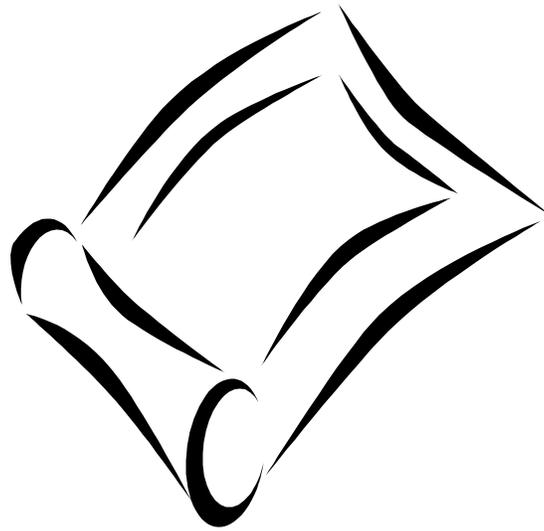


# *Strengthening Families*

## **A Blueprint for Realigning Arizona's Child Welfare System**



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

September 2005

## **EXECUTIVE SUMMARY**

The Division of Children, Youth and Families (the Division) of the Department of Economic Security (DES) is pleased to release, *Strengthening Families – A Blueprint for Realigning Arizona's Child Welfare System*.

This Blueprint outlines key action steps already taken and strategies that must still be implemented to: (1) enhance the ability of parents to create safe, stable, and nurturing home environments; (2) strengthen families so children can remain safely in their homes; (3) find more permanent homes more quickly for children entering out-of-home placement; and (4) place children in the least restrictive, most family-like setting possible.

The Division is working to achieve the following objectives by the Summer of 2006: develop safe alternatives that result in 5% fewer children in out-of-home care; reduce by 10% the number of children in congregate care settings; serve all children ages birth to six years in their homes, kinship care or foster care without the need to use group homes; stop the placement of children ages birth to three years in shelter placements, unless the child is placed for a reason that is in the best interests of the child (such as a large sibling group or medical condition); and reduce the length of stay of children in shelters to no more than 21 days.

This Blueprint includes strategies for "Keeping Children Safe in their Homes." These strategies include the provision of intensive in-home services and intensive reunification services.

This Blueprint outlines initiatives focused on "Building System Capacity to Place Children in Family-Like Settings." These initiatives include recruiting, retaining, and training foster and adoptive families as well as kinship caregivers in all communities.

The document also provides strategies for "Building System Capacity to Provide Family-Centered Practice." In addition to implementation of the Annie E. Casey Foundation's "Family to Family" Initiative, the Division will increase the use of Family Involvement Meetings, such as Team Decision Making, Family Group Decision Making, and Child and Family Teams. DES will use Family Connections Teams to better integrate service delivery.

The Blueprint provides district (regional) specific plans for achieving the specified goals and objectives. These plans are developed to better address the needs of local communities. Collaboration between the Division, community social service agencies, family support programs, and faith-based organizations are essential for improving outcomes for children and their families.

*Strengthening Families:*  
Arizona's Blueprint

The Blueprint includes strategies for monitoring performance, which is a critical component for system reform. The Division will monitor performance through the use of a Business Intelligence Dashboard, a statewide Continuous Quality Improvement System, and the use of comprehensive monitoring tools for case record reviews.

The Division is pleased to issue this blueprint for realigning Arizona's Child Welfare System and encourages your partnership and support.

**STRENGTHENING FAMILIES,  
A BLUEPRINT FOR REALIGNING ARIZONA'S CHILD WELFARE SYSTEM**

**BACKGROUND**

Arizona's child welfare system has undergone enormous change since 2003 through the leadership of Governor Janet Napolitano and her Child Protective Services (CPS) Reform Initiative, begun immediately after the Governor entered office. Many of the strategies and outcomes discussed within the context of this report are the direct result of CPS Reform efforts and the support received from the Arizona Legislature in funding additional CPS positions, increasing foster home reimbursement rates, and supporting other program funding as well as substantive changes to the law.

Although CPS Reform focuses on all aspects of Arizona's child welfare system, significant system improvements have been realized in CPS in-take and CPS investigations. Beginning July 1, 2004, CPS began investigating 100 percent of the calls to the CPS Hotline that qualify as a report of abuse or neglect. Prior to this, CPS referred over 5,000 reports annually to Family Builders, in lieu of a CPS investigation. Standardized tools for assessing child safety and family strengths and risks were developed and implemented to serve as a basis for case decisions and case planning. Services to families were improved through collaborations with law enforcement, behavioral health, domestic violence, child advocacy centers, community partners, and other state and local agencies.

While significant improvements have been realized, the lack of options for keeping children safe in their own homes has resulted in more children entering out-of-home care. The number of children in out-of-home care increased 21 percent between March 31, 2003 and March 31, 2004; and another 16 percent between March 31, 2004 and March 31, 2005. This represents a 37 percent increase over a two year period. Of the 9,536 children in out-of-home care on March 31, 2005, 1,406 (15%) were placed in group homes and 738 (8%) in residential treatment centers or shelters. These trends display the reliance of CPS on out-of-home care as a service delivery system, even though we know that positive outcomes for children are best achieved when children are able to live safely in their homes.

Today, we have the opportunity to reshape CPS child welfare services by focusing on neighborhood-centered family support, increasing the array and intensity of services provided to families in their own homes, and investing in the success of family-focused foster care when children cannot remain in their homes. The Division recognizes that these changes may present challenges for us all, but looks forward to working together to achieve these goals and objectives to improve safety, permanency and child well-being for Arizona's children and their families.

## **GOALS AND OBJECTIVES**

The Division is realigning resources and implementing strategies to achieve the following goals:

- Enhance the ability of parents to create safe, stable, and nurturing home environments by providing services that promote the safety and well-being of all family members.
- Strengthen Families so children can remain safely in their homes.
- Place children in need of out-of-home care in the most family-like setting.
- Expedite reunification for children in out-of-home care.

The Division has set the following objectives:

- By June 30, 2006, develop safe alternatives that result in 5% fewer children in care;
- By June 30, 2006, reduce by 10% the number of children served in institutional, shelter and group care and shift resources to kinship care, foster care and family centered services;
- By April 30, 2006, serve all children ages 0 to 6 in their own homes, kinship care, or foster care without the need to use group homes;
- By July 31, 2006, stop placement of children ages 0 to 3 in a shelter care facility other than for a reason that is clearly in the best interest of the child (such as a large sibling group or medical condition);
- By June 30, 2006, reduce the length of stay of children in shelters to no more than 21 days.

This Blueprint provides a description and status of the strategies needed to meet the above goals and objectives. These strategies are organized by major principles, including: (1) keeping children safe in their homes; (2) building system capacity to place children in family-like settings; and (3) building system capacity to provide family-centered practice.

## **STRATEGIES**

### ***KEEPING CHILDREN SAFE IN THEIR HOMES***

#### **PROVIDING INTENSIVE IN-HOME SERVICES**

The Division and community providers are partnering to develop a comprehensive and integrated in-home services model that will increase the array of available in-home services, facilitate the provision and coordination of services, and better ensure that the services are provided at the level and intensity required for each family. The Division and community providers will ensure that in-home services are family-centered, comprehensive, community based, accessible, and culturally responsive.

The in-home services model will provide family support, family preservation, and reunification services to the children and families served by CPS. The model will also support “shared parenting” by assisting resource parents to partner with birth parents and empower birth parents to remain active in their children’s lives.

The integrated services model includes two levels of services, intensive and moderate, which will be provided based upon the needs of the child and family. The model will be delivered through collaborative partnerships between CPS, Behavioral Health Services, community social service agencies, family support programs, and other community organizations, which may include faith-based organizations.

In July 2005, informational meetings were held in Flagstaff, Phoenix and Tucson regarding the in-home services model. The information provided at these meetings was used for developing the Request for Proposal issued in September 2005. It is anticipated that integrated services contracts will be finalized in October 2005.

To support the integrated services model, DES is creating CPS In-Home Services Units so that CPS In-Home Services Specialists can facilitate and monitor the enhanced delivery of comprehensive integrated in-home services. By October 31, 2005, Maricopa County (District I) will have six units, Pima County (District II) will have four units, and each of the four rural districts will have at least one unit. In addition, a CPS In-Home Services Specialist will be added to existing CPS Units throughout the state.

### PROVIDING INTENSIVE REUNIFICATION SERVICES

The U.S. Department of Health and Human Services has approved a Title IV-E Waiver for DES so that federal funding can be used for implementing a program of intensive and expedited reunification services for children and their families.

The Title IV-E Waiver Program will enable children with a case plan goal of "return home" to be reunified to a safe home much sooner, with intensive support and wrap-around services and connections to family and community support systems. This expedited and intensive reunification program will begin in selected sites within Maricopa County (District I). DES and community contract providers will partner in providing a wide array of services, including counseling, family centered assessments, team decision making, parenting skills training, home management skills, referral to other services such as substance abuse treatment, supportive links to community resources, discharge and aftercare planning, and the availability of flexible funding to meet the individual needs of families.

DES is currently finalizing the Scope of Work for this program, and anticipates issuing a Request for Proposals by October 31, 2005.

### ***BUILDING SYSTEM CAPACITY TO PLACE CHILDREN IN FAMILY-LIKE SETTINGS***

#### RECRUITING RESOURCE FAMILIES IN ALL COMMUNITIES

The Division is actively recruiting new community-based family resource homes and enhancing supports provided to current resource families. The Division views family care as the most appropriate and healthy setting for children that cannot remain safely at home with their families. Resource families include kinship caregivers, foster parents, adoptive parents, and non-related families with whom a child has a significant relationship.

During September and October 2005, the Division is reviewing all of the expectations currently in place for the community agency providers with whom DES contracts for home recruitment services. Those expectations combined with information the Division receives from RFI meetings (to be held in October 2005) will be used to develop a Request for Proposal to be issued later this year. Strategies will include incentives for provider agencies who have resource homes available around-the-clock for children requiring out-of-home placement.

In addition, the Division is actively requested stakeholder input from the Arizona Foster Care and Adoption Coalition (AFCAC), licensed foster parents, and certified adoptive parents for increasing the number of community-based resource

homes. The input received identified the need for a recruitment marketing specialist. By November 30, 2005, the Division will have the services of a recruitment marketing specialist in place to collaborate with the Arizona Association of Foster and Adoptive Parents, community providers, and the Division's resource recruitment personnel in the development of a marketing plan. The marketing plan will include strategies for general recruitment, targeted recruitment, and child-specific recruitment.

The Division is hiring six District Recruitment Liaisons to work with community and faith-based partners in the recruitment of homes. By November 30, 2005, these District Recruitment Liaisons will form local Recruitment Councils, whose purpose is to identify community needs, assess recruitment resources, and develop community-based plans for recruiting resource families.

The Division also implemented a web-based tool to better serve families interested in becoming resource parents and to expedite a family's receipt of requested information. During the past three months, the Division has received and responded to approximately 90 web-based inquiries each month.

Stakeholder input has greatly contributed to the upcoming changes in the toll-free Recruitment Information Line (1-877-KIDSNEEDU). Since its inception, this toll-free line has provided recorded information to an inquiring public regarding foster and adoptive parenting. In some parts of the state, callers would have the option of being connected to a representative in a local office. By September 30, 2005, the Division will hire an Information and Resource Specialist to personally respond to all statewide calls received on the 1-877-KIDSNEEDU Recruitment Information Line. The Information and Resource Specialist will provide the caller with personalized recruitment information and assist the caller in enrolling in orientation meetings or community forums.

#### RETAINING RESOURCE FAMILIES IN ALL COMMUNITIES

Through the support of the Arizona Legislature, in January 2004, June 2004, and July 2005, DES increased foster care reimbursement rates to better enable foster parents to provide for the daily maintenance needs of children in their care. These incremental increases play a significant role in retaining qualified resource families.

The Division actively supports the Arizona Association for Foster and Adoptive Parents. This Association provides stability for resource families through a network of peers. In an effort to recruit and retain resource families, the Division and the Association recently partnered in a community event during Foster Parent Appreciation Month. This event received media attention and resulted in over 9,000 blue ribbons (one ribbon for each child in out-of-home placement) being displayed in a downtown Phoenix park. During the week following this event,

over 100 inquiries were received from adults throughout the state regarding foster and adoptive parenting.

In October 2005, the Division and the Association will facilitate the Children Need Homes Conference. One full day of this conference is reserved for recognizing the achievements of Foster and Adoptive Parents, providing advanced training for these parents, and networking between parents, youth, and community partners.

#### ENHANCING THE KNOWLEDGE AND SKILLS OF RESOURCE FAMILIES

The Division is committed to providing quality training to both prospective and current resource families. To assure consistency in the training curriculum, DES purchased PS-MAPP (Partnering for Safety and Permanency Model Approach to Partnerships in Parenting) -- a comprehensive and nationally-recognized training curriculum for resource families. The Division selected PS-MAPP because this curriculum has a strong focus on maintaining contacts between a child's birth parents and resource parents. PS-MAPP is designed to provide resource families with much of the knowledge and skills necessary to meet the needs of children placed in their homes.

As of August 30, 2005, the implementation of PS-MAPP resulted in 15 Resource Parents credentialed as PS-MAPP Training Leads and 22 licensing agency personnel credentialed to provide the training. By October 31, 2005, the Division anticipates over 130 PS-MAPP Training Leads will be credentialed.

#### SUPPORTING KINSHIP

Kinship Care provides supports for relatives who have taken on the voluntary role of parenting a child while the parent(s) of the child engage in services to address risk factors that prevent the child from remaining in the home. These supports include monthly financial assistance to help the kinship caregiver provide for the daily needs of the child. Kinship caregivers are encouraged to become licensed foster parents.

As of March 31, 2005, there were 9,536 children in out-of-home care. Of these children, 3,120 (33%) were placed with relatives. Kinship Care is considered one of the Division's most valuable resources. Placement of children with kin often permits children to remain in their own communities, maintain connections with their parents and siblings, attend the same schools, maintain the same social relationships and activities, and avoid placement in out-of-home care in more restrictive settings. A permanency goal of the Division is for kinship placements to be sought and considered in 95 percent or more of CPS cases requiring out-of-home placement. From July 2004 through April 2005, case record reviews indicated that this goal had been achieved in 96 percent of the cases reviewed in the random sample.

Arizona was selected in November 2004, by Casey Family Programs to participate in the "Breakthrough Series Collaborative" on Supporting Kinship Care. A pilot site in District II (Pima County) was selected for this initiative.

The goals for this initiative include: (1) exploring family relationships with kin as a resource to help meet the needs of children and families; (2) supporting permanency; (3) supporting connections between children and their kin; (4) implementing kin-competent services; (5) collaborating with community partners; and (6) training child welfare staff in the specific skills and competencies required to effectively work with children and their kin.

There were two efforts that greatly assisted in achieving the above goals. The first was a training provided to the pilot site staff intended to sensitize them to the perspectives of kinship caregivers and youth. Both a kinship caregiver and kinship youth told their stories to staff who gained immeasurable insight into kin perspectives. Many staff reported that the training would greatly impact their practice to become more aware of kinship issues and to support kinship caregivers. The second most successful effort was implementing "Resource Day" for new kinship caregivers. Within ten days of the initial placement with the kinship caregiver, staff visit the home to provide and discuss information about available resources and engage the family in personally discovering their own needs. There have been 95 Resource Day visits since the beginning of this practice in January 2005. The new kinship caregivers who received the Resource Days were unanimous in their evaluation of Resource Day as being essential to their ongoing ability to provide the best care for their children and for themselves.

The Division is now working to spread the learnings, effective practices, and training initiatives from this pilot project throughout the state.

## ***BUILDING SYSTEM CAPACITY TO PROVIDE FAMILY-CENTERED PRACTICE***

### **FAMILY TO FAMILY**

With the support of the Annie E. Casey Foundation, the Division is working to implement "Family to Family." This initiative – with successes in Alabama, New Mexico, Pennsylvania, Ohio and Maryland – is built upon the belief that "the first and best partners in the difficult work of child welfare are the communities and neighborhoods from which children are coming into care." Through implementation of this initiative, Arizona is involving biological families, resource families, community-based organizations, service providers and faith communities in its efforts to keep children safe in their own neighborhoods and whenever possible, in their own homes.

The four core strategies that are the hallmark of Family to Family include: (1) recruitment, training, and supporting resource families (foster and kinship); (2) building community partnerships; (3) Team Decision-Making; and (4) self-evaluation using data about child and family outcomes.

Implementation of Family to Family began in District I, Maricopa County, at the 20<sup>th</sup> Street Office in Phoenix and expanded to the Tempe Office, which began holding Team Decision Making meetings on August 29, 2005. Family to Family is expanding to the Maryvale Office in September 2005 and in October 2005, to the Thunderbird and Avondale Offices. In October 2005, the Annie E. Casey Foundation will visit Tucson and complete a readiness assessment for expansion of the initiative to that part of the state.

While formal, statewide implementation of Family to Family is expected to occur over the next three years, the core strategies are already being adopted throughout the state.

#### FAMILY INVOLVEMENT MEETINGS

As of July 1, 2005, DES has implemented three Family Engagement models. These models are: Family to Family's Team Decision Making (TDM); Family Group Decision Making (FGDM); and Child and Family Teams (CFT). While the three models complement each other, each serves a unique purpose. The main purpose of TDM is to make an immediate placement decision. The main purpose of FGDM is for the family to develop and implement a permanency plan for the child. The main purpose of a CFT is to develop an individualized behavioral health service plan.

#### TEAM DECISION MAKING

Team Decision Making (TDM) is a core Family to Family strategy for involving families in placement decisions for their children. TDM is used to better ensure that children can safely remain in their homes, or if out-of-home care is required, that children are placed with kin or other community resource families.

TDM is a strength-based team guided meeting led by a skilled facilitator who brings together individuals, including family members, children (when appropriate), CPS, behavioral health professionals, community supports and other significant individuals who have a common interest in the best possible placement and treatment decisions for the child. TDM includes a thorough child and family assessment, which identifies the services and resources needed to either allow the child to remain safely in their home or facilitate family reunification.

On June 20, 2005, the Division began implementing TDM at the 20<sup>th</sup> Street Office in Phoenix. Implementation included the hiring and specialized training of seven TDM Facilitators. The Division expanded TDM to the Tempe office in late

August 2005. So far, TDM meetings have served 107 children; the results for those children are as follows:

The Division held TDMs for 49 children to consider if removal from their home was necessary and to explore other options for placement. Of these children, TDM resulted in 19 children remaining with their families, 6 children placed with relatives with plans to pursue legal guardianships, and the remaining children requiring out-of-home care.

The Division held TDMs for 47 children after emergency removal from their homes. Of these children, TDM resulted in 11 children returning home, either under an in-home dependency petition, with court ordered in-home intervention services, or without the need for court monitoring. The remaining children required out-of-home care.

TDMs were held for 11 children under private dependency petitions. Of these children, 8 children remained with their families and 3 children were placed in out-of-home care.

#### FAMILY GROUP DECISION MAKING

DES uses the Family Group Decision Making (FGDM) process to provide short-term, time-limited family reunification services to children and families involved with CPS. These families may have children removed from their homes, or children at risk of being removed due to child abuse or neglect. Through FGDM, CPS can better identify members of a child's nuclear and extended family who are invited to join the CPS case manager, resource staff, and other family supports in developing a placement plan for the child. DES also uses FGDM to connect adolescent youth with relatives or other significant persons.

The Family Meeting is unique to the FGDM process, and provides the family with private time to discuss their case and develop plans to ensure that the child is cared for and protected from future harm.

During the past twelve months, 352 children were successfully placed with relatives and extended family members as a result of the FGDM. The Division is expanding the use this program to reduce the number of children in congregate care. For example, the Division is in the process of hiring an additional Family Group Decision Making Specialist for northern Arizona to identify family placement options for youth in group homes.

#### CHILD AND FAMILY TEAMS

The Child and Family Team (CFT) model is utilized statewide to develop behavioral health service plans for children. The CFT provides a family-centered,

highly individualized, and strength-based “wraparound” process for reviewing family issues.

A Family Involvement Specialist (FIS) conducts a thorough strength-based assessment and assists the family in selecting members of the family CFT. The Team includes “informal supports,” such as friends, relatives, and community supports; as well as professionals and other practitioners from involved agencies. The FIS facilitates the Team in developing a Single Individualized Plan, which is family-focused.

The CFT model is a collaborative effort that facilitates the family’s access to services by implementing a single coordinated plan for all involved agencies. Most children in the custody of CPS and placed in residential treatment or other therapeutic care have a CFT engaged prior to, or shortly after, their placement. Flexible funding of up to \$1,525 per child per year is available to meet identified needs. By January 2006, the goal is to have all children who are in the custody of CPS and enrolled in the behavioral health system served through CFTs.

#### CPS STAFF TRAINING

The Division recognizes that the education and training of staff is essential for any successful system reform. The Division has made a concerted effort to enhance the knowledge and skills of CPS supervisors and case managers by developing a family-centered practice framework for the day-to-day interactions between families, CPS staff, and the community of caregivers and service providers.

During the past six months, several roundtable forums were held with CPS supervisors and case managers by a family-centered practice expert from the National Resource Center for Family Centered Practice and Permanency Planning. As a result of these roundtable forums, a Train-the-Trainer session on Family-Centered Practice for Supervisors was conducted. A Family Centered Practice Handbook for Supervisors was developed. Revisions that reflect family-centered practice principles have been made to the curriculum for initial case manager training.

By June 2006, the Division will revise the Child Welfare Policy Manual to include Family Centered Practice principles throughout the manual. The Child Welfare Policy Manual will also be web-based, more user-friendly, and readily accessible to CPS staff statewide.

#### SERVICE INTEGRATION

During the past twelve months, DES implemented Family Connections Teams to address poverty and family violence issues by integrating DES human service

programs. These teams include child welfare, family assistance, and employment program staff.

These teams engage families to establish goals for self-sufficiency, child safety, and overall child and family well-being. Through the collaborative development of service plans, services that address housing, education, income, health care, and substance abuse can be better coordinated. The responsibility for service delivery is shared among staff and case participants, including parents, children, faith-based communities, neighborhood groups, and treatment or service providers.

In February 2005, DES implemented one team in Maricopa County and another in Pima County to serve families receiving public assistance or at high risk for receiving such benefits. CPS and the Child Abuse Hotline can refer families to Family Connections.

In August 2005, four new teams were implemented and include a domestic violence advocate. Three of these teams were added in Maricopa County and the fourth team was implemented in Pima County. These teams are linked to four domestic violence shelters, where they target families who are exiting shelters and are in need of services to help stabilize their families. The partners in each team will vary according to the needs of families within the geographical area served.

## ***ADDITIONAL STRATEGIES FOCUSED ON FAMILIES AND YOUTH***

### **ELIMINATING DISPROPORTIONALITY AND DISPARATE OUTCOMES FOR CHILDREN OF COLOR**

The Division is addressing the overrepresentation of children of color in the child welfare system. As such, Arizona applied for and was selected to participate in the Casey Family Programs "Breakthrough Series Collaborative": Reducing Disproportionality and Disparate Outcomes for Children and Families of Color in the Child Welfare System. The vision for this Series is that participating entities will contribute to the development of child welfare systems that are free of structural racism and benefit all children, families and communities by: engaging with a group of other jurisdictions in critical change areas; creating environments in which strategies can be developed and tested; developing a cadre of leaders across the country who are working toward solutions; disseminating lessons learned. This Breakthrough Series is in the initial stages of development and will occur in Maricopa County.

The Maryvale Office will serve as the pilot site for this collaborative effort. The Maryvale Office serves one of the most densely populated zip codes in Maricopa County and some of the most culturally and ethnically diverse communities in the county including many of the refugee communities from Africa, Southeast Asia, Eastern Europe, and the Middle East. The City of Phoenix has already begun to address the infrastructure issues of slum housing, lack of recreational areas for

children and community services for families, and is using tax incentives to attract businesses, particularly grocery stores into some neighborhoods. The local school district, mental health providers, City of Phoenix Human Services Department, churches, and Juvenile Court are partnering with the Division and the community to address disproportionality and disparate outcomes for children and families of color in the child welfare system.

Strategies will be developed in the fall of 2005. As the strategies are implemented and evaluated in the Maryvale area, successful strategies will be implemented in other offices in the county and across the state.

### **BEHAVIORAL HEALTH SERVICES**

Continued efforts will be made to improve behavioral health services to meet the unique behavioral health needs of children and families involved with child welfare to enable children to remain in their homes, or to better ensure successful placement in the least restrictive setting in out-of-home care.

Efforts will continue to improve the engagement of families in behavioral health assessment and treatment services, and assess all children entering out-of-home care within 24 hours of placement.

The Division will continue to collaborate with the Division of Behavioral Health Services to explore avenues for providing behavioral health assessments and services for children and families in the family's home, prior to their child's removal, anticipating that receipt of behavioral health services may prevent the need for out-of-home care. The Division is also exploring options for DES contracted mental health providers, with expertise in child welfare issues, to become part of the public funded behavioral health system.

### **SUBSTANCE ABUSE TREATMENT**

Arizona Families F.I.R.S.T (Families in Recovery Succeeding Together) (AFF) is a program that provides family-centered substance abuse and recovery support services to parents whose substance abuse is a significant barrier to maintaining or reunifying the family. The program provides an array of structured interventions to reduce or eliminate abuse of and dependence on alcohol and other drugs, and to address other adverse conditions related to substance abuse. Interventions are provided through contracted community providers in outpatient and residential settings. In addition to the traditional services, AFF includes an emphasis on face-to-face outreach and engagement at the beginning of treatment; concrete supportive services, transportation and housing; and, an aftercare phase to manage relapse occurrences. Essential elements based on family and community needs are incorporated into the service delivery, such as culturally responsive services,

gender specific treatment, services for children, and motivational interviewing to assist the entire family in its recovery.

The Division considers parental substance abuse when conducting safety and risk assessments. Through these assessments, over 9,000 individuals have been referred to the AFF program since its inception in March 2001. During FY2004, 3,135 individuals were referred for screenings and assessments for substance abuse treatment of which 2,290 participated in services. Ninety-six percent of these participants did *not* have a subsequent substantiated report of abuse/neglect.

The Division continues to advocate for the expansion of this successful substance abuse treatment program.

Additionally, the Division is aware of the growing problem of methamphetamine use in Arizona and its impact on child safety and well-being. To address this problem, the Division is forming a multi-disciplinary task force, which will be in place by the end of October. This task force will identify treatment models specific to methamphetamine, identify best practices for ensuring child safety, and develop recommendations to the Division for program improvement.

#### YOUTH INVOLVEMENT AND SUPPORT

Youth involvement and leadership are essential in any efforts to improve practice or reform systems. The youth of Arizona have been actively involved in many aspects of improving Arizona's child welfare system and have offered valuable insights and suggestions.

The Foster Youth Advisory Board is comprised of youth who are or were in out-of-home placement, case managers, and other agency and community professionals. The Board meets quarterly to discuss challenges facing Arizona youth as they prepare for adulthood. The Advisory Board also meets directly with the Governor at least twice a year to make recommendations for improving outcomes for youth in foster care.

In January 2005, the Division added a Youth Panel to its classroom training for new CPS case managers, which provides an essential first person account of life in foster care.

Foster youth are working in all six CPS districts to design peer mentoring programs modeled after the successful Tucson program, *In My Shoes*.

The Division co-located a Vocational Rehabilitation Specialist in the CPS office that administers the Young Adult Program. The CPS case managers and the Vocational Rehabilitation Specialist work together in referring youth for employment and related services.

PREVENTION AND INTERVENTION WITH DUALY-INVOLVED YOUTH

In December 2004, the Division initiated discussions with colleagues from the Arizona Department of Juvenile Corrections, the Administrative Office of the Courts, and the Arizona Department of Health Services to create interagency protocols for youth in both the dependency and delinquency systems. These discussions resulted in the creation of recommended guidelines for the development of county-specific protocols.

Maricopa County finalized their protocols in August 2005. Protocols for the other counties are in the process of development.

**DISTRICT SPECIFIC STRATEGIES**

Arizona's fifteen counties are divided into six geographic regions, which are referred to as Districts. District I (Phoenix and surrounding cities) and District II (Tucson) are the urban districts, while Districts III through VI represent the balance of the state.

The following chart provides the Counties within each District.

Dist I	Dist II	Dist III	Dist IV	Dist V	Dist VI
Maricopa	Pima	Coconino Apache Navajo Yavapai	Yuma Mohave La Paz	Gila Pinal	Cochise Graham Greenlee Santa Cruz

District specific strategies have been developed by the District Program Managers, Deputy Program Managers, Assistant Program Managers, District Practice Improvement Specialists, and others to better address the needs of local communities. Related outcomes will be monitored on a monthly basis, including discussions among Assistant Program Managers, and others, about what is working or not working, and the sharing of successes to inform practice improvements. Assistant Program Managers are responsible for the direct supervision of six to seven CPS Unit Supervisors and have developed their own plans.

The following charts provide the highlights of District strategies.

**HIGHLIGHTS**  
**DISTRICT I STRATEGIES FOR FY2006**

- Rotate two case managers among West Valley, Phoenix, and East Valley Crisis Nurseries; these positions will expedite transition from shelter to foster home care
- As a District, focus on two shelters each month to expedite foster home placement
- Each district section will review all cases every six months to determine if permanency can be expedited
- Two sections (representing twelve units in the District) will work with Family Group Decision Making; this will include interviewing youth in group home settings to identify potential kinship placements
- Implement Title IV-E Waiver at Thunderbird, Tempe and Mesa Offices
- Implement Team Decision Making throughout Maricopa County by January 2006
- Create six In-Home units; these units will take voluntary foster care and in-home intervention/dependency cases referred through Team Decision Making
- Utilize Child and Family Teams and Foster/Adoption contracts to step children down to foster, relative or other family placement settings
- Increase partnership/co-location with Families FIRST (substance abuse treatment). For example, Terros is co-locating a clinical liaison and case manager in the new In-home units.
- Co-locate Comprehensive Service Providers at Maryvale and Tempe Offices in order to assist with delivery of mental health, parent aide and reunification services to families.

**HIGHLIGHTS**  
**DISTRICT II STRATEGIES FOR FY2006**

- The cases of all children, ages 0-6, who are not placed with siblings in congregate care are being reviewed by the District Program Improvement Specialist
- Monthly the Assistant Program Managers will review the case plans and placements of all children in congregate care to expedite permanency for the children
- Bi-monthly, the district placement specialists are reviewing all children in shelter with the contracted foster care agencies to expedite placement of these children in foster care
- In coordination with the RBHA Children's Network, develop and implement a process for reviewing congregate care placements with case plan goals of either "long term foster care" or "adoption, but not identified adoptive home"; this process includes a complete review of the file, interviews with children to identify who is important in their life; coordination with the relative locator to assist with searches for family members; and the use of Family Group Decision Making or Child and Family Team meetings to help identify a permanent placement for the child
- Maintain regularly scheduled monthly meetings with provider agencies (on contract to do home recruitment and supervision) to review goals and discuss progress in increasing number of foster homes
- Maintain partnerships with Pima County Recruitment Council as well as the RBHA, Community Partnership for Southern Arizona, to recruit and retain new foster homes
- At least one unit is staffing all removals with the intake worker, intake supervisor, ongoing supervisor and the Assistant Program Managers prior to filing a dependency petition; the focus of this review is to combine the expertise of several professionals to evaluate the child's safety and identify alternatives to removing the child from the home where possible
- Create three In-Home Services units – these units will accept cases from investigation that are at high risk of removal but where children can remain home with intensive services and monitoring
- Conduct bi-monthly "match" meetings for children in shelter with a placement team that includes provider agencies

## **HIGHLIGHTS**

### **DISTRICT III STRATEGIES FOR FY2006**

- Initiate and monitor "targeted" and "individual" recruitment plans to identify and support placement of children in family homes in their communities
- Hire a second Family Group Decision Making Specialist to focus efforts on identifying family placement options for youth in group homes
- The District Mental Health Specialists and Assistant Program Managers will review and consult on all current or requested group home placements to ensure that "family centered practice" has been applied
- Assistant Program Managers will review every shelter care placement on a weekly basis
- Utilize Child and Family Teams (CFTs) and all other avenues (including co-location in Prescott and Flagstaff) to ensure that appropriate behavioral health services are being delivered to families
- Staff one In-Home Services Unit by October 2005 in the Prescott/Prescott Valley area; other District III Units will have at least one In-Home Services worker by October 2005
- The focus of the In-Home Services Unit and In-Home Services Specialists is to provide expedited and comprehensive services to prevent removal
- Include discussion regarding "family centered practice" in all leadership team meetings - sharing strategies and celebrating successes
- Support and integrate "shared parenting" in all work done with staff, resource families, and strategic partners
- Utilize the Family Group Decision Making Specialist to implement Team Decision Making as the initial intervention to prevent placement
- Every month each Assistant Program Manager will complete 5 clinical interviews to discuss reunification efforts
- Facilitate a family centered practice strategy discussion at each Continuous Quality Improvement Level 1 meeting
- Independent Living Service coordinator will complete a case utilization review on youth to identify possible alternatives to out-of-home care, strengthen or establish a more healthy and safe connection and ensure transition plans to adulthood

**HIGHLIGHTS**  
**DISTRICT IV STRATEGIES FOR FY2006**

- Each unit has developed and will monitor an action plan to address their community needs
- Provide training to staff on building partnerships with neighborhoods and local communities
- Involve provider agencies in removal decisions to prevent when possible out-of-home care
- Create In-home Services unit; identify and discuss service options with families using In-Home Services Specialists; use in home services appropriate to families needs
- Continue participation of District Program Manager and Assistant Program Managers in case reviews with CPS Unit Supervisors and Case Managers
- Assistant Program Managers and Supervisors will staff cases on a weekly basis to find solutions and expedite permanency
- Assistant Program Managers will review all reports from Foster Care Review Board
- Increase use of Family Group Decision-Making meetings and involve FGDM specialists in removal reviews
- Use clinical supervision to ensure that CPS is appropriately involving birth families, resource families, community members and case managers in all placement decisions and to ensure that there is a network of support around the child and family
- Ensure that each child in congregate care has an active team, including mental health specialists, working to find the most appropriate placement for that child
- Conduct at least monthly review of data that is linked to child and family outcomes in order to measure progress

**HIGHLIGHTS**  
**DISTRICT V STRATEGIES FOR FY2006**

- Ensure thorough assessment by CPS investigators of children and families using family centered safety and risk assessment tools; ensure that in-home services are being used where appropriate
- Identify and discuss service options with families using In-Home Services Specialists; use in-home services appropriate to a family's needs
- Increase engagement of families in accepting services through coordination with key partners, such as mental health providers and Juvenile Probation
- Encourage use of Family Group Decision Making (FGDM) teams for all children in care
- Focus on targeted recruitment of foster homes, including homes for teenaged boys and therapeutic foster homes
- Provide additional training and support for foster homes, including joint training of CPS staff with resource families
- Ensure thorough assessment of children and families by CPS on-going case managers using family centered safety and risk assessment tools
- Use more up-front services, including substance abuse treatment models, such as Arizona Families FIRST

**HIGHLIGHTS**  
**DISTRICT VI STRATEGIES FOR FY2006**

- "Team" CPS Investigators with In-Home Services Specialists on incoming CPS reports to reduce the number of children removed from their homes
- In-Home Services Specialists will participate in monthly meetings/in-service trainings to develop and further skills including peer to peer discussions, shared learnings, and other skills building activities
- Family meetings to occur within 8 hours of a removal to discuss alternatives to out-of-home care and to jointly develop with the family a plan to ensure the child's safety
- Conduct case utilization review 90 days after placement and monthly thereafter to ensure appropriate placement and expedite permanency
- Continue discussions with all service providers, courts, behavioral health, juvenile probation, and communities, regarding DES' goal to reduce custody and congregate care levels
- Implement Family Satisfaction Surveys for purposes of program and practice improvement
- Identify and develop family mentors for families receiving services
- Implement tracking system to measure progress

## SELF EVALUATION

### BLUEPRINT INDICATORS OF PERFORMANCE

DES is diligently monitoring performance and outcomes related to the achievement of our goals and objectives. Information related specifically to these outcomes follows:

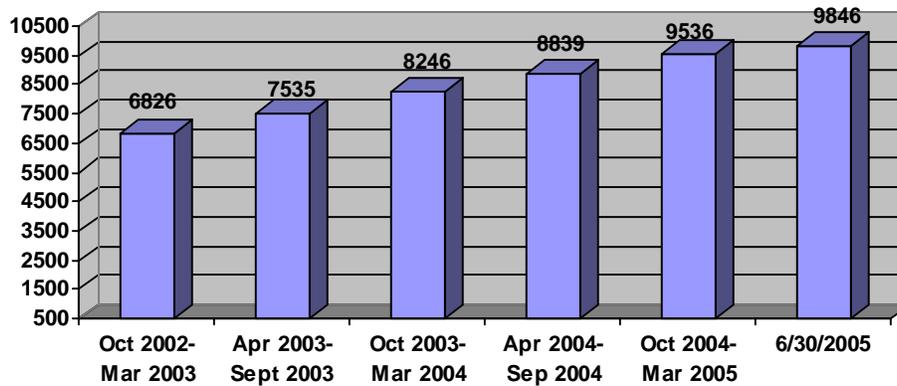
#### Children in Out-of-Home Care

DES is monitoring the objective of reducing by 5 percent the number by children in out-of-home care by June 30, 2006.

The number of children in out-of-home care has continued to increase. As seen in Chart 1, the number of children in care increased 21 percent between March 31, 2003 and March 31, 2004; and an additional 16 percent between March 31, 2004 and March 31, 2005.

Chart 1

Number of Children in Out-of-Home Care



The total number of children in care on June 30, 2005 was 9,846, representing a 3.3 percent increase from March 31, 2005. Although the total number of children in out-of-home care increased, the percentage of increase declined, indicating a trend toward reduction in this outcome performance.

Quarter ending 3/31/05:	9,536
Quarter ending 6/30/05 (baseline):	9,846
Percent reduction:	3.3%
Performance target (6/30/06):	9,353

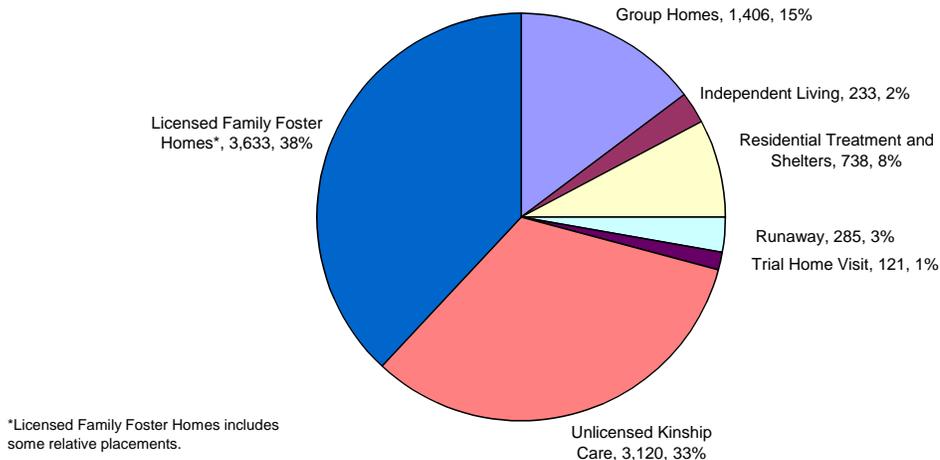
### **Children in Congregate Care**

DES is monitoring the objective of reducing by 10 percent the number by children in congregate care by June 30, 2006.

On March 31, 2005, there were 9,536 children in out-of-home care: 1406 (15%) of those children were in group homes and 738 (8%) were in residential treatment centers or shelters (Chart 2).

**CHART 2**

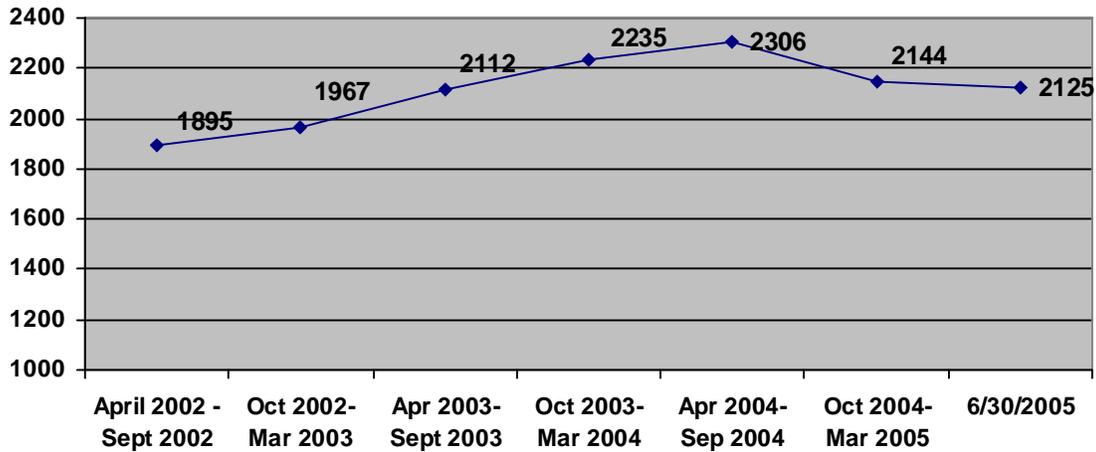
**Placement of Children in Out-of-Home Care**



The number of children in congregate care (shelters, group homes and institutions) has increased from 1,895 on September 30, 2002 to 2,306 on September 20, 2004, a 22 percent increase. On March 31, 2005, there were 2,144 children placed in these type of settings, a 7 percent decrease, and on June 30, 2005, 2,125 children, a decrease of less than one percent during a three month period. Chart 3 displays this overall trend toward reducing the total number of children placed in congregate care.

**Chart 3**

**Number of Children in Congregate Care**



Quarter ending 3/31/05:	2,144
Quarter ending 6/30/05 (baseline):	2,125
Percent reduction:	<1%
Performance Target (6/30/06):	1,913

**Children in Shelter Care and Group Homes**

The Division is monitoring the objective of reducing to zero by July 31, 2006, the number of children birth through three years of age placed in shelter care, unless placement is in the child's best interest.

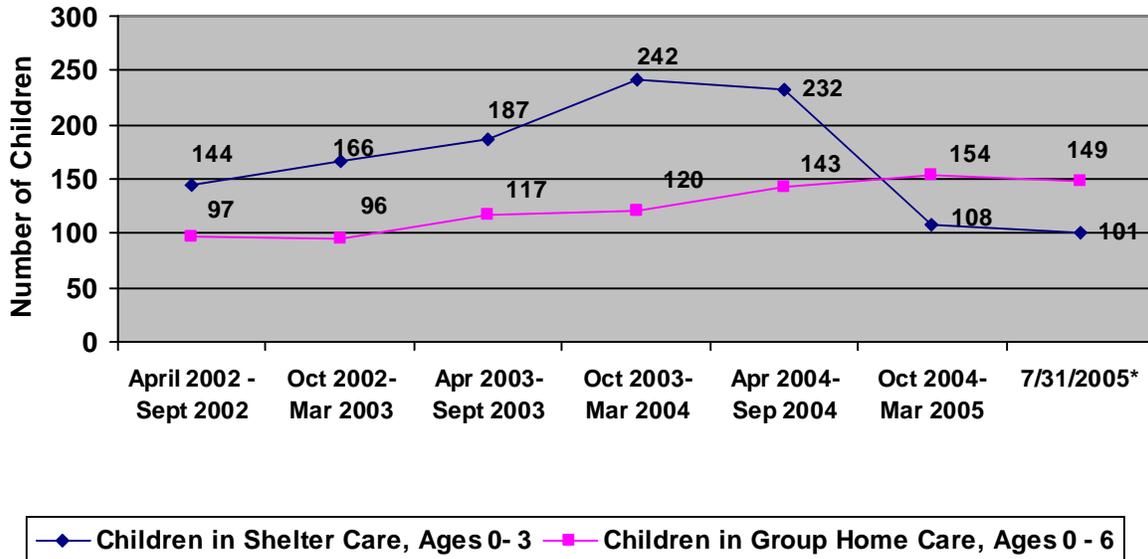
In addition, it is monitoring the objective of reducing to zero by April 30, 2006, the number of children birth through six years of age placed in group homes.

Chart 4 displays the placement of young children in shelter care and group homes. The number of young children placed in shelter care and group homes has increased incrementally, peaking March 31, 2004 to 242 children. Comparing March 31, 2004 to July 31, 2005, the number of children placed decreased 58 percent to 101 children, a significant reduction for young children in shelter care

The number of young children placed in group homes has increased incrementally peaking at 154 children on March 31, 2005. Most recent data shows a decline from March 31, 2005 to July 31, 2005, from 154 to 149 children, a 3 percent decrease.

Chart 4

Number of Young Children in Shelter Care and Group Homes



\*Data extract September 8, 2005; not considered a finalized number.

The following outcomes have been achieved as of July 31, 2005:

**Number of Children Ages 0 through 3 Years of Age in Shelter Care**

Month ending March 31, 2005 (baseline): 108  
 Month ending July 31, 2005: 101  
 Percent reduction: 6%  
 Performance Target (7/31/06): 0

**Number of Children Ages 0 through 6 Years of Age in Group Homes**

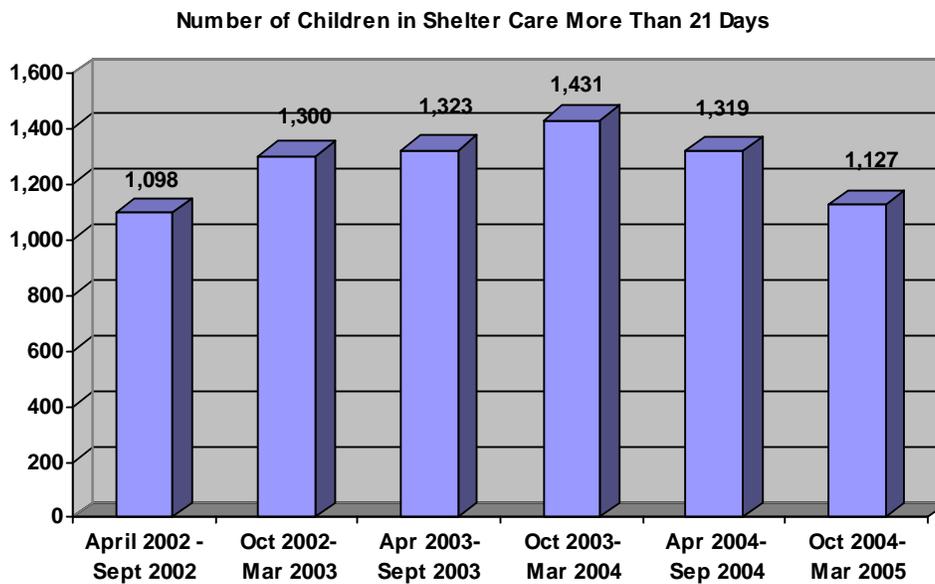
Month ending March 31, 2005 (baseline) 154  
 Month ending July 31, 2005: 149  
 Percent reduction: 3%  
 Performance Target (4/30/06): 0

### **Children in Shelter Care More Than 21 Days**

DES is monitoring the objective of reducing the number of children remaining in shelter more than 21 days by June 30, 2006.

The number of children remaining in shelter care more than 21 days has fluctuated over the last several years as displayed in Chart 5. This number peaked in the six-month period of October 2003 through March 2004 (1,431 children), and then decreased by 21 percent between the periods of October 2003 through March 2005 to 1,127 children.

**CHART 5**



**DATA COLLECTED**

The following data will be collected to assess outcomes:

<b>Data Collected</b>	<b>Apr - Sept 02 [12-13-02]</b>	<b>Oct 02 - Mar 03 [6-7-03]</b>	<b>Apr- Sept 03 [12-17-03]</b>	<b>Oct 03 - Mar 04 [6-11-04]</b>	<b>April - Sept 04 [12-22-04]</b>	<b>Oct 04 - Mar 05 [6-16-05]</b>		<b>Apr - June 05 [9-7-05]</b>		<b>July 05 [9-8-05]</b>
Number of Children in Out-of-Home Care*	6,270	6,826	7,535	8,246	8,839	9,536		9,846		9,857
Number of Children in Congregate Care*	1,895	1,967	2,112	2,235	2,306	2,144		2,125		2,083
Number of Children in Shelter Care*	418	465	518	588	575	424		430		385
Number of Children in Shelter Care Over 21 Days	1,098	1,300	1,323	1,431	1,319	1,127		NA		NA
Number of Children in Shelter Care Ages 0 through 3 Years*	144	166	187	242	232	108		110		101
Number of Children in Group Homes*	1,252	1,163	1,230	1,301	1,391	1,406		1,400		1,374
Number of Children in Group Homes Ages 0-6*	97	96	117	120	143	154		138		149
Number of Licensed Foster Homes*	1,778	1,865	1,892	2,007	2,191	2,267		2,222		2,177
Number of Children Leaving DES Custody	2,376	2,275	2,528	2,655	2,883	2,726		1,708		573
Number of New Removals of Children	2,655	2,961	3,349	3,504	3,630	3,617		2,106		581

\* = Point in Time, last day of reporting period.

*NA = Not Available*

## **MONITORING TOOLS AND QUALITY ASSURANCE**

The six Districts developed monitoring tools to review cases of children placed in shelter care, group homes and residential facilities in order to prioritize which cases to review and based upon the review, develop a plan for ensuring that children are in the least restrictive, most family like setting possible. Reports are also being developed by Division staff to better support the Districts in monitoring their plans, for example, a weekly report is now being generated and sent to the District Program Managers that lists the number of removals of children for each week.

The Division is implementing a Business Intelligence Dashboard. The "Dashboard" is designed to be an online user friendly reporting tool which will allow the user the ability to: view a set of preconfigured collected data; analyze collected data for statistical and comparative purposes, and; create customized ad-hoc reports. The Dashboard will allow access to detailed information down to the individual CPS unit and CPS worker level. It will also provide aggregate information so that supervisors and managers have ready access to data related to key performance indicators. The Division is in the process of final testing of the Dashboard and will be providing training and technical assistance to staff over the next several months.

The Division's comprehensive Continuous Quality Improvement (CQI) system provides (1) an organized process for reviewing aggregate data on the State's child welfare system; (2) communicating information throughout the organization; and (3) evaluating trends and identifying needs for practice improvement as well as program successes.