of illogical or otherwise inaccurate data.

See item 31 for information on the State's reporting capacity, types of reports generated, report use, report accuracy, approaches to using data, and links with quality assurance processes.

Measures of Effectiveness

Arizona received a site visit from the federal Administration for Children and Family's Division of State Systems in November 2006. Items reviewed had been identified during a site visit that took place in July 2004. These components were reviewed and evaluated for SACWIS compliance. 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. The CHILDS Project is highly successful in this regard. Improvements to CHILDS are identified by Division field staff, Division administrators, and State policy and program development staff. Other changes have been made to satisfy SACWIS federal requirements, legislative

requirements, and requests from the Arizona Auditor General's Office. Stakeholder feedback is also gathered through quarterly meetings attended by eight District Automation Liaisons (DALS), representing each of the local districts. The DAL 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.

Recommended changes are reviewed and prioritized quarterly by the Division leadership team and the CHILDS Project Manager, to create migration schedules. The Division's Annual Child and Family Services Plan provides specific information about improvements implemented in prior years. Many of the improvements have been made to address staff concerns about system access, ease of use, and time required for data entry. For example:

- *System accessible from multiple locations*: During the 2001 Statewide Assessment, staff stated they would like internet access and improved ability to log into the system from their homes. All staff now have internet access. In addition, CHILDS is now accessible through a fully secure internet connection using a Citrix environment. Each person approved to use the Citrix environment is assigned a FOB that randomly generates a "secure ID" code every 60 seconds that is necessary to log into the system. This remote access allows users to work from off-site locations with internet connectivity, and increases productivity by giving staff the flexibility to telecommute from home and respond to e-mails while traveling.

- *Enhanced navigation within system:* CHILDS has improved the ability to navigate between the more than 400 windows in the system. Links have been added to minimize the number of keystrokes needed to move between windows. These links allow staff to flow forward through related windows, rather than having to back out to the Main Menu to access the next window. This allows workers to enter and access information much more quickly, addressing concerns identified by staff in the 2001 Statewide Assessment process.

- *Improved data entry:* Enhancements have been made to CHILDS to prevent redundant data entry. For example, workers can enter details on multiple children at one time when the same details apply to all children in the family.

Factors Affecting Performance

The State's performance in this area is high. For nearly a decade, the Division has demonstrated a continued commitment to maintaining a high quality SACWIS system. The Division has devoted substantial resources to the maintenance and ongoing improvement of CHILDS. This long-standing commitment has been enormously beneficial in recent years, as the Division has increased its reliance on data to guide program improvement and management decisions.

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 for ensuring data accuracy.

The most prominent barrier to achievement of the Division's SACWIS related goals is the volume of improvement ideas generated by staff and stakeholders. CHILDS program changes are expensive and require substantial staff time to write, test, train, and learn. In addition, the Division must remain mindful of the volume of data entry required of field staff and weigh the benefits of collecting new data against the costs of decreased availability for direct client contact. When possible, CHILDS and other Division staff identify solutions to data needs that do not require new fields or new windows, remove a requirement when one is added, and give priority to CHLDS revisions that make data entry faster or easier.

B. Case Review System

Arizona's case review system was found to be in substantial conformity during the 2001 CFSR.

Item 25: Written case plan. Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

System Description

See item 18 for a description of Arizona's policies and practices for development of a written case plan that includes the required provisions.

Measures of Effectiveness

The State's policy and the written case plan format clearly demonstrate that the State has a process for ensuring that all children have a case plan that is developed jointly with the family and includes all required federal components.

Although the finding is not specifically recorded in the Practice Improvement Case Review instrument, cases are rated as needing improvement on involvement of children and parents in case planning if there is no written case plan for the family. Reviewers very rarely observe a case with no written case plan recorded in CHILDS or contained in the in-home services case file.

See item 18 for more information on the Division's written case plan format and effectiveness at engaging parents and age-appropriate children in case plan development.

Factors Affecting Performance

The Division's case planning process and written case plan document meet all federal requirements. Arizona's child welfare system has exceeded the federal requirement to have case planning processes that involve the parents and youth, to the extent that there are now multiple processes. Staff and stakeholders noted that the number of meetings that are now occurring for out-of-home cases may make the CPS case plan staffings redundant and obsolete. These meetings include TDMs before or just after removal, CFTs at regular intervals for children receiving Title XIX behavioral health services, Court hearings within a week of removal and at least every six months thereafter, Family Group Decision Making meetings when requested by the CPS Specialist, Foster Care Review Board hearings every six months for children in out-of-home care, and various other mediations and case conferences. There is a need to better integrate these meetings or clearly define their separate purposes, and to clarify if or when a separate CPS case plan staffing is necessary.

Service providers facilitate case plan development with many of the families receiving in-home services. For example, the Family Support, Preservation and Reunification Services (In Home Services Program) contract requires the provider to meet with the family to gather comprehensive information about strengths, risks, and others areas pertinent to case plan development. Submission of the service plan developed with the family is the second payment point within the contract. Providers and staff have generally reported that this process is effective and preferential to case plan development by the CPS Specialist because the assessment process provides an opportunity for the providers to build rapport and engage the family in services and because those involved in plan implementation have first hand knowledge of how the plan was developed and ownership of the plan.

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.

CHILDS includes a capability to print a report of all educational, medical, behavioral, and other special needs information entered in the system, which can be provided to out-of-home caregivers and others. This report includes information entered by the CPS Specialist and information obtained through the interface with the Comprehensive Medical and Dental Program's automated system. This report is not used in all cases, and more on-the-job training on its use might be beneficial. However, team members do routinely receive information about the child's health, education, and behavioral health within or as attachments to Court reports, or in information packets attached to service requests or given to caregivers at the time of placement.

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 caregiver 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.

Staff and stakeholders identified a need to improve the format and content of written case plans, to be more easily understood by parents and youth. See Section 1, Introduction, *Crosscutting Initiatives* for information on the Division's work to improve written case plan format and content.

The Division is continually improving its policies and practices to increase parent and child involvement in case plan development. See item 18 for information on the factors affecting the Division's performance on engagement of parents and age-appropriate children in case plan development, and stakeholder input regarding this area.

Item 26: Periodic Reviews. Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a Court or by administrative review?

Item 27: Permanency hearing. Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified Court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

System Description

Periodic review requirements are met through juvenile Court hearings and Foster Care Review Board (FCRB) hearings. In most cases, a Court or FCRB hearing is held more frequently than once every six months. Review hearings are conducted by the Juvenile Court at least once every six months after the disposition hearing. Permanency planning hearings also provide a review of the child's status and case progress and pursuant to statute are to be held within 12 months of the child's removal from the home and every twelve months thereafter, as long as the child remains in foster care.

Administrative reviews are conducted by the FCRB, at least every six months for children in out-of-home care. Foster Care Review Boards 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. A board is established for every 100 children that need to be reviewed. The presiding Juvenile Court Judge in each county establishes new boards by an order, and appoints volunteers to a specific board. An FCRB staff person facilitates each board. The FCRB Reports and Recommendations are sent to the Juvenile Court Judge. Copies are sent to the parents, foster parents, counselors, attorneys, the CPS Specialists, and other appropriate interested parities. The Juvenile Court Judge reviews the report and considers the recommendations at the time of the next review hearing on the case.

Arizona statute requires a permanency hearing be 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. 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.

Subsequent permanency hearings are held at least every twelve months if the Court determines the child should remain in out-of-home care more than eighteen months from the date of the current permanency hearing. These annual hearings provide an opportunity for the Court to reconsider and modify the permanent plan for the child. The Court may order another permanent plan for the child or reaffirm the prior plan.

Measures of Effectiveness

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 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 in 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.

Stakeholder input gathered for the 2001 CFSR was overwhelmingly positive about the process for permanency hearings, including the clear timeframe provided by the hearings and the affect on timely achievement of permanency. There have been no substantial changes to the State's permanency hearing requirements or processes, and therefore the State continues to identify permanency hearings as a strength.

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."

Factors Affecting Performance

Arizona is exceeding federal requirements for periodic review hearings, in large part due to the requirements for hearings by both the Court and the FCRB. Children in out-of-home care generally have more than one Court or administrative hearing every six months.

The State's high performance in timeliness of periodic review and permanency planning hearings has also 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 Statewide Assessment.

Caseflow management training and planning is a current statewide collaborative activity. Caseflow management training was held in 12 of Arizona's 15 counties in June through September 2006. Each

training was hosted by one of the three counties that participated in the initial pilot of the project: Cochise, Maricopa, and Yavapai. The Caseflow 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 Superior 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 lead 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. Currently, each county has a Caseflow 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. Caseflow Management Workshops continue to be provided throughout the year. As of September 2006, all but three of the scheduled workshops had been held. Learnings from these workshops, and individual county accomplishments, will be shared with all counties in June 2007.

To better ensure that Judges new to dependency cases are aware of State and national child welfare issues, a dependency track is provided at the yearly judicial conference. The 2006 Arizona Judicial Conference Dependency Track included workshops on: The Impact of Abuse and Neglect on Early Development; Effective Application of Therapeutic Jurisprudence; Signs of Progress in Child Welfare; and, A Forever Home. In addition to this Conference, this year's Child Abuse and Prevention Conference included a Juvenile Court track.

To better ensure attorneys that serve as legal counsel for children and parents in dependency cases understand child welfare issues and the importance of permanency planning, Arizona Dependency Attorney Training is provided throughout the State. This training was provided on October 27, 2006 at the Graham County Courthouse. Presenters included 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.

Item 28: Termination of Parental Rights. Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

System Description

State statute requires that the Court order the Department or the child's attorney or guardian ad litem to file a motion for termination of parent-child relationship within ten days after the permanency hearing if the Court determines that termination is in the child's best interest. State statute also defines the grounds upon which a petition for termination of parent-child relationships can be filed.

Division policy states that the Division shall 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. The policy requires that the Division file a motion to terminate the parent-child relationship for all children in

out-of-home care as specified in the Adoption and Safe Families Act. 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 Administration's Program Administrator or designee must approve any Division recommendation that termination of parental rights is not in the child's best interests. Policy instructs staff to consider the following to determine if there is a compelling reason that termination of parental rights is not in the child's best interest:

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

The petition for termination of parental rights must account for any parent who has not relinquished or whose death is not verified. This includes:

- any man married to the mother at the time of conception, during the pregnancy or at birth of the child; unless his paternity has been excluded or another man's paternity is established pursuant to ARS §25-801 et seq.;
- any parent named on the child's birth certificate;
- any man named by the mother or other person as the biological father;
- any man named by the mother as possibly being the biological father;
- any man claiming to be the biological father;
- anyone who has legally adopted the child;
- any man who has filed a notice of claim of paternity for this child with the Putative Father Registry; and
- "John Doe," when no father is identified on the birth certificate or by the mother, when the mother is unsure of or does not know the name of the father; and/or when multiple fathers are identified and there is the possibility of unknown potential fathers.

Any compelling reason not to terminate parental rights to a child is documented by the case manager in CHILDS and prints automatically into the child's written case plan.

Measures of Effectiveness

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 item 9 for information on the Division's performance related to these measures.

Factors Affecting Performance

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.

Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

System Description

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 case manager 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), if one has been assigned.

Measures of Effectiveness

Resource parents were asked during focus groups and interviews to indicate whether they are invited to Court hearings, FCRB hearings, and Child and Family Team (CFT) meetings; whether they attend these events when invited; and whether they are given an opportunity to speak. Resource parents were also asked to discuss their level of involvement in case planning for the children in their care. Resource parents reported they are most likely to be invited to FCRB hearings, and less likely to be invited to Court hearings or CFT meetings. However, resource families reported they attend the Court hearings to which they are invited slightly more often than CFT meetings, and significantly more often than FCRB meetings. Most respondents indicated they are given an opportunity to speak at FCRB hearings and CFT

meetings, but only about half reported they have an opportunity to speak at the Court hearings they attend.

Factors Affecting Performance

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.

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. In addition, the FCRB program is 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 the review and emergency adoption of the Arizona Supreme Court and is expected to be in effect by July 2007.

C. Quality Assurance System

Arizona's quality assurance system was not found to be in substantial conformity during the 2001 CFSR and was addressed in the 2002-2004 CFSR Program Improvement Plan.

Item 30: Standards for Ensuring Quality Services. Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

Item 31: Quality Assurance System. Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

System Description

Arizona's Child and Family Services State Plan and Annual Progress Reports list the Division's safety, permanency, and child and family well-being outcomes, goals and performance measures. 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, described below:

- Within 48 hours of entry, Division staff complete a quality assurance review of all hotline communications about child maltreatment that are not categorized as CPS reports. Documentation is reviewed to ensure all allegations that meet the legal criteria for a CPS report are entered as such. In addition, each month, Hotline supervisors review a random sample of CPS reports and non-report communications entered by Hotline staff to ensure complete and accurate information is gathered from sources, correct decisions have been made about the information reported, and information has been correctly entered into CHILDS. Supervisors document the results of their reviews and provide feedback and guidance to Hotline staff regarding performance.

- Protective Services Review Team (PSRT) staff review all proposed substantiated findings of abuse and/or neglect. Notifications to alleged perpetrators are sent to inform them of their right to appeal the CPS proposed findings. Upon receipt of a request for appeal, PSRT staff complete an internal review of the case to determine if the legal standard of probable cause was met.

- Removal Review Team reviews are conducted 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. The Review Teams are composed of the case manager, supervisor, two FCRB representatives, and other professionals related to the issues of the case, such as a physician or an ICWA liaison.

- Case plan staffings are 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, 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 are 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. See items 25, 26, and 27 for more information on case plan staffings, Court hearings, and Foster Care Review Boards.

- Worker and case specific CHILDS data reports are provided to supervisors, managers, and administrators, statewide, to provide easily accessible information on case specific application of standards. Managers review the reports with their staff to identify and correct data entry errors and to identify areas for staff or systemic improvement. Field and management staff can request the development of a data report when they identify a need.

- Supervisory case reviews are 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 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 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 items 38, 39, and 40.

- *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.

Measures of Effectiveness

The State's comprehensive policy manual is evidence the State has set standards for investigative and ongoing case management activities, and for many of the activities performed within systems that support the Division's work with children and families. The Division has met the requirement to implement these

standards through many internal and external oversight activities. The frequency with which individual cases are reviewed, and the number of CHILDS data reports available to monitor compliance with specific standards, indicate case specific quality assurance is a strength for the Division. The improvements in outcomes for children and families reported throughout this document suggest the implementation of these standards has been effective.

Factors Affecting Performance

The CHILDS system has been an important foundation for the State's quality assurance processes and quality improvement system. CHILDS allows supervisors and managers to easily view case specific information, and includes windows to document supervisory review and approval of key decisions. CHILDS also allows the Division to produce numerous aggregated data reports which are used to evaluate systems and services, identify needs, and track program improvements. The most critical of these data reports are becoming accessible on the Business Intelligence Dashboard, which has proven a particularly effective method for quality improvement.

The Division's commitment to quality improvement and quality assurance is demonstrated through the designation of Practice Improvement Specialists and District Automation Liaisons in each of the six districts, and a Practice Improvement/CQI Unit at central office. Designation of full time staff to these functions 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. Goal related performance and related data are reviewed, to develop analytical skills, familiarity with key data reports, and monitor performance and progress. These meetings have been an effective method to encourage routine use of data to inform strategic planning decisions.

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.

The Division continues to consider new structures and other methods to engage staff in continuous quality improvement meetings. While many staff are fully engaged in CQI meetings and have been pleased with the outcome of meetings, other field units have had difficulty maintaining interest and scheduling meetings due to staff turnover and competing priorities. The Division has employed methods such as a CQI newsletter and Division-wide distribution of Level IV meetings notes to provide information on the resolution of issues raised through the CQI process.

The Division is also considering structures to routinely involve youth and birth parents in the CQI process. Substantial program level input is provided by youth participating in the Youth Advisory Board, and the Division has developed relationships with a few birth parents who have been invited to attend meetings and trainings. The Division would like to expand the pool of youth and birth parents available to provide input and develop structures for ongoing input on a wider range of decisions.

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.

Staff and Provider Training

Arizona's staff and provider training was not found to be in substantial conformity during the 2001 CFSR, and was addressed in the 2002 – 2004 CFSR Program Improvement Plan.

Item 32: Initial Staff Training. Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under Titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

Item 33: Ongoing Staff Training. Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

System Description

In 2001 the Division received legislative support and funding to develop a comprehensive training program, improve the training curriculum, and enable new CPS Specialists to receive training prior to assuming cases. The Division established the Child Welfare Training Institute (CWTI) in 2002 to consolidate training in philosophical approach, best practice, Arizona laws, policy, procedures, and automation into a comprehensive curriculum. The Division's Child Welfare Training Institute (CWTI) provides a comprehensive child welfare staff development and training program in support of the State's commitment to providing quality services to Arizona's child and families. Initial and ongoing staff training is provided through CPS Specialist Pre-Core Training (New Employee Orientation), CPS Specialist Core Training, CPS Supervisor Training, Parent Aide Core Training, workshops, and specialized trainings. The Division encourages staff to attend community workshops and conferences, and provides opportunities for the pursuit of Bachelor and Master of Social Work Degrees through tuition reimbursement and/or student stipends through collaborative efforts with Arizona State University Schools of Social Work. Additional training is provided by the Division's Policy Unit, the CHILDS Project, and local districts, as needed.   The CWTI partners within the Division's central office policy section and local districts to implement training on new statewide policies. Additional description of these training program components is included in the State's *Child and Family Services Annual Report June 2006; Child and Family Services Title IV-B/IV-E Training Plan*, which can be viewed on-line at http://www.de.state.az.us/dcyf/cmdps/cps.

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 includes requirements that CPS Specialists not carry cases as the primary assigned worker until they have completed Core training; and the requirement 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; or advanced training provided through the CWTI.

The CWTI tracks completion of all Core trainings through the CHILDS automated system, and notifies trainees of necessary make-ups. Certificates of completion are not issued until all make-ups are complete. The CWTI also tracks attendance at non-Core trainings, and evaluates whether the trainings count toward the employee's annual 24 hours of continuing education.

Primary training of contracted group/child care institution staff is generally the direct responsibility of the provider. Group care provider agencies must have a written plan for orientation and training of all staff to support Division goals and objectives. The initial orientation and training must include:
- agency philosophy, organization, program, practices and goals;
- policies and procedures including those on confidentiality, client and family rights, grievances, emergency procedures, behavior management, preventing and reporting child maltreatment, record-keeping, medications, infection control, and treatment philosophy;
- CPR and first aid;
- initial health screening;
- de-escalation and physical restraint practices;
- specific child care responsibilities; and
- recognizing expected responses and side effects of medications commonly prescribed for children in care.

Full-time direct care staff must complete at least 24 hours of additional training each year. Full-time support staff in group care facilities are required to complete at least four hours of annual training. Enforcement of training requirements for group care providers occurs with contract and licensing reviews. Child welfare agency provider staff are actively encouraged to attend a Mini PS-MAPP session, in addition to licensed foster parents, adoptive and kinship parents, Division field staff, and Division of Developmental Disabilities case managers. The Office of Licensing, Certification and Regulation monitors to ensure all training requirements have been met prior to licensure, certification, or renewal.

Measures of Effectiveness

Development of the CWTI addressed staff recommendations for more practical content, requirements to complete initial training prior to case assignment, and expansion of training sites in Tucson and Prescott Valley to reduce travel requirements. The U.S. DHHS confirmed in September 2003 that Arizona had achieved the CFSR PIP target goals related to staff training.

The CWTI ensures it is providing timely and effective training to all staff by continually evaluating, updating, and improving its training programs. Evaluation occurs through the following methods:

- In 2005, Arizona State University and the CWTI developed a "Self-Assessment of Knowledge, Skills, and Abilities." In August 2006 the ASU School of Social Work published its report on the results, which is available upon request. The research indicated, in part, that there is significant improvement in trainees' self-assessment of skills, knowledge, and abilities between the pre- and post-testing in the Core training. The CWTI has reviewed the results of this survey to assess the efficacy of its new case manager training program and has implemented improvements as indicated by the results. In addition, the CWTI and the Division management team have begun to assess the results from trainees who participated in the Mentoring Pilot in District 2, to analyze the success of that pilot. Further research using this tool will continue in FY 2008.

- The CWTI maintains records on all trainings, including identification of attendees and trainee evaluations. The CWTI makes changes to curriculum based on trainee recommendations provided in the evaluations. Changes made for the 2006 curriculum included more hands-on practice activities, including more practice in the CHILDS automated system.

- The CWTI Training Advisory Council is comprised of field staff, supervisors, policy specialists, practice improvement specialists, Division managers, CWTI staff, foster care providers, birth parents, and other stakeholders as availability permits. This Council oversees the activities of the CWTI, provides input about staff training needs, and offers recommendations to improve initial and ongoing training activities.

- The CWTI Supervisor Core Advisory Committee provides input, oversight, and planning for Supervisor and Manager training. This Advisory Committee is comprised of a University partner, CWTI managers, experienced field supervisors, and Assistant Program Managers who are still active in the field. The University partner completed a formal needs assessment by polling active supervisors in the field; and the supervisor and APM members receive ongoing direct feedback from their peers about the efficacy of the material in Supervisor Core. Changes are made based on both forms of feedback. For example, Supervisor Core was fully revised for spring 2007 to include less theoretical and more hands-on and practical information needed by new supervisors. The basic Supervisor Core classes are now accessible in more areas of the State and more often. Feedback on initial evaluation forms has been very positive. Continuing improvement activities include adaptation of a more advanced supervisor curriculum to meet Arizona's needs, and delivery of further training on the use of group supervision.

A comparison of data from SFY 2000 to SFY 2006 demonstrates the increased number of participants in CPS Specialist (Case Manager) Core training and increases in the stipend program. In 2005, additional Core sites were added in Tucson and Prescott Valley, to serve the northern and southern areas of the state, train newly added case managers, and accommodate turnover. While the number of employees attending specialized conferences and workshops has declined, those employees have been provided with increased opportunities to attend a variety of courses through Arizona Government University. Through continuous evaluation, the CWTI identified a need for more supplemental (post-core) training on CHILDS and the Child Safety Assessment. Volume of these trainings has increased substantially.

Type of Training	Number of Participants in State Fiscal Year 2000	Number of Participants in State Fiscal Year 2006
Case Manager Core	207	350
Supervisor Core	140	106
Parent aide Core	93	89
Specialized Workshops and Conferences	1,665	929
Stipend Students Entering the Stipend Program	26	57
Stipend Students Graduating	19	31
CHILDS Non-Core training	575	925
Child Safety Assessment Refreshers	0	325

Factors Affecting Performance

Initial and advanced staff training are areas of strength because of the Division's commitment to continually evaluate and revise the CWTI's curriculum, develop advanced staff training, and partner with Universities to meet the educational needs of staff. Recent revisions to the CWTI began in 2003, as a

result of recommendations generated by Arizona Governor Janet Napolitano's CPS Reform Committee, which included:

- provide quality training for new and existing staff;
- include practical classroom exercises, such as use of technology, preparation of Court reports, processes for referrals, and interviewing skills;
- expand mentoring programs to match new staff with experienced case managers;
- revise Child Welfare Training Institute Core to provide additional practical skills; and
- require all CPS staff to receive at least 24 hours of training annually after the first year of employment.

The Division formed a Governor's Reform Plan Implementation Committee, which presented their recommendations to the Steering Committee. Some of the most critical recommendations included the following:

- provide relevant and practical training to CPS Specialists before they are assigned as the primary case manager;
- develop field training opportunities;
- develop and require annual advanced training;
- ensure Core content on foundational practice models such as strengths-based and family-centered practice; the Family to Family model; cultural competency; and worker self-care;
- include voices of youth and other consumers in Core and other training;
- explore alternative methods of training delivery, including computer-based training; and
- establish a Training Advisory Committee to meet regularly and provide ongoing input about training content and delivery.

All of the recommendations for training have been implemented. Improvements from 2004 through the present that have contributed most to this area of strength for the Division include the following:

- Policy has been implemented that prohibits CPS Specialists from being assigned as the primary worker on a case until they have completed Core Training, and requires staff to attend 24 hours of continuing education annually after the first year of employment.

- Advanced training is being expanded to meet the individual training needs of employees, and provide greater depth of topic exploration than possible at Core Training. Some courses are currently available statewide, and staff can take advantage of coursework through the Arizona Government University and tuition reimbursement for college coursework. Topics trained in 2006-2007 include "Advanced Domestic Violence Training," "Client Engagement for the CPS Professional;" and the revised CSA/SRA/Case-planning Process. Topics in development include "0-5 Mental Health, Levels I and II" "Permanency Planning for Adolescents," and many others. Advanced skills and leadership building training for supervisors and management staff is also in the planning and design stage. Advanced training over the course of an employee's career establishes a culture of lifetime learning, and allows the CWTI to be responsive to the Division's needs as they are identified through the quality improvement system or other methods. For example, a current workgroup is designing advanced training in documentation, including emphasis on a family-centered approach and documentation to support a substantiated investigation finding.

- The Case Manager Core Training curriculum was revised to incorporate more policy and procedures relative to the work performed, and integrate CHILDS application training throughout the curriculum. The curriculum is more practical and hands-on, sequenced to follow the life of a

case and day-to-day practice in the field, and designed to develop critical thinking skills. This approach has been praised by trainees and their supervisors.

- Information on foundational practice models and significant Division initiatives such as strengths-based casework, family-centered practice, the Family to Family strategies, and an introduction to PS-MAPP training for resource parents is now covered in Case Manager Core training.

- The CWTI identified the need to formalize changes into a new written curriculum. The CWTI has hired instructional/curriculum design specialists for this purpose and to assist with streamlining all other curricula in the CWTI. This will provide consistent training delivery and train new trainers to the process.

- To develop and model partnerships, stakeholders are now helping to train staff. Youth Advisory Board members (foster alumni) speak during the child placement training segment. The CWTI is also working to identify and include kinship caregivers, and eventually birth parents, in the training. Trainees are universally positive about these experiences, which allow them to understand the perspective of the children and families they are serving.

- The Division has experimented with the length of training and scheduling options for classroom and field experience segments. Trainers and field staff reported that twelve weeks of classroom training was too long, but four weeks was not enough. The ideal adult learning model would be to intersperse classroom learning with field experiences so that trainees are able to have some context and transfer of learning. However, classroom training interspersed with field training over several months would significantly delay the availability of new hires to carry cases, and was therefore not feasible. Based upon this input, the CWTI developed a model for Case Manager Core that includes 3 weeks of classroom instruction, followed by one week of field experiences; and a final 3 weeks in the classroom. Further field experience continues for approximately 14 weeks. New case managers are required to complete a variety of relevant case activities with the guidance of their Field Training Supervisor and/or Unit Supervisor; and shadow an experienced worker. Whenever possible, new workers gradually take on caseloads to allow them time to learn their duties.

- Supervisor Core Training is provided to all supervisory staff within the first 12 months of becoming a supervisor. The curriculum was revised in 2003, and again in 2006, to better meet the needs of new CPS Unit Supervisors. The new training incorporates Department-wide Arizona Government University and Office of Personnel and Management requirements for new supervisors, which are focused on theory and general supervisory practice, 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. Additional courses will be developed to meet identified needs; for example, following the rollout of the new CSA-SRA-Case planning process, a new course relating to its supervision will be included in the Supervisor Core.

- Parent Aide Core Training is provided to State employed case-aides and contracted parent aide staff, for nine days over a four month period. In 2006, the CWTI reviewed this Core and identified a need for updated material. For example, the Parenting Skills and the Visitation segments of this Core need to be revised to reflect current best practices in the field. The CWTI plans to make these revisions during SFY 2008.

- The CWTI, in partnership with its Arizona University partners has begun a pilot of computer-based, on-line training coupled with classroom exercises, as a model for delivery of its Core training, when appropriate.

- The Training Advisory Council meets at least quarterly to continually assess the strengths and areas needing improvement of the training continuum. Invitees include CPS Specialists, CPS Supervisors, managers, birth parents, foster parents, providers, policy staff, program improvement staff, Assistant Attorneys General, and University partners.

The Division has successfully maintained this training program that supports the goals and objectives in the State Child and Family Services Plan despite the following challenges:

- The volume of new hires increased significantly in 2005 and 2006, up 69% from 2001 to 2006, while the number of training staff remained unchanged. In the last three years, the Training Institute has increased its Core training sites from one to three (in Phoenix, Tucson, and Prescott Valley) to accommodate the increased volume of staff that are hired, but the challenge of scheduling staggered Core training sessions to accommodate the numbers of new hires continues to be great.

- Although training is now provided in three areas of the state, many trainees still have to travel and remain in the Core training site for weeks at a time. The CWTI hopes to reduce some of this travel and time through the use of alternative modes of training delivery.

- Because Arizona is a very large state and the number of trainers is relatively small, there are not always sufficient staff available to provide statewide field training support, on-the-job field training, or advanced trainings delivered by the CWTI. For example, there is only one Field Training Supervisor designated for each of Districts 3 through 6, all of which are large and rural, requiring much travel between sites to meet with new trainees.

- Budgetary restraints inhibit the ability of the CWTI to contract for professional advanced trainings throughout the State. The Division is exploring additional ways to use its university partnership in the provision of advanced training and education.

- The greatest barrier to effective supervisory training has been the workload of supervisors themselves. Their increasing case supervision duties make it difficult for them to be out of the office at training for a few hours, much less to travel to another location for that training. The CWTI has been striving to reduce this barrier by making some of the supervisor training classes available in the Districts, so that time away from the office is less of an issue.

Item 34: Foster and Adoptive Parent Training. Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

System Description

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.

Contracted provider agencies deliver the pre-service training to resource parents. Home recruitment, study and supervision provider agency staff must complete an eight day session to be certified to co-lead a PS-MAPP family group session. To be certified to deliver the *Deciding Together* program, PS-MAPP Certified Leaders must attend an additional two day session. PS-MAPP Certified Leaders must participate in a Mini PS-MAPP session and a half-day consultation to co-lead Mini PS-MAPP sessions.

Foster parents providing medically fragile care services pursuant to the November of 2006 home recruitment study and supervision contracts must complete 12 hours of advanced pre-service training in addition to PS-MAPP. As of January 2007, foster parents affiliated with a Regional Behavioral Health Authority contracted agency to provide therapeutic foster care services must complete the 18 hour advanced training curriculum that was written as a companion to the baseline PS-MAPP program. Foster parents licensed as professional foster parents under the current licensing rules are required to complete at least 12 hours of pre-service training in de-escalation, physical restraint practices, and medical/health care issues, as well as training in cardiopulmonary resuscitation (CPR) and first aid.

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. Licensed foster parents who have participated in PS-MAPP or Deciding Together, or who have already completed a Mini PS-MAPP session, may attend annual advanced training in basic training subjects; special subjects relating to child health, growth, or development; or placing agency policies. More extensive training is not required for adoptive parents, but many adoptive parents are also licensed as foster parents and therefore are subject to foster parent training requirements.

Measures of Effectiveness

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 attended a Mini PS-MAPP session.

Information on the PS-MAPP training program is also being provided to Native American tribes. In December 2006 the Division's PS-MAPP training manager and a co-facilitator held two PS-MAPP Overview workshops at the Inter-tribal Council of Arizona's annual conference. In January, a PS-MAPP Leader session was hosted and sponsored by the Fort Mohave Tribe. CPS staff and other foster and adoption agency staff in the area attended. This tribe has also hosted a Mini PS-MAPP session.

Resource parents were asked during focus groups and interviews to discuss the strengths and gaps of PS-MAPP training and in-service training, and to identify whether the training has made them capable of working with the foster children in their care and the children's birth families. The responses were overwhelmingly positive and clearly indicated that foster and adoptive parent training is a strength for Arizona. Most resource parents stated the PS-MAPP training was helpful and informative, particularly hearing directly from new and experienced resources parents. Resource parents reported they received "concrete help and answers," liked the handouts, and received good information on discipline techniques and other topics. They reported the training helped them to appreciate the situation of the birth parents and encouraged them to have contact with birth parents. More than one resource parent stated that the training facilitated self-discovery and helped them to parent their birth children as well as their foster children. Resource parents were similarly positive about in-service training, stating it was informative and a good variety of helpful topics is available. Resource families did suggest the need for training on substance exposed newborns, the difference between adoption and guardianship, more "how to" information, and "dos and don'ts for Court."

The following statement was sent to a provider agency by a couple who had just completed a PS-MAPP session, and is typical of the comments received during focus groups: "I just wanted to let you know that these classes were immensely helpful to us. The co-leaders were awesome! The classes were very participatory and informative. Before attending the classes, our thoughts of adopting were full of just the wonderful things that the child would bring to our lives. After completing the courses, we fell like we have real and practical perspectives of what changes could happen and how they might affect our family. I don't mean that in a negative way. We feel empowered to make an informed decision and know that our child will come with many needs that we will need to meet. Had we not attended these classes, I think we'd open our home with ignorance to this fact and the adjusting period would've been a "rude awakening" (for lack of a better term). Also they have helped us greatly with parenting our biological son. Our family has changed for the better and I don't have the words to explain how thankful I am for having been able to participate in the MAPP program. I think they are great classes and many will benefit from attending them."

A few resource parents stated the PS-MAPP training was fine, but did not teach them anything new. They suggested more content on parenting teenage boys, common mental health diagnoses of foster children, CPS forms and documents, and what to do if parents do not want to work with the foster

parents. Foster parents would also like to have more foster parents as co-leads in the training, and more foster parent mentors. Resource parents further suggested that it would be helpful to have birth parents attend the same training, and that CPS Specialists are not always on board with the philosophy communicated in PS-MAPP.

Factors Affecting Performance

The Division has demonstrated its commitment to recruiting and retaining well-trained competent resource parents by designating specialized Central Office and district staff to support provider agencies with these functions. In 2006 the Division devoted a full time Central Office position as the statewide PS-MAPP training manager and a full time Resource Family Recruitment Liaison in each district. The Division also created two full-time Trainer Officer positions for the PS-MAPP program. In collaboration with the Department's Office of Licensing Certification and Regulation, the Division has the commitment of one full-time and one part-time position to deliver PS-MAPP and *PS Deciding Together* training to provider agency staff. Statewide provision of the PS-MAPP training program has also addressed needs that were identified during the 2001 CFSR Statewide Assessment and since, including the following:

- The need for statewide training consistency has been met by requiring that all contracted foster and adoptive home recruitment, study and supervision provider agencies train all resource families using the copyright protected PS-MAPP or *Deciding Together* curricula. This and other resource family training requirements are clearly delineated in the Home Recruitment Study and Supervision (HRSS) contracts that became effective in November 2006.

- The content and delivery of PS-MAPP training supports the Division's safety, permanency and well-being goals. The training is designed to assess and develop potential resource families' ability to meet the safety and well-being needs of children in foster care or being adopted. The PS-MAPP core abilities, including that resource parents be able to share parenting with a child's family and support concurrent planning for permanency, compliment the Division's goals of family-centered practice, family engagement, and timely permanent reunification.

- The preferred delivery model for the PS-MAPP program is a co-leader team of an agency/licensing specialist and an experienced foster or adoptive parent. Both co-leaders must be PS-MAPP Certified Leaders. The HRSS contract also specifies that the training should include "active participation of birth parents and legally free youth in care." The Division and provider agencies are still developing the capacity to consistently include birth parents, youth, and experienced resource families; to support positive and realistic impressions of youth, birth parents, and foster parenting. Some agencies are currently including youth and experienced resource parents in panels or other methods for training delivery.

- The HRSS contracts require that contracted agencies provide opportunities for kinship caregivers to 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; and that each contractor have space available at the Mini PS-MAPP sessions to accommodate attendance by Department of Economic Security staff, particularly CPS Specialists.

- Development of a foster parent mentoring program is required by the HRSS contracts that became effective in late 2006. The contract Scope of Work states that agencies must "provide each new licensed or certified resource family an option of having a mentor/buddy with experience as a resource family within thirty days after placement of a child."

- The contractual requirement that licensed families have a professional development plan specifying ongoing or advanced training topics encourages providers to deliver training tailored to the needs of the resource family and the children in their care. To expand the variety of topics available during in-service training, the Division purchased 17 in-service modules along with the pre-service PS-MAPP curriculum. These will become available one by one, after assessment and testing of each. At this time, copies have been provided to some of the more experienced agency leaders.

The only current barrier to full and effective implementation of a consistent preparation and selection/training program statewide is the lack of a Spanish language version of the *PS Deciding Together* curriculum. The program is needed for families primarily in rural areas who are most comfortable attending classes in Spanish. Steps are being taken by the Division to contract with an outside vendor for translation services that will be "Arizona Spanish friendly."

E. Service Array and Resource Development

Arizona's service array and resource development was found to be in substantial conformity during the 2001 CFSR.

Item 35: Array of Services. Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

Item 36: Service Accessibility. Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

Item 37: Individualizing Services. Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?

System Description

The Division's service array, service accessibility, and individualization of services are strengths. The Division has a full array of services that meet the Title IV-B requirement to provide services to ensure the safety, permanency, and well-being of every child. Services are individualized to meet the unique needs of children and families, and the large majority of these services are accessible throughout the State. The Department as a whole is committed to addressing the wide variety of child and family needs. Through CPS case management, provider contracts, referrals to community resources, engagement of the faith-based community, and collaborations with educational entities, juvenile justice, and Arizona's Title XIX behavioral health managed care system; the Division provides a rich continuum of services, including the following programs and services:
- 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

Information about these services is provided throughout this Statewide Assessment. See the pertinent items for information on services to support each CFSR performance area.

Measure of Effectiveness

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 unique needs of children and families. The service descriptions throughout this Statewide Assessment are evidence that the Division has in place a full array of accessible services, and processes to ensure service delivery is tailored to individual family needs. The Division and its partners continue to expand the array and accessibility of services as demand grows and new needs are identified. Examples are provided throughout this Statewide Assessment.

In focus groups and interviews, resource parents were asked to identify strengths and gaps in services to support foster families and the children in their care; and what the Division could do more of to help resource parents meet children's physical health, mental health, and educational needs. Resource families reported the services are good (even excellent) but are sometimes too far from the home or slow to begin. Resource families frequently cited provision of complete information about the child's history as one of the most important resources necessary to meeting the child's needs. Resource parents also appreciate CPS Specialists who call just to check in and ask if they need anything. Foster Care Specialists, CPS Kinship Liaisons, case aides, parent aides, transportation assistance, financial reimbursement, and foster parent support groups were reported to be helpful services. Resource families reported that a directory of support services, a resource phone line, and more CASA involvement would be helpful.

Birth parents were also asked what services and supports provided by CPS they found effective, and whether they had sufficient services in place to successfully care for their children after the CPS case closed. Parents generally reported that services were helpful. Parents named counseling, anger management, parenting classes, parenting support groups, housing subsidy, parent aide, child care, and information about family Court as helpful services. Parents identified needs for greater availability of support services for protective parents, family services (as opposed to individual counseling), evening and weekend appointments, intensive out-patient and in-patient programs substance abuse and dual diagnosis treatment, and after care services. Parents stated that sometimes there is a lag between identification and initiation of services. Parents also suggested that they need to be allowed to use natural supports, even if the supportive people have a CPS history, and to change providers if there is not a good fit. Parents recommended that CPS recognize faith-based services as effective, and mandate participation in a 12 step program if substance abuse is an issue. Parents also observed differences in the knowledge and follow-

through of CPS Specialists, and stated that CPS Specialists need lower case loads.

Factors Affecting Performance

Arizona's strength in the provision of comprehensive, accessible, and individualized services is a direct result of partnerships the Division and its State agency and community partners. These partnerships have produced innovative services from child abuse prevention to post-adoption support. Examples of innovative services resulting from partnerships include the following:

- 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 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.

- Arizona's Promoting Safe and Stable Families Program (PSSF) continues to provide a broad array of prevention and early intervention services through 16 community service providers and seven tribal nations. A recent study by LeCroy and Milligan addressed the question, "Do the PSSF programs offer services to potential and current CPS clients?" Using GIS mapping to compare PSSF presence with CPS substantiated reports, it was found that the vast majority of zip code areas that have a high number of CPS substantiated reports also have a high or medium PSSF presence.

- 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 item 3 for more information about the Division's in-home service array.

- The Family to Family initiative includes a strategy of community partnership 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 I, Introduction, *Crosscutting Initiatives* for more information on Team Decision Making and other Family to Family strategies that are improving services to children and families.

- The Division's success in placing young children in family settings raised the challenge of 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.

- 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. See Section I, Introduction, *Crosscutting Initiatives* for more information.

- In May 2006 the Arizona Juvenile Justice Commission and the Governor's Division for Children held a Child Welfare Juvenile Justice Summit. Nearly 250 attendees, forming multi-disciplinary teams from each Arizona county and a state-level team, gathered to participate in a learning and planning Summit to help promote greater integration in the provision of services to children and families in their communities. Primary speakers were representatives of the Child Welfare League of America's Child Welfare and Juvenile Justice Systems Integration Initiative. 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 proposals to work on action plans developed at the Summit and are moving forward with this initiative.   The Governor's Office is working with county teams to further develop local action plans and support implementation. 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, DJC, DBHS, AOC, Office of the Attorney General, community advocates and family representatives. The State Executive Team is developing a blueprint for achieving more 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 system. This effort supports the 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 Statewide Assessment. Extensive and continual collaboration occurs between the Division and Arizona's Department of Health Services, Division of Behavioral Health Services. See 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 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 item 22 for more information on child physical health services.

Division policy supports provision of individualized services. An individualized case plan is required for every child in out-of-home care. For all parents whose rights have not been terminated, the family intervention plan component of the case plan specifies services aimed at addressing the risk factors that caused the child to be removed from the home and/or prevent the child from living safely at home without the Division's involvement. The Division's assessment and case planning process has been integrated and revised to be behaviorally based, describing the precise behavioral changes necessary within each family.   See Section 1, Introduction, *Crosscutting Initiatives,* for more information on these improvements.

The primary challenge to service accessibility is employee turnover and case volume, both for the Division and its provider partners. Stakeholders report that staff resource and case volume are the most significant contributors to service delays and inconsistency of service. Rural areas frequently find employee recruitment particularly challenging.

F. Agency Responsiveness to Community

The Division's responsiveness to community was found in substantial conformity during the 2001 CFSR.

Item 38: State Engagement in Consultation with Stakeholders. In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the Juvenile Court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?
Item 39: Agency Annual Reports Pursuant to the CFSP. Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

System Description

The Division 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.

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 CFSR Manager; the Program Administrator for the Administration for Children, Youth and Families; 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. Some Court Improvement Activities on which the Division has recently collaborated include provision of training to Judges and attorneys, Court caseflow management training, and development of rules related to termination of parental rights appeals. At the county level, some of the many examples of collaboration include:

- ➢ development of resources to improve educational outcomes in Pima County (see item 21 for more information);

- ➢ the "Tinker Toy Collaborative" in Maricopa County, which is chaired by the Presiding Judge; includes Juvenile Court administration, the Division's District 1 Program Manager, and representatives of the local Regional Behavioral Health System; and meets to address system issues, divert dependencies, and develop better communication between systems; and

- ➢ the "Best for Babies" initiative in Yavapai County that focuses on the needs of children age birth to three (see item 23 for more information).

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 meets quarterly to discuss challenges facing youth as they prepare for adulthood; and provides input on the program goals and objectives in the State Plan on Independent Living. 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. See item 10 for more information on recent program improvements that have resulted from consultation with youth.

The Division participates in other program or outcome specific organizations, committees and consultation activities. A few of the many recent examples include:

- *The Arizona Foster Care and Adoption Coalition (AFCAC)* – AFCAC is a statewide coalition 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 and support system changes to improve recruitment and retention of families for children.

- *Community Network Teams* – These Teams were created by the Department throughout Arizona as part of the Governor's Reform Plan, to strengthen the Department's local advisory boards. There are currently 19 Community Network Teams across all 15 Arizona counties. The Network Teams are comprised of State agency representatives, community providers, families, educators, tribes, Courts, domestic violence and other victim advocates, faith-based and philanthropic organizations, and businesses. The Networks are charged with 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 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.

- *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.

- *ICWA Liaison Meetings and the Inter-Tribal Council of Arizona* – These meetings provide a forum through which tribal input is gathered. For more information on the Division's consultation activities with the State's Native American Tribes, see item 14.

- *The 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.

Identification of needs, strengths, and strategies occurs throughout each year though the consultation processes described above. The input and activities generated in these forums serves as the basis for Arizona's Child and Family Services State Plan and Annual Progress and Services Reports (APSR). In

addition, the Division routinely holds focus groups and uses other methods to gather other input needed for the annual Child and Family Services Reports, including this Statewide Assessment. For example, additional input for this Statewide Assessment was gathered through a meeting of approximately 90 staff and stakeholders; discussion meetings with the ITCA, the ICWA Liaison Committee, the Youth Advisory Board, the Council of Juvenile Court Judges, and district Program Managers and district staff; and focus groups, interviews, and surveys of foster youth, birth parents, and resource parents across the State. See item 14 for more information on consultation activities with Arizona's Native American tribes.

Measures of Effectiveness

The Division has had a highly functional system for stakeholder engagement for many years. 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 has continued to engage its partners in outcome focused consultation since that time. The descriptions of collaborative activities provided throughout this Statewide Assessment provide evidence that the Division has a system for stakeholder consultation that exceeds federal requirements.

Factors Affecting Performance

The primary factor affecting performance is the Division's understanding of the value of diverse perspectives and desire to be responsive to the needs of the communities it serves. Division leadership encourages open communication with stakeholders and Division management is eager to receive and respond to input provided by family members, staff, and other stakeholders to ensure the Division is providing high quality services that are grounded in best practice knowledge. In turn, stakeholders respond with hours of staff time and other resources to support achievement of mutual goals. The Division's consultation with stakeholders has become increasingly productive as the Division has increased its ability to generate outcome data, particularly at the district and county levels.

Item 40: Coordination of CFSP Services with Other Federal Programs. Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally funded programs serving the same population?

System Description

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 collaboration 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 Court Improvement Program
- The Childhelp Children's Center of Arizona
- Arizona Families F.I.R.S.T.
- The Council of Governments' (COGS) county-based Councils
- 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 Force
- The Maricopa County Vision for Youth Community Collaborative

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 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 item 21 for more information on these services.

The Department coordinates with 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.

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.

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. A Title IV-E agreement with the Administrative Office of the Court (AOC) became effective July 2005. The AOC began their program with Maricopa and Pima County juvenile probation offices.

See items 35 through 37 for more information on services that are provided in coordination with other State and community agencies.

Measures of Effectiveness

The information provided above and throughout this Statewide Assessment provide evidence that the Division has successfully partnered and coordinated with other Federal or federally funded programs serving the same population, such as the Division of Behavioral Health Services, the Department of Education, the Administrative Office of the Courts, Native American Tribes, the Department of Juvenile Corrections, and other Divisions and programs within the Department of Economic Security. Cases reviewed during the Practice Improvement Case Reviews also continue to contain examples of service coordination, such as those described above.

Factors Affecting Performance

The Division's strong performance in inter-agency coordination of services is the direct result of its long-standing partnerships with other State agencies and community agencies. The service coordination activities described above have proven to be beneficial for all involved agencies and, most importantly, the involved families. The success of these programs has motivated the Division and its partner agencies to continue to develop and expand opportunities for inter-agency service coordination.

G. Foster and Adoptive Home Licensing, Approval and Recruitment

The Division's foster and adoptive home licensing, approval and recruitment processes were found to be in substantial conformity during the 2001 CFSR.

Item 41: Standards for Foster Homes and Institutions. Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

Item 42: Standards Applied Equally. Are the standards applied to all licensed or approved foster family homes or child care institutions receiving Title IV-E or IV-B funds?

Item 43: Requirements for Criminal Background Checks. Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster are and adoptive placements for children?

System Description

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 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.

Measures of Effectiveness

The Department's OLCR and the Division have been tracking the following measures:
- the average number of licensed Division foster homes,
- the average length of time to issue a new license,
- the average number of new foster homes licensed per month, and
- the annualized percentage growth rate of foster homes.

The Department's efforts to reduce the length of time to issue a license and increase the number of foster homes have been effective. Data includes the following:

- 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.

- The average length of time to issue a new foster home license has increased recently, but remains below the baseline average of 34.98 days from the period of July through December 2003. The length of time to issue a new license was 14.57 days in March 2006, and 20.18 days in March 2007. The standard for this measure is sixty days.

- 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%.

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."

Factors Affecting Performance

Appropriate standards for foster family homes, Court approved kinship homes, adoptive homes, and residential child welfare programs are effectively established, maintained, and enforced. The policies are clear and mechanisms are in place to enforce and monitor compliance through licensing authorities, Court review, and approval processes. The Division is not aware of any barriers to the continued maintenance and consistent application of the State's licensing standards and requirements for criminal background checks.

The Department continually reviews the effectiveness of its licensing standards and application processes. There have been few recent changes to licensing and certification standards. In October 2005 the life-safety standards were approved under emergency rulemaking. The OLCR conducted training throughout the State to ensure stakeholders were aware of the changes before they went into effect. The changes specify the minimum size for a fire extinguisher in the home of a licensee, require a working carbon monoxide detector in homes with fuel burning appliances, require working smoke detectors in each bedroom, and contain guidelines for allowing a double key deadbolt. Review and revision of the foster home licensing rules has been going on for several years, in collaboration with stakeholders. Most recently, staff from the OLCR met with a small group of foster parents in June 2006 to get their input on the draft rules. In January 2007 OLCR staff met with a group of Arizona Department of Health licensed caregivers for their input. Following internal review, the OLCR will distribute the draft rules to all stakeholders for their input.

Arizona has worked to minimize barriers that the licensing and certification processes might present to families who are capable of providing safe, stable, and nurturing foster care. For example:

- A public awareness campaign was launched to educate community members about the need for foster and adoptive families and the licensing and certification processes. This campaign has included information to dispel myths about licensing and certification standards.

- The Department currently has a statewide recruitment response team comprised of two bilingual staff and a supervisor. The unit is pending approval for two additional staff to answer and respond to calls from prospective foster and adoptive families. The recruitment response team provides detailed information to each caller regarding the process for becoming a licensed foster

care provider in Arizona. Each individual is provided a contact person within their local community and local orientation information.

- In October 2004 the fingerprint clearance card statute was revised. Previously, a foster parent applicant who was also a teacher or a licensed child care provider needed to be fingerprinted and approved under two systems. Also, if a foster parent committed a crime, unless the foster parent volunteered the information to their licensing worker, the licensing authority would not know about the crime and be able to take action before the time of license renewal. Under the current system, a single clearance card is issued, and the Arizona Department of Public Safety checks all clearance card holders daily to verify that they have not been charged with a crime that would preclude clearance under the fingerprint card system. These changes have reduced the amount of time between fingerprinting and the issuance of a clearance card, reduced the frequency of fingerprinting, and improving safety for children.

- In July 2004 the responsibility for conducting life-safety inspections was transferred from the Arizona Department of Health Services to the Department's OLCR. At the time of the transfer, there was a six month wait for inspections and licensing workers were required to submit inspection requests monthly. OLCR conducts more than 80% of inspections within 30 days of receipt of an inspection request from a licensing worker.

By allowing relatives to either pursue licensure and receive a foster care maintenance payment, or be approved as an unpaid Court approved kinship placement, the Division is able to place more children with relatives while maintaining standards for all placement types. Relatives who do not wish to pursue licensure can still provide a home to related foster children, without compromising the children's health or safety, by meeting established standards for Court approval. The Court approval process for relative adoptive placements similarly reduces barriers to relative placement while ensuring established standards to protect children's safety and well-being are applied equally to all relatives applying to adopt.

Arizona is thoroughly obtaining criminal background checks on all types of placement providers. In all cases of licensed or certified placements, clearance is obtained prior to a child being placed in the home. Unlicensed Court approved kinship placements are required to complete fingerprinting promptly, although in some cases the caregivers may provide care to children while results of the criminal background check are pending. The State's process for criminal background checks is effective in ensuring that the caregivers have been cleared.

Item 44: Diligent Recruitment of Foster and Adoptive Homes. Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

System Description

Arizona recruitment efforts aim to establish an array of potential foster and adoptive parents that reflects the ethnic and racial diversity of the foster child 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 seek to build strong relationships with communities of color, increase the numbers of foster and adoptive families of color, and build upon the cultural alliances of these communities. The Division's Foster and Adoptive Home Recruitment Plan continues to include an objective to increase the number of adoptive homes for children with special needs, including homes that reflect the ethnic and racial diversity of children in care.

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 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. The referral for child specific recruitment is to be initiated within five days of conducting a CHILDS Provider (Adoption) Registry search resulting in no available homes; or within five days of concluding an adoptive Family and Home Evaluation (home study) case conference that resulted in no identified placement. For children who are not legally free, child specific recruitment is initiated on a selective basis, determined by the child's particular circumstances. All appropriate recruitment resources are to be explored and/or utilized within three months of the referral for child specific recruitment.

Child specific recruitment uses an array of inter-state adoption recruitment resources to expeditiously locate permanent homes for children across jurisdictional lines. According to State policy, child specific recruitment includes registering the child with the *Arizona Adoption Exchange Book* photo listing, the national Adoption Exchange Association's AdoptUsKids photo listing, Wednesday's Child 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.

Measures of Effectiveness

See items 41 through 43 for data on the number of newly licensed foster families and other data indicated the Division has made progress recruiting resource parents and increasing the number of licensed foster families.

The following table shows the ethnicity of children in foster care on March 31, 2000; March 31, 2003; March 31, 2006; and September 30, 2006.

	March 2000	March 2003	March 2006	September 2006
White	45% (3,206)	47% (3,220)	44% (4,388)	43% (4,225)
Hispanic	32% (2,238)	31% (2,089)	34% (3,339)	34% (3,361)
African American	16% (1,138)	13% (899)	12% (1,147)	12% (1,180)
American Indian	6% (395)	6% (396	7% (681)	7% (695)
Asian	<1% (42)	1% (49)	1% (75)	1% (61)
Other	<1% (35)	3% (173)	3% (272)	3% (311)
Total in Care	7,054	6,826	9,902	9,833

The following table shows the ethnicity of foster parents for SFY 2005 and SFY 2006. Although the total number of Hispanic foster parents has maintained, and the numbers of African American, American Indian, and Asian foster parents has increased, the percentage of foster parents who are white has significantly increased.

	SFY 2005	SFY 2006
White	77% (618)	83% (1901)
Hispanic	15% (119)	5% (118)
African American	6% (46)	9% (215)
American Indian	2% (13)	2% (39)
Asian	>1% (5)	1% (23)
Other		>1% (1)
Total Foster Parents	801	2297

According to the *Child Welfare Reporting Requirements Semi-Annual Report,* the Division increased the number of ethnically and racially diverse children who exited the child welfare system by reason of adoption from 541 in FFY 2005 to 757 children in FFY 2006.

As of March 31, 2006 there were 126 children who were legally free for adoption with no identified adoptive home placement. Child specific recruitment efforts have been initiated for these children. Of the 126 children, 14% were African American, 25% were Hispanic, 53% were Caucasian, 3% were American Indian, and 1.0% were Asian or Pacific Islander.

Factors Affecting Performance

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 Home Recruitment, Study and Supervision (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
- 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 though 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.

In 2005 and 2006 the Division pursued strategies to engage the Spanish speaking community in foster parenting. Activities 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. In FFY 2006 roughly 27% of the all television ads purchased by the State were Spanish language ads that aired on three networks: Mas Note, Azteca and Galavision via the Cox and Comcast cable systems; and 100% of radio ads purchased were Spanish language. These ads began airing in May 2007, in Phoenix and Tucson.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements. Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

System Description

Division policy supports the 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.
See item 44 for policy on the Division's foster and adoptive parent recruitment policies and programs, including use of cross-jurisdictional resources to identify adoptive homes for waiting children.

Measures of Effectiveness

Arizona has successfully used a wide variety of special recruitment resources to place children in adoptive homes. 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

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 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.

Factors Affecting Performance

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 contact 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.

Section V - State Assessment of Strengths and Needs

Summary of Strengths and Areas Needing Improvement

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

Safety Outcome 1 is an area of strength for the Division. Data in the April 2007 CFSR Data Profile indicates that Arizona is exceeding this national safety standard. Very few children are the subject of repeated substantiated reports of maltreatment or substantiated maltreatment by an out-of-home caregiver. Data indicates substantial recent improvement in timeliness of initial response to reports of abuse or neglect. Division strategies that have contributed to this area of strength include ease of supervisory oversight provided by the Business Intelligence Dashboard; policy clarifications, and strategies to address staff resource issues.

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

Safety Outcome 2 is an area of strength for the Division. The Division has successfully expanded the availability and use of in-home services to prevent removal and re-entry. Contracted in-home services are available statewide, a growing number of families are being referred to these services, and the number of children in out-of-home care has begun to decrease. The Family to Family Team Decision Making strategy has supported performance in this area by providing a forum prior to or immediately after removal to explore family strengths, risks, and opportunities for in-home services and safety planning. The Division's Child Safety Assessment, Strengths and Risks Assessment, and behavior based case planning process is essential to safely maintaining children in their homes. With the assistance of National Resource Centers, the Division has developed an exemplary assessment and case planning process based on current best practice knowledge.

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

Permanency Outcome 1 includes areas of strength and areas that require improvement. Arizona has exceeded two of the four CFSR national standards on permanency. Areas of strength include: Timeliness of Adoptions and Permanency for Children and Youth in Foster Care for Long Periods of Time. Arizona has a lengthy history of collaboration between the Division, the Administrative Office of the Courts, County Juvenile Courts, and the Office of the Attorney General that has successfully implemented the Adoption and Safe Families Act requirements for timely achievement of permanency. Greater attention to data on timeliness of adoption has also assisted the Division to identify and address case management and systemic issues delaying adoption and other permanency outcomes. Services to young adults have experienced substantial growth and improvement in recent years, and young adults are increasingly involved in program development to ensure availability of services tailored to their needs.

Arizona is also achieving permanency quickly for the majority of children who exit to reunification. Approximately 25% of children who exit to reunification do so within one week of removal. Data on CFSR Permanency Outcome 1: Timeliness and Permanency of Reunification underestimates the State's success at timely reunification by eliminating these children from the performance measures on timeliness of reunification. Arizona's success at achieving timely and permanent reunification is supported by development of in-home services and the implementation of the integrated CSA-SRA-Case planning process. These improvements allow more children to remain safely in-home or return home within a few days of entry. The Division would like to explore the degree to which the State's performance on the timely reunification measures is the result of successful placement prevention. If the State is successfully maintaining children in home whenever possible, it is reasonable to suspect that children entering care are

from families with higher risk levels, more complex issues, and fewer resources; and that out-of-home care will be required for longer periods while risk factors are resolved.

Placement stability is an area requiring continued improvement; however, recent data indicates that the Division is achieving improvements in this area. Recent entry cohorts are experiencing placement stability at a better rate than children in care for longer periods of time. Again, the CFSR national standard data underestimates the State's success at placement stability by eliminating children who were in care for one week or less. The most critical factors affecting the State's achievement of placement stability include the Family to Family initiative (particularly Team Decision Making); improved resource family recruitment, study and support services; revised resource family training with an emphasis on practical information and shared parenting; and collaboration with the behavioral health system to improve services to children in out-of-home care and support for caregivers. The prevalence of Child and Family Team meetings has been especially beneficial.

Foster care re-entry is an area requiring continued improvement. 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 1, Introduction, *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.

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

Permanency Outcome 2 is an area of strength for the Division. Arizona successfully searches for kin as placements or connections for youth in care. State law, policy, and licensing rules clearly communicate that connections with parents, siblings, kin, community, culture, and faith are to be maintained for children in out-of-home care. Recent initiatives such as Family to Family, embedding of family-centered practice, PS-MAPP training, the Breakthrough Series Collaborative on Kinship Care, and the HRSS contracts have translated into field practice the Division's value of the importance of these connections. These initiatives support placement in children's home communities, with kin, and with siblings; shared parenting; and visitation with parents and siblings placed separately. Many of these initiatives are in the early stages and Family to Family is not yet available statewide. Expansion of these initiatives and Division efforts to address staff resource and case load volume issues will continue to support improvement in this outcome.

The Division has effective forums for consultation with Arizona's Native American tribes and these consultations have been increasingly productive. The Division is proud of its many recent accomplishments, including finalization of Title IV-E agreements, implementation of State policy on services to Native American families, development of specialized ICWA units, improvement of data quality to identify the tribal affiliation of Native American children in the State foster care system, and collaboration with tribes on recruitment and retention of Native American resource families.

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

Well-Being Outcome 1 is an area requiring improvement for the Division. Youth, birth parents, and resource parents identified many helpful services provided by the Division and its partners. Most reported satisfaction with service provision. The integrated CSA-SRA-Case planning process will further support accurate identification of needs, individualized service provision, and family involvement in case

plan development. The expansion of Team Decision Making meetings statewide will build upon the improvements in family involvement in case planning that have been observed with the increased prevalence of Child and Family Team meetings and communication of clear expectations for the use of family-centered practice techniques. The Division has also observed significant improvement in the percentage of children and families receiving in-person contact, in large part due to the increased capacity for supervisory oversight provided by the Business Intelligence Dashboard. The Division's activities to address staff resource and case load volume issues are also expected to improve the frequency and quality of in-person and other contacts by CPS Specialists and contracted providers of case management functions on in-home cases. The Division is employing these and other strategies to address the need for more consistent practice among all CPS Specialists, particularly in regard to sufficient frequency and quality of contact and communication with youth, parents, and out-of-home caregivers; and timely referral to services or other follow-up to address identified needs.

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

Well-Being Outcome 2 is an area of strength for the Division. Educational services have been a subject of extensive collaboration between the Division, the Department of Education, the Arizona State Legislature, and Casey Family Programs. Case review data indicates that out-of-home caregivers and the Division are appropriately addressing the educational needs of children in the child welfare system. Distribution of educational advocacy information, commitment of specialized staff to support educational achievement for young adults, and the Court order to facilitate release of educational records are examples of recent activities that will build on the Division's strength in this area.

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

Well-Being Outcome 3 is an area of strength for the Division. Physical health services were consistently identified by stakeholders as an area of strength for the Division, and outcome data supports a conclusion that the physical health needs of children in out-of-home care are being met at high rates. The Division has continually engaged in practices to inform caregivers of EPSDT and dental requirements, remind them when immunizations or exams are due, and track provision of treatment or specialized services.

The Division and the State's behavioral health system have sustained extensive collaboration over many years. Substantial improvements have been observed in recent years – most notably the development of the Urgent Response service, development of comprehensive assessment formats and training on the unique needs of children in out-of-home care, and expansion of Child and Family Teams. Current improvement activities are targeting children ages zero to three and more consistent quality and accessibility of services. The Division has filed many appeals in recent years to ensure that Title XIX eligible children are provided the appropriate services through the Division of Behavioral Health Services and the Regional Behavioral Health Authorities. When children are not Title XIX eligible or the necessary services are not provided by the RBHA, the Division may provide services through CMDP or contracts.

Statewide Information System

The Statewide Information System is an area of strength for the Division. Since February 1998, Division staff have been required to use the CHILDS Statewide Automated Child Welfare Information System (SACWIS) to document the status, demographic characteristics, location, and goals for the placement of every child who is in foster care. Today, CHILDS supports intake, investigation, case management, adoption, and eligibility staff, as well as provider management, payment, and personnel functions. The CHILDS system is available statewide to Division staff in all local offices, with more than 2,000

registered users. 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.

Case Review System

The comprehensive Case Review System is an area of strength for the Division. Arizona's Statutes, Court Rules, and Division policies are fully aligned with federal requirements for case review, periodic review, permanency hearings, termination of parental rights, and notification of hearings. Arizona exceeds these requirements in that the State has multiple processes for case planning, and the combination of FCRB and Court review hearings result in Court or administrative case reviews more frequently than every six months.

Quality Assurance System

The statewide Quality Assurance System is an area of strength for the Division. The Division's policies and procedures set practice standards and operationalize the outcomes and performance measures in the strategic plan. Application to individual cases of the standards set by policy and procedure is monitored through multiple internal and external review processes.

Arizona's Child and Family Services State Plan and Annual Progress Reports list the Division's safety, permanency, and child and family well-being outcomes, goals, and performance measures. 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. 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. Of particular strength is the Division's use of data for quality assurance and quality improvement purposes.

Staff and Provider Training

Staff and provider training are areas of strength for the Division. The Division's Child Welfare Training Institute (CWTI) provides a comprehensive child welfare staff development and training program. Initial and ongoing staff training is provided through CPS Specialist Pre-Core Training (New Employee Orientation), CPS Specialist Core Training, CPS Supervisor Training, Parent Aide Core Training, workshops, and specialized trainings. The Division encourages staff to attend community workshops and conferences, and provides tuition reimbursement and student stipends through collaborative efforts with Arizona State University Schools of Social Work. Division policy requires 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. Development of the CWTI addressed staff recommendations for more practical content, requirements to complete initial training prior to case assignment, and expansion of training sites in Tucson and Prescott Valley to reduce travel requirements.

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 objectives include five core abilities that families must have to be successful resource parents, which are assessed based upon twelve critical skills. Resource parents were asked during focus groups and interviews to discuss the strengths and gaps of PS-MAPP training and in-service training, and to identify whether the training has made them capable of working with the foster children in their care and the

children's birth families. The responses were overwhelmingly positive and clearly indicated that foster and adoptive parent training is a strength for Arizona.

Service Array and Resource Development

Service array and resource development are areas of strength for the Division. The Division has a full array of services that meet the Title IV-B requirement to provide services to ensure the safety, permanency and well-being of every child. Services are individualized to meet the unique needs of children and families, and the large majority of these services are accessible throughout the State. The Division provides this rich continuum of services through CPS case management, provider contracts, referrals to community resources, engagement of the faith-based community, and collaborations with educational entities, juvenile justice, and the Title XIX behavioral health managed care system. Arizona's strength in the provision of comprehensive, accessible, and individualized services is a direct result of partnerships between the Division and its State agency and community partners. These partnerships have produced innovative services from child abuse prevention to post-adoption support.

Agency Responsiveness to Community

Agency responsiveness to community is an area of strength for the Division. The Division 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. The Division participates in other program or outcome specific organizations, committees and consultation activities. The Division is also involved in extensive programmatic and administrative collaboration to ensure that children and families are served in the most integrated manner possible. The primary factor affecting performance is the Division's value of diverse perspectives and desire to be responsive to the needs of the communities it serves.

Foster and Adoptive Home Licensing, Approval, and Recruitment

Foster and adoptive home licensing, approval and recruitment are areas of strength for the Division. Arizona maintains standards for foster family homes, adoptive homes, and child care institutions in statute, rules, and policy. 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). The Division has substantially increased the number of licensed foster homes, including the total number of non-white foster parents. The Division has implemented the PS-MAPP resource family selection process and a resource family Home Recruitment, Study and Supervision contract to ensure licensed resource families have the necessary qualities and support services to meet the needs of children placed in their care.

Additional On-site Review Sites

Additional areas the Division is interested in exploring during the on-site review are identified in the following sections pertaining to the on-site review sites.

Site 2: Pima County

Demographics

- Pima County is the State's second most populous county, encompassing greater Tucson.

- The Arizona Department of Economic Security's Arizona Workforce Informer website (www.workforce.az.gov) provides an estimated July 1, 2006 Pima County population of 981,000 or 16% of the State's population (compared to 60% for Maricopa County).

- The Tohono O'odham Indian Reservation encompasses much of the County. According to the Inter-Tribal Council of Arizona's website (www.itcaonline.com), "The Tohono O'odham Nation is comparable in size to the state of Connecticut. Its four non-contiguous segments total more than 2.8 million acres…..Boundaries begin south of Casa Grande and encompass parts of Pinal and Pima Counties before continuing south into Mexico."

- The Pascua Yaqui Indian Reservation is also in Pima County. According to the University of Arizona's Economic Resource Development Project website (ag.arizona.edu/edrp/tribes), this reservation is located within 15 miles of Tucson and has a land area of 1.4 square miles, and a 2000 census population of 3,315 people.

- Pima County shares approximately 125 miles of border with Mexico. Hundreds of thousands of people who immigrate to the United States from Mexico and Central and South American countries cross the United States border in Pima County.

Performance Considerations

- *Timeliness of initial response, comprehensive assessment, and provision of services to prevent removal and reduce risks:*   During the Practice Improvement Case Review, 55% of Pima County cases were rated strength on timely initial response in 2006, up from 44% in 2005. Business Intelligence Dashboard Data also indicates District 2 consistently has a much lower on-time response rate than the rest of the State. However, 97% of investigations reviewed in 2006 included in-person contact with all the involved children. Timely response and provision of in-home preventive services have been important areas of focus for the State and the Division is interested in identifying issues in addition to vacancies and caseload volume that may affect Pima County's performance. In particular, the Division would like to understand the possible relationship between comprehensive assessment and timely response, and the overall impact on child safety. Practice Improvement Case Reviewers have noted that while timely response needs improvement in Pima County, there are indications Pima County investigations receive more comprehensive assessments and service provision than other counties. Of Pima County cases reviewed in 2006, 89% were rated strength on provision of pre-placement preventive services, by far the highest in the State.

- *Adoption:* During Arizona's CFSR period under review, Pima County achieved the national 75th percentile on two of the adoption measures and did not achieve the other three. Excluding the State's smallest counties who had zero percent on the measure, Pima County performed third worst in the State on the percentage of children exiting to adoption who do so within 24 months. Pima County also performed well below the 75th percentile on the percentage of children who became legally free who exited to adoption within 12 months of TPR. However, Pima County performed well on achievement of TPR or adoption for children in care 17 months or more. DCYF is interested in exploring why Pima County is not achieving higher performance in

adoption outcomes, despite an active Court and long-standing history of concurrent planning practices; and why Maricopa County is seeing greater success in this outcome area.

- *Permanency for youth in care for long periods:* Overall, Pima County performed well in this area, particularly on the percentage of children in care 24 months or more on the first day of the year who achieve permanency by the end of the year. On this measure, Pima county scored 6th in the State and well above the national 75th percentile. However, Pima County has a high percentage of children who turn 18 in care who had been in care for 3 or more years. On this measure, Pima County scored worse than any other county, excluding the State's very small counties.

- *Reunification:* Pima is one of three counties below the standard for all timeliness of reunification measures and the re-entry measure. The Division would like to identify the factors affecting this performance, particularly the extent to which the Juvenile Court affects the rates of timely and permanent reunification.

- *Placement Stability:* Although Pima County was below the standard for all measures, the County did perform near the mid-range for the State and 95% of cases were rated strength in the 2006 case review. The Division would like to learn if there are emerging practices that are improving performance for children who have entered care more recently, and how frequently the placement changes recorded in the AFCARS data are necessary to meet the child's mental health or other needs.

- *Visits with parents and siblings:* Of Pima County cases reviewed in 2006, 67% were rated strength (up from 43% in 2005). Pima County has attended to this area by developing an informational video and related handouts for CPS staff and parents on the importance of visitation. The Division would like to highlight these efforts and explore the extent to which these and other activities contributed to Pima County's improvement in this area.

The following are areas of strength for Pima County, according to AFCARS and Practice Improvement Case Review results. The Division would like to identify practices and other factors that contribute to the high performance in these areas:

- *Kinship care:* In 2006 89% of cases were rated strength (100% in 2005).

- *Placement of siblings together:* In 2006 86% of cases were rated strength (up from 63% in 2005). Pima County was the highest performing county on this measure in 2006.

- *Needs and services:* Statewide, Pima County scored highest on this measure with 75% of cases rated strength in 2006.

- *Educational services:* In 2006 96% of cases were rated strength. This has been a particular area of attention by the Pima County Juvenile Model Court Committee, and educational services continue to be a 2006-2007 goal for the Committee.

- *Physical health:* In 2006 83% of cases were rated strength.

- *Mental health:* In 2006 88% of cases were rated strength.

Other Considerations

- Pima County has a very active collaborative Model Court Committee, which has effectively engaged the Court, the Division, and other stakeholders in efforts to address issues such as educational services for foster children and visitation with parents and siblings, and recently began a subcommittee to explore Division and Court generated permanency data.

- The Division would like to examine the benefits of a field training unit that was initiated in Pima County in February 2005, known as D2F2. This unit has since provided on-the-job training to approximately 100 new District II CPS Specialists, and recently expanded to include the field training of all new workers entering District 2. The field training unit provides new workers opportunities with close supervision to practice/learn computer skills, engagement techniques, organizational methods, and policy *before* going to permanent units. Dr. Ann MacEachron, ASU School of Social Work, has been following the pilot project and has compiled outcome statistics. In her Executive Summary, Dr. MacEachron writes, "A small survey of 10 District II supervisors suggested that supervisors were more satisfied with trainees who had experienced (the) further D2F2 training" than those who went to their units straight from CORE training. D2F2 has recently created and implemented an advanced 52 Week Training Plan program for CPS Specialists. The D2F2 Supervisor has created a set of trainings that will be offered throughout the year on various topics to assist CPS Specialists in keeping up to date on necessary skills. The 52 Week Training Plan began in February 2007. Topics include domestic violence, post partum depression, childhood mental illness, and psychotropic medications.

- The Division would like to use this opportunity to compare performance between the State's two urban areas, to assess the extent to which the associated attributes positively or negatively influence performance.

Site 3: Pinal County

Demographics

- Pinal County is located east of Maricopa County and North of Pima County; encompasses 5,369 square miles; and includes the communities of Casa Grande, Apache Junction, Maricopa, Florence, Eloy, Coolidge, Superior, Kearny, Arizona City, and Mammoth.

- According to the Department of Economic Security's Arizona Workforce Informer website (www.workforce.az.gov), the County's estimated July 1, 2006 population was 299,875 or 4.8% of the State's population.

- Pinal County contains a combination of rapidly growing suburban areas and small towns. The Arizona Workforce Informer website indicates Pinal County had a 66% population increase between 2000 and 2006, making it one of the fastest growing counties in the United States. Apache Junction is on the eastern edge of greater Phoenix and had a population of over 35,000 in July 2006. Casa Grande and Maricopa are rapidly growing communities south of Phoenix. Maricopa provides the most dramatic example, with its 1,643% population increase from 1,482 in 2000 to 25,830 in July 2006. However, much of the County remains rural. Superior, Kearny, and Mammoth are some of the State's smallest incorporated areas.

- Pinal County is intersected by Interstate 10, a major route for drug and human smuggling from Mexico and other Central and South American countries.

- Indian Nations within Pinal County include the Gila River and the Tohono O'odham. According to the University of Arizona's Economic Resource Development Project website (ag.arizona.edu/edrp/tribes), the Gila River Nation encompasses 581.1 square miles, and includes two members of Tribes, the Pima and Maricopas. The ITCA's website (www.itcaonline.com) states that "The Gila River Reservation enjoys a relatively young population with a median age of 22.7 years. The Community is home to 14,000 people."

Performance Considerations

Pinal County was the only Arizona county that did not perform well on any of the permanency composites. The Division would like to explore the reasons for this performance and identify strategies to assist Pinal County in its improvement efforts. Composite measure data seems to indicate that Pinal County has the greatest need to improve practice for older youth in care and children who have been in care for longer periods of time, which in many instances may be the same population and are of particular interest to the Division.

- *Reunification:* Pinal County did achieve the standard for children exiting to reunification who do so within 12 months or less, but did not meet the standard on median time in care for children exiting to reunification and had one of the State's lowest rates of children in the entry cohort exiting within 12 months. The re-entry rate was in the State's mid range, but much worse than the national standard.

- *Adoption:* Pinal County exceeded three of the five measures in this composite, but did not meet the national 75th percentile on the measures involving children in care 17 months or more, or children who become legally free during the year.

- *Permanency for Youth in Care for Long Periods:* Pinal County did not achieve the national 75th percentile for any of the three measures in this area.

- *Placement Stability:* Pinal County achieved one of the three measures for this composite, but was well under the standard for children in care for 24 months or more.

Selection of Pinal County as a CFSR site will also provide an opportunity to examine the following issues:

- *Timeliness of initial response:* Of cases reviewed in 2006, 68% were rated strength on timely initial response; and 82% were rated strength on in-person contact with all children during the investigation. However, Business Intelligence Dashboard data indicates that District 5 as a whole has improved the rate of timely response to roughly 90%. The Division is interested in learning how District 5 was able to achieve this success.

- *Provision of pre-placement services to prevent removal:* In contrast to District 2 (Pima County), District 5 had just 29% of cases rated strength on pre-placement preventive services in 2006 - down from 63% in 2005 and lowest in the State.

- *Visits with parents and siblings, family engagement in case planning, face-to-face contacts:* In 2006, 30% of District 5 cases were rated strength on visits with parents and siblings (down from 77% in 2005); 38% were rated strength on family engagement, 37% were rated strength on visits with children, and 36% were rated strength on visits with parents. These scores ranked District 5 near or at the bottom of the State in 2006. The Division would like to learn how rapid population

growth is affecting performance in these areas, and identify other factors that could be addressed through program improvement strategies.

Other Considerations

- The rapid population growth in Pinal County has also challenged the Juvenile Court with scheduling issues. The Division is interested in examining the degree to which the Court's work volume has resulted in staff wait times and continuances, which in turn would be expected to affect outcomes such as timely permanency and CPS Specialist contacts with children and parents. Pinal County has also experienced turnover in the Office of the Attorney General, the Department's legal counsel. The Court, the Office of the Attorney General, and the local Division administration have been collaborating to address these issues.

- Pinal and Pima Counties experience a high volume of immigration and smuggling from Mexico and other Central and South American counties. The Division is interested in examining the impact of these issues on child welfare, and highlighting the collaboration with the Mexican Consulate in development of a Memorandum of Agreement.

- Pinal County has recently collaborated with the County Attorney's Office to create an Advocacy Center, where interviews related to child maltreatment can occur in a safe environment. This may have been a factor in the District's improved timely response rate.

State and County Racial/Ethnic Demographics

The following table provides the racial/ethnic distribution of the general population and children in out-of-home care on September 30, 2006 for each on-site review county. General population statistics are 2005 United States Census estimates. The category of white includes persons identified as White not Hispanic. The data suggests an over-representation of ethnic minority children in out-of-home care. Arizona is extremely concerned about over-representation and is participating in the Casey Family Programs' Breakthrough Series on disproportionality.

Race/Ethnic Group	Statewide Populations		Maricopa County Populations		Pima County Populations		Pinal County Populations	
	General	Out-of-Home	General	Out-of-Home	General	Out-of-Home	General	Out-of-Home
White	60.4%	44%	61.5%	39%	58.7	42%	59.0%	43%
Hispanic	28.5%	34%	29.0%	35%	31.9	37%	29.9%	34%
African-American	3.6%	12%	4.3%	16%	3.4	11%	3.5%	7%
American Indian	5.1%	7%	2.2%	7%	3.6	6%	7.4%	10%
Asian	2.2%	1%	2.7%	1%	2.4	1%	.9%	1%
Other	.2%	3%	.2%	3%	1.9	3%	.2%	4%

The State's Experience with the Statewide Assessment Instrument and Process

The Statewide Assessment process produced a very thorough review of Arizona's child welfare programs

and the State's success achieving the most critical outcomes of these programs. The State is pleased with the revised Statewide Assessment format that requires analysis of each performance area rather than the prior format that seemed to be based upon the data profile and did not cover all areas. The Statewide Assessment process provided a valuable opportunity to receive constructive input from internal and external stakeholders. The Statewide Assessment process was especially informative because of the availability of county level data on the permanency composite measures. Stakeholders expressed gratitude that the Division provided data as a basis for strategic planning discussions. Furthermore, the discussion of data sparked interest among stakeholders that has produced momentum for data analysis and strategic planning extending beyond the Statewide Assessment process.

The support and cooperation provided by DHHS with regard to data profiles has been very much appreciated. Arizona recommends that data profiles be provided to States much earlier in the process of the Statewide Assessment, particularly when a State is not yet able to generate the data. Because the permanency composites were new data, with some of the measures involving AFCARS elements that had not previously been used in the CFSR measures, and because the Division did not have the syntax or ability to produce the data profiles, Arizona had little time to correct, resubmit, and analyze the data prior to discussion with stakeholders. Conversations with stakeholders may have been even more valuable if the analysis had occurred prior to discussion, so more targeted questions could have been asked of stakeholders.

Arizona has been pleased with the support provided by the Department of Health and Human Service's Regional Office, the Children's Bureau's National Review Team, and the child welfare National Resource Centers. The NRC on Organizational Improvement and the NRC on Child Welfare Data and Technology have been especially helpful during the Statewide Assessment process, providing prompt response to unanticipated needs and questions. The Children's Bureau's data staff have also been prompt and thorough in their response to requests and questions from Arizona. The support of these organizations has assisted Arizona through the challenges associated with being one of the first States in the second round of reviews – particularly that many training and technical assistance products were not available early enough to benefit Arizona and other early States.

Given the breadth of topics addressed and the many stakeholders whose input is essential, Arizona found the time constraints for completing the assessment to be very challenging. We are fortunate to have numerous existing opportunities for collaboration with key stakeholders, and made every attempt to incorporate focus groups and surveys for the Statewide Assessment into existing agendas.

Names, Affiliations, and Roles of Participants in the Statewide Assessment Process

Administrative leadership and oversight of the Statewide Assessment process was provided by:

Kenneth Deibert	Jakki Hillis
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Division of Children, Youth and Families	Division of Children, Youth and Families
David Longo	Janice Mickens
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Administration	

The statewide project leads and coordinators for the Statewide Assessment were:

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The following individuals contributed by collecting and analyzing data, providing information in areas of expertise, drafting responses to the Statewide Assessment questions, and reviewing the Statewide Assessment:

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Administrative Office of the Court

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Stakeholder 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.

- 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, 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 Team. 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 items 38 and 39 for more information on these activities.