Child and Family Services Reviews

Arizona

Statewide Assessment

October 4, 2023

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Background

One of the ways in which the Children's Bureau (CB) helps states achieve positive outcomes for children and families is monitoring state child welfare services through Child and Family Services Reviews (CFSRs). The CFSR process[1] is designed to meet the statutory requirement to provide federal oversight of states' compliance with title IV-B and IV-E plan requirements and to strengthen state child welfare programs and improve safety, permanency, and well-being outcomes for children and families served. The CFSR process enables CB to:

1) Ensure conformity with federal child welfare requirements
2) Determine what is happening to children and families receiving child welfare services
3) Assist states in enhancing their capacity to help children and families achieve positive outcomes related to safety, permanency, and well-being

For more information about the CFSRs, see the *Child and Family Services Reviews*.

Purpose of the Statewide Assessment

The CFSR is a two-phase process. The first phase is a statewide assessment and is conducted by staff of the state child welfare agency in partnership with representatives with whom the agency was required to consult in the development of the state's Child and Family Services Plan (CFSP) (45 CFR § 1355.33). These internal and external stakeholders are selected by the agency in collaboration with CB and may include other individuals, such as family and youth served by the state's child welfare system and members of the judicial and legal communities.

The second phase of the review process is an onsite review. The onsite review includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews to further inform the assessment of systemic factors. Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States determined not to be in substantial conformity with one or more of the seven outcomes and seven systemic factors are required to develop a Program Improvement Plan (PIP) to address all areas of nonconformity.

States are required to complete and document an assessment of the extent to which their federally funded child welfare system functions effectively to promote the safety, permanency, and well-being of children and families with whom they have contact. This process involves a state:

- Using both quantitative and qualitative evidence (e.g., state administrative data, information management system reports, case record reviews, interviews with case participants and key stakeholders) to assess its performance on the outcomes and systemic factors
- Analyzing and explaining its performance in meeting the national standards for the CFSR statewide data indicators
- Providing supporting evidence of the state's assessment of its child welfare system, program, practice strengths, opportunities for improvement, and results of data-driven problem exploration

[1] Procedures for the review. 45 CFR § 1355.33.

- Providing relevant and quality evidence for CB to determine substantial conformity with CFSR systemic factors
- Communicating about the child welfare system's performance with the communities the systems served
- Demonstrating the engagement of child welfare system partners and stakeholders in the state's CFSR assessment and in its continuous quality improvement (CQI) change and implementation process
- Identifying priority areas of focus for further examination and to target improvement plans to strengthen systems and improve child and family outcomes
- Describing progress to address practice, program, and systemic change, and needed adjustments, as applicable
- Using assessment results to inform planning for the onsite review and to provide a foundation for the state PIP

Stakeholder Involvement

The statewide assessment is to be completed in collaboration with, and reflective of perspectives and feedback obtained from, state child welfare system partners and stakeholders pursuant to 45 CFR § 1355.33 (a–b). CB recommends that states assemble a diverse and representative statewide assessment team (as described below) while also consistently soliciting feedback and perspectives from key stakeholder groups, including parents, caregivers, and youth, throughout the CFSR process.

Individuals on the statewide assessment team need to include representatives from those with whom the child welfare agency was required to consult in developing its title IV-B state plan. The statewide assessment team members are selected by the child welfare agency in collaboration with CB. CB recommends that states ensure family and youth representation on the statewide assessment team, as well as other key partners (e.g., members of the legal and judicial communities, including state courts, the Court Improvement Project, and stakeholders). Examples of other partners and stakeholders who might serve on the statewide assessment team include frontline workers; foster, adoptive, and relative caregivers; the Community-Based Child Abuse Prevention (CBCAP) lead agency and other prevention partners, such as Children's Trust Funds; the Children's Justice Act grantee; service providers; faith-based and community organizations; and representatives of state and local agencies administering other federal or federally assisted programs serving children and families, such as Head Start, child care, and Temporary Assistance for Needy Families (TANF).

The statewide assessment team of internal and external stakeholders engage in the CFSR statewide assessment process by:

- Empowering families and youth to participate in ongoing conversations about system-level improvement needs by recognizing and honoring their lived experiences and expertise, soliciting from them their perceptions and experiences, and acting on their recommendations about what families need to be strong and healthy[2]
- Collecting and analyzing data from selected partner and stakeholder groups through

[2] As outlined in the CB Information Memorandum to states (ACYF-CB-IM-19-03), parent, family, and youth voice is critical to understanding how well the child welfare system is achieving its goals. States are encouraged to integrate parents and youth throughout the CFSR process as they have lived expertise that provides critical context and information to identify and make child welfare system improvements.

surveys, interviews, and/or focus groups

- Using partners' administrative data (may require data-sharing agreements with contracted service providers and other agencies providing services to the same populations) in the assessment process and to provide evidence of performance and systemic functioning
- Involving stakeholders in the review and analysis of data to help identify contributing factors, underlying causes of performance challenges, and possible solutions
- Discussing findings, recommended changes, and implications of proposed interventions, and obtaining stakeholder feedback regarding implemented solutions
- Systematically providing feedback to stakeholders regarding whether and how their input was used to change policy, processes, practice, or service provision

Capacity to Complete a Quality Statewide Assessment

States are encouraged to consider the following questions as they prepare to complete the statewide assessment:

- Does the statewide assessment team reflect the family and youth the system serves, as well as partners, stakeholders, and providers involved in the state child welfare system?
- Are team members committed to remaining involved, and is there a process to support them throughout the statewide assessment process, potential involvement in the onsite review, and development, implementation, and evaluation of the PIP?
- Do the state's infrastructure and information systems provide needed administrative and case record review data? What data are already collected and can be used, and what new data may be needed (e.g., resource family surveys, staff training participation and feedback)?
- To what extent do system partners collect data and make it available for the purposes of the statewide assessment? Are data-sharing agreements needed, and in place?
- Do some team members have expertise and experience in quantitative and qualitative measurement, data collection, data analytics, and technical writing? Are team members able to communicate the results of quantitative and qualitative analyses effectively to the range of stakeholders and partners who are part of the statewide assessment team?
- Do team members have knowledge and skills with the CQI change and implementation process (e.g., identifying root causes of performance challenges, developing and testing theories of change)?
- In what way do organizational cultures and climates support the activities necessary for system partners to conduct and complete a quality assessment?
- Are there recent or future organizational changes that may affect the state's child welfare system, programs, and/or service delivery (e.g., leadership change)?
- Are there organizational resources and infrastructure in place to support the assessment process?
- What changes in organizational capacity will be needed to complete a quality statewide assessment (i.e., resources, infrastructure, knowledge and skills, culture and climate, engagement and partnership)?

Availability and Use of Quality Data and Information

The statewide assessment represents a compilation of observations made about the state's child welfare system that is grounded in evidence. "Evidence is information that is used to support an observation, claim, hypothesis, or decision. Evidence may be qualitative or quantitative and can be found in or derived from a number of sources."[3] Gathering and exploring data evidence begins during problem exploration and continues over the course of implementing, assessing, and sustaining change. The statewide assessment process entails looking at past, updated, and new data to strengthen the team's understanding of state child welfare system performance and to identify the combination of data evidence used to determine:

- Strengths and opportunities for improvement
- Areas and factors influencing strong practice
- Nature of the problem and affected populations
- Variation in outcomes among populations of different races, ethnicities, cultures, sexual orientations, and socioeconomic levels that may experience bias, inequities, or underservice within their communities or by systems seeking to serve them
- Contributing factors and underlying root cause(s) of the problem

This systematic development of evidence related to child welfare system performance may point to areas where change, innovation, and/or replication of certain practices, procedures, or policies may be warranted. This evidence then sets the stage for states to consider:

- Hypotheses that are rooted in theories of change (predictions about how and why needed change(s) will achieve the desired outcome)
- Selection of and lessons learned from implemented strategies/interventions
- Reasons to continue, modify, or discontinue the selected intervention, or revisit the original understanding of the problem and the hypothesis for change

Data sources states should consider using, as available, for the statewide assessment process include but are not limited to:

- CFSR state data profiles and supplemental context data; CFR 45 § 1355.33(b)(2)
- State child welfare agency information system data (e.g., SACWIS/CCWIS)
- Administrative data from partner agencies (public-, private-, and community-based)
- Information included in the CFSP and Annual Progress and Services Report (APSR), e.g., National Youth in Transition Database
- Annual Court Improvement Project reports, legal and judicial information systems, and other data collected by the courts (e.g., quality hearing observation data)
- Case record reviews
- Child welfare studies (research, evaluation reports)
- Surveys, stakeholder interviews, focus groups

Effective CQI change and implementation processes rely on high-quality and reliable evidence from data to provide accurate information. Consider the following when assessing the quality of evidence used for the statewide assessment and note this information where relevant:

[3] Source: Principles, Language, and Shared Meaning: Toward a Common Understanding of CQI in Child Welfare

- Data source (see examples in section above)
- Methods used to generate measures and analyze data (e.g., application of sound measurement principles, process/individuals involved in analysis of data)
- Relationship between the analysis produced and the questions asked (e.g., how results of analysis are responsive to questions raised about performance; how they raised more questions that are the focus of additional inquiry)
- Scope of the data (e.g., geographic, population)
- Representativeness of the population served or the subpopulation of interest (e.g., universe, random sample of records, selected sites or population, response rate)
- Time period represented in the data, included in citations for the data source (e.g., CY2020, FFY2020; point in time (9/30/2020); or multiple years: CY2018–2020)
- Completeness, accuracy, and reliability of the data (e.g., data quality tests performed and the accuracy of results confirmed; same measure used over time; results consistent with other data sources)
- Other known limitation(s) of the data (e.g., an array of stakeholders reported data integrity concerns; measure adjusted over time)
- Policy decisions/practices that affect the quality and consistency of the data (e.g., implementation of new information system; timeframes to respond to CPS reports changed; requirements for staff and/or provider training changed recently; new program recently implemented)

The Statewide Assessment Template

The statewide assessment is completed by states and submitted to CB at least 2 months before the case review (federal onsite or state-led review). The sections of the Statewide Assessment template are outlined below and used to provide the most current and relevant information for understanding state performance on child welfare outcomes assessed by the CFSR, and evidence required to demonstrate routine statewide functioning of systemic factors. Please see the *CFSR Procedures Manual* for additional information on completing the statewide assessment.

Section I: Provide general information about the state child welfare agency; a list of the stakeholders involved in completing the statewide assessment; and a description of how state child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Section II: Briefly describe the state's vision and organizational structure for the state's child welfare system, cross-cutting issues, factors affecting overall performance, and other statewide drivers (e.g., consent decrees, transformation projects) that are not addressed in the outcomes and systemic factor sections of this assessment.

Section III: Provide an updated assessment of state performance on safety, permanency, and well-being outcomes and supporting practices. Include recent performance data, highlights of strengths and opportunities for improvement, a brief summary of observations, priority focus areas and results of problem exploration, and related CQI change and implementation activities, as applicable.

Section IV: Provide a combination of the sources of evidence needed to determine whether the state is in substantial conformity with the seven systemic factors. The systemic factors

encompass items associated with select CFSP requirements and seven systems within the state that have the capacity, if routinely functioning statewide, to support child safety, permanency, and well-being outcomes.

Appendix: Attach a copy of the CB-generated CFSR state data profile transmitted to the state to use in completing the statewide assessment.

The Statewide Assessment template is available electronically on the CB website.

Preparation

As states prepare for the statewide assessment, CB recommends that states:

- Review the *CFSR Procedures Manual*, "Statewide Assessment" section (available on the CB website, which provides guiding principles and a framework for completing the statewide assessment.
- Review the Capacity Building Center for States' "Change and Implementation in Practice" series.[4] The series is a collection of research-informed and user-friendly resources (e.g., briefs, guides, videos) to help agencies achieve meaningful changes in child welfare practice to improve outcomes and systemic functioning.
- In collaboration with the CB Regional Office, identify and invite individuals to be members of the statewide assessment team. Review information on stakeholder involvement in the state's assessment of the child welfare system.
- Review the most recent versions of the following documents, which provide information and past assessments of state performance on child and family outcomes and supporting practices, and statewide routine functioning of the systemic factors:
  - PIP and PIP progress reports
  - CFSP and APSR
  - Court Improvement Project self-assessment and strategic plan
- Review the following additional recent and relevant data:
  - Most recent CFSR state data profile and supplemental context information, providing performance information on the CFSR statewide data indicators
  - State administrative data and aggregate performance information and measures
  - Case record review results
  - Other available statewide data, e.g., learning management system reports, administrative data from partner agencies and contracted service providers, CIP data, research and evaluation reports, surveys, stakeholder interviews, focus groups
- Review the *CFSR Procedures Manual*, "Capacity Building Collaborative Data Support Services" section, available on the CB website, and determine the need for additional guidance and technical support with any step of the statewide assessment process, and request assistance as needed.

Instructions

State child welfare agencies, in collaboration with families and youth, the judicial and legal communities, Tribes, and other key partners and stakeholders, complete an updated statewide

[4] Capacity Building Center for States' "Change and Implementation in Practice" series

assessment of the state's child welfare system and the state's ability to achieve desired safety, permanency, and well-being outcomes.

- Develop the set of questions that when answered will provide the necessary information to assess the state's child welfare systems' processes, programs, and practices.
- Build on past work, including results of data exploration, progress made, lessons learned, and adjustments from development, implementation, and monitoring of the state's most recent CFSR/PIP, CFSP/APSR, and CQI activities in completing this section.
- Determine whether other relevant quality data are available and/or needed to provide a more recent and/or deeper understanding of state performance on the outcomes and systemic factor functioning. Use current (or the most recent available) data and/or information.
- Assess the agency's investment in the quality of programs and services to be delivered, the processes by which they are delivered, and the capacity of the agency to deliver them with fidelity.
- Determine which quality data and information are the most compelling and why they provide the best evidence to support the state's assessment of (a) strengths and areas needing improvement, and (b) statewide routine functioning of systemic factor items. Include data/measure descriptions, the sources of data and/or information used, time periods represented, and other information needed to understand the scope and quality of data used.
- Summarize the results of the assessment by responding to the questions that are designed to solicit the most notable information about state performance, evidence of key strengths and areas needing improvement, observations, results of data exploration, and related CQI change and implementation activities, as applicable. CB recommends that states concisely articulate the state's observations and supporting evidence in no more than 100 pages, beginning with Section I of this template.

Statewide Assessment
Section I: General Information

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Sarah Fox	External Stakeholder-Caregiver	Contributor
Tonya Olin	External Stakeholder-Caregiver	Contributor
David Berry	External Stakeholder-Caregiver	Contributor
Robert French	External Stakeholder-Caregiver	Contributor

Name	Affiliation	Role in Statewide Assessment Process
Ann Conway	External Stakeholder-Caregiver	Contributor
Tanya Williams	External Stakeholder-Caregiver	Contributor
Bobbie Shin	External Stakeholder-Judicial	Contributor
Rachel Metelits	External Stakeholder-Judicial	Contributor
Patti Torrisi	External Stakeholder-Judicial	Contributor
Jonathan Conant	External Stakeholder-Judicial	Contributor
Samantha Elledge	External Stakeholder-Judicial	Contributor
Jamie Myers	External Stakeholder-Judicial	Contributor
Jillian Aja	External Stakeholder-Judicial	Contributor
Geraldine Miller	External Stakeholder-Judicial	Contributor
Bill Owsley	External Stakeholder-Judicial	Contributor
Robert Shelley	External Stakeholder-Judicial	Contributor
Honorable Delia R. Neal	External Stakeholder-Judicial	Contributor
20 confidential Judges-Statewide	External Stakeholder-Judicial	Contributor
Kirsten Wright	External Stakeholder-Judicial	Contributor
Anndrea Kawamura	External Stakeholder-Judicial	Contributor
Carey Turner	External Stakeholder-Judicial	Contributor
Tracey Heinrick	External Stakeholder-Judicial	Contributor
Greg Coordes	External Stakeholder-Judicial	Contributor
Erin Hawkinson	External Stakeholder-Judicial	Contributor
Jenilee Valeros	External Stakeholder-Judicial	Contributor
Eileen Bond	External Stakeholder-Judicial	Contributor
Mariah Lantz	External Stakeholder-Judicial	Contributor
Alicia Merschen-Perez	External Stakeholder-Judicial	Contributor
Leslie Reprogle	External Stakeholder- Licensing Agency	Contributor
Shelly Utzke	External Stakeholder- Licensing Agency	Contributor
Jessica Hawkins	External Stakeholder- Licensing Agency	Contributor
Sam Dyer	External Stakeholder- Licensing Agency	Contributor
John Lang	External Stakeholder- Licensing Agency	Contributor
15 Anonymous Licensing Agencies	External Stakeholder- Licensing Agency	Contributor
Daylia Warden	External Stakeholder-Congregate Care Provider	Contributor
Jane D'Amore	External Stakeholder-Congregate Care Provider	Contributor
Delcy R. Brockman	External Stakeholder-Congregate Care Provider	Contributor
Raymundo Arvizu	External Stakeholder-Congregate Care Provider	Contributor
Tracie Rogers	External Stakeholder-Congregate Care Provider	Contributor
11 Confidential Congregate Care Providers	External Stakeholder-Congregate Care Provider	Contributor
Brigid Wagner	External Stakeholder-Contracted	Contributor

Name	Affiliation	Role in Statewide Assessment Process
	Provider	
Lillian Downing	External Stakeholder-Contracted Provider	Contributor
Linda Scott	External Stakeholder-Contracted Provider	Contributor
Rachel Ferrera	External Stakeholder-Contracted Provider	Contributor
Geena Salzman	External Stakeholder-Contracted Provider	Contributor
Joanne Karolzak	External Stakeholder-Contracted Provider	Contributor
Nora Navarro	External Stakeholder-Contracted Provider	Contributor
Koffi Umoh	External Stakeholder-Contracted Provider	Contributor
Lauren Farshler	External Stakeholder-Contracted Provider	Contributor
Confidential Youth* (N=25)	Youth with Lived Experience	Contributor
Confidential Parents* including tribal (N=36)	Parents with Lived Experience	Contributor
Confidential Tribal Social Services (N=4)	Tribal Social Services	Contributor
Judge Maurice Portley (Retired)	Casey Family Program Judicial Consultant	Contributor
Karin Kline	External Stakeholder-Other Child and Family Serving	Contributor
FosterEd 2 Confidential Participants	External Stakeholder-Community Partner	Contributor

Description of Stakeholder Involvement in Statewide Assessment Process

Describe how child welfare leadership and staff from all levels of the agency, families and youth, the legal and judicial communities, Tribes, and other key partners and stakeholders were actively engaged in the assessment of the state child welfare system.

Insert description:

The Arizona Department of Child Safety (Department) actively engaged internal and external partners during the development of the Statewide Assessment. Those identified, both internally and externally, provided information, assisted with the development of the narrative or reviewed and edited outcome and systemic factor item responses, provided data, completed surveys or participated in focus groups or individual interviews. Department staff included executive leadership including managers, assistant directors, Policy and Program Specialists and Administrators who actively participate in active, ongoing collaboration with community partners including the courts, tribes, youth with lived experience, foster, adoptive and kinship providers, service and community providers, agencies providing services to those families involved with the Department.

External partners

The information and analysis included in this report includes information obtained from external partners through participation on workgroups, committees, surveys, focus groups and other activities.

The Department's framework for collaboration with stakeholders includes three components: a strategic plan, targeted engagement activities and continuous engagement initiatives. These components provide an opportunity for stakeholder collaboration, forums for consultation and a method to articulate the Department's strategic vision, mission, goals, objectives and activities to support and sustain improvement initiatives. This framework allows for stakeholder (families, youth, tribes, courts, etc.) input into the assessment of performance, updates to the various components of the Child and Family Services Review process including the Annual Progress and Services Report, the Statewide Assessment and the Child and Family Services Plan.

The information and analysis provided for this report by the Department employees listed above includes information obtained from external stakeholders through their participation in workgroups, committees, surveys, focus groups, and other activities. Specific examples of information obtained through these interactions are included in item responses within this Statewide Assessment report. A complete list of committees, workgroups, surveys, focus groups, and other activities with external stakeholders is available in Arizona's Child and Family Services Plan 2015 – 2019.

The Department's CFSR/CFSP lead communicates with the above listed individuals and others to obtain data and stakeholder input about the Department's achievement of safety, permanency, and well-being outcomes, and systemic factor functioning. In-depth discussions are held between the CFSR/CFSP lead and these managers and Policy and Program Specialists in order to fully understand the information, identify strengths, define problems areas, and analyze causal factors. In turn, the CFSR/CFSP lead provides outcome data and analysis results to these individuals and others, to support their interactions with stakeholders as they plan and implement program improvement interventions. At times, the CFSR/CFSP lead identifies data gaps and consults with these individuals about data needs, data integrity issues, and improved data collection methods.

Through this continuous quality improvement process, the Department's stakeholders have extensive input and influence in the Department's CFSR Statewide Assessment reports, CFSR Program Improvement Plans, Child and Family Services Plans, and Annual Progress and Services Reports. For example, this Statewide Assessment report and the CFSR Final Report to be issued by the Children's Bureau will be provided to the individuals listed above and others. These individuals will share these evaluation results with stakeholders and will use the results to identify problem areas, conduct additional root cause analysis, and plan the improvement interventions that will be included in the Department's CFSR Program Improvement Plan and Annual Progress and Services Reports.

Section II: State Context Affecting Overall Performance

In this section, describe the vision and core components of the child welfare system, and how the state is organized to produce the desired child welfare outcomes. Briefly outline cross-cutting issues not specifically addressed in the outcomes and systemic factor sections of the statewide assessment, and finally illustrate how current improvement initiatives provide opportunities to achieve desired outcomes and system change.

We encourage states to consider the experiences of populations within the state that may experience bias, inequities, or underservice—either in their communities or by the systems seeking to serve them—with a focus on variations in outcomes for members of those populatio0ns, and how their child welfare system processes, practices, and procedures may either exacerbate or seek to ameliorate any inequities.

We recommend dividing this brief summary into three parts:

Part 1: Vision and Tenets

Briefly describe the vision and core tenets of the state child welfare system (i.e., primary programs, including title IV-E prevention programs, as applicable; practice model; structure and approach to drive change) that are designed to produce desired child welfare outcomes and the routine statewide functioning of systemic factors.

The Department of Child Safety (DCS or the Department) is the state-administered child welfare services agency responsible for developing the Child and Family Services Plan (CFSP) and administering title IV-B and title IV-E programs. The Department provides:

- prevention services
- child abuse and neglect investigations
- child safety assessments
- family support
- preservation and reunification services
- family foster and kinship care services
- services to promote the safety, permanence and well-being of children with foster and adoptive families
- adoption promotion and support services
- health care services for children in out-of-home care

Arizona's fifteen counties are distributed into five regions. Maricopa East, Maricopa West, and South Regions encompass the state's urban areas while Northeast and Northwest Regions are rural. The counties within each region include:

Table 1 Region by Counties

Maricopa East	Maricopa West	South	Northwest	Northeast
Eastern Maricopa	Western Maricopa	Cochise	Coconino	Apache
		Pima	La Paz	Gila
		Santa Cruz	Mohave	Graham
		Yuma	Yavapai	Greenlee
				Navajo
				Pinal

Each region provides:

- Investigation of child abuse and neglect reports
- Case management
- In-home services
- Out-of-home services
- Permanency planning

The Department of Child Safety's Vision, Mission, and Values:

Vision: Children thrive in family environments free from abuse and neglect.

Mission: Successfully partner with families, caregivers, and the community to strengthen families, ensure safety, and achieve permanency for all Arizona's children through prevention, services, and support.

Organizational Core Values:

- *Safety*: We are safety experts. We create physically and psychologically safe environments for children, families, caregivers, staff, and service providers. Our organizational culture provides safety to explore all ideas and topics, learn about other perspectives, and support one another.
- *Compassion:* We are Compassioneers. Every day, we work with empathy and respect for all. We lead with kindness in understanding that families are influenced by their experiences. We treat every child, family and caregiver as if they were our own, and connect with people by seeking all points of view.
- *Change*: We are all born to grow. We are curious, open to change, and seek continuous improvement, driven toward our vision and mission.
- *Accountability*: We hold ourselves to the highest levels of professionalism. We embrace practice and process standards in order to provide the very best services consistently and efficiently, with transparency and privacy for children and families.
- *Equity*: We fulfill our mission by enhancing our cultural competence, identifying and respecting our differences, and improving our policy and practice to ensure equitable outcomes for all.
- *Advocacy*: When children can't speak for themselves, we can. As leaders in child well-being, we advocate to make the world a better place for children, while helping their families improve and heal. We champion actions that strengthen communities, families, and our staff.
- *Family:* Family reaches beyond the home. As the DCS family, we strengthen each other by connecting people with their communities so that all can thrive in a safe and supportive environment.
- *Engagement*: Engagement means listening and being responsive to earn the trust of all we encounter. Through engagement, we make discoveries together and build upon individual strengths. We involve families in decisions and help them find family-specific solutions.
- *Teaming*: The best decisions are made together. We use our collective knowledge and consider everyone's viewpoints to identify opportunities, solve problems, and provide the best possible outcomes, because child safety is a responsibility we all share.

The Department has six strategic priorities

- *Strengthening Families*: DCS provides support to strengthen all types of families in the child's network and community
- *Culture*: DCS culture is characterized by compassion, empathy, collaborative problem-solving, inclusion, transparency, responsiveness, and engagement
- *Professional Development*: All members of the DCS workforce have opportunities for

professional development and engagement
- *Diversity, Equity Inclusion and Accessibility*: DCS culture, practices, and services are anchored in a vision of Diversity, equity, inclusion and accessibility
- *Prevention*: DCS supports prevention by partnering with communities to create family-strengthening resources
- *Technology and Data*: DCS uses data for and technology for transparency, accessibility, and problem solving in a values-driven culture

The Department has a robust quality assurance (QA) and continuous quality improvement processes (CQI). The Department's QA and CQI system meets all the federal CFSR standards (operates in jurisdictions where the services are provided, has standards to evaluate the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures).

Quality assurance and quality improvement functions are embedded within some service programs and occur within the case management process through clinical supervision, external case-specific reviews and the use of administrative process data. The quality of services provided by the Department is further reviewed through external audits conducted by the federal Department of Health and Human Services and Arizona's Office of the Auditor General. The Department monitors the results of these audits and ensures corrective actions are implemented to improve services when a need is identified.

The Department includes seven units whose roles contribute to one or more stages of the Continuous Quality Improvement (CQI) cycle, and together provide the means to solve problems with a methodical and science-based approach including:

- *The Office of the Ombudsman:* The Office of Ombudsman receives and addresses complaints and inquiries from parents, family members, foster parents, oversight agencies and other concerned citizens. In addition to the quality assurance function in individual cases, the Ombudsman contributes to CQI by aggregating complaints to identify and define problems that may need to be systemically addressed.
- *The DCS Safety Analysis Review Team:* The Safety Analysis Review Team unit reviews all critical incident cases, which include fatality and near fatality reports, received by the Department to identify and analyze systemic issues and make recommendations for improvements. The Systemic Critical Incident Review is a formalized process comprised of a robust analysis of the case to identify trends and formulate considerations to executive leadership. The unit participates in the Arizona Child Fatality Review Program for Maricopa County and State Subcommittee Abuse/Neglect Child Fatality Review Team. Additionally, the unit tracks and monitors other high-profile cases and assists with agency coordination, communication, decision making, and providing support for Department personnel. The unit conducts training and provides feedback to field staff. The unit gathers information and identifies practice issues to identify trends to be systemically addressed through the continuous improvement process.
- *The Practice Improvement Unit:* This unit leads the case review portion of the Child and Family Services Review and conducts qualitative Practice Improvement Case Reviews (PICRs) of investigation, in-home service and out-of-home cases and Hotline processes. These activities assess the quality of services and the effectiveness of processes and systems by measuring achievement of safety, permanency and child and family well-being outcomes, and implementation of related practices. During the reporting period, Practice Improvement Specialist positions were physically located in four of the Department's five Regions.
- *The Policy Unit:* This unit develops program and administrative policies and procedures for the Department based on state and federal laws and rules, as well as best practice standards. The

Policy Unit coordinates with others within the Department to ensure policies and procedures are updated, provides information sessions to staff when a significant policy change is made and is available to answer questions and provide guidance to the field related to policy and procedures.

- *The Protective Services Review Team (PSRT):* The Protective Services Review Team reviews all findings proposed for substantiation for abuse and/or neglect at the completion of an investigation. The PSRT conducts a quality assurance review of the proposed substantiated findings to ensure the incident fits the statutory definition of abuse or neglect, and ensures the related documentation needed to support the finding has been gathered and is contained within the file. The PSRT unit is also available to Department staff to aid as needed.
- *The Office of Continuous Improvement:* The Office of Continuous Improvement uses experts in Lean practices to install DCS Management System elements. This includes training, mentoring and coaching to increase proficiency in standard tools to help improve the Department's functioning.
- *DCS Consultation and Research:* The Consultation and Research (C&R) team applies implementation science and the Department's Management System tools and processes to design, implement, evaluate and innovate programs and services, including internal and contracted programs and services. Consultation and Research also provides practice expert case consultation, Supervision Coach Program support, data analytics, program and practice evaluation services, and management of strategic initiatives, such as the strategic initiative to standardize clinical and administrative supervision in all field operations units.

The utilization of standard processes and procedures promotes accountability and continuous improvement. Processes are changed or created and tested by experts in the area of focus including practitioners, with objectives defined by the organization. A standardized process that allows for objective assessments of adherence to the process, with quality assurance or controls embedded, increases consistency of performance and allows evaluation of process effectiveness and outcomes.

The Department engages in collaboration with the implementation of strategies and key activities. Committees and workgroups include stakeholders where appropriate to the topic area. New policies, procedures, and practice guidelines are often provided to stakeholders for input and service provider agencies have been involved in the Department's service array development. The Department remains focused on priorities, goals and strategies in continuous engagement to more align with emerging and existing needs. Robust communication and shared experiences have created opportunities for assessment, re-alignment and improvement of engagement and outcomes through meaningful discussion and concentrated focus.

The Department integrates the Management System into administrative supervision, which has seven elements that drive improvement and sustainability:

- People Development
- Leader Behaviors and Standard Work
- Culture of Safety
- Visual Performance Management
- Problem Solving
- Standard Work and Visual Process Adherence
- Tiered Connectivity and Accountability

Models and tools include A3 thinking to strategic initiatives and breakthrough projects. The A3 tool captures the purpose, current situation, strategy, milestones, responsibility, and deliverables for the improvement being sought. The tool contains the planning and analysis, an actionable strategy, measured results, and the elements installed to sustain the gains.

The Department sustains improvements using tiered accountability and visual management tools,

including data in various formats such as charts, scorecards, huddle boards, A2s (a problem-solving tool that uses A3 thinking for smaller scale problems), and counter-measure sheets. DCS assesses performance through regular reviews of visual management. When an issue or problem arises, it is identified on a counter-measure sheet with an action that includes an assigned owner and target date.

Using standard processes and procedures promotes accountability and continuous improvement. Processes are changed or created and tested by experts in the area of focus including practitioners, with objectives defined by the organization. A standardized process that allows for objective assessments of adherence to the process, with quality assurance or controls embedded, increases consistency of performance and allows evaluation of process effectiveness and outcomes.

Part 2: Cross-System Challenges

Briefly describe cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect the system's programs, practice, and performance (e.g., legislation, budget reductions, community conditions, consent decrees, staff turnover and workload).

Settlement Agreement (BK v Faust)

B.K. ex rel. Tinsley, et al. v. Faust, et al., Case No. CV-15-00185-PHX-ROS (aka BK v. Faust) was filed on February 3, 2015, by ten children placed in the custody of the Arizona Department of Child Safety.

The lawsuit alleged children in the Arizona child welfare system do not receive the physical, mental, and behavioral health services they are legally entitled to; that the child welfare system does not have an adequate number of family foster homes; and, that investigations of reports involving children who have been maltreated while in foster care custody were not happening timely. Plaintiffs claim that because of these practices the Defendants are violating the federal rights of children in the Arizona child welfare system. Defendants deny that they are violating the federal rights of the children in the Arizona child welfare system. The lawsuit requests that the Court order Defendants to change these allegedly illegal practices. The lawsuit does not seek money damages for class members and none will be awarded. This means that no individual will receive any financial benefit.

The Court did not decide in favor of either Plaintiffs or the Defendants in this case. Instead, Plaintiffs and Defendants negotiated a proposed settlement agreement. The Court approved the settlement agreement in February 2021.

Under the Settlement Agreement, the Department is required to implement certain changes and meet specific commitments to improve the foster care system. The Department must provide monthly information regarding progress under the agreement to Plaintiffs' Counsel, who will also monitor the Department's performance under the settlement agreement.

The specific commitments in the agreement include:

- *Mental and Behavioral Health*: The Settlement Agreement requires the Department to improve the ability to provide mental and behavioral health care to children in the child welfare system, including improved monitoring, performance measures, policies, and practices. The settlement requires the Department to undertake specified actions designed to ensure that appropriate behavioral health services are available and that children receive the services they need. The settlement also requires improvements and monitoring related to the Child and Family Team (CFT) process and the utilization and recruitment of therapeutic foster care. The Department must create a plan to develop and sustain a network of qualified professionals sufficient to provide community-based behavioral health services to meet the needs of children in foster care.
- *Physical Health*: The Settlement Agreement requires the Department to improve the monitoring

and provision of medical and dental health care services for children in the child welfare system, including compliance with the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Periodicity Schedule and immunization schedule.

- *Placement Array*: The Settlement Agreement requires the Department to improve its ability to place children in the Non-Kinship Subclass in family settings, including utilizing and augmenting tools to improve the placement process and the recruitment of family foster homes. The agreement further requires the Department to reduce the use of congregate care to agreed-upon benchmarks and to measure performance related to the utilization of congregate care.
- *Caseworker Workloads*: The Settlement Agreement requires the Department to augment its monitoring of the workload of ongoing and investigative case managers, as well as metrics tracking the quality of the services provided to children in out of home care.

The Department met with plaintiffs several times upon approval of the agreement to make good faith efforts at establishing an open and candid dialogue about efforts to achieve the goals of the agreement. The first semi-annual meeting (as required by the agreement) was held in April 2022 with subsequent meetings occurring in November 2022 and May 2023. Attendees included DCS leadership and subject matter experts, representatives from Mercy Care, and Arizona Health Care Cost Containment System (AHCCCS) leadership. An action plan was developed for each meeting to follow-up on requests or tasks agreed upon during the meetings. As of May 2023, the Department had provided plaintiffs a compliance tracking document which illustrated terms of the agreement believed to have been achieved. During the May 2023 meeting, it was generally understood that much of the agreement had been met. Congregate care reduction, foster home recruitment and retention continue to be areas in need of improved performance. While the Early Periodic and Screening Diagnostic and Treatment measures were not fully met, progress and near achievement of targets were celebrated.

Staffing: DCS Specialists (specialists)

It has always been the Department's goal to fill 100% of positions and reduce turnover to allow staff to provide quality services to children and families and practice with fidelity. The ability to recruit and retain DCS Specialists has been a significant challenge for the Department for the last four years. DCS Specialist fill rates have been as low as 81% during the pandemic, often leading to unmanageable caseloads. However, in Fiscal Year 2023, the Department made significant improvements resulting in an increased fill rate for those key positions directly serving children and families. With a combination of pay increases, improved supervisory training and aggressive recruitment, as of July 2023, the Department had filled 96% (1,356) of the 1,406 funded Specialist positions, which is an increase from 81% in June 2022. This is significant progress the last few years with the goal of sustaining the high rate of filled Specialist positions to reduce caseloads and increases the service level the Department expects to provide to children and families. Reasonable caseloads lead to improved retention and allow specialists to spend more time with families, which produces better outcomes for children and families.

Part 3: Current Initiatives

Briefly describe the cross-cutting improvement initiatives (e.g., practice model, new safety model, workforce projects) to provide context for, and an understanding of, the priority areas of focus from the last CFSR that were addressed through the state's most recent PIP. This is an opportunity to highlight current initiatives and progress made toward achieving desired outcomes and systemic change.

The Department completed the Program Improvement Plan requirements from CFSR Round 3 in July 2019. Practice guidelines, policies and training enhancements occurred to address overarching concerns identified in Round 3. The Department has made substantial progress and improvements and has faced challenges since 2019. The Department highlights the following improvement efforts:

- *Reduction in Out of Home Care Population*
  The Department successfully reduced the out of home population in recent years culminating to under 10,000 children in care in August 2023, the lowest in the last 15 years. The Department is actively working to increase and support licensed community foster caregivers and kinship relative placements. As a result, the Department has been able to reduce the utilization of congregate care, reaching below 2,000 children in group homes and shelter, the lowest in over a decade.
- *Foster and Adoption Services*
  Through collaboration with current Foster and Adoption Services (FAS) partners and the caregiver community, the Department spent the year gathering information to ensure supports are in place for caregivers for children in their homes. The Department obtained feedback from current kinship and licensed caregivers about their definitions of customer service and what supports are needed to ensure their success and created two new scopes of work. The Department bifurcated the FAS contract to specifically support and license kinship caregivers and another contract to focus agencies' efforts on recruiting, licensing, and supporting community foster and adoptive families. The FAS contract will continue as a community only contract and a new Kinship Support Services (KSS) contract will focus on overcoming barriers to licensure for kinship caregivers and expedite licensure for kinship families choosing to become licensed. Kinship navigation and support services will be an integral part of the KSS scope of work. The Department plans to solicit bids for the new contracts in the summer of 2023 with a projected implementation in early 2024. These contracts included provisions for the agencies to provide more support to both kinship and foster families. Caregiver supports will be a significant theme of the new contract, by increasing access to these supports via the contracted licensing agencies, as well as a streamlined path for kinship caregivers to become licensed.
- *Enhancements to the Service Array*
  The Department redesigned the service array to include new evidenced based programs that can be tailored to individual needs. New parenting skills programs, Family Connections and Nurturing Parenting Programs were implemented this past fiscal year to replace services not previously meeting the needs of families. These critical services have helped support parents to achieve reunification.
- *Welcome Center and Placement Improvement*
  In March 2023, the Department opened a new innovative, trauma informed Welcome Center for children in foster care in Maricopa County. The new 50,000 square foot facility is designed for children entering care who have experienced significant trauma. It allows Department staff and providers to access onsite resources. Children can be assessed while staff work to locate a licensed community foster or kinship caregiver.
- *Prevention*
  The Department is committed to enhancing and strengthening prevention services. A stand-alone prevention unit has been established to work with other state agencies, non-profit organizations, faith-based communities and other child-serving entities to provide resources and supports to families to reduce child welfare involvement and enable children and families in Arizona to thrive. A Helping Grand (formerly concrete resources) is a primary prevention program designed with extensive input from the Parent Advisory Collaborative. Parents identified areas where emergency assistance had not been provided in the past. Low-income families in Arizona struggled during the COVID-19 pandemic due to illness, social isolation, job loss and lack of resources. Resources are needed to help families meet their needs by completing job certifications and vocational programs, assisting with auto repair costs, covering dental costs and receiving mental health support services for an increased emotional well-being.
  Utilizing funds from the American Rescue Plan, the Office of Prevention plans to *Support 1000 with 1000*. In collaboration with Family Resource Centers, community resource hubs, schools and local faith-based organizations, families will be referred to receive up to one thousand dollars for any of the four services listed above. The families will receive financial assistance and build a relationship

with local community resource center to utilize supports if needed in the future. Payments will be made directly to the vendor rendering the service avoiding interference with any state provided financial or nutrition assistance the family may be receiving.

The Cultural Brokers program is designed to increase the overall well-being of children, youth, and families by providing culturally sensitive support that assists families in navigating multiple agencies and programs. Cultural Brokers assist families involved in child and family serving programs by brokering, advocating, and assisting. Cultural brokers focus on establishing and nurturing trust between cultural communities and the Department. The Department is in the planning stages of program development.

- *Diversity, Equity, Inclusion and Accessibility*
  The Department is implementing Diversity, Equity, Inclusion and Accessibility as a core strategy. This includes all aspects of function, practice and policies in support of the Department's commitment to diversity, inclusion, equity and culturally sensitive service deliver. The goal is to implement and assess the diversity and inclusion initiatives to ensure alignment with long-term strategic initiatives. This will address known disparities that are in the Arizona and particularly in the population of children in congregate care.

  While the Department has accomplished many initiatives and improved practice, the is much to be done to continue supporting children families, caregivers, providers and Department staff.

Stakeholder Engagement

Practice Improvement Case Review Process

Practice Improvement Case Review (PICR) is part of the Department's quality assurance (QA)/continuous quality improvement (CQI) process. The Practice Improvement Case Review provides a method to identify strengths, areas needing improvement, and contributing issues in Arizona's child welfare system. The Practice Improvement Unit reviews a random sample of Hotline communications, investigations, in-home service cases, and out-of-home cases from each region during the year to measure the rate of outcome achievement and gauge current practice related to the Department's safety, permanency, and well-being standards and goals. Review of investigations focuses on the practice of thorough safety assessments and safety planning. Review of in-home and out-of-home cases includes all measures within the CFSR on-site instrument, focuses on Department goals that cannot be measured through the Department's Comprehensive Child Welfare Information System (CCWIS) known as Guardian, or other quantitative data, and areas requiring improvement for which qualitative information is needed. Using the PICR process, the Department:

- identifies practices and systemic factors that enable or hinder safety, permanency, and well-being outcomes for children and families
- provides executive leadership, committees, and workgroups with information to identify and initiate improvement activities
- provides an opportunity for direct service and management staff to learn from peers
- identifies training needs for direct service and management staff

The Department plans to continue to utilize the PICR to as part of the Department's ongoing QA/CQI process. The Department has eight dedicated Practice Improvement Specialist positions responsible for conducting the various case reviews, interviews and other tasks to monitor, inform, and support practice. All PI Specialists must have direct service child welfare experience.

Randomly selected cases are reviewed from each region throughout the year. Regions carrying a

higher proportion of the statewide caseload have a higher percentage of cases in the annual case review sample.

The Practice Improvement Unit maintains PICR Reviewer's Guides that provide comprehensive instructions for completing the PICR instruments. The PI team consults with policy, training, and field staff to clarify unclear practice standards as necessary. A member of the Practice Improvement management team conducts a second level quality assurance review of a sample of the cases reviewed by each PI Specialist.

As part of the in-home service and out-of-home care case reviews, the PI Specialists must make a concerted effort to complete interviews with the assigned specialist, out-of-home caregiver(s), parents involved during the review period, and youth age 14 or older involved in an in-home case, or who is identified as the target child for foster care reviews. Additional interviews are conducted when necessary to fill gaps in the information or to obtain a comprehensive understanding of the family's experience and case outcomes.

PICRs are completed each month for the units predetermined by the yearly PICR schedule. Every active unit is listed on the yearly schedule one time within the calendar year. Each month's lists of all eligible cases and assessments are extracted from Guardian and randomized through excel. Beginning at the top of the randomized list, the first eligible case or assessment is selected based on the unit(s) to be reviewed that month.

Assessments in the investigation review sample are eligible for review if all of the following criterion are met:

- The family was the subject of at least one report received within the sample month. The sample month is the calendar month three months prior to the month of review.
- The report during the sample month was closed or transferred to ongoing status before the sample was selected.
- The report during the sample month:
    - does not fall under tribal jurisdiction
    - is not an action request
    - is not a foster home investigation or other report alleging abuse in a licensed or unlicensed OOH provider's home unless at least one of the child victims is the foster parent's biological or adopted child
    - was not investigated and supervised by staff who were employed at the time in another unit (such as when another unit investigated the report to assist the unit under review).
- The assigned specialist did not have a case reviewed in the previous twelve months while employed in the unit under review.
- The assigned specialist did not have another PICR already selected for a case review in the same month (for example, for a mixed unit).
- Assessments in which the intake was assigned and investigated by a DCS Program Supervisor are eligible for review.

Each out-of-home case review is primarily conducted in relation to a single target child. A target child's case(s) is eligible for review if the child meets all of the following criterion are met:

- The child had an active removal in Guardian for at least one day during the sample month. The sample month is the calendar month three months prior to the month of review.
- The child was an active case participant (had contact or should have had contact

with Department staff or contracted providers) in the role of child for at least 60 consecutive days during the PUR, from case open to pending closure date. The 60 consecutive days may occur in a single case or a combination of cases (such as a reunification case and an adoption case in Guardian.) Reviewers will ensure each related case is reviewed for eligibility.

- The target child was not on runaway status throughout the entire period under review.
- The target child was under the age of 18 throughout the period under review (did not turn 18 before or during the period under review).
- The assigned DCS Specialist did not have a case reviewed in the previous twelve months while employed in the unit under review.
- The assigned DCS Specialist did not have a PICR already selected for review in the current month.
- The child was not assigned to another in-home or out-of-home unit during the review period.
- Case documentation confirms that the child meets all of the above criteria, and that the case was open and active (agency contact or services) for at least 60 consecutive days during the PUR, including at least one day of removal during the sample month.
- The case is not indicated or should not be indicated as high profile or involves an employee.
- The case does not include a child death, or a fatality or near fatality tracking characteristic was indicated or should have been indicated as part of the intake.
- Cases in which a DCS Program Supervisor is the assigned worker are eligible for review.

PICR data was utilized for Calendar Years 2020, 2021 and 2022 for the purpose of the statewide assessment. The data cited in the statewide assessment included cases reviewed in the 5 (Maricopa East, Maricopa West, South, Northwest and Northeast) regions comprising the state, however; may not include cases from every county in the state. The region name corresponds with the identified geographic counties of the state and may include cases from the Office of Child Welfare Investigations and Group Home/Foster Home Investigations. The data for case reviews is:

CY 2022

- 87 investigation cases
- 134 In-home/Out of Home cases were reviewed for the calendar

Table 1 CY 2022 Regional PICR (N=221 investigation, in-home and out of home)

Region	Investigation N=87	In-Home N=21	Out-of-Home N=113
Maricopa East	18	7	26
Maricopa West	17	6	29
South	20	6	31
Northwest	8	0	13
Northeast	10	2	14
OCWI	12	Not applicable	Not applicable
Group Home/Foster Home	2	Not applicable	Not applicable
Total	87	21	113

Source: Calendar Year 2022 PICR data: Office of Child Welfare Investigations (OCWI) and Group Home/Foster Home are investigative units only and do not provide in-home or out of home case management services.

Table 2 CY 2021 Regional PICR N=88 (investigations, In-Home and Out of Home)

Region	Investigation N=17	In-Home N=21	Out-of-Home N=50
Maricopa East	2	7	15
Maricopa West	4	7	15
South	5	5	9
Northwest	2	1	4
Northeast	1	1	7
OCWI	3	Not applicable	Not applicable
Group Home/Foster Home	0	Not applicable	Not applicable
Total	17	21	50

Source: Calendar Year 2021 PICR data Office of Child Welfare Investigations (OCWI) and Group Home/Foster Home are investigative units only and do not provide in-home or out of home case management services. Calendar Year 2021 has a lower sample size as the PICR team was on special assignment for most of the calendar year and was not solely dedicated to PICR case reviews for much of the year.

Table 23 CY 2020 Regional PICR N=234 (investigations, In-Home and Out of Home)

Region	Investigation N=90	In-Home N=20	Out-of-Home N=124
Maricopa East	18	8	28
Maricopa West	18	6	32
South	21	4	35
Northwest	9	0	16
Northeast	10	2	13
OCWI	14	Not applicable	Not applicable
Group Home/Foster Home	0	Not applicable	Not applicable
Total	90	20	124

Source: Calendar Year 2021 PICR data Office of Child Welfare Investigations (OCWI) and Group Home/Foster Home are investigative units only and do not provide in-home or out of home case management services.

The PICR results are an important source to identify areas of relative strength and need in Arizona's child welfare outcomes and generate qualitative information on factors contributing to practice strengths and needs. This information helps the Department to target areas for further analysis and improvement. The number of cases reviewed is not sufficient to generalize the data to the entire population of children or parents served, and percentages of cases rated strength can fluctuate substantially from year to year due to small sample sizes, sampling error, changes to policy and procedure, and changes to rating standards. In addition, each PICR item includes several practice standards and evaluates whether all practice standards were met, for all areas, for all applicable case participants, and during the entire period under review. Cases needing improvement will have met some or most of the practice standards and cannot be interpreted as entirely failing to meet the child's or family's need. Given these limitations, percentages cannot be interpreted as indicative of actual performance or trends over time with statistical confidence.

During SFY 2023, the Practice Improvement Team reinstated feedback meetings with units[5] following their PICR to allow for feedback loops with internal stakeholders related to policy and procedure requirements and the results of the case reviews. The Department leadership team is also provided

[5] A unit is comprised of 6 to 7 specialists and a supervisor. Units may be investigation, ongoing, in-home or mixed.

regional quarterly and calendar year PICR data results, as well as statewide aggregate data which is reviewed with the leadership team quarterly.

During SFY 2023, the Practice Improvement Team began providing PICR data at the section[6] level (group of field units) managed by the same Program Manager, to allow for case review data specific to the areas they supervise. Additionally, during SFY 2023, the Practice Improvement Team initiated a process to email the Program Manager when certain casework was not demonstrated during the case review period to encourage education, communication, and completion of quality casework. Examples of practice areas that result in a communication email include children who have not been visited by the Department during the most recent two consecutive months, a lack of communication with a required parent for the most recent two consecutive months, and a comprehensive medical or dental examination that has not occurred within twice the required timeframe.

Stakeholder Engagement

The Department developed a stakeholder engagement plan to ensure collaboration with broad and diversified stakeholders to review data, gather information, and provide consultation in the development of the Arizona Department of Child Safety's Statewide Assessment and Practice Improvement Plan. The Department utilized internal resources and established external partnerships for engagement and identified stakeholders it does not typically partner with to gather information and data to inform the responses for the outcomes and systemic factors. The following are examples of stakeholders consulted[7]:

- Tribes
- Judicial partners
- Provider agencies
- Community members
- Other child serving agencies
- Children, parents and families with lived experience
- Foster, adoptive and kinship providers
- Internal agency staff
- Partners that represent those that may be marginalized or have disparate outcomes

The Department's collaboration was meaningful and written or verbal communication with stakeholders was clear and descriptive through discussions and engagement to ensure stakeholders felt valued and their voices are heard. Psychological safety was discussed with the identified stakeholders upon introduction and prior to interviews, focus groups and included in surveys. The engagement included soliciting perceptions, opinions, asking questions, valuing and appreciating information, ensuring information is precise and expectations and commitments clearly identified. Participants were asked to identify additional stakeholders that would be willing to provide information some of who participated in the statewide assessment.

The Department utilized the following methods with internal and external stakeholders:

- Telephonic, virtual or in-person interviews conducted by Department staff
- Focus groups conducted by Department staff

[6] A section is comprised of 6 to 7 units supervised by a program manager.

[7] See list of Statewide Assessment Participants for a comprehensive list of all internal and external stakeholders.

- Surveys distributed through anonymous links

The information gathered through the various methods of engagement focused on the outcomes and systemic factors specific to the identified group of stakeholders.

Telephonic, virtual and in-person interviews occurred with the following:

- 25 youth with lived experience (representative of all regions in the state) July and August 2023
- 100 Department employees (field, operations, executive leadership, management, training, foster care and adoption supports, etc.) January through September 2023
- 73 unlicensed relative caregivers receiving support through kinship support services July 2023
- 11 Contracted service providers (all counties in the state) July through September 2023
- 12 attorneys including the Office of the Attorney General (statewide) and 5 opposing counsel representing children and parents in Gila, Maricopa, Mohave, Pima, Pinal and Yavapai counties January through September 2023

Four focus groups were conducted with 36 parents with lived experienced and telephonic interviews were conducted with two tribal parents unable to participate in focus groups August through September 2023.

Electronic surveys were distributed to the following:

- In August 2023, surveys were distributed to 4,885 caregivers including licensed community foster caregivers, adoptive parents, congregate care and unlicensed relative caregivers (364 respondents) representing 13 of 15 counties. Respondents included 230 licensed foster parents, 73 unlicensed relative or non-relative caregivers and 4 congregate care providers. Not all respondents identified a role. The response rate (7,5%) was very low and the narrative information was mixed and contradictory.
- In July 2023, surveys were distributed to 72 judicial officers (21 respondents) representing 9 of 15 counties.
- In July 2023, surveys were distributed to 265 attorneys who participated in training through the Administrative Offices of the Court (34 respondents) representing 14 of 15 counties.
- In September 2023, surveys were distributed to 22 Tribal Social Services (5 respondents)
- In September 2023 surveys were distributed to 160 foster care agencies and 99 congregate care providers (30 licensing agency respondents and 16 congregate care respondents).
- In September 2023, surveys were distributed to 60 DCS Specialists (XX respondents).

During January 2023 through September 2023, external partners participated in telephonic interviews.

Section III: Assessment of Child and Family Outcomes

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are, first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

1. **Performance Data Highlights**

   Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Safety Outcomes and supporting practices. Examples of relevant data: references to safety indicators in recent CB-generated state data profile, case record review results, and administrative data such as state-generated performance on the statewide safety data indicators and timeliness of face-to-face contact with children who are subjects of screened-in CPS reports. Include a description of state-produced measures (denominator and numerator), data periods represented, and methodology.

2. **Brief Analysis**

   Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state risk-standardized performance compares to national performance on the CFSR safety data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

   - What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
   - What information do other related data sources provide to inform state observations?
   - What does performance data from the legal and judicial communities show with respect to the impact of court processes on safety outcomes?
   - What does performance data show with respect to the impact of prevention efforts on safety outcomes?
   - What does the performance data identify as areas of strength?
   - What does the performance data identify as areas in need of improvement?
   - Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. **Results of Deeper Data Exploration for Priority Focus Areas**

   Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

   - What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?

   a. What events, conditions, or factors contribute to or lead to the strength or challenge?

b. What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?

c. Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

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

Outcome measurements to determine substantial conformity:

Item 1: Were the Department's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made within timeframes established by Department policies or state statutes

Data Indicators:

National data indicator **maltreatment in foster care** is no different or better than national performance for maltreatment in foster care

National data indicator **recurrence of maltreatment** is no different or better than national performance for recurrence of maltreatment.

In 95% of the applicable cases, Item 1: Timeliness of initiating investigations of reports of child maltreatment will be rated a strength and maltreatment in foster care and recurrence of maltreatment is no different or better than national performance.

Item 1A: Timeliness of initiating investigations of reports of child maltreatment

Department Policy and Procedures

The Department's policies and procedures on responding to reports of child maltreatment are summarized below.

When an allegation of abuse or neglect results in a report for investigation, the Department's Child Abuse Hotline determines the appropriate priority. The Child Abuse Hotline finalizes entry of the report into Guardian after determining the appropriate response time and immediately transmits the report to the assigned field unit.

All finalized reports are then immediately transmitted electronically through Guardian assigned to the designated unit for disposition.

The Department assigns one of the following priority levels and response times to each report:

- Priority 1 (2 hours)

- Priority 2 (48 hours)
- Priority 3 (72 hours)
- Priority 4 (7 days)

Timeliness of Initiating Investigations of reports of child maltreatment

Chapter 2: Section 1 – Disposition of Reports and Initial Response states:

The report response time frame begins when a local DCS office receives the DCS Report from the Hotline either by telephone notification or when the report is assigned (dispositioned) to the local office (appearing on the Supervisor's Dashboard), whichever occurs first.

*The DCS Specialist or Office of Child Welfare Investigations (OCWI) Investigator must **initiate the response** to a DCS Report **within the assigned response time frame** by having in-person contact with an alleged child victim identified in the Report or attempting to have in-person contact with an alleged child victim at the child's known or probable location.*

The following examples do not constitute an initial response:

- *calling the reporting source for additional information;*
- *requesting law enforcement to complete a welfare check; or*
- *having a telephone call with a school nurse, school social worker, relative, neighbor, non-abusing parent, etc., who claims to ensure the safety of the child.*

The DCS Specialist or OCWI investigator must make reasonable efforts to have in-person contact with each alleged victim within the assigned response time frame. When there are multiple children in the Report or a child's location is not confirmed, initiate the response early enough to allow reasonable efforts to have in-person contact with all of the children within the Report response time frame. Reasonable efforts include actions to identify and respond to the probable location(s) of the child victims (such as the child's home, non-custodial parent's home, school or child care setting, and/or other probable locations identified in the Report or through other means). Prompt follow-up must occur until all alleged child victims and other children in the home have been seen in-person and the safety of each child has been assessed and managed, or reasonable efforts to locate each child have been made.

The response time frame may be mitigated for no more than 24 hours after law enforcement, other emergency personnel, or a professional mandated reporting source makes in-person contact with the alleged child victim(s) and provides information to the assigned local DCS office that confirms: (1) the child(ren)'s current whereabouts, (2) that the child(ren) are not in present danger, and (3) that a mitigating factor is present. Mitigating factors include:

- *The child is hospitalized and will remain hospitalized during the mitigated response time frame.*
- *The child is under continuous supervision of a responsible adult and will remain there during the mitigated response time frame.*
- *The Report is of a child death and it is confirmed that there is no other child in the home or the alleged perpetrator has no access to another child.*

Report Response timeliness is defined as the length of time from when the report information is received from the Child Abuse Hotline by the local office to when the local office (assigned DCS Specialist) initiates

an investigation and attempts to or completes an initial response within the assigned report priority timeframe.

Performance Data Highlights

Report Response Timeliness Methodology: The total number of timely reports received that met the assigned response times or mitigated response times divided by the total number of intakes that met report criteria of abuse or neglect.

Table 1: Report Response Timeliness

Data Period	Report Timeliness	Methodology
SFY 2020	95.2%	(42,975 timely reports of 45,142 total reports)
SFY 2021	94.2%	(41,624 timely reports of 44,187 total reports)
SFY 2022	95.0%	(43,310 timely reports of 45,590 total reports)

Source: MOOR Report December 2022 published 01.03.23. State Fiscal Year (SFY)- July 1 through June 30. Report Response Timeliness. The Department does not disaggregate attempted and completed face to face contact. This data measures whether a response that meets the policy criteria occurred within the required report priority. Report timeliness percentage is defined as the percentage of all reports received that met the assigned response time for all priorities

The data does not account for the length of delay in reports that were not responded to within the identified priority response time, which could be minutes, hours, days or weeks. Additionally, there are no internal data quality checks that determine whether the response met the policy requirements and is based solely on the mathematical calculation of dates and times within the required report priority and the finalization of the intake report.

Report Response Timeliness Methodology (targeted case reviews): The Department utilized the following methodology: a statewide sample (20,737) of intake reports (accepted child abuse reports) received by the Arizona Child Abuse Hotline from October through December 2022 was randomized and the first 75 selected (10 oversampling to ensure, at minimum, 65 reports could be reviewed) with 2 cases being eliminated as no jurisdiction. All pertinent information as well as response times documented in Guardian were reviewed.

Of the 73 intakes reviewed, 64 of the reports (88%) contained documentation indicating efforts to initiate the investigation within the required Department timeframe for the report priority level.

Of the nine reports beyond the required report response time:

- 2 were within 2 hours beyond the required report response time
- 2 were within 24 hours beyond the required report response time
- 1 was within 2 days beyond the required report response time
- 1 was within 3 days beyond the required report response time
- 1 was within 4 days beyond the required report response time
- 1 was 28 days beyond the required report response time
- 1 was 43 days beyond the required report response time as the child's whereabouts were not known and a phone call to the parent and automated Juvenile Probation phone number to try to locate the child was not sufficient
- **Face-to-Face contact with the child(ren) was made within the established timeframes**

  Face-to-face contact Methodology (targeted review): The Department utilized the following methodology: a statewide sample (20,737) of intake reports (accepted child abuse reports) received by the Arizona Child

Abuse Hotline during October through December 2022 was randomized and the first 75 selected (10 oversampling to ensure at minimum, 65 reports could be reviewed) with 2 cases being eliminated as no jurisdiction. Narrative information and response times documented in Guardian were reviewed by the Department's Practice Improvement Team. Data limitations included no qualitative information as to why face-to-face contact did not occur within the required timeframes. This review assessed face-to-face contact with all child victims within the required timeframes.

Of the 73 intakes reviewed, face-to-face contact was made with all listed victims within the agency response time in 51 of the 73 reports (70%).

Of those reports in which face-to-face contact was not made with all child victims, 39% (9 of 23) did not have concerted efforts to see the victims within the Department response times. In the remaining 61% (14 of 23), an initial effort at contact was made within required timeframes but additional efforts could have been made, such as going to an alternative location at which the child may have been located. Two of the 14 reports may have qualified for a mitigated response time by the DCS Supervisor, but were not mitigated. One child was at a behavioral health hospital during the response time and another child was at a medical hospital.

During SFY 2023, the Department revised the Practice Improvement Case Review (PICR) tool to include questions related to report response. This includes an assessment of both initial responses in accordance with policy and face-to-face contact with all child victims within the response time. The CY 2023 PICRs completed to date (March 2023 through August 2023) indicate that 100 % (5 of 5 applicable cases) of reports of child maltreatment received during the period under review had a response time within the Department's required timeframes or the delays were beyond the Department's control. Additionally, in 100% (5 of 5 applicable cases) face-to-face contact was made with all alleged victims within the Department's report response timeframe or the delays were beyond the Department's control (Items 1B and 1C).

Item 1B: CFSR Measure: Maltreatment Recurrence CFSR National Data Indicator:

Of all children who were victims of substantiated maltreatment during a 12-month period, the percentage who were victims of another substantiated report within 12 months will be 9.7% or less.

Table 3 Recurrence of Maltreatment (must be 9.7% or below)

Data Period	Risk Standardized Performance	Observed Data Performance
FFY 2018-2019	7.3%	5.5%
FFY 2019-2020	6.6%	4.9%
FFY 2020-2021	5.7%	4.2%

Source: CFSR Data Profile, February 2023-Revised) FFY- October 1 through September 30.

Item 1C: CFSR Measure: Maltreatment in Out of Home Care

CFSR National Data Indicator: Absence of maltreatment in out-of-Home Care

Of children in out-of-home during a 12-month period, the rate of children with a substantiated report per 100,000 days of out-of-home care will be 9.07 or less.

Table 4 Maltreatment in Care (must be 9.07 or below)

Data Period	Risk Standardized Performance	Observed Data Performance
FFY 2018	4.70	3.50
FFY 2019	4.11	3.04
FFY 2020	3.16	2.29

Source: CFSR Data Profile, February 2023-Revised) FFY- October 1 through September 30.

Brief Analysis

Report Response Timeliness

The Department has worked diligently to improve and sustain report response timeliness to ensure children are assessed and appropriate actions are taken to protect their safety.

Input from Department's Supervision Coach Program Manager and Supervision Coaches, regional Program Administrators, and the OCWI Chief obtained during interviews indicates visibility and continual reinforcement of report response timeliness through visual management and supportive supervision are contributing factors to the sustainability of the requirement for timely report responses. Additionally, interviews with the PICR manager and management analysts were conducted to better understand the data obtained during the targeted reviews.

The number of reports increased by approximately 2% from FFY 2020 to FFY 2022 (see Table 1 Report Response Timeliness). The Department recognized the need for additional investigative positions and increased those positions by 10.8% (572 in FFY 2020 to 634 in FFY 2022. Despite these challenges, the Department was able to sustain report response timeliness had currently has a filled position rate of 96%. The Department is committed to efforts to recruit, retain and cultivate a sustainable workforce.

The Department's response time has dramatically improved from 60.2% (28,528 of 47,389 reports) in FFY 2014 to 95% in FFY 2022 (see *Table 1 Report Response Timeliness*). The Department has consistently maintained at 95% for Federal Fiscal Years 2020 (95.6%), 2021 (95.5%) and 2022 (95%). The Practice Improvement team conducted a targeted review of 73 cases to assesses report response timeliness. The review's lower performance rate (88% 64 of 73 cases) indicates that although the date and time entered met the report response times, documentation sometimes does not describe the action taken to meet the required timeframe. The importance of documentation that demonstrates the response time was met was discussed with the regional Program Administrators. Program Administrators identified areas that were beyond the control of the Department such as children located in different states, unwillingness of parents to participate in the investigation, unable to locate families, etc. Systemic factors included capacity and caseloads, which impact the Department's ability to see all the child victims and ensure the response is timely.

Face to face contact with child victims

When there are multiple children in the report or a child's location is not confirmed, Department procedure prompts the specialist or OCWI investigator to initiate the response early enough to allow reasonable efforts to have in-person contact with all the children within the report response time frame. Department procedure also indicates prompt follow-up must occur until all alleged child victims and other children in the home have been seen in-person and the safety of each child has been assessed and managed, or reasonable efforts to locate each child have been made.

Focus groups were conducted with the Deputy Director of Field Operations, Assistant Director of Field Operations, Management Analysts and Regional Program Administrators who identified the need for more reliable data to evaluate performance and factors that may prevent the ability to have face to face contact with child victims including distance, availability, follow up contact and efforts to locate a child victim within the required timeframe.

Recurrence of Maltreatment and Absence of Maltreatment in Out-of-home care

Item 1 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan (PIP). The Department's CFSR PIP case review data indicates the PIP improvement goal for CFSR Item 1 was met. The Department continually monitors data on timeliness of initial response via scorecards and visual process adherence tools that are part of the DCS Management System to sustain the improvements and achieve the 95% CFSR goal. Administrative data including case review data will be developed to measure and monitor whether child victims are seen within the required response time. The Department has maintained the policy clarification for timeframes for face to face contact set during Round 3.

Results of Deeper Data Exploration for Priority Focus Areas

Nationally, there is overrepresentation and disparity for African American and Native American children within child welfare systems. Arizona is also experiencing overrepresentation and disparity for these children. The Department's entry rates per 1,000 children in the State's population decreased from 5.06 in FFY 2020 to 3.85 in FFY 2022. Although the entry rates decreased for African American and Native American/American Indian children as well, these children are still overrepresented (FFY 2022 5.06 and 3.85 respectively, compared to the percentage of the total entries 8.5% and 4.2%) data source: Child and Family Services Review (CFSR Round 4) data Profile Supplemental Context Data Children's Bureau February 2023). Data limitation of unknown/unable to identify entries (31.9%) could increase these entry rates. The Department has concentrated its efforts by developing programs and strategies to reach underserved populations through prevention services in areas where intervention for African American families is higher. The Department included strategies in the FY 2024 strategic plan to address prevention efforts and ensure practices and services are anchored in a vision of diversity, equity, inclusion and accessibility.

- During FFY 2022, the Department partnered with agencies and the National Family Support Network to create a robust infrastructure for the centralized coordination of Family Resource Centers to encourage families to safely seek resources without fear of being reported to the Department.
- Concrete Resources, a primary prevention program, is designed with extensive input from the Parent Advisory Collaborative consisting of parents with lived experience, foster caregivers, family member of a parent that was previously involved with the Department and prior kinship placements. Emergency assistance not previously available or provided were targeted. The *A Helping Grand* was developed to assist families with job certifications and vocational programs, auto repair costs, dental and mental health support, etc. This program is piloted in geographic areas where removal rates are higher and disparity exists. In collaboration with community partners, beginning February 2023, families will receive up to $1000 for any identified service through a direct vendor payment avoiding interference with any financial or nutritional assistance that the family may be receiving.
- Educators are a large reporting source. In collaboration with Prevent Child Abuse Arizona, the Department has begun the 'Considering Yourself a Mandated Supporter' training of the trainers. The goal of the training educators is to introduce prevention to educators and school social workers to reduce the over reliance on the child protection system for resources and community support. 'Considering Yourself a Mandated Supporter' training is designed to equip educators to better support families and help reduce family overwhelm, ultimately protecting children from maltreatment. Through this training, educators will examine how they can protect children from adversity by considering themselves not just mandated reporters, but mandated supporters.

In accordance with Senate Bill 1076, the Department commissioned Mathematica to conduct a study to understand how characteristics of intake reports and family demographics are associated with children who need or do not need protection. A report of the findings was submitted to the governor, the President of the Senate, the Speaker of the House of Representatives and the Co-Chairpersons of the Joint Legislative Oversight Committee on the Department of Child Safety. The study provides policy makers with compelling data to inform decisions about how to best support and strengthen families without the intrusion of DCS in families with safe

children, such as through connection with Family Resource Centers.

Information Regarding CQI Change and Implementation Activities, As Applicable

As of March 2023, the Department's out-of-home Practice Improvement Case Review (PICR) tool was modified to include Onsite Review Instrument Item 1 questions related to initial report response and face-to-face contact with victims during assessments in an effort to monitor and improve this area of practice. This change has allowed the Department to measure and monitor practice, share data internally on a quarterly basis and make decisions related to practice and other improvement efforts that may need to be made.

Discussions were held with regional program administrators who will clarify and reinforce the policy requirements for face-to-face contact within the required report priority and the use of mitigation.

Supervision coaches continuously provide education and coaching, which has increased report response timeliness including face-to-face contact. Lean management activities support supervisors and encourage discussions with specialists, which increases feedback and accountability. This process also improves the information that is gathered to inform the assessment, safety planning, service provision etc.

Stakeholder Engagement/Type

In accordance with the Stakeholder Engagement Plan, the stakeholder/type is identified below. Please see narrative for detailed description.

Program Administrators and OCWI Chief: interviews
Data Analysts: interviews
PICR Manager: interview
Supervision Coaches/Program Manager: interviews
Management Analysts, Program Administrators, Chief Operations Officer and Assistant Director of Field Operations: focus group
Confidential stakeholder focus groups with Black/African Americans, Native Americans, South Tucson and rural Arizona and community leaders from the relevant identified stakeholders

Data Sources

December 2022 MOOR report
CB Data Profile (February 2023)
Targeted Case Review
PICR data (March -August 2023)

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

Outcome measurements to determine substantial conformity:

Item 2: Did the Department make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification

Item 3: Did the Department make concerted efforts to assess and address the risk and safety concerns relating to the children in their own homes or while in foster care? (Risk Assessment and Safety Management)

In 95% of the applicable cases, Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care AND Item 3: Risk Assessment and Safety Management will be rated as a strength or item 2 is not applicable and Item 3 is rated as a strength.

Item 2: Services to family to protect children in the home and prevent removal or re-entry

Department Policy and Procedures

The Department's policies and procedures on services to protect children in the home and prevent removal or re-entry are summarized below.

Chapter 2: Section 4 Present Danger Assessment and Planning states:

> *Upon contact with the child and family, the DCS Specialist will determine whether any child in the home where the abuse or neglect was alleged to occur is in present danger. A child is in present danger when there is an immediate, significant, and clearly observable family condition, child condition, or individual behavior that obviously endangers a child right now or threatens to endanger a child at any moment, and requires immediate action to protect the child before the comprehensive FFA can be completed.* Immediate, significant, and clearly observable are defined as follows:
>
> 1. ***Immediate*** *for present danger means that the dangerous family condition, child condition, or individual behavior is active and operating. What might result from the danger for a child could be happening or occur at any moment. What is endangering the child is happening in the present, it is actively in the process of placing a child in peril. Serious harm will result without prompt investigation and/or DCS Specialist action.*
>
> 2. ***Significant*** *for present danger means that the family condition, child condition, or individual behavior is exaggerated, out of control, and/or extreme. The danger is recognizable because what is happening is vivid, impressive, and notable. What is happening exists as a matter that must be addressed immediately. Significant is anticipated harm that can result in pain, serious injury, disablement, grave or debilitating physical health conditions, acute or grievous suffering, impairment, or death.*
>
> 3. *Present danger is* ***clearly observable*** *because there are actions, behaviors, emotions, or out-of-control conditions in the home that can be specifically and explicitly described, and which directly harm the child or are highly likely to result in immediate harm to the child.*
>
> *In* ***present danger****, the dangerous situation:*
>
> - *is in the process of occurring (for example, a young child is alone on a busy street);*
> - *just happened (for example, a child presents at an emergency room with a serious unexplained injury);*
> - *happens all the time (for example, young children were left alone last night and are likely to be left home alone again tonight or the child will be accessible to a perpetrator upon release from school); or*
> - *requires an immediate protective action because the alleged abuse or neglect cannot be immediately ruled out and if the allegation is true, the child is in present danger (for example, a child has serious unexplained injuries or there are current allegations of sexual abuse).*
>
> *After the family functioning and present danger assessments, the DCS Specialist shall work with the family to identify the least intrusive plan that is sufficient to control the present danger condition(s).*

The DCS Specialist and Program Supervisor ensure the protective actions in the Present Danger Plan are the least intrusive actions that are sufficient to control the present danger condition(s) until it is determined the child is safe or a safety plan is created.

Chapter 2: Section 7 Safety Planning states:

If the assessment determines impending danger exists, the Department shall develop and implement a separate and individualized Safety Plan for each household and if applicable, conditions for return, when the Department concludes a child is unsafe due to impending danger in more than one household in which a child resides.

Safety Plans shall include actions that are:

- *sufficient to control the identified impending danger safety threat(s);*
- *feasible to implement;*
- *sustainable; and*
- *the least intrusive to the family.*

Safety actions are active and intentional efforts made by responsible adults (family members, informal supports, or other members of the family network) who take responsibility for assuring that a child's basic needs and need for safety are met.

Supportive resources may also be included in the Safety Plan to assist responsible adults in the completion of safety actions.

Developing a Safety Plan that is not full time out-of-home placement requires knowledge about other actions or methods that might immediately control threats of danger. Safety actions and supportive resources can provide practical resources, crisis management, social support and connection, behavior management, and separation of the child and parent. The following safety actions and supportive resources may help substitute for a parent/caregiver's diminished protective capacities:

Practical Resources
These actions and services provide practical help to the family in order to mitigate threats of danger to the child. Examples include:

- *resource acquisition related to a lack that affects child safety (such as a crib or food);*
- *transportation services to address an issue associated with a safety threat;*
- *employment or financial assistance to decrease resource gaps affecting child safety; and*
- *housing assistance to meet the family's basic need or to replace dangerous housing.*

Crisis Management
A crisis event or situation overwhelms the caregiver's and family member's emotions, abilities, and resources so that the caregivers are unable to solve problems and manage their lives. A crisis for families may not necessarily be a traumatic situation or even in actuality, but a perception of those individuals involved.

Crisis management aims to halt a crisis and mobilize problem solving to return a family to a state of calm. Appropriate crisis management handles precipitating events or sudden conditions that immobilize parents' capacity to protect and care for children. Examples include:

- *crisis intervention and counseling;*
- *resource acquisition when lack of resources creates a crisis;*
- *emergency financial and/or housing assistance; and*
- *help with basic parenting tasks.*

Social Support and Connection
These actions and resources may be useful with young inexperienced parents who are not meeting basic protective responsibilities; anxious or emotionally immobilized parents; parents needing encouragement and support; parents overwhelmed with parenting responsibilities; and developmentally disabled parents. For example, actions and resources include:

- *friendly visitor (formal or informal supports directly related to purposefully reducing isolation and connecting caregivers to direct support);*
- *basic parenting assistance and teaching (focused on essential knowledge and/or skill a caregiver is missing or failing to perform);*
- *homemaker services pertinent to issues associated with the impending danger;*
- *home management services pertinent to issues associated with the impending danger;*
- *supervision and monitoring that occurs during scheduled in-home contacts with social conversations;*
- *formal and informal social networking that is focused and purposeful; and*
- *in-home babysitting that allows for social contact, conversation, and support.*

Control or Manage Threatening Behavior
This type of service in a Safety Plan controls aggressive behavior, passive behavior, or the absence of behavior – any of which can threaten a child's safety. For example, actions and supportive resources include:

- *in-home health care that manages health care issues affecting caregiver behavior or a vulnerable child;*
- *substance abuse intervention, such as detoxification, management, or monitoring that controls substance intake;*
- *supervision and monitoring of caregiver behavior and circumstances that influence caregiver behavior;*
- *stress reduction to reduce stressors that are influencing caregiver behavior;*
- *out-patient or in-patient medical treatment;*
- *emergency medical care that treats immediate physical conditions that affect caregiver* behavior; and
- *emergency mental health care that treats and manages acute mental health conditions.*

Performance Data Highlights

Least Intrusive Actions to Control Present or Impending Danger Methodology: A random case record sample was reviewed by the Practice Improvement team to assess whether in applicable cases, the least intrusive safety actions taken managed present and impending danger and a safety plan was developed.

Table 1 Investigation and Out of Home Practice Improvement Case Record (PICR) Items Least Intrusive actions to control present or impending danger Calendar Year (CY January through December)

Data Period	Investigation Present Danger Assessment, Decision and Planning (Item 1F)	Investigation Impending Danger Safety Planning (Item 7B3)	Out of Home Ongoing Safety Assessment and Management (Item 1B4)
CY 2020	71% (10 of 14 applicable cases)	86% (12 of 14 applicable cases)	93% (93 of 100 applicable cases)
CY 2021	100% (6 0f 6 applicable cases)	83% (5 of 6 applicable cases)	84% (42 of 50 applicable cases)
CY 2022	93% (25 of 27 applicable cases)	93% (25 of 27 applicable cases)	90% (90 of 100 applicable cases)

Source: Investigation PICR Items 1F Present Danger Assessment, Decision, and Planning and Item 7B3 and Out of Home Impending Danger Safety Planning Item 1B4 Calendar Years (CY) 2020, 2021 and 2022). CY 2021 had a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY.

Table 2 Number of Children Statewide in out-of-home care (under the age of 18)

Data Period	Children in Out-of-Home Care
SFY 2020	13,161
SFY 2021	13, 581
SFY 2022	11,630
SFY 2023	10,021

Source: Monthly Operational Outcome Report (MOOR) September 2023 State Fiscal Year (SFY) July 1 through June 30. Metric Definition: total number of children in care as of the last day of the reporting period.

Table 3 Re-entry Rates within 12 months of exit to Reunification, Guardianship, or Live with Relative

Data Period	Risk Standardized Performance	Observed Performance
19B-20A	7.1%	6.7%
20A-20B	7.1%	6.7%
20B-21A	6.8%	6.3%
21A-21B	6.1%	5.7%

Source: Child and Family Services Review (CFSR 4) Data Profile February 2023)

During SFY 2023, the Department revised the PICR tool to include a question about concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification.

From May to September 2023, initial assessments of 36 investigations were reviewed by the Practice Improvement team. Guardian advanced find (a tool within the Department's system of record, Guardian, that creates queries against the information contained in the database) was utilized to obtain a random list of children who were removed in March 2023 or began in-home services in March 2023.

The CY 2023 PICR completed to date (March 2023 through August 2023) indicate that 72% of the initial assessments (26 of 36) reviewed were rated a strength because either services were provided and the child was not removed, the child was removed due to an unmanageable safety concern or risk within the home despite appropriate services in place, or it was necessary to remove the child immediately without providing services to ensure the child's safety and protection.

In July, 2021, the Department introduced a service array redesign to update outdated services with well-defined evidence-informed or evidence-based programs that are designed for the target populations served by the Department. The goals of the service array redesign include:

- Decrease the recurrence of maltreatment and repeat reports
- Decrease the number of children entering out-of-home care

- Decrease racial disparity in foster care
- Increase the percentage of children who exit foster care to reunification

Services are available to families who have had a report of child abuse or neglect, or who are at risk of abuse or neglect. Services can be provided to families:

- who are being served in-home;
- whose DCS case will be closing at investigations; or
- that are in the reunification process.

The focus of these services is to improve the safety and well-being of families, enhance family functioning and caregiver protective capacities, increase competence in parenting abilities, foster a sense of self-reliance, reduce risk factors, increase protective factors, and stabilize families. Family Connections and Nurturing parenting Program are parent-skill based programs available since 2021 to families served by the Department.

Family Connections (FC) is an individualized family intervention service program that partners with parents in a process of assessment, service planning and change-focused intervention around selected core outcomes to help reduce risk of maltreatment, address impending danger in the family, meet conditions for return, or maintain children safely in the home. Services can be distinguished as follows:
FC Level 1: The FC Consultant shall meet with the parent/caregiver in-person one time per week, for a minimum of one hour over a maximum of 150 days:

- Families whose DCS case will close following the investigation (no DCS oversight)
- In-Home case with children assessed as safe (no safety plan managing dangers)
- Out-of-Home/ongoing case with all children residing in out-of-home care and it is not expected for a child to reunify with the parent during the service authorization period

FC Level 2: The FC Consultant shall meet with the parent/caregiver in-person two times per week, for a minimum of one hour, over a maximum of 150 days

- In-Home cases with children assessed as unsafe due to impending danger (safety plan managing dangers)
- Ongoing case with a child in out-of-home care and one or more children residing in the home of the parent receiving services
- Ongoing case with a child in out0of0home care and a child in out-of-home care is expected to reunify with the parent receiving services within the service authorization period
- Substance Exposed Newborn Safe Environment (SENSE) case (infant remains in the home with a parent and has an open in-home case)

Nurturing Parent Program (NPP) is a curriculum-based parenting skills, education, and coaching program. NPP strengthens nurturing and positive bonds between the child and parent. NPP focuses on the key areas of appropriate expectations and family roles, empathy, non-violent discipline, and child's power and independence. NPP is provided by contracted community-based agencies and is available in all Arizona counties.

The Nurturing Parenting Programs are founded on the morals and values of positive self-worth, empathy, empowerment and strong will, structure and discipline, and laughter, humor and play. In Arizona, the NPP Practitioner can utilize specific curriculum that have a focus for target populations such as an Easy Reader handbook for families with cognitive delays, Families in Substance Abuse Treatment and Recovery, Nurturing Fathers Program, Nurturing Parenting for African American Families, LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Plus) Supplemental Lesson Guide, and American Indian Supplemental Lesson Guide. The NPP Practitioner will develop a Family Nurturing Plan with the family that

outlines the service and determines what lessons will be taught. The Impact Evaluation of the Nurturing Parenting Program Nurturing Skills for Families completed by Mathematica October 11, 2022 found favorable impacts of completing the program on safety and permanency and families who completed the program were less likely to experience an investigation or subsequent investigation immediately after the program ended. These children were also less likely to experience a removal up to 12 months after the end of the program.

Since July 2021, Family Connections Program has served 2,472 families and NPP has served 4,472 families (source: Monthly Operational Outcome Report (MOOR) January 2023). Implementation of these services and other changes to the Department's service array coincided with a decrease in out of home care. Between July 2018 and July 2021, the out-of-home population remained at 13,500. Following the revitalization of the Department's service array, the out-of-home population reduced 33% from July 2021 and June 2023.

Brief Analysis

All thirty applicable cases reviewed during the 2015 Arizona Round 3 CFSR were rated strength in relation to providing safety related services to prevent entry into out-of-home care. The Department's CFSR PIP did not require case reviews related to CFSR Item 2.

PICR results indicate when a child was determined to be unsafe in the parents' home, least intrusive present danger and impending danger safety plans were developed. These plans also include the identification of supportive resources and services to prevent removal or re-entry into foster care. See *Table 1 Investigation and Out of Home PICR Items Least Intrusive actions to control present or impending danger Calendar Year (CY January through December)*

- Investigative present danger plans identified as least intrusive improved from 71% in CY 2020 to 89% in CY 2022.
- Investigative impending danger safety plans identified as least intrusive improved from 86% in CY 2020 to 93% in CY 2022
- Out of Home Ongoing Safety Assessment and Management safety plans decreased from 93% in CY 2020 to 90% in CY 2022.

The number of children in out of home care decreased 23.8% from SFY 2020 to SFY 2023 See T*able 2 Number of Children Statewide in out-of-home care (under the age of 18*). As of September 14, 2023, the Department has safety reduced the number of children in care to the lowest in 15 years. Currently, there are 9,900 children in out-of-home care, the lowest level since July 2008. The re-entry rates for children identified in the CFSR 4 February Data profile also decreased. The Department continues to practice fidelity to the Safe AZ model to assess safety and risk, provide appropriate services to increase protective capacity and allow children to remain safely in their homes and prevent re-entry. Additionally, the Department continues to diligently conduct quality assurance on data metrics to ensure accuracy.

The Department's 2022 PICR review findings suggest the Department may have opportunities to improve assessment and the provision of services to prevent removal or re-entry. The data indicates potential areas of improvement in the following:

- identification and assessment of responsible adults to ensure safety in the home (identified supports not assessed as responsible adults)
- assessment of present danger (children assessed as unsafe when the documentation suggests children are safe)
- exploration of in-home options to manage threats before removal of children only when it is necessary to ensure safety (plan was more intrusive than necessary)

Assessment and safety planning are complex processes with many components. The children applicable to the safety plans that were rated as needing improvement were not necessarily unsafe, but there may have been one element that was not in place or not initiated timely.

Item 3: Risk and Safety Management

Department Policy and Procedure

The assessment and management of child safety is initiated during the initial contact with the family and is continued throughout the investigation. The purpose of the Family Functioning Assessment is to gather sufficient and relevant information to make an informed decision about whether the child is safe or unsafe. The Family Functioning Assessment and analysis of information guides the DCS Specialist's decisions about the child's safety and what, if any, actions should be taken to protect the child. Information about family functioning is gathered through interviews, observations, and the review of documents (medical, police, school, behavioral health, etc.). The DCS Specialist completes the Family Functioning Assessment by:

- gathering information on the six domains of family functioning: extent of the maltreatment, circumstances surrounding the maltreatment, child functioning on a daily basis, adult functioning on a daily basis, general parenting practices, and discipline and behavior management;
- identifying whether there is a threat of danger to any child in the home of the alleged abuse or neglect;
- assessing each adult household members' protective capacity to control any threats of danger to the child(ren);
- applying the five safety threshold criteria to any identified threat of danger; and
- determining whether each child in the home is safe or unsafe due to impending danger.

A Safety Plan must be implemented, active, and continuously managed and monitored by the DCS Specialist. The DCS Specialist must continuously reassess the family conditions and dynamics, and the sufficiency of the plan.

Sufficient means the plan is a well-thought-out approach that identifies the most suitable people that will take the necessary actions at the right times and frequency to control threats of danger to the child(ren) and/or substitute for diminished parent/caregiver protective capacities.

The Program Supervisor completes a review of the sufficiency of any active Safety Plan with the DCS Specialist during clinical supervision.

When ongoing case management occurs, while a child is assessed as unsafe and a safety plan is active, the Department shall continuously assess and actively manage child safety.

The DCS Specialist shall continuously gather information about family functioning, provide or arrange services and supports to enhance parental protective capacities, and assess progress toward enhancing the diminished protective capacities and eliminating the impending danger threats identified in previous Family Functioning Assessments. The DCS Specialist shall continuously gather information through contact with the parents, the child(ren), involved kin, the out-of-home care provider, and other service team members.

- For a case to be rated as a strength on the In-Home and Out-of-Home PICR, all of the following must be true during the entire three-month review period, if applicable:
- a thorough initial safety assessment was documented timely
- ongoing safety assessments were documented timely
- ongoing safety assessments included thorough information gathered including safety of the child and progress of the parents related to safety threats identified

- safety actions taken by the agency were initiated timely, least intrusive, and sufficient to control the threats
- safety actions taken by the agency were communicated to the safety monitor or OOH caregiver responsible for a portion of the safety plan
- there was sufficient oversight of the safety plan
- the appropriate safety planning forms were used
- safety concerns pertaining to the child, such as during visits or in placement, were appropriately addressed

Performance Data Highlights

Item 3 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan (PIP). The Department's CFSR PIP case review data indicate the PIP improvement goal for CFSR Item 3 was met as of February 2018. The Department continually monitors data and practice on safety assessment and management via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

Table 4 Investigation and Out of Home PICR Items sufficient actions to control present or impending danger

Data Period	Investigation Present Danger (Item 1E)	Investigation Impending Danger (Item 7B2)	Out of Home Ongoing Safety Assessment and Management (1B5)
CY 2020	64% (9 of 14 applicable cases)	79% (11 of 14 applicable cases)	82% (82 of 100 applicable cases)
CY 2021	50% (3 0f 6 applicable cases)	67% (4 of 6 applicable cases)	92% (46 of 50 applicable cases)
CY 2022	89% (24 of 27 applicable cases)	89% (24 of 27 applicable cases)	93% (92 of 99 applicable cases)

source: Investigation PICR Items 1E Present Danger Assessment, Decision, and Planning and Item 7B2 and Out of Home Impending Danger Safety Planning Item 1B5 Calendar Years (CY) 2020, 2021 and 2022). CY 2021 had a low sample size as the Practice Improvement Unit was in special assignment for a majority of the CY. Investigation Item 1E: Did the present danger plan sufficient to control the present danger conditions identified? Investigation Item 7B2: Was the safety plan sufficient to control the impending danger threats identified, and was the plan maintained and up to date at all times? In Home or Out of Home Item 1B5: If a safety plan or action was in place during the period under review, were the safety actions taken by the Department sufficient to control the threats, including a thorough and accurate assessment of the identified responsible adult?

During SFY 2023, the Department revised the PICR tool to include all questions in the OSRI Item 3. The CY 2023 PICRs completed to date (March 2023 through August 2023) indicate that 100% (5 of 5) of applicable cases reviewed in which there was a child abuse or neglect report received during the review period, contained evidence that an accurate initial assessment was conducted to assess all risk and safety concerns for the target child and any child(ren) in the family remaining in the home (Item 3A).

Additionally, 72% (26 of 36) of open cases were rated a strength and contained documentation that the Department accurately assessed all risk and safety concerns for the target child and any child(ren) in the family remaining in the home.

In 100% (5 of 5) applicable cases reviewed, the Department conducted ongoing assessments that accurately assessed all risk and safety concerns for the target child and/or any child(ren) in the family remaining in the home (Item 3D).

80% (4 of 5) applicable cases reviewed indicated that safety concerns related to the child in foster care during parent-child visitation was adequately or appropriately addressed by the Department.
The Department's PICR standard for a safety plan to be considered appropriate and sufficient includes all the

following to occur during the entire three-month review period, if applicable:

- developed timely,
- have an immediate effect,
- be least intrusive,
- identify actions to fully control the identified danger condition or threat,
- have sufficient oversight, and
- identify a responsible adult to control the present danger condition.

The CY 2023 PICRs completed to date indicate that none of the cases reviewed had safety concerns pertaining to the target child and/or any child(ren) remaining in the home. (Item 3B5). Safety concerns measured using this question include two substantiated allegations of child abuse or neglect within a six-month period that involved the same or similar circumstances, a case being closed while significant safety concerns still existed in the home, or other safety-related incidents not specific to other safety related questions included in the instrument.

In 6 of the applicable 12 cases reviewed, safety concerns pertaining to the target child's foster parents, members of the foster parents' family, other children in the foster home or facility, or facility staff members were adequately or appropriately addressed by the Department (Item 3B7).

Brief Analysis

PICR results indicate when a child was determined to be unsafe in the parents' home, least intrusive present danger and impending danger plans were developed. These plans also include the identification of supportive resources and services to prevent removal or re-entry into foster care. See Table 1 Investigation and Out of Home PICR Items Least Intrusive actions to control present or impending danger Calendar Year (CY January through December)

- Investigative safety plans identified as sufficient present danger plans improved from 64% in CY 2020 to 89% in CY 2022.
- Investigative impending danger safety plans identified sufficient improved from 79% in CY 2020 to 89% in CY 2022
- Out of Home Ongoing Safety Assessment and Management safety plans increased from 82% in CY 2020 to 93% in CY 2022.

While current performance is strong, the Department's PICR results indicate areas for continuous improvement within risk and safety assessment and management. The 2022 Practice Improvement review findings indicate, in some cases, opportunities for collection of more comprehensive information to accurately access the risk of future harm and child safety, assess responsible adults to include in safety plans, more timely safety plan development. Assessment and safety planning are complex processes with many components. The children applicable to the safety plans that were rated as needing improvement were not identified as currently unsafe, but there may have been one element that was not in place or not initiated timely.

Focus groups were conducted with supervision coaches to determine assessment and safety planning strengths. Supervision coaches assist with providing guidance to supervisors and specialists through coaching sessions and group supervision. In addition, Interviews and focus groups were conducted with Department staff including executive leadership, Program Administrators, Supervisors and Supervision Coaches. Areas identified for continuous improvement included:

- increase understanding or gathering sufficient information to determine impending danger or create a safety plan
  improve identification of safety actions that control the safety threat
- improve identification of appropriate responsible adults

- increased ability to articulate the safety threat and safety plan

Focus groups also provided information on how to sustain good practice to ensure thorough assessments are being conducted and services provided. Participants noted that, overall, supervisory staff are enhancing their knowledge and all staff are open to learning and gaining a level of expertise when conducting assessments, developing safety plans and ensuring services are provided to the families.

Results of Deeper Data Exploration for Priority Focus Areas

Despite a slow national economic recovery, families and especially families of color, continue facing hardships with basic needs including food insecurity, lack of affordable housing or day care and lack of community resources or the fear that accessing services could result in potential mandated reporting to the Department. Assessment and service provision play a critical role in ensuring children are safe and families are able to thrive in their communities or improve protective capacities to keep their children safe.

Team Decision Making (TDM) is a process that brings the Department, families and community providers together to engage the family in decisions about the safety, stability, and permanency of a child at critical points in a case. Families may participate in present danger, safety planning and permanency TDM meetings. The meeting is a collaboration between the Department, the family (custodial and non-custodial parents, guardians and/or custodians and the child when appropriate), family supports, (relatives, friends, community members), and partnering agencies including, as applicable, tribal representatives, behavioral health providers, and other service providers involved with the family in the TDM. The facilitator will strive to reach group consensus that the recommended plan is the least restrictive and least intrusive, sufficient to maintain child safety, and is in the best interest of the child. Formal and informal supports to assist in supporting child safety are identified during the meeting.

The Department contracted with Evident Change in 2022 to review the policies, practice and data review process. The review also included observations of facilitators and listening sessions with key stakeholders. External participants[8] had recent Department involvement and participated in a Team Decision Making Meeting. Nine listening sessions with five to 29 participants were conducted with the following stakeholders:

- Youth
- Parents
- Black/African American community and advocates
- American Indian/Alaska Native community and advocates
- Service providers
- Department staff (specialists, supervisors and TDM facilitators)

Groups provided feedback, observations and ideas to improve the TDM process. Specifically, participants shared what was working well, what they worried about, and ideas for next steps based on what they have experienced before, during and after TDM meetings.

Several of the recommendations focused on cultural responsiveness to the American Indian/Alaska Native and Black/African American communities, annual listening sessions with key stakeholders, create forums to build trust with Black/African community and tie their feedback to improvement, and engage community advocates and tribal partners to build relationships and gather feedback and create ways to gather feedback from stakeholders.

The Department has reviewed the recommendations and implementing ideas and suggestions to improve the

[8] Participants identities are confidential

Team Decision Making process. As a direct result of community feedback, the Department has worked with the TDM technical support provider (Evident Change) to rewrite the TDM Protocol document, integrate TDM and the State's safety assessment model (SAFE AZ), and establish standards of etiquette for TDM Facilitators and DCS Specialists in TDM meetings. Staff training and coaching is scheduled to begin in October 2023.

Information Regarding CQI Change and Implementation Activities, As Applicable

The documentation reviewed during the PICR informs the reviewer of what was documented. It is essential supervisors seek information during clinical supervision to understand how safety threats are present and controlled within an individual family. This is an area to explore to determine if more information was gathered during clinical supervision that would have impacted the review that was not documented. It is an opportunity to ensure thorough documentation is occurring and strengthen the clinical supervision process.

The Department continually monitors data and practice through visual process adherence tools that are part of the DCS Management System, in order to ensure conformity to the outcome. Supervision coaches continuously provide education and coaching to improve sufficiency of safety planning including reviewing safety plans with specialists, supervisors and regional leadership. Lean management activities support supervisors and encourage discussions with Specialists which increases feedback and accountability. This process also improves the information that is gathered to inform the assessment, safety planning, service provision etc.

Stakeholder Engagement/Type

In accordance with the Stakeholder Engagement Plan the stakeholder/type is identified below. Please see narrative for detailed description.

Program Administrators and OCWI Chief: interviews
Data Analysts: interviews
PICR Manager: interview
Supervision Coaches/Program Manager: interviews
Management Analysts, Program Administrators, Acting Deputy Director of Field Operations and Assistant Director of Field Operations: focus group

Data Sources

PICR Data (CY 2020, 2021, 2022 and March -August 2023)
MOOR report
CB Data Profile (February 2023)

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

1. Performance Data Highlights

   Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Permanency Outcomes and supporting practices. Examples of relevant data: references to permanency indicators in recent CB-generated state data profiles, case record review results, and administrative data such as time to permanency by permanency goal, percentage of children placed with relatives/kin, percentage of children in foster care placed with some or all siblings; court performance measures; and quality hearing review project results. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

   Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how state risk-standardized performance compares to national performance on the CFSR permanency data indicators, how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

   - What is the trend in performance over time, and is the state trending in the desired direction? Are there changes in the denominator and numerator over time?
   - What information do other related data sources provide to inform state observations?
   - What does performance data from the legal and judicial communities show with respect to the impact of court processes on permanency outcomes?
   - What does the performance data identify as areas of strength?
   - What does the performance data identify as areas in need of improvement?
   - Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

   Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

   a. What meaningful differences were identified for sub-populations, including specific groups of children (e.g., children entering foster care, children in foster care for longer periods of time, child age and race/ethnicity) and geographic location in the state?
   b. What events, conditions, or factors contribute to or lead to the strength or problem?
   c. What supporting evidence is provided by key stakeholders (e.g. caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the

contributing factors and/or root cause(s)?

d. Are there data or research findings pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

Briefly describe how the information and results of the analysis above relate to or build on results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

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

Outcome measurements to determine substantial conformity:

Item 4: Stability of Foster Care Placement: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal?

Item 5: Permanency Goal for the Child: Did the Department establish appropriate permanency goals for the child in a timely manner?

Item 6: Did the Department make concerted efforts to achieve reunification, guardianship, adoption or other planned permanent living arrangement for the child?

Data Indicators

For **Permanency in 12 Months** for Children Entering Foster Care, the state is no different or better than national performance.

For **Permanency in 12 Months for Children in Foster Care 12 to 23 Months**, the state is no different or better than national performance.

For **Permanency in 12 Months for Children in Foster Care 24 Months or More**, the state is no different or better than national performance the national performance.

For **Re-Entry to Foster Care in 12 Months**, the Department is no different or better than national performance.

For **Placement Stability**, for all children who enter care in a 12-month period, the rate of placement moves per 1,000 days in out-of-home care will be 4.48 or fewer and the Department is no different or better than national performance.

In 95% of the applicable cases, Item 4: Stability of Foster Care Placement, Item 5: Permanency Goal for Child, and Item 6: Achieving Reunification, Guardianship, Adoption, or Another Permanent Planned Living

Arrangement will be rated a strength or Items 4 and 6 will be rated a strength, and Item 5 is not applicable and the data indicators are no different or better than national performance

Item 4: Stability of Foster Care Placement: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal?

Department Policy and Procedures

The Department's policies and procedures on permanency and placement stability are summarized below.

Chapter 4: Section 7 Caregiver Stability for Children in Out-of-Home Care states:

The Department will promote stability for children in out-of-home care by minimizing moves and, when moves are necessary, by providing services to make changes in caregivers successful for the child.

For children in out-of-home care, the Department shall facilitate a Placement Stability TDM meeting (which occurs when there is a potential for caregiver disruption to the living arrangement or an unplanned placement living arrangement change has occurred for a child in out-of-home care) or participate in a CFT in which the child and caregiver's needs are discussed, unless a change of caregiver:

- *is necessary to protect the child from harm or risk of harm;*
- *is planned in order to place the child in a permanent living arrangement, with siblings, in a less restrictive setting or in a therapeutic setting necessary to meet the child's behavioral health needs; or*
- *is planned in order to place the child in accordance with Indian Child Welfare Act (ICWA) caregiver preferences.*

When the licensed foster parent (excluding a shelter care provider or receiving foster home provider) disagrees with the plan to move the child, the Department shall inform the foster parent that they have 24 hours to request a Foster Home Transition Conference to review the reasons for the change of caregiver. Inform the foster parent that the they are not entitled to a Foster Home Transition Conference when the change of caregivers for one of the following reasons:

- *to protect the child from harm or risk of harm;*
- *to move the child into a permanent living arrangement;*
- *to reunite the child with siblings;*
- *to move the child to a least restrictive setting or to a therapeutic setting; or*
- *to move the child in accordance with the Indian Child Welfare Act (ICWA).*

The change of caregiver shall be made only after completion of the Foster Home Transition Conference process unless moving is necessary to protect the child from harm or risk of harm.

The DCS Specialist, the DCS Program Supervisor, the licensed foster parent, and two members of the FCRB, at minimum, shall participate in the Foster Home Transition Conference.

The Department shall hold the Foster Home Transition Conference within 72 hours, excluding weekends and holidays, of being informed of the licensed foster parent's disagreement with the change of caregiver. The child shall not move unless a majority of the members who participate in the

Foster Home Transition Conference agree that a change of caregiver is necessary.

When assessing the purpose of the move consider the following:

- *Is the purpose of the move to place the child in a permanent living arrangement?*
- *Is the purpose of the move to reunite the child with siblings?*
- *Is the purpose of the move to place the child in a kinship foster home?*
- *Is the purpose of the move to place the child in a less restrictive setting?*
- *Is the purpose of the move to place the child in accordance with the Indian Child Welfare Act (ICWA)? The order of living arrangement preferences is:*
- *If the move is not for any of the above circumstances, what services can be provided to the child or out-of-home caregiver to prevent the move and stabilize the living arrangement?*

Chapter 2: Section 8 Team Decision Making states:

The purpose of a TDM meeting is to engage the family in decisions about the safety, stability, and permanency of a child at critical points in a case. (See Team Decision Making Field Guide (CSO- 1638) for detailed information). The meeting is a collaboration between the Department, parents, guardians and/or custodians, child(ren), extended family and kin, family support persons, and service providers.

Placement Stabilization TDM:

- *a plan to determine if services can preserve the out-of-home caregiver, including discussion of the cause of potential disruption; a plan for respite or another alternative short-term caregiver, and transitioning the youth back to the original caregiver*
- *if the living arrangement cannot be preserved and a new living arrangement is identified, a transition plan (which may be a reunification transition plan if the conditions for return are met)*

A Placement Stability TDM occurs when:

- *there is a potential for caregiver disruption to the living arrangement*
- *an unplanned placement living arrangement change has occurred for a child in out-of-home care*

Placement Stabilization TDM meetings are not required when:

- *a child is served through a Child and Family Team (CFT) and the caregiver concerns can be addressed by the CFT*
- *any planned living arrangement is made through the CFT*

The Department will promote stability for children in out-of-home care by minimizing moves and when moves are necessary, provide services to make changes in caregivers successful for the child.

Placement stability begins with a thorough assessment of the placement needs of children in out-of-home care and the selection of the most appropriate caregivers to minimize disruptions and ensure placement stability.

The Placement Administration is responsible for statewide centralized placements (initial or disruptions) of children other than relative, fictive kin or behavioral health placements. Specialists submit requests for placement which are assigned to a placement coordinator who reviews any related documentation, completes a caregiver assessment tool (CAT) and makes efforts to locate the most appropriate and least restrictive caregiver setting. This also includes requests for respite.

Designed in response to the Families First Prevention Services Act (FFPSA) and in preparation for the

implementation of Qualified Residential Treatment Program (QRTP), the Caregiver Assessment Tool is a decision-making tool designed to determine the most suitable and least restrictive caregiver setting for children or youth in need of placement and to standardize placement decisions.

Performance Data Highlights

Item 4 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data indicates the PIP improvement goal for Item 4 was met as of October 2018.

Placement Coordinators create a CAT for every caregiver request received by Placement Administration. The CAT identifies child eligibility and caregiver availability for each placement setting, ranging from least restrictive (unlicensed kinship) to most restrictive (intensive shelter). The goal is to identify the most appropriate living arrangement, regardless of availability. If no caregiver is available for a specific setting type despite a child meeting eligibility, the Placement Administration identifies alternative placement options.

a. Field DCS Specialist makes initial and primary efforts for unlicensed kinship and fictive-kinship placements.
b. Youth may be placed in a more restrictive setting when there is no availability of family-like caregiver settings; however, not without assessment and efforts to locate an appropriate family-like settings able to meet the child's needs.
c. Supervisor approval is required for group home placements, sibling separation and placement out of the youth's home community.
d. Upon a youth entering care or disrupting from a caregiver, if there is no available immediate caregiver, youth may come to the Welcome Center, a child-centered facility for temporary stays while a caregiver is identified.

Table 1 Placement Stability (moves/1000 days in care must be 4.48 or lower) Data Indicator

Data Period	Risk Standardized Performance	Observed Data Performance
FFY 2020 A and B	3.75	3.72
FFY 2021 A and B	Disqualified	Disqualified
FFY 2022 A and B	3.67	3.73

Source: Arizona Child and Family Services Review (CFSR 4) Data Profile as of 06.16.23) FFY- October 1 through September 30 for 2022A2022B FFY 2022.

Table 2 Placement Type Out-of-Home Placement, Children 0-17 Percentage of Total Placement

Placement Type	March 2023	March 2022	March 2021
Unlicensed/Fictive Kinship	49.2%	42.5%	44.5%
Family Foster Home	30.4%	28.3%	33.2%
Group Home	13.6%	12.1%	12.1%
Institution/Residential[9]	2.2%	1.0%	2.9%
Runaway[10]	1.3%	1.1%	1.6%
Missing Child	0.3%	0.2%	0.2%
No Identified Placement[11]	3.0%	10%	1.1%

Source: Semi Annual Child Welfare Report March 2021, 2022 and 2023 Placement Tab (Independent Living, Trial Home Visit excluded for

[9] This category includes shelter, detention, and hospital placement types.

[10] This category includes children whose parents absconded with the child(ren) or were missing children who could not be located during the process of the investigation.

[11] When children do not have a placement identified in the Guardian database, this is most often attributable to a lag in data entry or data errors. This data is updated on an ongoing basis through a continuous quality assurance process. The location of the child is known and documented in case notes, court reports and other documentation.

children in care ages 0-17 therefore the percentage will not equal 100%). Data limitations: Known issues with the Guardian system has been repaired and data will be updated. The Department continues to diligently address data quality issues and will continue to update data as issues are identified and resolved. This data element will be updated and resubmitted in future iterations of this report. Data is from the last day of the year (12.31.22, 12.31.21 and 12.31.2)

Placement stability was not previously evaluated through the PICR process therefore no data is available for 2020, 2021 and 2022. During SFY 2023, the Department revised the PICR tool to include all questions in the OSRI Item 4. The CY 2023 PICRs completed to date indicate that in 78% (7 of 9 applicable cases) reviewed, any placement changes that occurred during the review period were planned by the agency to achieve the child's case goals or to meet the needs of the child (Item 4A). In 83% (38 of 46 applicable cases), the child's current placement setting, or most recent placement if the child was no longer in foster care was stable (Item 4B).

Brief Analysis

Placement stability is one of the most significant aspects of a child's foster care experience. Children in out-of-home care are placed most often with kinship caregivers or community foster care (family foster homes). Most children experience one or two placement changes while in out-of-home care. The Department continues to exceed the CFSR national standards for placement stability.

A review of the Child and Family Services Review (CFSR 4) Data Profile Supplemental Context Data from February 2023 for placement moves per 1,000 days of care by age indicates children age < 1-year had the largest decrease, from 2.31 in FFY 2020 to 1.59 in FFY 2022; while children age 6 to 10 years increased slightly from 3.78 to 3.94 for the same time period. There is no data currently available for FFY 2021.

The CFSR 4 Data Profile Supplemental Data from February 2023 also showed all ethnicities saw a slight increase in placement moves per day of care from FFY 2020 to FFY 2022. There is currently no data available for FFY 2021.

Moves per 1,000 days for American Indian/Alaskan Native children increased from 4.65 in FFY 2020 to 4.99 in FFY 2022. African American/Black children also experienced more moves per 1,000 days in care, increasing from 4.94 in FFY 2020 to 5.70 in FFY 2022.

Generally, most children age 0-17 are placed with kin or family foster homes, which are considered more stable placements leading to permanency (see *Table 2 Placement Type Out-of-Home Placement, Children 0-17 Percentage of Total Placement)*. Children under 1 and children age 1-2 are placed most frequently with kinship and family foster homes. As children age, they continue to be predominately placed with kinship and family foster homes; however, placement in group homes becomes higher in children ages 12-17 with 17-year old children most likely to be placed in group homes. (source: Semi Annual Child Welfare Report March 2023)

Interviews were conducted with administrators, Welcome Center supervisors, data analysts, and recruitment and retention specialists between January 2023 and September 2023 to identify reasons for unplanned placement changes.

Common community placement themes included:

e. Lack of understanding from caregivers (families' ideas of fostering does not align with what the Department requires)
f. Foster Care responsibilities are greater than expected (e.g. regular court attendance, working with birth parents, multiple appointments, school issues etc. which may require absences from work)
g. Families may be subjected to allegations and investigations that can impact their careers (military, law enforcement)

h. Children have higher needs (especially behaviorally) than placements can manage
i. Impact on work or professional relationships, changes in social circles and relationships with support system, family, friends
j. Lack of community resources especially behavioral health

Common kinship caregiver placement themes included:

k. More forgiveness and tolerance of behaviors children may experience
l. Greater sense of commitment to the child as they are kin
m. Placement often results in longer periods than anticipated.
n. Placement frequently occurs without any training, preparation, etc.
o. Roles, familial dynamics and the child's behaviors change and relationships are impacted when relatives become placement
p. Boundary challenges with birth parents which may be difficult to manage
q. Financial burden/lack of concrete supports

Item 5: Permanency Goal for Child (Appropriate and Timely, ASFA Requirements): Did the Department establish appropriate permanency goals for the child in a timely manner?

Department Policy and Procedures

The Department's policies and procedures on permanency for children are summarized below.

Chapter 3: Section 3 Developing and Reassessing the Family-Centered Case Plan states:

The Department shall facilitate the development of an individualized, family-centered, written case plan for every child, youth, and family receiving ongoing services from the Department.

The Department shall develop the initial written case plan with the family after completing the Family Functioning Assessment – Ongoing (for families with unsafe children), or the Protective Factors assessment (for families with safe children)

When a dependency petition has been filed before the FFA-Ongoing stages have been completed with the family, the Department shall develop and submit to the court a proposed case plan that identifies:

- *the permanency goal*
- *any specialized assessments known to be needed by a child or parent, guardian and/or custodian*
- *any services a child or parent, guardian and/or custodian is currently participating in or has requested*
- *the Family Contact Plan if the child is in out-of-home care*

The Department shall conduct a case plan staffing and create the initial written case plan:

- *within 60 days of the case being identified to receive in-home case management; or*
- *within 60 days of the child(ren)'s removal from home; or*
- *within 10 working days of a child's entry to out-of-home care pursuant to a Voluntary Placement Agreement.*

Chapter 3: Section 3.1 Selecting the Permanency Goal states:

Unless the court finds that aggravating circumstances exist, consideration of permanency goals shall occur in the following order of preference:

- *Remain with Family*
- *Family Reunification*
- *Adoption*
- *Permanent Guardianship*
- *Another Planned Permanent Living Arrangement (APPLA)*

For children receiving out-of-home care services, the initial permanency goal shall be Family Reunification, unless the Department is considering termination of parental rights due to the presence of aggravating circumstances. When aggravating circumstances exist, the Department may propose the initial permanency goal as undetermined.

Whenever possible, prior to the case plan staffing, discuss the importance of permanency with the parents, guardians, and/or custodians, and inform them of all available alternatives to achieve permanency for the child, including family reunification through successful behavioral changes, consent to adoption, consent to guardianship, and adoption through termination of parental rights. Engage the parents, guardians, and/or custodians in a discussion of the alternatives to achieve permanency and obtain their input into the selection of the permanency goal.

Consider permanency goals in the order listed in policy. Select a permanency goal that is consistent with the needs of the child. Consider whether aggravating circumstances exist, any specific directions from the court, and input from the parents, guardians and/or custodians, child (age 12 years or older), and other service team members.

When selecting the permanency goal for the child, seek to maintain and support the child's relationship to parents, siblings, kin, and other individuals with whom the child has a significant relationship.

Performance Data Highlights

Item 5 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data indicate the PIP improvement goal for Item 5 was met as of June 2018. The Department continually monitors data and practice on the selection of permanency goals through the Practice Improvement Case Review process.

Table 3 In Home or Out of Home PICR Item 2: Permanency Goal Establishment and Appropriateness Items 2B1, 2B2 and Adoption and Safe Families Act (ASFA) Termination of Parental Rights (TPR) Requirements Items 2F and 2G

Data Period	Timely Establishment of Permanency Goal (Item 2B1)	Permanency Goal appropriate for the child's permanency needs (Item 2B2)	Agency filed for TPR timely or compelling reason documented (Items 2F and 2G)
CY 2020	80% (97 of 122 applicable cases)	81% (99 of 122 applicable cases)	57% (27 of 47 applicable cases)
CY 2021	96% (48 of 50 applicable cases)	72% (36 of 50 applicable cases)	48% 10 of 21 applicable cases
CY 2022	78% (87 of 112 applicable cases)	75% (5B2) (85 of 113 applicable cases)	52% (36 of 69 applicable cases)

Source: PICR Case Review Instrument (updated 10/25/21) In Home or Out of Home Item 2: Permanency Goal B1 and B2 Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. Item 2B1: Were all permanency goals in effect during the period under review established in a timely manner?

Item 2B2: Were all permanency goals in effect with the court during the period under review appropriate to the child's needs for permanency and to the circumstances of the cases? Items 2F and 2G: Did the Department file or join a TPR petition before the period under review or in a timely manner during the period under review and Is an exception or compelling reason for not filing a TPR specified in the case plan or a court minute entry? This is applicable to all out of home cases, unless the target child has not been in out of home care for at least 60 days and a permanency goal has not been established.

During SFY 2023, the Department revised the PICR tool to include a question related to the child's permanency goal being specified in the case file. The CY 2023 PICRs completed (March through August 2023) indicate that in 100% (46 of 46 of the applicable cases reviewed), the child's permanency goal was found to be specified in the case file (Item 5A3).

Brief Analysis

Establishing timely permanency goals, ensuring those goals are appropriate, and the timely filing of termination of parental rights continue to be areas of opportunity for improvement based on PICR and survey data. Improvements may include implementing concurrent goals and activities when the prognosis for reunification is poor and increasing the timely documentation in a case plan or court minute entry of a compelling reason for not filing a motion for termination of parental rights. In some cases, reviewers observed there was a compelling reason, but that reason was not clearly documented in the required location in the case record, or the reason noted did not meet the definition of an acceptable compelling reason. The PICRs have continued to show some improvement in the area of documenting a compelling reason when required with the new Guardian system, as a text box for the documentation is now available for all children requiring the documentation of a compelling reason. The Practice Improvement team also reinstated PICR feedback meetings during SFY 2023 to share information with Department specialists and supervisors related to the importance of timely and appropriate permanency goals for children.

In July 2023, surveys were distributed to 265 private, contracted and tribal attorneys who have taken training through the Administrative Offices of the Courts. To date, there have been 34 responses from attorneys (13%) in 14 of the 15 counties statewide.

Respondents (attorneys) were asked the following question:

Generally, do you believe the current permanency goals for the clients you represent are appropriate?

Table 4 Appropriateness of Permanency Goals Attorneys Survey Responses

Response	Mother	Father	Child(ren)
Always	9% (3 of 33 responses)	6% (2 of 32 responses)	7% (2 of 30 responses)
Mostly	39% (13 of 33 responses)	34% (11 of 32 responses)	30% (9 of 30 responses)
Sometimes	42% (14 of 33 responses)	47% (15 of 32 responses)	50% (15 of 30 responses)
Rarely	9% (3 of 33 responses)	9% (3 of 32 responses)	10% (3 of 30 responses)
Never	0	0	3% (1 of 30 responses)
Unknown	3% (1 of 33 responses)	3% (3 of 32 responses)	0
Total	33	32	30

Percentages are based on the number of responses, not the number of respondents as not all respondents answered all questions.

Observations from the attorney responses included the following:

- increased use of guardianship may result in more timely permanency
- initial identification of family reunification is mostly appropriate Additionally, attorneys and judges were asked the following question:

Generally, were petitions for termination filed within the Adoption and Safe Families Act (ASFA) requirements? See *Table 5 TPR filed timely-Judges and Attorneys Survey Responses.*

Table 5 TPR filed timely-Judges and Attorneys Survey Responses

Response	Judges	Attorneys
Always	21% (4 of 19 responses)	15% (5 of 33 responses)
Mostly	37% (7 of 19 responses)	18% (6 of 33 responses)
Sometimes	16% (3 of 19 responses)	18% (6 of 33 responses)
Rarely	0	12% (4 of 33 responses)
Never	0	0
Unknown	26% (5 of 19 responses)	33% (11 of 33 responses)
Total	19	33

Percentages are based on the number of responses, not the number of respondents as not all respondents answered all questions.

Judges generally believe TPR occurred either always or mostly more frequently than attorneys. Observations included the following:

- severance petitions are withdrawn when there is a change of DCS Specialist
- parents who are somewhat compliant are provided every opportunity to comply before pursuing termination of parental rights

Both judges and attorneys most often cited delays in obtaining timely services as the main reason for untimely filing of TPR.

Between January 2023 and September 2023, interviews with the unit, section and division chiefs from the Office of the Attorney General and opposing counsel also confirm the most frequent barrier to timely filing for termination of parental rights is delays in obtaining timely services.

Item 6: Achieving Reunification, Guardianship, Adoption, or Another Permanent Planned Living Arrangement: Did the Department make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements for the child or for children with the goal of "another planned permanent living arrangement," did the Department make concerted efforts to place the child in a living arrangement that could be considered permanent until discharge from foster care?

Department Policies and Procedures

The Department's policies, on achieving reunification, guardianship, adoption, or Another Permanent Planned Living Arrangement are summarized below.

> Chapter 7: Section 14 Providing Strength based Supervision states:
>
> *A strength-based clinical supervision discussion attended by the DCS Specialist and DCS Program Supervisor shall occur at key decision points during each case open for services, and no less than monthly. Clinical supervision discussions may occur quarterly when a child is legally free for adoption and living with the prospective adoptive caregiver.*
>
> *The DCS Program Supervisor shall review relevant case documentation prior to each clinical supervision discussion to confirm that DCS procedures have been completed and documented, and to identify follow-up activity required, when applicable.*

Clinical supervision discussions shall proactively prepare the DCS Specialist for key activities and decisions in the life of the case and focus on ensuring:

- *safety and protection of children;*
- *timely achievement of permanency;*
- *quality of family engagement;*
- *sufficient information collection for comprehensive family assessment;*
- *critical thinking and family focused practice as the basis for decisions;*
- *consistency and accuracy of policy application;*
- *provision of appropriate services to strengthen families, enhance caregiver protective capacity, and support child well-being; and*
- *complete and accurate documentation of case activity, key case decisions, and outcomes.*

In-Home & Out-of-Home Case Management Supervision

The DCS Program Supervisor shall conduct Clinical Supervision discussions with the assigned DCS Specialist as follows:

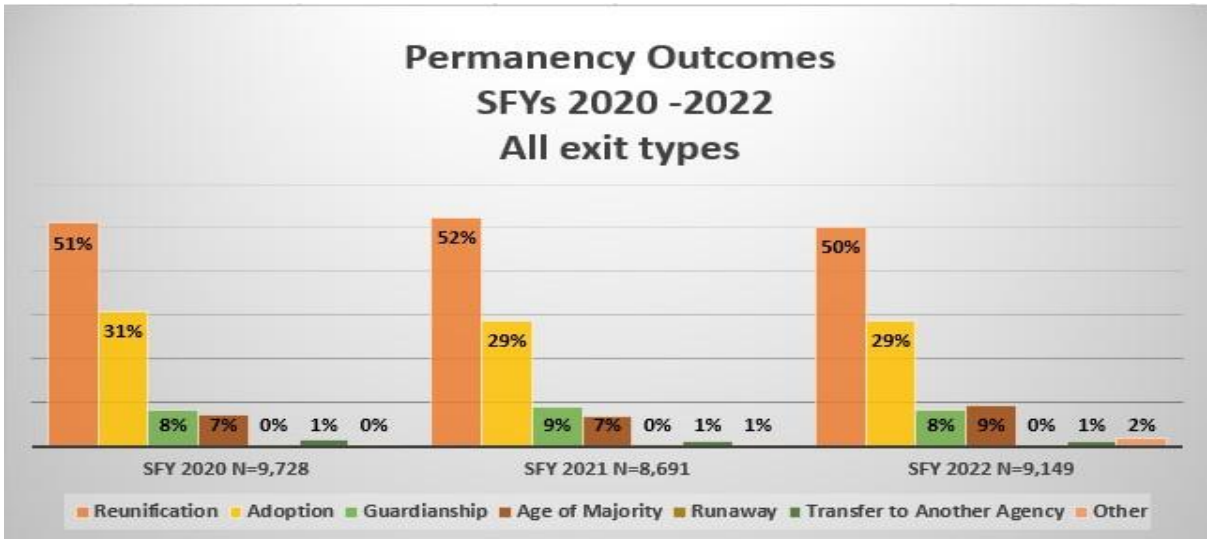
- *Preparation & Introduction: Discussion to determine the plan for the first engagement and introduction with the family. Preparation and introduction discussion shall occur within one day of unit assignment for in-home and within two days for out-of-home.*
- *Exploration: Discussion to determine the plan for collaborating with the family to determine required changes. The exploration discussion shall occur before the case planning discussion.*
- *Case Planning: Discussion to determine the plan for engaging the family in the case planning process, and the behavioral changes needed to manage the danger. The case planning discussion shall occur before the initial case plan staffing and not more than 60 days from unit assignment.*
- *Progress Update Supervision:*
- Discussion to determine any progress made and the steps required to achieve the case plan and permanency goals. The progress update discussion shall occur monthly.
- When a child has been in care for 10 months and the goal is family reunification, or a permanency goal has not been selected, the Program Manager shall attend the next clinical supervision discussion with the Program Supervisor and Specialist. Discuss and develop a plan together to move forward with reunification transition planning or a change of permanency goal.

Performance Data Highlights

Item 6 was identified as an area to address in the 2015 Arizona Round 3 CFSR PIP. The Department's CFSR PIP case review data indicates the PIP improvement goal for Item 6 was met as of October 2018.

Table 6: Exits by Permanency Types provides data on the total number of children who exited care.

Table 6: Exits by Permanency Types



Source: FY 23 Monthly Operational Outcomes Report June 2023. Operational tab Exits by Permanency Type. All historical data points are updated at each revision with the most recent data as of the extract date. Data can change over time due to new data entry and data correction. Data may not match previous versions or other published reports. Data is not included for the month due to a lag in data. Permanency exits are defined as the total number of children who exited care regardless of reason (duplicated data) (60 day lagging data). The reasons are defined as the total number of children who exited care for the reasons identified (duplicated data) (60 day lagging data). N=total exits for each identified State Fiscal Year (SFY). Percentages are not rounded up.

Table 7 PICR Data In-Home or Out-of-Home Concerted Efforts to Achieve Permanency (Item 2C2)

Data Period	Item 2C2
CY 2020	45% (53 of 117 applicable cases)
CY 2021	38% (17 of 45 applicable cases)
CY 2022	27% (26 of 96 applicable cases)

source: PICR Case Review Instrument (updated 10/25/21) In Home or Out of Home Item 2C2: Permanency Goal (Department and court make concerted efforts to achieve permanency in a timely manner). Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. Item 2C2: During the period under review, did the agency and court make concerted efforts to achieve permanency in a timely manner? This item is applicable to all out of home cases, unless the target child has not been in out of home care for at least 60 days and a permanency goal has not been established.

Table 8 PICR Data In-Home or Out-of-Home Permanent Living Arrangement (Item 3B and C)

Data Period	Item 3B/3C (Permanent Living Arrangement/Concerted Efforts to Locate Permanent Placement)
CY 2020	90% (9 of 10 applicable cases)
CY 2021	60% (3 of 5 applicable cases)
CY 2022	90% (9 of 10 applicable cases)

source: PICR Case Review Instrument (updated 10/25/21) In Home or Out of Home Items 3B and C: Permanent Living Arrangement (Item 3B youth age 15 or older is placed in a living arrangement that is "permanent" (child, caregiver and Department agree that the child will remain in the living arrangement until discharge from out-of-home care and Item 3C Department made concerted efforts to place the child in a living arrangement that can be considered permanent until discharge from foster care). Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. Item 3B: for youth age 16 and older, is the child placed in a living arrangement that is considered "permanent" (the child, caregiver and Department agree that the child will remain in the living arrangement until discharge from out of home care? 3BC: For youth age 16 and older, did the Department make concerted efforts during the period under review to place the child in a living arrangement that can be considered permanent until discharge from foster care? These items are applicable in all out of home cases in which 1) the child's current permanency goal (or the goal prior to case closure) is independent living or long-term foster care or 2) the child was 14 or older during the period under review.

Brief Analysis

Opportunities to improve the timely achievement of permanency for children include having quality in-person contacts with each parent monthly, initiation of parent locate searches for parents whose whereabouts are unknown and implementing in-home safety plans when the safety threat can be controlled in the home.

The Department has developed a monthly parent contact guide, prompting specialists to speak with parents about important topics and case planning areas during monthly in-person contacts. The Department is in the process of compiling data to measure the success of the parent engagement template and tracking tool. Initially the template and tracking tool was piloted in one section in the South region. In February 2023, the use of the template and tool was used region wide and statewide in June 2023.

Statewide Data Indicator: Permanency in 12 months for Children Entering Foster Care (entries)

Table 2 Permanency in 12 months (entries) (35.2% or higher)

Data Period	Risk Standardized Performance	Observed Data Performance
2018B2019A	32.2%	33.4%
2019B2020A	32.7%	34.2%
2020B2021A	31.4%	32.2%

source: Arizona Child and Family Services Review (CFSR 4) Data Profile as of 06.16.23) FFY- October 1 through September 30 for 2020B2021A.

Statewide Data Indicator: Permanency in 12 months for Children in Foster Care 12 to 23 months

Table 3 Permanency in 12 months (12-23 months) (43.8% or higher)

Data Period	Risk Standardized Performance	Observed Data Performance
FFY 2020 A and B	56.8%	57.7%
FFY 2021 A and B	47.8%	47.9%
FFY 2022 A and B	53.5%	54.6%

source: Arizona Child and Family Services Review (CFSR 4) Data Profile as of 06.16.23) FFY- October 1 through September 30 for 2022A2022B.

Statewide Data Indicator: Permanency in 12 months for Children in Foster Care 24 months or More

Table 4 Permanency in 12 months (24+ months) (37.3% or higher)

Data Period	Risk Standardized Performance	Observed Data Performance
FFY 2020 A and B	44.0%	44.6%
FFY 2021 A and B	38.2%	37.5%
FFY 2022 A and B	43.6%	44.9%

(source: Arizona Child and Family Services Review (CFSR 4) Data Profile as of 06.16.23) FFY- October 1 through September 30 for 2022A2022B.

Statewide Data Indicator*:* Re-Entry to Foster Care in 12 Months

Table 5 Reentry to Foster Care (5.6 or lower)

Data Period	Risk Standardized Performance	Observed Data Performance
FFY 2019 A and B	7.6%	7.0%
FFY 2020 A and B	7.1%	6.7%
FFY 2021 A and B	6.1%	5.7%

source: Arizona Child and Family Services Review (CFSR 4) Data Profile as of 06.16.23) FFY- October 1 through September 30 for 2021A2021B.

Statewide Data Indicator Brief Analysis

According to the February 2023 CFSR 4 Data Profile Context Data for Permanency in 12 months (entries), infants (less than one year of age) are least likely to reunify (18%) and children ages 1-5 are most likely to reunify within 12 months (33.5%). 22.3% of children age 6-10 and 22.3% of children were reunified and within 12 months.

The Department is meeting or exceeding the CFSR national standard for placement stability, permanency within 12 months for children in care 12 to 24 months, permanency within 12 months for children in care for 24 months or more, and re-entry into out-of-home care, however; is not meeting the national standard for permanency in 12 months.

Interviews with program managers, Department staff, Office of the Attorney General Dependency Division staff and judicial survey results from January 2023 through September 2023, indicate initiation of timely services and availability of those services impacted the Department's ability to achieve reunification of children entering care within 12 months. The Department's administrative data indicates improvement in service timeliness as described in the Service Array systemic factor section. The 10-month permanency staffing was instituted in early 2023 to ensure the Department has accurately assessed the needs of families and the service provision supports the reunification plan. These staffing serve as the initial conduit to evaluate the most appropriate permanency goal. If a child has been in care for 10 months or more with a goal of reunification or a permanency goal has not been selected, the regional program manager will attend the staffing to develop a plan to achieve reunification, or determine the permanency goal with the specialist and supervisor

Results of Deeper Data Exploration for Priority Focus Areas

Placement stability is a critical component of out of home care and has a lasting impact on children and families. Most children in care are placed in kinship or community homes.

When unplanned placement changes occur, it is typically the result of the child's behavior based on survey responses from caregivers. The Department utilized information from the CAT to assess the disruption reasons reported to the Placement Administration. The top three reasons for both kinship and community

(family foster homes) disruptions were caregiver is no longer willing or able, child's behavioral issues, and child safety (source: CAT disruption/transition data 07.01.22 through 06.12.23 reported disruptions).

Kinship caregivers have a unique set of needs and previously were not formally supported through an assigned supportive person. In the beginning of 2022, the Department partnered with Casey Family Programs and A Second Chance Incorporated (ASCI) on a model to improve kinship supports and licensing practices. The first step was the completion of a comprehensive review of current policies, procedures and practices relating to kinship supports, licensing, and use as a caregiver option. The Department conducted several focus groups with key Department and community stakeholders to evaluate current practices and to determine the next steps towards improvements. The results of the focus groups helped influence the Department's kinship supports and a new Kinship Support Services (KSS) contract.

The Department has developed two new scopes of work (Foster and Adoption Support and Kinship Support Services) that bifurcates community foster care and kinship into two contracts. This new structure will allow for increased supports based on caregivers needs to ensure their success so that they can best serve children in their family homes. The goal of the community foster care contract is to provide resources and recruit more foster families to reduce the number of children in congregate care.

The Department has developed a kinship support structure with A Second Chance, Incorporated that is included in the new scope of work. Kinship caregivers have unique needs and require resources to ensure placements are successful and disruptions are minimized. The Department will be contracting with agencies to provide support and community resources to kinship caregivers while the child is placed in their care. It is hoped the additional support will enable caregivers to succeed and provide stable, loving care for children placed in their home. The Department has solicited for the services in June 2023 with award and implementation in 2024. The agencies will also work to support the caregivers through permanency and expedite kinship care licensing.

Data is provided monthly by licensing agencies on placement disruptions and the interventions the agency took to prevent the disruptions. Specifically, the data includes:

- Number of potential disruptive placements (included in number of disruptions)
- Number of disrupted placements
- Interventions the agency took to prevent disruption

This data is discussed during the quarterly licensing agency meetings to identify trends and supports available to preserve placements. Additionally, there is a contract measure to minimize disruptions which is evaluated to ensure compliance. If there are specific licensing agency concerns, the agency is provided individual support.

Kinship Engagement Support Specialists (KESS) and Kinship Support Specialists (KSS) provide support statewide. When no relatives are identified, the Kinship Engagement Support Specialists research and identify potential kinship placements and provide support when kinship placements occur. Kinship Support Specialists provide support through concrete resources, service referrals and assistance with obtaining benefits through the first 80 days of placement and as needed thereafter. This ensures relative caregivers are informed, are able to utilize resources, and receive as much support as possible to ensure placement stability.

Information Regarding CQI Change and Implementation Activities, As Applicable

As of March 2023, the Department's out-of-home Practice Improvement Case Review (PICR) tool was revised to include placement stability information from the Onsite Review Instrument Item.

The Department piloted a placement administration operational process to enhance caregiver supports including initial placement and transition planning. The Placement Service Request process for children was piloted with over 10 regional field offices and the Placement Administration. This revised process will allow the Placement Administration to match a child with the out-of-home caregiver that can best meet the child's needs. The process was standardized statewide in February 2023. In December 2022, the Department implemented a new placement procedure to ensure that when placement moves occur the transition is thoughtful, prepared and minimizes any additional trauma the child may experience.

In addition to enhancing caregiver supports, the Department has implemented a new structure on decision making for kinship placements, which began statewide in March of 2023 after being piloted in multiple field sections. This structure helps to define kinship caregivers, and significant relationships with the goal of keeping children with their family.

Stakeholder Engagement/Type

In accordance with the Stakeholder Engagement Plan, the stakeholder/type is identified below. Please see narrative for detailed description.

DCS Program Manager, field staff and OLR Program Administrator: interviews
Welcome Center and OLR Data Analyst: interviews
Recruitment and Retention Specialists: interviews
Kinship Caregivers/Community Placement Surveys
Judges: survey
Attorneys: survey
Permanency Specialist: interview
Office of the Attorney General: interviews with unit chiefs, section and division chiefs

Data Sources

Semi Annual Child Welfare Report March 2023
Monthly Operational Outcome Report June 2023
CB Data Profile (February 2023)
Practice Improvement Case record review data (CY 2020, 2021, 2022)
Caregiver Assessment Tool Version 2

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

Outcome measurements to determine substantial conformity:

Item 7: Placement with Siblings: Did the Department make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Item 8: Visiting with parents and siblings in foster care: Did the Department make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members.

Item 9: Preserving Connections: Did the Department make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends?

Item 10: Relative Placement: Did the Department make concerted efforts to place the child with relatives when appropriate?

Item 11: Relationship of child in care with parents: Did the Department make concerted efforts to promote,

support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

In 95% of the applicable cases, there is a strength rating for at least one of the following items and there is an area needing improvement for no more than one of the following items:
Item 7: Placement with siblings
Item 8: Visiting with parents and siblings in foster care
Item 9: Preserving Connections
Item 10: Relative Placement
Item 11: Relationship of child in care with parents

Item 7: Placement with Siblings: Did the Department make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Department Policy and Procedures

The Department's policies and procedures on sibling placement are summarized below.

Chapter 4: Section 4 Placement Needs of Children in Out-of-Home Care states:

> *The Department shall make reasonable efforts to place a child, who has been removed from home and placed in out-of-home care, guardianship or in an adoptive home, with the child's sibling or, if that is not possible, to maintain frequent visitation or other ongoing contact between the child and the child's siblings unless a court determines that the shared living arrangement, visitation or contact would be contrary to the child's or a sibling safety or well-being.*

Chapter 4: Section 5 Selecting an Out-of-Home Caregiver states:

> *The Department shall seek to provide every child who requires out-of-home care with a caregiver that addresses the child's unique needs. No single factor shall be the sole determining factor in the selection of a caregiver.*
>
> *If a child is a member of a sibling group, priority will be placed on ensuring a living arrangement is found that will keep the siblings placed together when possible. Placing a sibling group in a family like setting will be the Department's first choice.*
>
> *If the placement of siblings together is not possible for all or any of the siblings, the Department shall make efforts to maintain frequent visitation or other ongoing contact between all siblings, unless there is documented evidence that visitation or ongoing contact would be contrary to the child's or a sibling's safety or well-being.*

Performance Data Highlights

The Department was not in substantial conformity for Round 3 CFSR Item 7. Administrative data tracked by the Department includes the following measures:
Of all children in out-of-home care on the date shown with at least one sibling also in out-of-home care, the percentage in which all siblings are placed together will be 75% or more (source: Guardian ad hoc report, includes kin living arrangements, includes children in out-of-home care ≥ 24 hours)

9/30/21: 71%
9/30/22: 68%
3/31/23: 71%

Of all children in out-of-home care on the date shown with at least one sibling in out-of-home care, the percentage in which at least two siblings are placed together will be 85% or more (source: Guardian ad hoc report, includes kin living arrangements, includes children in out-of-home care ≥ 24 hours).

9/30/21: 88%
9/30/22: 87%
3/31/23: 88%

This measure is limited in its ability to describe the experience of children in out-of-home care because it measures if siblings are living in the same out-of-home care setting on the given day, even if the children spent other days in separate homes. This data indictor includes all sibling groups, including those who require separate living arrangements to meet a child's needs, such as behavioral health needs while keeping a sibling in a family setting, to place half/stepsiblings with relatives that they do not have in common, or when residing together would be unsafe. This data may not include all siblings residing together, as some service authorizations were entered into CHILDS in a manner that does not allow for matching across the sibling group. Because of this data limitation, it is likely that additional siblings were residing together. This sibling data excludes any children in a case in which there is no other child with an open removal. This could potentially exclude a small number of children from the count whose siblings have a removal entered in another case. The Department's target goals are set at 75% and 85% in recognition that placement of siblings together is not always in the children's best interest.

During SFY 2023, the Department revised the PICR tool to include questions related to the child's placement with siblings. Arizona utilizes the CFSR definition of sibling when measuring this area, which is "children who have one or more parents in common either biologically, though adoption, or though the marriage of their parents, and with whom the child lived before his or her foster care placement or with whom the child would be expected to live if the child were not in foster care." Calendar Year 2023 PICRs from March 2023 through August 2023, indicate that in 93% (28 of 30) of applicable reviewed indicated the target child was placed with siblings who were also in foster care or there was a valid reason for the child's separation from the siblings. Valid reasons for the separation include a child needing specialized treatment, one sibling being abusive to another sibling, large sibling groups, or siblings with a different biological parent who were placed with different relatives.

Information regarding sibling placement is gathered by the Department's Placement Administration responsible for the placement of children in community foster placements and congregate care. The Placement Administration recently began gathering sibling data through the use of the caregiver assessment tool which is completed for every child who requires Out-of-Home placement as described above. *Table 1 Caregiver Assessment Tool Sibling Placement Data-Placement Administration* provides sibling placement data.

Table 1 Caregiver Assessment Tool Sibling Placement Data-Placement Administration

SFY 2023 Total Placement Referrals	Sibling group	Appropriate to place with one or more sibling (Yes)	Total children placed with one or more sibling
5455	2416	2074 (86% 2074/2416)	1598 (77% 1598/2074)

source: Caregiver Assessment Tool 07.01.22 through 06.30.23. Data missing from 05.14.23 through 05.25.23. The data is reflective of the following questions: is the child or youth part of a sibling group and is it appropriate for this child to be placed with one or more sibling? A CAT is created for each child in the sibling group. The identification of the sibling groups and the appropriateness is subjective and is the result of information gathered and observations of behaviors.

Brief Analysis

The Department recognizes the importance of placing siblings together. From January 2023 through September 2023, interviews with Placement Administration staff indicate there are many factors considered

when assessing sibling placements. Specifically, observation of the children and if appropriate discussion with the children occurs while the children are at the Welcome Center. Information is gathered and documents reviewed including discussions with DCS Specialists, supervisors, service providers, previous placements and electronic information to inform sibling placement decisions. These decisions are made with great care and consideration to individual circumstances and the child's best interest. Exhaustive efforts occur to avoid sibling separation. Separating siblings must be approved by a supervisor. Placement in a higher level of care may occur to keep sibling groups together (placement of sibling group together in a congregate care facility instead of placement of siblings in foster care homes together or individually).

To preserve sibling placements, Placement Administration staff will explain what is happening to the children and what decisions are being considered. Additionally, relatives that may have not been previously considered may be reconsidered with input from the DCS Specialist, supervisors and regional leadership.

The Department's foster home marketing campaign specifically targets foster homes willing to provide care for sibling groups. Licensing agencies are sensitive to the unique needs and challenges of sibling placements.

Review of the CAT data shows a myriad of reasons for not placing siblings together including different fathers for children that cannot take siblings, bed availability for large sibling groups, children entering care at a later date than their siblings (newborn), age and gender of sibling groups and licensing requirements, higher level of care, behavioral issues, sibling is absent without leave, relative placement cannot care for more children, etc.

Item 8: Visiting with parents and siblings in foster care: Did the Department make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members.

Department Policy and Procedures

The Department's policies and procedures on visiting with parents and siblings in foster care are summarized below.

Chapter 3: Section 6.1 Parenting Time and Family Contact Plan states

Upon removal, the DCS Specialist shall develop, with family members and the child, a Family Contact Plan that includes parenting time and visitation for children in out-of-home care and their parents, as well as any siblings with which a child does not share a living arrangement.

- *Consider first the child's need for safety, and second, how best to facilitate the goals of family reunification and maintenance of the child's important connections.*
- *Consider alternative modes of contact such as phone, mail, or virtual contact if in-person contact is not possible (for example, when a parent is out of state, or incarcerated in a facility that will not allow visitation. See Services for Incarcerated Parents.)*
- *Strive for weekly contact and parenting time or visitation with parents and between siblings not placed together, adapting the frequency as necessary to meet the child's safety and well-being needs.*
- *Make every reasonable effort to schedule child transportation, parenting time, and other visitation during non-school hours. Whenever possible, use service providers who are able to transport and facilitate/ supervise parenting time or visitation during non-school hours.*
- *Consider information from providers regarding parent's progress in developing enhanced caregiver protective capacities, as well as the specific needs of the child, when determining*

whether to increase the frequency and duration of contact and parenting time, providing maximum opportunity for parent-child contact responsibility when progressing toward reunification.

- *Comply with any court orders regarding contact and visitation.*

Additional Policy References include:
Practice Guides-Parenting Time (Visitation) Parts I and II: Parenting Time Supervision and Location

Performance Data Highlights

The Department was not in substantial conformity for Round 3 CFSR Item 8.

Table 1: In-Home or Out-of-Home PICR Item 5: Visiting with Parents and Siblings in Foster Care Items 5A1, 5B1 and 5C1 (Sufficient Frequency of Visits)

Date Period	Item 5A1 Mother	Item 5B1 Father	Item 5C1 Siblings
CY 2020	74% (66 of 89 applicable cases)	56% (50 of 90 applicable cases)	85% (29 of 34 applicable cases)
CY 2021	64% (25 of 39 applicable cases)	32% (12 of 38 applicable cases)	62% (8 of 13 applicable cases)
CY 2022	53% (47 of 88 applicable cases)	34% (29 of 86 applicable cases)	68% (23 of 34 applicable cases)

source: PICR Case Review Instrument (updated 10.15.21) In-Home or Out-of-Home Items 5A1, 5B1 and 5C1. Visiting with Parents and Siblings in Foster Care Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. The PICR instrument updated 12.21.22 did not contain any definitions or measurement changes for these items. Item 5A1: During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her mother was of sufficient frequency to maintain or promote continuity of the relationship? Item 5B1: During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her father was of sufficient frequency to maintain or promote continuity of the relationship? Item 5C1: During the period under review, were concerted efforts made to ensure that visitation (or other forms of contact if visitation was not possible) between the child and his or her sibling(s) placed separately in Out-of-Home care was of sufficient frequency to maintain or promote continuity of the relationship(s).

This item is applicable to out-of-home cases in which: (1) the child has at least one sibling in out-of-home care who is in a different placement setting; or (2) the whereabouts of at least one of the child's parents is known and there is no evidence indicating that contact between the child and the parent is not in the child's best interest.

This item is not applicable if the child had no siblings placed separately in out-of-home care during the period under review and any of the following applies to each parent: (1) contact between the child and parent is not in the child's best interest; (2) the whereabouts of the parent is unknown despite concerted agency efforts to locate the parent; (3) the parent was deceased during the entire PUR; or, (4) the parental rights of the parent have been terminated during the entire PUR.

Table 2: In-Home or Out-of-Home PICR Item 5: Visiting with Parents and Siblings in Foster Care Items 5A3, 5B3 and 5C3 (Quality of Visits)

Data Period	Item 5A3 Mother	Item 5B3 Father	Item 5C3 Siblings
CY 2020	95% (72 of 76 applicable cases)	85% (51 of 60 applicable cases)	97% (30 of 31 applicable cases)
CY 2021	91% (29 of 32 applicable cases)	95% (18 of 19 applicable cases)	89% (8 of 9 applicable cases)

CY 2022	94% (66 of 70 applicable cases)	94% (44 of 47 applicable cases)	100% (29 of 29 applicable cases)

Source: PICR Case Review Instrument (updated 10.15.21) In-Home or Out-of-Home Items 5A3, 5B3, 5C3: Quality of Visitation (Were concerted efforts made to ensure that visitation between the child and his or her parents or siblings sufficient to maintain or promote continuity of the relationship?) Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. Item 5A3: During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and his or her mother was sufficient to maintain or promote continuity of the relationship? Item 5B3: During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and his or her father was sufficient to maintain or promote continuity of the relationship? Item 5C3: During the period under review, were concerted efforts made to ensure that the quality of visitation between the child and his or her siblings sufficient to maintain or promote the continuity of the relationship? This item is applicable to out-of-home cases in which: (1) the child has at least one sibling in out-of-home care who is in a different placement setting; or, (2) the whereabouts of at least one of the child's parents is known and there is no evidence indicating that contact between the child and the parent is not in the child's best interest.

This item is not applicable if the child had no siblings placed separately in out-of-home care during the period under review and any of the following applies to each parent: (1) contact between the child and parent is not in the child's best interest; (2) the whereabouts of the parent is unknown despite concerted agency efforts to locate the parent; (3) the parent was deceased during the entire PUR; or, (4) the parental rights of the parent have been terminated during the entire PUR.

Brief Analysis

The 2022 PICR results indicate concerted efforts to ensure a sufficient frequency of visitation was more common with mothers than with fathers. In some cases, parenting time did occur, but sufficient frequency was not maintained throughout the entire review period. This area can also improve through ongoing efforts to locate missing parents or parents who are not attending scheduled parenting time and engage them in parenting time. Siblings not living in the same out-of-home setting were observed to have frequent visitation in 23 of the 34 applicable cases (Item 5C1) and the quality was rated a strength in all 29 applicable cases (Item 5C3). The Practice Improvement team reinstated PICR feedback meetings during SFY 2023 to share information with DCS Specialists and Supervisors about the importance of making efforts to locate missing parents and encourage them to participate in parenting time.

Generally, the Department should focus efforts on ensuring the frequency of visitation is sufficient to promote continuity in the relationships of children in out-of-home care and their mothers, fathers and siblings. Quality of visitation occurs consistently in almost 95% of the cases reviewed and has remained fairly consistent over the last three calendar years. See *Table 1 Sufficient frequency of Visits and Table 2 Quality of Visits.*

Four focus groups were conducted in August and September 2023 with 36 parents (including tribal parents) and interviews were conducted with 2 tribal parents to discuss the applicable outcomes and systemic factors. Parents identified more concerns about frequency than quality and included the following:

- delays in the initiation of visitation
- frequency of visits - incarcerated parents do not get frequent visits and often have minimal telephonic contact with their children
- scheduling of visitation is not conducive to the parent's schedule, but rather the Department's scheduling constraints

During August and September 2023, interviews were conducted with youth ages 10-17 from all regions in the

state; and focus groups were held that also included youth over the age of 18 who had very recent experiences with the Department. Sixteen of 25 youth reported regular visits with their parents and siblings. There were no reported concerns about quality of the visitation.

In July 2023, surveys were distributed to 265 private, contracted, and tribal attorneys who have taken training through the Administrative Offices of the Courts. To date, there have been 34 responses from attorneys in 14 of the 15 counties statewide, a response rate of 13%.

Attorneys were asked the following question:

Generally, did the Department make concerted efforts to ensure visitation between children in care and their mothers, fathers and siblings that is sufficient and promotes continuity in the relationships?

Table 3: Attorney Survey Sufficiency of Visitation with Children in Care and their Parents and Siblings

Response	Mother	Father	Sibling
Always	7% (2 of 31 responses)	7% (2 of 30 responses)	9% (3 of 32 responses)
Mostly	26% (8 of 31 responses)	23% (7 of 30 responses)	16% (5 of 32 responses)
Sometimes	26% (8 of 31 responses)	30% (9 of 30 responses)	31% (10 of 32 responses)
Rarely	26% (8 of 31 responses)	27% (8 of 30 responses)	25% (8 of 32 responses)
Never	16% (5 of 31 responses	13% (4 of 30 responses)	19% (6 of 32 responses_
Unknown	0	0	0
Total	31	30	32

Source: Attorney survey responses. Percentages are based on the number of responses, not the number of respondents as not all respondents answered all questions

Item 9 Preserving Connections: Did the Department make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school and friends?

Department Policy and Procedures

The Department's policies and procedures on preserving connections is summarized below.

> Chapter 3: Section 3.1 Selecting the Permanency Goal *states:*
> *Selecting the Permanency Goal-Procedures*
>
> *When selecting the permanency goal for the child, seek to maintain and support the child's relationship to parents, siblings, kin, and other individuals with whom the child has a significant relationship.*
>
> Chapter 3: Section 4 Contact with Children, Parents and Out-of-Home Caregivers *states:*
>
> *The assigned DCS Specialist, or other, designated DCS Specialist who is assigned ongoing responsibility for the monthly contact, discusses and assesses the following with the child(ren) and the caregiver(s):*
>
> - *the safety of the child;*
> - *the child's and the caregiver's relationship;*
> - *the ability of the caregiver to meet the child's needs;*
> - *the safety of the physical home environment such as any observable hazardous conditions (no electricity, no water, exposed wiring, dangerous objects, harmful substances, external locks*

on bedroom doors, etc.) that may immediately threaten the child's safety;

- *the case plan including the Permanency Goal, identified behavioral changes and services, and progress toward the Permanency Goal;*
- *the developmental progress of the child;*
- *the child's educational, physical health, and emotional and behavioral health status and needs;*
- *the ability of the child to participate in age and developmentally appropriate extracurricular, enrichment, cultural, and social activities;*
- *factors important to the child such as race, class, ethnicity, religion or spirituality, tribal affiliation, sexual orientation, gender identity, and other forms of culture that are appropriately considered in the child's life.*
- *the child's medical and dental examinations, including required examinations within the first 30 days of removal and ongoing EPSDT visits, including standard medical tests and immunization updates as appropriate;*
- *the appropriateness and adequacy of services and supports provided to and for the child; and*
- *the appropriateness and adequacy of services and supports provided to and for the caregiver to maintain the caregiver's ability to care for the child.*

Ensure the out-of-home caregiver receives updated Health and Education plans on the child in their care at least once every six months.

Chapter 3: Section 6.1 Parenting Time and Family Contact Plan states:
The Department shall facilitate frequent parenting time and ongoing contact between a child in out-of-home care and the child's parents, siblings not placed together, relatives, friends, and other individuals with significant relationships to the child to preserve and enhance relationships with, and attachments to, the family and culture of origin. This contact may be restricted or denied only when a court finds that parenting time or contact is contrary to the child's safety or well-being.

Chapter 4: Section 4 Placement Needs of Children in Out-of-Home Care states
Include in the assessment, a thorough consideration of:

- *the child's relationships and attachments with: parents, grandparents, adult siblings of whole or half-blood, aunts, uncles, first cousins or another member of the child's extended family including persons who have a significant relationship with the child, current foster parents, and former foster parents, if applicable;*
- *the child's relationship, attachment and Family Contact Plan with siblings who are placed in out-of-home care, guardianship or adoptive homes;*
- *the characteristics of the child: age, gender, religion, primary language, perceived or identified sexual orientation and gender identity;*
- *the child's health and developmental needs: physical, medical, emotional, educational, social and behavioral;*

- *the child's traditions, values, religious or spiritual needs;*
- *the mental and behavioral history of the child as potential safety concerns for other children that may have contact with the child;*
- *daily routine; and*
- *the permanency goal for the child.*

Chapter 4: Section 5 Selecting an Out-of-Home Caregiver states:
For Native American children, the order of caregiver preference shall be determined in accordance with the requirements of the Indian Child Welfare Act, and is:

- *a member of the child's extended family;*
- *a foster home licensed, approved or specified by the child's tribe;*
- *an Indian foster home licensed or approved by an authorized non-Indian licensing authority;*
- *an institution approved by the Indian tribe, or operated by an Indian organization that has a program suitable, to meet the Indian child's needs.*
- *The order of caregiver preference for Native American children must be followed except under the following circumstances:*
    - *the child's parents have relinquished their parental rights and requested anonymity (in this case, preference shall be for another Native American caregiver);*
    - *the child's tribe sets a different order of preference; or*
    - *the tribe chooses not to intervene in the case and the state court finds that there is good cause to change the order of caregiver preference.*

Chapter 4: Section 11 Reasonable and Prudent Parenting Standard states:
Discuss with out-of-home caregivers the RPPS and the expectation that children in out-of-home care are permitted the experiences of a typical childhood and adolescent activities. Such age and developmentally appropriate activities may include participating in sports teams, field trips, social outings with friends, academic or social clubs, and other endeavors.

In applying the RPPS, inform the out-of-home caregiver to:

- *gather adequate information about the activity;*
- *assess the appropriateness of an activity for the child's age, maturity and developmental level (cognitive, emotional, physical, and behavioral capacity and propensities at that point in time);*
- *assess foreseeable risks and potential hazards and what safety factors and level of supervision may be involved in the activity;*
- *consider where the activity will be held, with whom the child will be going, and when they will return;*
- *determine if the activity maintains or promotes the child's health, safety, best interests, and well-being;*
- *allow and not restrict participation in activities that are supportive and affirming of the child's*

sexual orientation or gender identity; and

- *contact the DCS Specialist when unsure of the appropriateness of a decision, or when support for a particular decision is needed.*
- *When possible, and especially when reunification is the case plan goal, out-of-home caregivers should consult with the biological parents and/or the child's extended family to take into consideration religious and cultural beliefs that may impact or influence any decisions made by the caregivers.*
- *Encourage the child to discuss desired activities during case plan staffings.*

Practice Guide-Preserving a Child's Connection to Family, Tribe, Culture, and Community

Arizona Revised Statute §8-513. Participation in activities; contact with relatives; placement with siblings; independent living programs

A. A child may participate in activities and functions generally accepted as usual and normal for children of the child's age group if permission is granted as follows:

1. If the activity by law requires a license, the agency or division that placed the child may give permission on request of the foster parent.

2. If the activity includes the child leaving the jurisdiction of the court for a period not to exceed thirty days, the agency or division that placed the child may give permission on request of the foster parent.

3. If the activity is one which is associated with a school or organization not prohibited by rule of the division, the foster parents of the child may give permission.

B. The state shall indemnify and hold harmless the agency or foster parents for liability that may be incurred or alleged as a result of giving permission pursuant to subsection A if it is reasonably and prudently given. The state shall provide the defense of any action alleging such liability.

C. A child placed in foster care has the right to maintain contact with friends and relatives unless the court has determined that contact is not in the child's best interests as determined pursuant to a court hearing.

D. If a child has been removed from the child's home and placed in out-of-home placement, guardianship or adoptive placement, the department shall make reasonable efforts to place that child with the child's siblings or, if that is not possible, to maintain frequent visitation or other ongoing contact between the child and the child's siblings unless a court determines that either the placement or the visitation or contact would be contrary to the child's or a sibling's safety or well-being.

E. The out-of-home provider for a youth who is at least sixteen years of age shall work with independent living programs that are focused on career, education and future development planning to assist the youth in meeting program goals.

Performance Data Highlight

The Department was not in substantial conformity for Round 3 CFSR Item 9.

Of all American Indian children who exited care during the year, the percentage who exit to permanency before age 18 (do not exit to age of majority or runaway) will be 95% or more (source: AFCARS 2022A and 2022B)

FFY 2020: 93%
FFY 2021: 98%
FFY 2022: 92%

Of all American Indian children served during the year, the percentage whose most recent placement is/was with a relative foster family or on a trial home visit with a parent will be 50% or more.

FFY 2020: 53% (source AFCARS Report 43)
FFY 2021: 48% (source: AFCARS 2022A and 2022B)
FFY 2022: 53% (source: AFCARS 2022A and 2022B)

The Department monitors data on maintenance of family connections for American Indian children. The Department has maintained its performance on exits of American Indian children to permanency before age 18 and the percentage of American Indian youth living with a relative or parent.

Table 3 In-Home or Out-of-Home PICR Item 4: Preserving Connections for Children In-Home or Out-of-Home Items 4A and 4E

Data Period	PICR Item 4A	PICR Item 4E (ICWA Placement Preference)
CY 2020	86% (101 of 117 applicable cases)	94% (16 of 17 applicable cases)
CY 2021	56% (27 of 48 applicable cases)	80% (4 of 5 applicable cases)
CY 2022	67% (74 of 100 applicable cases)	78% (7 of 9 applicable cases)

source: PICR Case Review Instrument (updated 10/25/21) In-Home or Out-of-Home Item 4A 2022: Preserving Connections: During the period under review, were concerted efforts made to maintain important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, tribe, and/or friends)? Item 4E 2022: If the child is a member of, or eligible for membership in a federally recognized Tribe, was the child placed in accordance with the Indian Child Welfare Act (ICWA) placement preference or were concerted efforts made to place the child in accordance with ICWA placement preferences? Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY.

Of those cases in which PICR Item 4A was identified as no, the following were identified as contributing factors for the rating:

- Children or parents were not asked to identify important connections
- Relationships with relatives did not occur and (cited most often)
- Tribal connections were not explored

Brief Analysis

Opportunities to improve the preservation of connections include ensuring that important connections, especially relatives be explored with family and the child. The PICR results indicate opportunities for improving connections with siblings, and especially paternal relatives. In some cases, the child and relatives expressed an interest in connecting and efforts to ensure this occurs were not documented during the period under review. In other cases, children expressed a desire to connect or establish relationships with siblings, friends, and other important adults (related and unrelated) that were not sufficiently explored.

A new resource for relative and kin searches was implemented in July 2016 through the Fostering Sustainable Connections (FSC) project, which is now a statewide program. The goal of FSC is the identification and contact with family and kin to increase the natural supports and family-like settings for children in out-of-home care. Contracted Family Engagement Specialists (FES) conduct family searches for children in congregate care settings to identify relatives and other supportive connections through Seneca searches, case mining, social media, and one-on-one engagement activities with the child. FES staff are provided specialized training and given access to the Department's electronic database. There are three Match Meeting Specialists who assist with this process. Currently, one of the Specialists hosts monthly meetings with FSC staff and the Department Permanency team to discuss the search successes and barriers for each child. These monthly meetings will soon be expanded to the other two Match Meeting Specialists as well.

An interview was conducted with Fostering Sustainable Connections staff in August 2023. The program continues to successfully establish connections for children. One noted barrier was timely DCS Specialist approval of contact with the connection (relative or family) to ensure it is reasonable, safe and appropriate for the contact to be initiated.

During August and September 2023, interviews were conducted with youth ages 10-17 from all regions in the state; and focus groups[12] that also included youth over the age of 18 that had very recent experiences with the Department. Youth were asked the following question:

Were you asked about and do you have the ability to maintain important connections in your life such as with friends, relatives, sports, extracurricular activities, faith?

88% (22) of youth interviewed reported yes and 12% (3 youth) either reported no or could not remember.

In August and September 2023, parents participating in four focus groups reported they were often not asked about important connections other than to identify relatives as potential caregiver options.

In August 2023, a survey was administered to 4,885 foster, adoptive, relative and congregate care providers who were asked the following question:

Generally, were efforts made by either the Department or you to ensure the children residing with you stayed connected to friends, family, neighborhoods, schools, churches, tribes etc.?

273 "yes" responses were provided and 95 "no" responses were provided. Often times, community foster and kinship providers reported they were not provided information about the connections for the child placed with them and had to obtain the information.

Item 10: Relative Placement: Did the Department make concerted efforts to place the child with relatives when appropriate.

Department Policy and Procedures

The Department's policies and procedures on relative placement are summarized below.

Chapter 4: Section 2: Locating Missing Parents and Family for Notification states:

[12] Not all youth in the focus group provided a response to this question

The DCS Specialist will obtain personally identifying information and any information on the whereabouts of the absent or missing parent, guardian, custodian, and extended family members including the grandparents, great-grandparents, adult siblings, parents who have custody of any siblings, aunts, uncles, first cousins and persons who have a significant relationship with the child from any source who may have this knowledge.

The DCS Specialist shall make reasonable efforts to identify and locate the absent or missing parent, guardian, custodian, and extended family member. Reasonable efforts include a diligent search to gather contact information.

In those instances where a child is expected to remain in out-of-home care under a dependency petition, the DCS Specialist must do the following:

- *Ask the parent or guardian to identify the names, type of relationship, and contact information for the child's adult relatives including the grandparents, great-grandparents, adult siblings, parents who have custody of any siblings, aunts, uncles and first cousins, and persons who have a significant relationship to the child.*
- *Ask the parent or guardian about any history of family or domestic violence by the relative or person who has a significant relationship with the child.*
- *Send the Notice to Relative or Person Having a Significant Relationship with the Child, CSO-1103A and Response by Relative or Person Having a Significant Relationship with the Child, CSO-1104A to all relatives and persons who have a significant relationship with the child within 30 days of the child's placement in out-of-home care. Do not send the letter to any relative or person who has a history of family or domestic violence. Family or domestic violence includes a protective or restraining order, physical or sexual abuse in the home, or convictions for family or domestic violence.*

The DCS Specialist should explain to the parent or guardian the following:

- *If the parent or guardian does not have sufficient information available to locate a relative or person who has a significant relationship with the child, the parent or guardian must provide the information as soon as it is available.*
- *The parent or guardian must be prepared to provide to the Juvenile Court at the Preliminary Protective Hearing the names, type of relationship, and all available information necessary to locate persons related to the child and who have a significant relationship with the child.*

Initiate searches for extended family members including the grandparents, great-grandparents, adult siblings of whole or half-blood, aunts, uncles, and first cousins or persons having a significant relationship with the child prior to key decision points during the case and no less than once every six months when a child in out-of-home care:

- *is not placed with a grandparent, great-grandparent, adult sibling of whole or half-blood, aunt, uncle, first cousin or person who has a significant relationship with the child; or*
- *is placed with an extended family member or significant person who is unable or unwilling to provide a permanent placement for the child.*

Requesting Locate Assistance

If reasonable efforts to locate an absent or missing parent, guardian, custodian, and extended family member were unsuccessful, complete a family locate referral for the absent or missing person.

Chapter 4: Section 3 Kinship Care states:
The Department shall establish kinship foster care services for a child who has been removed from the child's home and who is in the custody of the Department, and placing a child with a caregiver determined by the best interests of the child.

The kinship care program established by the department shall:

- *streamline, expedite and coordinate existing services and referrals;*
- *preserve families;*
- *meet the protection, developmental, cultural and permanency needs of children;*
- *enable families to sustain support for a child who cannot live with the child's parents; and*
- *promote the best interests of the child.*

A kinship caregiver means an adult relative or person in the family network who has a significant relationship with the child and who is caring for the child under the care, custody and control of the Department. A kinship caregiver shall be evaluated and approved by the Department based upon an assessment of the family and home.

The Department shall identify and assess relatives and persons who have a significant relationship with the child as a caregiver of a child in out-of-home care.
Significant relationship shall mean either:

- *Relative: Only include familial relatives or those related to a child by marriage, adoption, or title 8 permanent guardianship.*
- *Fictive Kin: individuals who maintain and /foster the child's connections to their community and family of origin to reduce trauma and support the permanency goal. Persons who are not familial relatives of the child or related through marriage, adoption, or guardianship but have a pre-existing relationship with the child or child's family, which may include god parents, close friends, and neighbors.*

A foster parent or kinship caregiver with whom a child under three years of age has resided for nine months or more is presumed to be a person who has a significant relationship with the child.

The Department shall use diligence in an initial search to identify and notify adult relatives of the child and persons with a significant relationship with the child within 30 days after the child is taken into temporary custody.

The Department shall file with the court information regarding attempts made to identify and notify adult relatives of the child and persons with a significant relationship with the child.

Please see Chapter 4: Section 3 Kinship Care for more details and the policy in its entirety.

Performance Data Highlights

Of children age birth to 17 in out-of-home care in March 2023, 50% were placed with a relative (Monthly Operational Outcomes April 2023). Arizona AFCARS report 29 shows relative placement at 52%. This percentage has remained steady over the last several years, hovering around 45%. Arizona's percentage

remains higher than the national average. AFCARS Report 29 indicates that nationwide, 35% of foster children were placed with relatives.

Table 4 Relative Placements

Date Period	Children placed in Unlicensed Placement (primarily kinship)
SFY 2020	43.9% (5,775/13,161)
SFY 2021	46.4% (5,928/13,465)
SFY 2022	48.2% (5611/11645)

source: Monthly Operational Outcome Report June 2023. Operational Data Out-of-Home Foster Care Population (0-17 years old) (by Child). Effective January 2023, the breakout of the out-of-home population by placement type was re-organized. Data was refreshed going back to July 2022. Data for this metric is undergoing quality assurance review to ensure accuracy. This will be updated in future iterations. Total in out-of-home care is the number of children in care as of the last day of the reporting period. Unlicensed (Primarily Kinship) is the total number of children in unlicensed placements as of the last day of the reporting period. This excludes children placed in a licensed kinship placement.

Table 5 PICR Data Preserving Connections In-Home or Out-of-Home Items 7A1, 7B, and 7C

Data Period	PICR Items 7A1 Relative Placement/ PICR Item 7B Efforts to Identify Maternal Relatives/ PICR Item 7C Efforts to Identify Paternal Relatives
CY 2020	71% (81 of 114 applicable cases)
CY 2021	61% (28 of 46 applicable cases)
CY 2022	60% (59 of 99 applicable cases)

source: PICR Case Review Instrument (updated 10/25/21) In-Home or Out-of-Home Item 7A1 Relative Placement: During the period under review, was the child's current or most recent Out-of-Home caregiver a relative? Items 7A/B: If the child was not placed in a stable relative placement, did the Department, during the period under review, make concerted efforts to identify, locate, inform, and evaluate maternal relatives (7A) and paternal relatives (7B) as potential Out-of-Home caregivers for the child, with the result that maternal/paternal relatives were ruled out as placement resources (due to fit, relative, unwillingness, or child's best interest)? Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. This item is applicable in all out-of-home cases except (1) those in which the agency determined upon the child's initial entry into care that his or her needs required a specialized placement (such as residential treatment or incarceration) and will continue to require such specialized treatment the entire time the child is in care and a relative placement would be inappropriate; (2) situations such as abandonment in which the identity of the parents and relatives remains unknown despite documented concerted efforts to identify them.

Brief Analysis

Nearly all cases had some efforts to locate and assess relatives. Practice could improve through identification of all relatives, particularly paternal relatives. The Department utilizes person locate software in the local regional offices to assist in identifying and locating relatives for children in out-of-home case.

Interviews were conducted with children in Out-of-Home care. 76% (19 of 25) of children interviewed reported they were asked about relatives they could live with and 24% (6 of 25) reported they were not asked

In August and September, four focus groups were conducted with parents involved with the Department. Parents reported they were mostly asked if there were potential relatives their children could be placed with. They reported the following as barriers:

- unaware potential relative information could be provided at any time, not just at removal

- relatives could not pass the background checks
- DCS Specialists would not consider relatives for placements if the child was already in a stable community foster home

The Department has a strategic objective to place 65-70% of children in care with kin. In support of the strategic objective, the Department reevaluated the kinship assessment procedures to remove barriers for why kinship caregivers were ruled out as placement options. Passing background checks was a significant barrier; however, the Department developed a waiver process to allow placement to occur when the circumstances surrounding the criminal or child welfare history were assessed to not pose an immediate risk to the kinship placements.

Item 11: Relationship of Child in Care with Parents: Did the Department make concerted efforts to promote, support, and/or maintain positive relationships between the child in care and his or her mother and father or other primary caregivers from whom the child has been removed through activities other than just arranging visitation?

Department Policy and Procedures

The Department's policies and procedures on relationship of child in care with parents are summarized below.

Chapter 3: Section 6.1 Parenting Time and Family Contact Plan states
Upon removal, the DCS Specialist shall develop, with family members and the child, a Family Contact Plan that includes parenting time and visitation for children in out-of-home care and their parents, as well as any siblings with which a child does not share a living arrangement.

- *Consider first the child's need for safety, and second, how best to facilitate the goals of family reunification and maintenance of the child's important connections.*
- *Consider alternative modes of contact such as phone, mail, or virtual contact if in-person contact is not possible (for example, when a parent is out of state, or incarcerated in a facility that will not allow visitation. See Services for Incarcerated Parents.)*
- *Strive for weekly contact and parenting time or visitation with parents and between siblings not placed together, adapting the frequency as necessary to meet the child's safety and well-being needs.*
- *Make every reasonable effort to schedule child transportation, parenting time, and other visitation during non-school hours. Whenever possible, use service providers who are able to transport and facilitate/ supervise parenting time or visitation during non-school hours.*
- *Consider information from providers regarding parent's progress in developing enhanced caregiver protective capacities, as well as the specific needs of the child, when determining whether to increase the frequency and duration of contact and parenting time, providing maximum opportunity for parent-child contact responsibility when progressing toward reunification.*
- *Comply with any court orders regarding contact and visitation.*

Additional Policy References include:
Practice Guides-Parenting Time (Visitation) Parts I and II: Parenting Time Supervision and Location

Performance Data Highlights

Table 6 In-Home or Out-of-Home PICR Item 6: Relationship of Child in Care with Parents In-Home or Out-of-Home Items 6A and 6B

Data Period	PICR Item 6A Mother	PICR Item 6B Father
CY 2020	40% (23 of 57 applicable cases)	24% (10 of 42 applicable cases)
CY 2021	30% (8 of 27 applicable cases)	20% (4 of 20 applicable cases)
CY 2022	38% (26/68 applicable cases)	20% (10 of 51 applicable cases)

Source: PICR Case Review Instrument (updated 10/25/21) In-Home or Out-of-Home Item 6A and 6B: Relationship of Child in Care with Parents: During the period under review, were concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother (6A) and father (6B)? Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. This item is applicable to all out-of-home cases except those in which any of the following applies to each parent: (1) the parental rights of the parent have been terminated during the entire PUR, (2) the whereabouts of the parent is unknown despite concerted agency efforts to locate the parent; (3) the parent was deceased during the entire PUR; or (4) contact with the parent was considered to be not in the child's best interest and this is documented in the case record.

Brief Analysis

PICRs show there are opportunities to improve in this area by assessing the safety and appropriateness of the parent attending the event or appointment, ensuring the parent is invited, and ensuring the out-of-home caregiver is aware of the plan to have the parent attend. During the reporting period, the Department continued to utilize a Shared Parenting Journal to assist in the engagement and relationship between caregivers and families. Information about the importance of informing and inviting parents to the children's events and appointments is included in the completed PICR instruments provided to the field.

In July 2023, surveys were distributed to 265 private, contracted and tribal attorneys who have taken training through the Administrative Offices of the Courts and 72 Juvenile Court judges and commissioners. To date, there have been 34 responses from attorneys (13%) in 14 of the 15 counties who were asked the following question:

If applicable, generally did the Department make concerted efforts to promote, support and/or maintain positive relationships between children in care and their mother, father and other primary caregivers from whom the child was removed through activities other than just arranging visitation?

Table 7 Attorneys Reponses Relationship of Child with Parents or other Primary Caregivers

Response	Mother	Father	Other Primary Caregivers
Always	3% (1 of 30 responses)	3% (1 of 30 responses)	3% (1 of 30 responses)
Mostly	13% (4 of 30 responses)	10% (3 of 30 responses)	17% (5 of 30 responses)
Sometimes	13% (4 of 30 responses)	13% (4 of 30 responses)	13% (4 of 30 responses)
Rarely	37% (11 of 30 responses)	40% (12 of 30 responses	37% (11 of 30 responses)
Never	30% (9 of 30 responses)	30% (9 of 30 responses)	30% (9 of 30 responses)
Unknown	3% (1 of 30 responses)	3% (1 of 30 responses)	0
Total	30	30	30

source: Attorney survey responses. Percentages are based on the number of responses, not the number of respondents as not all respondents answered all questions.

Narrative information from the attorneys stated parents often do not participate in any activities other than

visitation except for telephonic contact outside of any prescribed contact. Attorneys also reported any other contact is more likely to occur if children are placed with relatives. This is consistent with information provided by parents and children in care.

Interviews were conducted with children in out-of-home care from July 2023 through September 2023. 25 youth were asked the following question:

Aside from visits, do you have any other contact with your parents? For example, do they attend school and sporting events, doctor's appointments, etc.?

8% (2 of 25) of children interviewed reported they had contact with their parents outside of visitation.

During August and September, 2023, four focus groups were conducted with parents involved with the Department. Most parents reported they were asked if there were potential relatives their children could be placed with. They reported the following as barriers:

- unaware of or not permitted to attend medical appointments
- foster parents did not want to interact with birth parents
- most likely to be involved with other activities when children were placed with relatives
- received information after the occurrence of the appointment or event

In August, 2023 a survey was distributed electronically to 4,885 unlicensed relative caregivers, licensed foster parents, adoptive parents and congregate care providers. As of August 2023, 356 respondents have recorded responses (7%). *Table 8 Caregiver Survey Positive Relationships* provides information specific to the responses received, which may not equal the total respondents as some people did not answer all of the questions.

Caregivers were asked the following questions:

Q1: Were birth parents encouraged to and/or attend events related to school, medical appointments, after-school activities, sporting events, hobbies, birthday celebrations, holidays, etc.?
Q2: Did you encourage and support birth families through shared parenting?

Table 8 Caregiver Survey Positive Relationships

Response	Q1	Q2
Yes	46% (172 of 374 responses)	67% (243 of 361 responses)
No	54% (202 of 374 responses)	33% (118 of 361 responses)

source: Caregiver survey responses. Percentages are based on the number of responses, not the number of respondents as not all respondents answered all questions.

Narrative information from caregivers indicated the following reasons why birth parents do not participate in any other activities:

- Parental rights have been terminated
- Parents unsupervised contact restricted due to safety reasons or court order
- Parents whereabouts are unknown or parent is not participating

Shared parenting occurs mainly through the exchange of journals, telephonic contact, texts, and emails and provides an opportunity for caregivers and parents to communicate without face to face contact. More communication about the child's progress, developmental milestones, medical and dental information, allergies, likes and dislikes, occurs through shared parenting than parental participation in events.

Results of Deeper Data Exploration for Priority Focus Areas

Visitation is an essential component of the reunification process. The focus of parenting time gives parents the opportunity to safely parent their children, while their children are in out-of-home care. The Department restructured and revised the visitation process and guidelines to be more welcoming and strength-based, see Parenting Time Guidelines. While the guidelines still discuss preparedness and expectations, they are established in a more engaging way to encourage more positive parenting time.

Over the last two years, the Department has provided staff and provider education to encourage the least restrictive level of supervision during parenting time, such as supervision by a family member when possible. If this option cannot manage the safety threat, the Department may provide supervision services to families. These services are available statewide and include transportation and visitation supervision between parents/guardians and their children, or between siblings.

Five Department offices are testing a process for parenting time planning conducted by specially trained DCS Case Aides. This process includes new observation and planning procedures and forms, new encouraging and family-friendly information on parenting time for parents, and specialized staff to communicate with all parties and partner with the family to develop an individualized parenting time plan that is most natural and sufficient to manage dangers.

Lack of locate efforts is often cited as a reason for not making concerted efforts in the PICR reviews. From July 2022 through April 2023, the DCS Locate Team received 3,488 referrals from the Arizona Attorney General Office (AGO), and 47 DCS Specialists. Of these, 321 were cancelled by the AGO or rejected and 298 are still being processed. Thus, as of May 1, 2023, DCS Locate Team attempted to locate 2,916 people and successfully obtained location information for 1,214 (42%) of the individuals. It is important to note that the individuals identified for locate attempts are referred due to the inability to readily obtain address or contact information and often are willfully engaged in efforts to avoid being located.

Information Regarding CQI Change and Implementation Activities, As Applicable

Not applicable

Stakeholder Engagement/Type

In accordance with the Stakeholder Engagement Plan, the stakeholder/type is identified below. Please see narrative for detailed description.

Welcome Center Administrator, data analyst and supervisors: interviews
Foster Parent/Adoptive Parent: surveys
Fostering Sustainable Connections Supervisor: interview
Youth with lived experience: interviews/focus groups
Parents with lived experience: focus groups/interviews
Attorneys: survey
Caregivers: survey

Data Sources

Caregiver Assessment Tool Data
Monthly Operational Outcome Report June 2023
AFCARS
Practice Improvement Case record review data (CY 2020, 2021, 2022)

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

1. Performance Data Highlights

   Highlight the most notable state performance and provide a brief summary of the state's most recent, relevant, and quality data pertaining to the CFSR Well-Being Outcomes and supporting practices. Examples of relevant data: case record review results, administrative data such as participation in family team meetings, caseworker visits with children and parents, children receiving timely well-child visits; service utilization rates. Include a description of the state-produced measures (denominator and numerator), data periods represented, and methodology.

2. Brief Analysis

   Briefly summarize the most salient observations, including strengths and areas needing improvement, and findings across data sources and practice areas, by answering the questions below. Consider how current statewide case review performance compares to CFSR Round 3 findings and PIP measurement, and the quality of the data.

   - What is the trend in performance over time, and is the state trending in the desired direction?
   - What information do other related data sources provide to inform state observations?
   - What does performance data from the legal and judicial communities show with respect to the impact of court processes on child well-being outcomes?
   - What does the performance data identify as areas of strength?
   - What does the performance data identify as areas in need of improvement?
   - Are there data quality limitations (e.g., completeness, accuracy, and reliability)?

3. Results of Deeper Data Exploration for Priority Focus Areas

   Identify areas prioritized for deeper data exploration and reasons for selecting those areas. Briefly summarize results of data analysis, including evidence supporting the identification of contributing factors and potential root causes driving strengths and challenges. Consider observations from additional evidence that may have been gathered to deepen the state's understanding of the focus area (e.g., additional analysis of a target sub-population, qualitative data such as caseworker surveys or focus groups with key stakeholders).

   a. What meaningful differences were identified for sub-populations, including specific groups of children (e.g., age, race/ethnicity) and geographic location in the state?
   b. What events, conditions, or factors contribute to or lead to the strength or problem?
   c. What supporting evidence is provided by key stakeholders (e.g., caseworkers, supervisors, program managers, birth parents and youth, caregivers, and service providers) regarding the contributing factors and/or root cause(s)?
   d. Are there data or research pointing to the root cause(s) and/or contributing factors?

4. Information Regarding CQI Change and Implementation Activities, As Applicable

   Briefly describe how the information and results of the analysis above relate to or build on

results of prior data exploration and CQI change and implementation activities. Has progress been made and/or have lessons been learned from development, implementation, and monitoring of improvement activities included in the state's most recent CFSR/PIP, CFSP/APSR, and other systemic improvement processes? Are adjustments needed to existing strategies/interventions/plans, or are new CQI change and implementation plans needed to achieve desired outcomes?

State Response:

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

Outcome measurements to determine substantial conformity:

Item 12: Needs and Services of Child, Parents and Foster Parents: Did the Department make concerted efforts to assess the needs of and provide services to children, parents and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the Department's involvement with the family?

Item 13: Child and Family Involvement in Case Planning: Did the Department make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Item 14: Caseworker Visits with Child: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case plan goals?

Item 15: Caseworker Visits with Parent(s): Were the frequency and quality of visits between caseworkers and the mothers and fathers sufficient to ensure the safety, permanency and well-being of the child(ren) and promote achievement of case plan goals?

In 95% of the applicable cases, there is a strength rating for Item 12 Needs and Services of Child, Parents and Foster Parents and there is area needing improvement in no more than one of the following items:
Item 13: Child and Family Involvement in Case Planning
Item 14: Caseworker Visits with Child
Item 15: Caseworker Visits with Parent(s)

Item 12: Needs and Services of Child, Parents and Foster Parents: Did the Department make concerted efforts to assess the needs of and provide services to children, parents and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the Department's involvement with the family?

Department Policy and Procedures

The Department's policies and procedures on child and family involvement in case planning are summarized below

***Chapter 3: Section 3 Section Developing and Reassessing the Family Centered Case Plan* states:**
Identifying Services, Supports, and Tasks to Include in the Case Plan

Using information gained through the completion of the Family Functioning Assessment, protective factors assessment (when applicable), and engagement with the family, the DCS Specialist, parents,

guardians and/or custodians, and other service team members decide together what will assist the family in making the necessary change. Explore the available intervention options with the parent, guardian and/or custodian(s) and consider their input to ensure services are culturally relevant and maximize the family's self-determination and commitment to the process of change.

Services and supports for parents, guardians and/or custodians should be relevant to enhancing the specific diminished caregiver protective capacities or strengthening the family's protective factors targeted in the behavioral change statements. Services and supports for children should be relevant to the needs identified by rating the Child Well-Being Indicators.

At any time a service or support is determined to be ineffective or an additional service becomes necessary, the DCS Specialist should discuss the change with the individual receiving the service and discuss the plan to modify the service or support.

Services must be tailored to meet the specific needs of the family, and include services for the out-of-home caregivers where appropriate, to prevent removal of the child and/or reunify the family. See Planning for Services and Supports to Achieve Permanency.

Record the child's needs as well as supports and services for children placed in out-of-home care to ensure that the child's medical, educational, and psychological needs are addressed. Include the most recent information available regarding the child's needs and the identified services to address the needs.

Reassessment of Case Plan

Using information gained through the completion of the Family Functioning Assessment, protective factors assessment (when applicable), and engagement with the family, the DCS Specialist, parents, guardians and/or custodians, and other service team members reassess the case plan together.

Confirm that services have been initiated as scheduled, and are addressing the needs of the family. Explore the effectiveness of the interventions offered with the parent, guardian and/or custodian(s) and consider their input to ensure services are culturally relevant and maximize the family's self-determination and commitment to the process of change.

Although the case plan is reassessed and revised at specific intervals, ongoing monitoring of services occurs on a monthly basis. Changes to services may be made at any time it is appropriate to do so.

Chapter 3: Section 3.3 Planning for Services and Supports to Achieving Permanency states:

The reassessment of the case plan should determine whether:

- *desired behavioral changes have been achieved, meaning previously diminished caregiver protective capacities have been sufficiently enhanced;*
- *the same services and supports shall be continued;*
- *services and supports shall be changed; or*
- *no available service or intervention will enable the parent, guardian and/or custodian to adequately address the safety threats within a time frame that meets the needs of the child, and a change in permanency goal should be considered.*

Services and Supports

Throughout the case, determine the services or supports that are most appropriate to achieve the necessary behavioral changes, case plan outcomes, and permanency goal in consultation with the family, child (12 years and older), and other service team members.

Efforts to return a child home shall include a thorough assessment of safety threats that prevented the parent(s) from caring for the child without the involvement of the Department. See Family Reunification.

Services and Supports to Achieve Remain with Family or Family Reunification

In consultation with the family, child (12 years of age and older), and other service team members, the DCS Specialist shall determine services and supports that are most appropriate to achieve the desired behavioral changes.

After the caregiver protective capacities are understood and well-defined, identify services that will assist in facilitating necessary change, achieving the desired behavioral changes, enhancing specific diminished protective capacities, and helping the parents regain and sustain primary responsibility for their child's safety. Services such as parenting classes, substance abuse treatment, or intensive family services may be utilized when appropriate. Services may also include support and assistance from individuals in the family network, community, or other resources.

Using information gained during the Family Functioning Assessment – Ongoing, including the assessment of caregiver protective capacities and determining the child's needs, the DCS Specialist will engage the parents, guardians, and/or custodians to:

- *decide what interventions/services will assist the family in making necessary changes; and*
- *explore culturally relevant, individualized intervention/service options to maximize the family's self-determination and commitment to the process of change.*

Services for Children and Youth

Prior to and during the case plan staffing, provide service team members comprehensive information on the needs of the child (including the child's physical/dental health, emotional/behavioral health, educational status, and other support needs) and the services and support needs of the out-of-home care provider.

Elicit the comments and recommendations of the service team members and seek to reach consensus on:

- *the behaviors and services required to meet the child's needs, including the needs of children age 14 and older to build skills necessary to prepare for a successful adulthood (see Services and Supports to Prepare Youth for Adulthood);*
- *the behaviors and services or supports required to maintain the out-of-home caregiver's ability to care for the child;*

Facilitating the Change Process and Monitoring Services

During in-person contacts, the DCS Specialist assists the parent, guardian, and/or custodian to move

through the stages of change. Discussions should focus on the following:

- *needs of children (in-home and out-of-home) and parent, guardian, and/or custodian involvement in addressing the needs of children.*

The DCS Specialist will solicit input from family and other service team members regarding the effectiveness of the current services, including whether they are necessary and helpful.

The DCS Specialist will engage the family and other service team members to identify necessary changes to services and supports, and consult with the DCS Program Supervisor as needed to implement changes in services or supports necessary to achieve the desired behavioral changes.

For all permanency goals, the DCS Specialist will monitor case progress every 30 days to:

- *review progress toward case plan outcomes;*
- *follow-up with service provider(s);*
- *follow-up with the person receiving services to assess progress; and*
- *determine whether there is a need for adjustment(s) to services and supports.*
- *If specified tasks have not been completed, the DCS Specialist will review the tasks to identify possible barriers such as:*
- *whether the supports and/or service providers are able to timely fulfill the responsibilities specified in the case plan.*

Chapter 3: Section 4 Contact with Children, Parents and Out-of-Home Caregivers states:

The assigned DCS Specialist, or other, designated DCS Specialist who is assigned ongoing responsibility for the monthly contact, discusses and assesses the following with the child(ren) and the caregiver(s):

- *the appropriateness and adequacy of services and supports provided to and for the child; and*
- *the appropriateness and adequacy of services and supports provided to and for the caregiver to maintain the caregiver's ability to care for the child.*

Performance Data Highlights

Item 12 was identified as an area to be addressed in the 2015 Arizona Round 3 CFSR. The Department's CFSR PIP case review data indicate the PIP improvement goal for Item 12 was met as of February 2018. The Department continually monitors data and practice on assessing and providing for the needs of the family through the Practice Improvement Case Review process.

Table 1 PICR In-Home or Out-of-Home PICR Item 8: Needs and Services of Child, Parents and Foster Parents Items 8A1, B1, B2 and C1

PICR Item	2020	2021	2022
8A1: Needs of children	82% 118 of 114 applicable cases	76% (54 of 71 applicable cases)	78% (104 of 134 applicable cases)
8B1: Needs/Protective Capacity Mother	56% (63 of 113 applicable cases)	29%% (17 of 59 applicable cases)	31% (34 of 110 applicable cases)
8B2: Needs/Protective Capacity Assessment Father	31% (34 of 109 applicable cases)	13% (7 of 58 applicable cases)	13% (13 of100 applicable cases)

PICR Item	2020	2021	2022
8C1: Needs Assessment Foster Parent	87% (94 of 108 applicable cases	93% (41 of 44 applicable cases)	86% (78 of 91 applicable cases)

source: PICR Case Review Instrument (updated 10.15.21) In Home or Out of Home Items 8A1 Needs Assessment and Services to Children, Items B1 and B2 Needs Assessment and Services to Parents (B1-mother, B2-father, Item C1 Needs Assessment and Services of Foster Parents Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. This item is applicable to all cases. Needs assessment does not include assessments to meet children's educational, physical/dental health, and mental/behavioral health needs assessed in other well-being outcomes. 8A1: During the period under review, did the Department conduct a formal or informal initial comprehensive assessment of the child(ren)'s need (if the case was opened during the period under review), or an ongoing comprehensive assessment (if the case was opened before the period under review) that accurately assessed the child's needs? 8B1: During the period under review, did the Department conduct a formal or informal initial comprehensive assessment of the mother's need (if the case was opened during the period under review), or an ongoing comprehensive assessment (if the case was opened before the period under review) that accurately assessed the mother's needs? 8B2: During the period under review, did the Department conduct a formal or informal initial comprehensive assessment of the father's need (if the case was opened during the period under review), or an ongoing comprehensive assessment (if the case was opened before the period under review) that accurately assessed the father's needs? 8C1: During the period under review, did the Department adequately assess the needs of foster or pre-adoptive parents on an ongoing basis (with respect to services they need in order to provide appropriate care and supervision to ensure the safety and well-being of the children in their care? These items are applicable to all cases.

It is noted that the standards the Department uses to rate the assessment of the parents' needs as a strength is fairly strict, including an exploration of the significant caregiver protective capacities for the parent and the parent's service needs. Because the PICR period under review is only three months, the requirement for these assessments and discussions is stricter than the CFSR standards, as the CFSR typically reviews a family for up to 12 months. Because of the three-month period under review, the Arizona case review standards includes a high-quality assessment of the parent's needs within that three-month period whereas the CFSR may not expect that frequency of a full needs assessment.

In early 2023, the South Region implemented the use of a parent engagement template to be used to document the conversations that occur with parents during monthly DCS Specialist in-person contacts. The case reviewers have noticed that the quality of the conversations documented with parents when this template is utilized appears to be of higher quality than when the template is not utilized.

Table 2 PICR In-Home or Out-of-Home PICR Item 8: Needs and Services of Child, Parents and Foster Parents Items 8A2, B3, B4, C2

Data Period	2020	2021	2022
8A2: Appropriate Services Children	86% (42 of 49 applicable cases)	78% (18 of 23 applicable cases)	49% (24 of 49 applicable cases)
8B3: Appropriate Services Mother	72% (80 of 111 applicable cases)	70% (40 of 57 applicable cases)	65% (70 of 107 applicable cases)
8B4: Appropriate Services Father	58% (56 of 96 applicable cases)	46% (22 of 148 applicable cases)	46% (39 of 85 applicable cases)
8C2: Appropriate Services Foster Parent	69% (40 of 58 applicable cases)	58% (10 of 19 applicable cases)	76% (44 of 58 applicable cases

Appropriate Services Mother			(70 od 107 applicable cases)
8B4: Appropriate Services Father	58% (56 of 96 applicable cases)	46% (22 of 148 applicable cases)	46% (39 of 85 applicable cases)
8C2: Appropriate Services Foster Parent	69% (40 of 58 applicable cases)	58% (10 of 19 applicable cases)	76% (44 of 58 applicable cases

Source: PICR Case Review Instrument (updated 10.15.21) In Home or Out of Home Items 8A2 Needs Assessment and Services to Children, Items B3 and B Needs Assessment and Services to Parents (B3-mother, B4-father, Item C2 Needs Assessment and Services of Foster Parents Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. This item is applicable to all cases the circumstances of the case. Needs assessment does not include assessments to meet children's educational, physical/dental health, and mental/behavioral health needs assessed in other well-being outcomes. 8A2: During the period under review, were appropriate services provided to meet the child(ren)'s identified needs? 8B3: During the period under review, did the Department provide appropriate services to the mother to address identified needs, required behavior changes, and/or diminished protective capacities? 8B4: During the period under review, did the Department provide appropriate services to the father to address identified needs, required behavior changes, and/or diminished protective capacities? 8C2: During the period under review, were the foster or per-adoptive parents provided with appropriate services to address identified needs that pertained to their capacity to provide appropriate care and supervision of the children in their care? These items are applicable to all cases.

The PICRs completed during CY2022 indicated delays or insufficient service provision for the child's needs (besides medical, dental, and behavioral health) was most frequently social skills support and services to address parent-child relationship issues.

Brief Analysis

Practice Improvement Case Review data demonstrates that the majority of children and their caregivers receive appropriate needs assessments (this item excludes assessment and services to meet children's educational, physical health and mental/behavioral health needs assessed in other well-being outcomes). *Table 1* ***In-Home or Out-of-Home PICR Item 8: Needs and Services of Child, Parents and Foster Parents Items 8A1, B1, B2 and C1*** shows needs assessments to identify what parents require to provide appropriate care and supervision to ensure safety does not substantially occur for mothers (31%) and is far less for fathers (13%). This is generally consistent with the previous years review results, but decreased significantly from 2020.

Needs assessment and service provision occurs more frequently with mothers than fathers. *Table 1 Needs Assessment for Children, Mother, Father and Caregivers Practice Improvement Case Review Instrument-In home or Out of Home Items 8A1, B1, B2 and C1* and *Table 2 Services to Children, Mother, Father and Caregivers Practice Improvement Case Review Instrument-In Home or Out of Home Items 8A2, B3, B4, C2* provides specific information related to children, mothers, fathers and caregivers. Often times, assessments are not completed (formally or informally) that identify what parents need to provide appropriate care and supervision to ensure safety and well-being, despite the documentation supporting the need for an assessment and service provision.

Foster and kinship caregivers interviewed during PICRs often report that they are pleased with the support received and the needs of children and caregivers are promptly addressed by the specialist. This was

supported by the information obtained during telephonic and electronic surveys from caregivers from January 2023 through September 2023.
The 2022 PICR results indicate concerted efforts were made to provide youth age 14 and over with all the services needed to adequately prepare the youth for adulthood in 9 of the 24 applicable cases (2022 PICR tool Item 3A).

Practice can improve through greater consistency in concerted efforts to locate and maintain contact with parents, including incarcerated parents and parents who have not recently been involved with their children. The Department is also focusing on the recruitment and retention of specialists, to ensure vacancies and turnover do not affect the Department's ability to achieve the desired outcomes.

In July 2023, electronic surveys were distributed to 72 judges and commissioners. As of August 2023, 21 (29%) respondents provided the following information:

Table 3 Judges Responses Needs Assessment and Service Provision

Response	Needs Assessment Children	Services Children	Needs Assessment Mother	Service Mother	Needs Assessment Father	Services Father
Always	13% (2)	12% (2)	18% (3)	12% (2)	18% (3)	12% (2)
Mostly	50% (8)	35% (6)	47% (8)	35% (6)	47% (8)	35% (6)
Sometimes	31% (5)	41% (7)	29% (5)	41% (7)	29% (5)	41% (7)
Rarely	6% (1)	12% (2)	6% (1)	12% (2)	6% (1)	12% (2)
Never	0	0	0	0	0	0
Total	16	17	17	17	17	17

Percentages based on the number of responses for each question as not all respondents provided responses for all questions. Questions focused on assessment of children, mothers and fathers and Q2 service provision to children, mothers and fathers. The survey was distributed electronically through an anonymous link. Respondents represented 9 of 15 counties.

In July 2023, electronic surveys were distributed to 265 attorneys that received training provided by the Administrative Offices of the Courts and includes varied representation for children, mothers, fathers (contracted, tribal and private attorneys). As of August 2023, 34 (13%) respondents provided the following:

Table 4 Attorneys Responses Needs Assessment and Service Provision

Response	Needs Assessment Children	Services Children	Needs Assessment Mother	Service Mother	Needs Assessment Father	Services Father
Always	6% (2)	6% (2)	12% (4)	9% (3)	9% (3)	6% (2)
Mostly	30% (10)	18% (6)	15% (5)	12% (4)	13% (4)	16% (5)
Sometimes	30% (10)	27% (9)	39% (13)	30% (10)	41% (13)	31% (10)
Rarely	15% (5)	24% (8)	24% (8)	36% (12)	6% (9)	34% (11)
Never	0	3% (1)	0	6% (2)	0	6% (2)
Unknown	18% (6)	21% (7(	9% (3)	6% (2)	9% (3)	6% (2)
Total	33	33	33	33	32	32

Percentages based on the number of responses for each question as not all respondents provided responses for all questions. Q1 focused on assessment of children, mothers and fathers and Q2 focused on the service provision of children, mothers and fathers. The survey was distributed electronically through an anonymous link. Respondents represented 14 of 15 counties.

In August, 2023, electronic surveys were distributed statewide to 4,885 licensed foster parents, adoptive parents, congregate care providers and relative caregivers. As of August 2023, 365 respondents provided the

following:

Table 5 Caregiver Responses Caregiver/Children in their homes Needs Assessment and Service Provision

Response	Needs Assessment Caregiver	Services Caregiver	Needs Assessment Children	Service Children
Yes	71% (214)	70% (209)	71% (122)	72% (101)
No	29% (85)	30% (88)	29% (51)	28% (40)
Total	299	297	173	141

Percentages based on the number of responses for each question as not all respondents provided responses for all questions. Q1 focused on assessment of caregivers Q2 focused on the service provision to caregivers Q3 focused on the assessment of needs of children in the home of the caregiver (other than physical, dental and mental/behavioral health needs) and Q4 focused on Service Provision to those children in the home of the caregiver. The survey was distributed electronically through an anonymous link. Respondents represented 13 of 15 counties and included responses from licensed foster parents, adoptive parents, congregate care providers and relative caregivers.

Between January 2023 and September 2023, telephonic or virtual interviews were conducted with 73 relative caregivers, 25 youth, Court Appointed Special Advocates staff at the Arizona Attorney General's office and other child welfare attorneys who reported the following:

- 93% of relative caregivers confirmed the needs of children in their homes were assessed and services provided to meet those needs
- 80% of youth identified services as beneficial
- 68% of youth confirmed their needs were identified and discussed during contact with their specialists

Telephonic and electronic surveys were completed with 25 youth with lived experience as of September 2023. Youth represented all 5 regions. Youth were age 10-17 and included a small sample of young adults with very recent experience with the Department. The opinions provided by these youth are not representative of all children/youth in care. Youth were asked the following question:

Q1: Do you have a chance to share what is going on in your life and things you need assistance with during case plan meetings?

Q2: Does your DCS Specialist visit you at the home you are currently living in every month and when they visit are you asked how you are doing, things that are going good for you and what kind of things you need?

Q1 self-reported observations

- 14 youth reported they were able to share what was going on and what things they needed assistance with during case plan staffings
- 7 youth reported they were not able to share what was going on and what things they needed assistance with during case plan staffings and did not provide any additional anecdotal information
- 1 youth reported they are able to talk with their DCS Specialist about needs, but did not recall attending a TDM
- 1 youth did not provide a response
- 1 youth did not know
- 1 youth responded as not applicable

Q2 self-reported observations:

- 20 youth reported the DCS Specialist asked about their needs and what services they needed
- 3 youth reported the DCS Specialist did not ask about their needs and what services they needed or what services were working for them

- 1 youth reported not having a DCS Specialist
- 1 youth did not know

In September 2023, four focus groups were held with parents with lived experience. Parents reported the following:

- Although some parents reported having assessments both formally and informally, they felt services did not always address the needs assessment
- Services were not timely and there often times were delays in the initiation of services
- Parents reported not understanding why they had to participate in certain services e.g. complete drug testing on a regular basis when substance abuse was not an issue identified in any formal or informal needs assessments
- Services never changed despite progress or reports from providers

Item 13: Child and Family Involvement in Case Planning: Did the Department make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

Department Policy and Procedures

The Department's policies and procedures on child and family involvement in case planning are summarized below**.**

> *Chapter 3: Section 3 Section Developing and Reassessing the Family Centered Case Plan* ***states:***
>
> *The Department shall conduct a case plan staffing and reassess the case plan:*
>
> - *at least every 6 months; and*
> - *at specified key decision points in the life of a case, including when a change in the permanency goal is considered or there is a significant change in case circumstances.*
>
> *The Department shall involve the family receiving DCS services in the development of the case plan. When a parent, guardian, and/or custodian is unwilling or unable to participate in the case plan development, the Department must continue to make efforts to engage the parent, guardian and/or custodian in the process.*
>
> *All case plans (excluding a proposed case plan developed prior to the Preliminary Protective Hearing) shall identify the following:*
>
> - *reasons for DCS Involvement;*
> - *permanency goal;*
> - *desired family behaviors;*
> - *services and supports to help the family; and*
> - *case plan agreement.*
>
> *Case plans for children in out-of-home care shall include the following, as applicable based on age and permanency goal:*
>
> - *concurrent planning activities to ensure that potential or identified alternate caregivers are prepared to care for the child on a permanent basis, if needed (when the prognosis of achieving family reunification is unlikely to occur within 12 months of the child's initial removal);*
> - *type of living arrangement;*

- *the child's needs, supports, and services;*
- *education plan and educational stability;*
- *health plan;*
- *transition plan (for children in out-of-home care age 14 and older);*
- *family contact plan; and*
- *steps to finalize permanency (actions taken to identify an adoptive family for children with a permanency goal of adoption).*

Schedule the case plan staffing at a time and location that meets the needs of parents, guardians, and/or custodians, out-of-home care providers, and children. Schedule the case plan staffing with at least two weeks' notice to allow attendees to make arrangements to attend. Inform service team members who cannot attend the case plan staffing in person that they may provide a written report, a verbal report, or participate by conference call. Arrange interpreter services if necessary.

The policy outlines information about evaluating progress and making changes to service provision and why those changes are necessary and efforts to locate parents whose identify or whereabouts are unknown.

Identifying Services, Supports, and Tasks to Include in the Case Plan

Using information gained through the completion of the Family Functioning Assessment, protective factors assessment (when applicable), and engagement with the family, the DCS Specialist, parents, guardians and/or custodians, and other service team members decide together what will assist the family in making the necessary change. Explore the available intervention options with the parent, guardian and/or custodian(s) and consider their input to ensure services are culturally relevant and maximize the family's self-determination and commitment to the process of change.

Services and supports for parents, guardians and/or custodians should be relevant to enhancing the specific diminished caregiver protective capacities or strengthening the family's protective factors targeted in the behavioral change statements. Services and supports for children should be relevant to the needs identified by rating the Child Well-Being Indicators.

At any time a service or support is determined to be ineffective or an additional service becomes necessary, the DCS Specialist should discuss the change with the individual receiving the service and discuss the plan to modify the service or support.

Services must be tailored to meet the specific needs of the family, and include services for the out-of-home caregivers where appropriate, to prevent removal of the child and/or reunify the family. See Planning for Services and Supports to Achieve Permanency.

Record the child's needs as well as supports and services for children placed in out-of-home care to ensure that the child's medical, educational, and psychological needs are addressed. Include the most recent information available regarding the child's needs and the identified services to address the needs.

Reassessment of Case Plan

Using information gained through the completion of the Family Functioning Assessment, protective factors assessment (when applicable), and engagement with the family, the DCS Specialist, parents, guardians and/or custodians, and other service team members reassess the case plan together.

Confirm that services have been initiated as scheduled, and are addressing the needs of the family. Explore the effectiveness of the interventions offered with the parent, guardian and/or custodian(s) and consider their input to ensure services are culturally relevant and maximize the family's self-determination and commitment to the process of change.

Although the case plan is reassessed and revised at specific intervals, ongoing monitoring of services occurs on a monthly basis. Changes to services may be made at any time it is appropriate to do so.

Chapter 3: Section 3.3 Planning for Services and Supports to Achieving Permanency states:

The reassessment of the case plan should determine whether:

- *desired behavioral changes have been achieved, meaning previously diminished caregiver protective capacities have been sufficiently enhanced;*
- *the same services and supports shall be continued;*
- *services and supports shall be changed; or*
- *no available service or intervention will enable the parent, guardian and/or custodian to adequately address the safety threats within a time frame that meets the needs of the child, and a change in permanency goal should be considered.*

Services and Supports

Throughout the case, determine the services or supports that are most appropriate to achieve the necessary behavioral changes, case plan outcomes, and permanency goal in consultation with the family, child (12 years and older), and other service team members.

Efforts to return a child home shall include a thorough assessment of safety threats that prevented the parent(s) from caring for the child without the involvement of the Department. See Family Reunification.

Services and Supports to Achieve Remain with Family or Family Reunification

In consultation with the family, child (12 years of age and older), and other service team members, the DCS Specialist shall determine services and supports that are most appropriate to achieve the desired behavioral changes.

After the caregiver protective capacities are understood and well-defined, identify services that will assist in facilitating necessary change, achieving the desired behavioral changes, enhancing specific diminished protective capacities, and helping the parents regain and sustain primary responsibility for their child's safety. Services such as parenting classes, substance abuse treatment, or intensive family services may be utilized when appropriate. Services may also include support and assistance from individuals in the family network, community, or other resources.

Using information gained during the Family Functioning Assessment – Ongoing, including the assessment of caregiver protective capacities and determining the child's needs, the DCS Specialist will engage the parents, guardians, and/or custodians to:

- *decide what interventions/services will assist the family in making necessary changes; and*

- *explore culturally relevant, individualized intervention/service options to maximize the family's self-determination and commitment to the process of change.*

Services for Children and Youth

Prior to and during the case plan staffing, provide service team members comprehensive information on the needs of the child (including the child's physical/dental health, emotional/behavioral health, educational status, and other support needs) and the services and support needs of the out-of-home care provider.

Elicit the comments and recommendations of the service team members and seek to reach consensus on:

- *the behaviors and services required to meet the child's needs, including the needs of children age 14 and older to build skills necessary to prepare for a successful adulthood (see Services and Supports to Prepare Youth for Adulthood);*
- *the behaviors and services or supports required to maintain the out-of-home caregiver's ability to care for the child;*

Facilitating the Change Process and Monitoring Services

During in-person contacts, the DCS Specialist assists the parent, guardian, and/or custodian to move through the stages of change. Discussions should focus on the following:

- *needs of children (in-home and out-of-home) and parent, guardian, and/or custodian involvement in addressing the needs of children.*

The DCS Specialist will solicit input from family and other service team members regarding the effectiveness of the current services, including whether they are necessary and helpful.

The DCS Specialist will engage the family and other service team members to identify necessary changes to services and supports, and consult with the DCS Program Supervisor as needed to implement changes in services or supports necessary to achieve the desired behavioral changes.

For all permanency goals, the DCS Specialist will monitor case progress every 30 days to:

- *review progress toward case plan outcomes;*
- *follow-up with service provider(s);*
- *follow-up with the person receiving services to assess progress; and*
- *determine whether there is a need for adjustment(s) to services and supports.*
- *If specified tasks have not been completed, the DCS Specialist will review the tasks to identify possible barriers such as:*
- *whether the supports and/or service providers are able to timely fulfill the responsibilities specified in the case plan.*

Performance Data Highlights

Item 13 was identified as an area to be addressed in the 2015 Arizona Round 3 CFSR. The Department's CFSR PIP case review data indicate the PIP improvement goal for Item 13 was met as of February 2018. The

Department continually monitors data and practice on assessing and providing for the needs of the family through the Practice Improvement Case Review process.

Table 6 In-Home or Out-of-Home PICR Item 9: Case Plan Development Items 9A, 9B and 9C

Date Period	Item 9A Children	Item 9B Mother	Item 9C Father
CY 2020	67% (52 of 78 applicable cases)	57% (65 of 114 applicable cases)	38% (41 of 109 applicable cases)
CY 2021	34% (14 of 41 applicable cases)	32% (19 of 60 applicable cases)	25% (14 of 56 applicable cases)
CY 2022	39% (30 of 77 applicable cases)	32% (36 of 113 applicable cases)	17% (18 of 104 applicable cases)

source: PICR Case Review Instrument (updated 10.15.21) In Home or Out of Home Items 9A, 9B and 9C During the Period Under Review, did the Department make concerted efforts to actively involve the child age 6 or older, the mother and the father in the case planning process? Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. This item is applicable to all cases. 9A: During the period under review, did the Department make concerted efforts to involve the child age 6 or older in the case planning process? 9B: During the period under review did the Department make concerted efforts to actively involve the mother in the case planning process? 9C: During the period under review, did the Department make concerted efforts to involve the father in the case planning process? These items are applicable to all cases.

Brief Analysis

PICR cases rated as a strength had evidence that the mother, father, and/or child were spoken with to obtain their input into their needs, strengths, and services, including periodic substantive conversations with the assigned specialist, or the specialist made concerted efforts to have these conversations.

There are opportunities to improve through sufficient ongoing efforts to locate and remain in contact with non-custodial fathers, particularly fathers who have had no recent contact with the child or are incarcerated. Some cases have evidence of contact with the mother or father, but could improve through greater efforts to elicit the parent's input about case planning topics, such as the permanency goal, placement options, effectiveness of services, sufficiency of parent-child visitation, etc.

In July and August 2023, telephonic and electronic surveys were completed with 25 youth with lived experience as of September 2023. Youth represented all 5 regions. Youth were age 10-17 and included a small sample of young adults with very recent experience with the Department. The opinions provided by these youth are not representative of all children/youth in care. Youth were asked the following question:

Q1 *Do you know what your current permanency goal is*?
Q2 *Has someone talked to you about what your case plan is and are you invited to case plan meetings*? Q3 *Do you have a chance to share what is going on in your life and things you need assistance with during these case plan meetings?*

Table 7 Youth Responses Case Plan Development Electronic/Telephonic Survey Results

	Q1	Q2	Q3
Response	**Current Permanency Goal**	**Case Plan Development**	**Case Plan Involvement**
Yes	67% (14 of 25 youth)	38% (8 of 25 youth)	19% (4 of 25 youth)

No	33% (7 of 25 youth)	33% (7 of 25 youth)	71% (15 of 25 youth)
Unknown or Unsure	(0)	29% (6 of 25 youth)	10% (2 of 25 youth)
Total Respondents	21	21	21

Percentages based on the number of responses for each question as not all respondents provided responses for all questions. Youth ages 10-17 participated in surveys or telephonic interviews. Interviews facilitated by Department staff.

In July, 2023 electronic surveys were distributed to 265 attorneys that received training provided by the Administrative Offices of the Courts and includes varied representation for children, mothers, fathers (contracted, tribal and private attorneys). As of August 2023, 34 (13%) respondents provided the following:

Q1: Generally, did the Department accurately assess the needs of the mother, father and children?
Q2: Generally, are the services offered by the Department sufficient to allow the family to achieve the permanency goal in a timely manner?

Table 8 Attorneys Responses Needs Assessment and Service Provision

Response	Needs Assessment Children	Services Children	Needs Assessment Mother	Service Mother	Needs Assessment Father	Services Father
Always	13% (2)	12% (2)	18% (3)	12% (2)	18% (3)	12% (2)
Mostly	50% (8)	35% (6)	47% (8)	35% (6)	47% (8)	35% (6)
Sometimes	31% (5)	41% (7)	29% (5)	41% (7)	29% (5)	41% (7)
Rarely	6% (1)	12% (2)	6% (1)	12% (2)	6% (1)	12% (2)
Never	0	0	0	0	0	0
Total	16	17	17	17	17	17

Percentages based on the number of responses for each question as not all respondents provided responses for all questions. Q1 focused on involvement of children, mothers and fathers in development of case plans and Q2 focused on understanding of children, mothers and fathers of what is required to achieve permanency. The survey was distributed electronically through an anonymous link or conducted telephonically. Respondents represented 14 of 15 counties.

Item 14: Caseworker visits with Child: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Department Policy and Procedures

The Department's policies and procedures on caseworker visits with children are summarized below.

Chapter 3 Section 4 states:

The assigned DCS Specialist, or other designated DCS Specialist who is assigned ongoing responsibility for the monthly contact, discusses and assesses the following with the child(ren) and the caregiver(s):

- *the safety of the child;*
- *child's and the caregiver's relationship;*
- *the ability of the caregiver to meet the child's needs;*
- *the safety of the physical home environment such as any observable hazardous conditions (no electricity, no water, exposed wiring, dangerous objects, harmful substances, external locks on bedroom doors, etc.) that may immediately threaten the child's safety;*
- *the case plan including the Permanency Goal, identified behavioral changes and services, and progress*

toward the Permanency Goal;

- *the developmental progress of the child;*
- *the child's educational, physical health, and emotional and behavioral health status and needs;*
- *the ability of the child to participate in age and developmentally appropriate extracurricular, enrichment, cultural, and social activities;*
- *factors important to the child such as race, class, ethnicity, religion or spirituality, tribal affiliation, sexual orientation, gender identity, and other forms of culture that are appropriately considered in the child's life.*
- *the child's medical and dental examinations, including required examinations within the first 30 days of removal and ongoing EPSDT visits, including standard medical tests and immunization updates as appropriate;*
- *the appropriateness and adequacy of services and supports provided to and for the child; and*
- *the appropriateness and adequacy of services and supports provided to and for the caregiver to maintain the caregiver's ability to care for the child.*
- *Ensure the out-of-home caregiver receives updated Health and Education plans on the child in their care at least once every six months.*

If the child is placed out-of-state through an Interstate Compact on the Placement of Children (ICPC), the assigned ICPC Case Manager in the receiving state makes monthly face-to-face contact with the child and caregiver.

If the child is placed out-of-state for therapeutic purposes without supervision being provided through an ICPC agreement, the assigned Behavioral Health Specialist will provide monthly updates to the DCS Specialist. The assigned DCS Specialist maintains monthly telephone contact with the child. This procedure pertains to out-of-state placements in a residential treatment center, inpatient psychiatric facility, rehabilitation program, or similar program.

Performance Data Highlights

Item 14 was identified as an area to address in the 2015 Arizona Round 3 CFSR Program Improvement Plan. The Department's CFSR PIP case review data indicate the PIP improvement goal for Item 14 was met as of April 2018. The Department continually monitors data and practice on caseworker visits with children via scorecards and visual process adherence tools that are part of the DCS Management System, in order to make improvements. The Department continues efforts to make enhancements to the Guardian system to improve data reporting for the frequency of child contacts.

Table 9: In-Home or Out-of-Home PICR Item 10: Worker Visits with Child Items 2B1, 2B2 Item 10A1 Caseworker visits with Child (frequency) and Item 10B Caseworker visits with Child (quality)

Data Period	Frequency of visits Item 10A1	Quality of Visits Item 10B
FFY 2020	90 % (129 of 144 applicable cases)	49% (70 of 143 applicable cases)
FFY 2021	75 % (53 of 71 applicable cases)	31% (22 of 70 applicable cases)
FFY 2022	80 % (107 of 134 applicable cases)	29% (38 of 130 applicable cases)

source: PICR Case Review Instrument (updated 10.15.21) in Home or Out of Home Items 10A1 and 10B: Caseworker visits with Children and the quality of visits with Children. Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the calendar year. All cases (in-home and out-of-home) are applicable for this item.

In July and August, 2023 individual interviews, surveys and a focus group were conducted with 25 youth

representing all five of the Department's regions. The youth ranged from the ages to 10-17[13] and also included young adults over 18 who had very recent experience with the Department. The youth were asked whether their assigned caseworker visits them every month and if they were asked important questions such as what their needs were, and how they are doing.

72% of the respondents reported they did see the DCS Specialist monthly, 12% reported the did not see there DCS Specialist every month, 8% were unsure or reported not having a DCS Specialist, and 4% provided no answer. The feedback provided included:

- Caseworkers will ask if I feel safe, if I eat enough and what my needs are.
- If my caseworker doesn't see me, someone else will see me on their behalf.
- I can be open and honest in my conversations with my caseworker.
- They ask me about my education and medical needs

In July 2023, a telephonic survey was conducted with 73 unlicensed caregivers. The 73 unlicensed caregivers were asked:

Does the assigned specialist visit the child at your residence at least monthly?

86% of the respondents reported the DCS Specialist does visits the child monthly.

Caseworker visit data submitted for FFY 2021 indicated the Department met the goal of 50% of the total number of visits occurring in the child's residence but did not meet the goal of 95% of children seen on a monthly basis by caseworkers. During FFY 2021, 87% of children were seen on a monthly basis by caseworkers and 85% of the total number of visits occurred in the child's residence.

Caseworker visit data submitted for FFY 2022 indicated the Department met the goal of 50% of the total number of visits occurring in the child's residence but did not meet the goal of 95% of children seen on a monthly basis by caseworkers. During FFY 2022, 86% of children were seen on a monthly basis by caseworkers and 68% of the total number of visits occurred in the child's residence.

Brief Analysis

Contact with children occurs monthly for nearly all children. The quality of interactions might be improved by raising the proportion of verbal children who are observed alone for a portion of at least one contact each month and the proportion of contacts that include discussions about things like permanent planning, services, needs, etc.

Item 15: Caseworker visits with Parent(s): Were the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Department Policy and Procedure

The Department's policies and procedures on caseworker visits with parents are summarized below. Chapter 3 Section 4 states

> *If the Permanency Goal is Remain with the Family or Family Reunification, during the monthly face-to-face contact with the parent, the DCS Specialist should discuss and assess identified safety threats, risks, parent protective capacities, and the parent's successes or barriers in making the behavioral changes identified in the case plan. Discussions should also address any change in services or supports the parent may need to achieve the case plan goals*.

[13] Identities of youth 10-17 remains anonymous

Ongoing exceptions to monthly face-to-face contact shall be reviewed with the parents, team members and the DCS Program Supervisor at the time the case plan is developed and reassessed. An exception may be considered when a parent is incarcerated or when a parent is out-of-region or out-of-state. If an exception to monthly face-to-face contact with a parent is approved, maintain a minimum of quarterly telephone contact or written correspondence with all parents whose whereabouts are known and whose rights have not been terminated.

This telephone contact or written correspondence must provide the parent the following information:

- *name, address, and phone number of the DCS Specialist;*
- *a description of services the parents must complete prior to return of their child;*
- *dates, locations, and contact information for any upcoming staffing's and hearings;*
- *information on the well-being and status of the child, including type of placement, health status, and any significant events, progress, or concerns; and*
- *the consequences of not participating in reunification services.*

If the Permanency Goal is not Remain with Family or Family Reunification, conduct quarterly contact with the parent until the court has ordered a change in Permanency Goal. Contact may be face-to-face, written, or by telephone.

Performance Data Highlights

Item 15 was identified as an area to address in the 2015 Arizona Round 3 CFSR. The Department's CFSR PIP case review data indicate the PIP improvement goal for Item 15 was met as of February 2018. The Department continually monitors data and practice on caseworker visits with parents via scorecards and visual process adherence tools that are part of the DCS Management System, in order to sustain the improvements and achieve the 95% CFSR goal.

Table 10: In-Home or Out-of-Home PICR Item 11: Caseworker Visits with Parents Items 10A, 10A1

Data Period	Frequency of Visits-Mother Item 10A	Quality of Visits-Mother Item 10A1
FFY 2020	54 % (61 of 114 applicable cases)	53% (48 of 90 applicable cases)
FFY 2021	30 % (18 of 60 applicable cases)	18% (6 of 34 applicable cases)
FFY 2022	39 % (44 of 112 applicable cases)	34% (22 of 65 applicable cases)

source: PICR Case Review Instrument (updated 10.15.21) in Home or Out of Home Items 15A1 and C: Caseworker visits with mother to include efforts to contact the mother and the quality of visits with the mother. Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the calendar year. All cases (in-home and out-of-home) are applicable for this item

Table 11: In-Home or Out-of-Home PICR Item 10: Worker Visits with Parents Items 10B

Data Period	Frequency of Visits-Father Item 10B	Quality of Visits-Father Item 10B1
FFY 2020	37 % (40 of 108 applicable cases)	50% (32 of 64 applicable cases)
FFY 2021	22 % (12 of 55 applicable cases)	18% (3 of 30 applicable cases)
FFY 2022	25 % (26 of 105 applicable cases)	28% (12 of 43 applicable cases)

source: PICR Case Review Instrument (updated 10.15.21) in Home or Out of Home Items 15B1 and D: Caseworker visits with father to include efforts to contact the father and the quality of visits with the father. Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the calendar year. All cases (in-home and out-of-home) are applicable for this item.

Brief Analysis

Through increased and ongoing attempts to locate a missing parent and communication with arrested or incarcerated parents, practice can be improved. Routine parental engagement in dialogues about their needs and services will also ensure quality. The Department has created a monthly parent contact guide that will guide the discussion of significant subjects and case-planning areas with parents during monthly in-person visits. This was provided to staff statewide.

In September 2023, four focus groups were conducted with parents who reported the following:

- Most parents had infrequent contact with their assigned specialist
- Some parents reported that when there was contact with the specialist, the discussion was of sufficient quality to ensure they understood the permanency goals, what behavioral changes were required and the progress towards achieving the goals
- Some parents reported a change in caseworker resulted in better involvement in case planning and understanding of the requirements

Information Regarding CQI Change and Implementation Activities, As Applicable

As of March 2023, the Department's out-of-home Practice Improvement Case Review (PICR) tool was modified to include more detailed information about ratings that do not meet the standards to allow for more targeted data analysis and opportunities for practice improvement.

Stakeholder Engagement/Type

In accordance with the Stakeholder Engagement Plan, the stakeholder/type is identified below. Please see narrative for detailed description.

Attorneys: survey, telephonic and virtual interviews
Permanency Specialist: interview
Youth with lived experience: interviews
Parents with lived experience: focus groups

Data Sources

Survey responses
Practice Improvement Case record review data (CY 2020, 2021, 2022)

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

Outcome measurements to determine substantial conformity:

Item 16A: Did the Department make concerted efforts to assess children's education needs (at initial contact if opened during the period under review) or on an ongoing basis?

Item 16B: Did the Department make concerted efforts to appropriately address the identified needs in case planning and case management activities?

In 95% of the applicable cases, Item 16: Educational Needs of the child is rated as a strength

Item 16A: Educational needs of the child: Did the Department make concerted efforts to assess children's educational needs?

Item 16B: Educational needs of the child: Did the Department make concerted effort to appropriately

address the identified needs in case planning and case management activities?

Department Policy and Procedures

The Department's policies and procedures on children receiving services to meet their educational needs are summarized below.

***Chapter 3: Section 4 Contact with Children, Parents and Out-of-Home Caregivers* states:**
The assigned DCS Specialist, or other, designated DCS Specialist who is assigned ongoing responsibility for the monthly contact, discusses and assesses the following with the child(ren) and the caregiver(s):

- *the safety of the child;*
- *the child's and the caregiver's relationship;*
- *the ability of the caregiver to meet the child's needs;*
- *the safety of the physical home environment such as any observable hazardous conditions (no electricity, no water, exposed wiring, dangerous objects, harmful substances, external locks on bedroom doors, etc.) that may immediately threaten the child's safety;*
- *the case plan including the Permanency Goal, identified behavioral changes and services, and progress toward the Permanency Goal;*
- *the developmental progress of the child;*
- *the child's educational, physical health, and emotional and behavioral health status and needs;*
- *the ability of the child to participate in age and developmentally appropriate extracurricular, enrichment, cultural, and social activities;*
- *factors important to the child such as race, class, ethnicity, religion or spirituality, tribal affiliation, sexual orientation, gender identity, and other forms of culture that are appropriately considered in the child's life.*
- *the child's medical and dental examinations, including required examinations within the first 30 days of removal and ongoing EPSDT visits, including standard medical tests and immunization updates as appropriate;*
- *the appropriateness and adequacy of services and supports provided to and for the child; and*
- *the appropriateness and adequacy of services and supports provided to and for the caregiver to maintain the caregiver's ability to care for the child.*
- *Ensure the out-of-home caregiver receives updated Health and Education plans on the child in their care at least once every six months.*

***Chapter 3: Section 8.4 Education for Children in Out-of-Home Care* states:**
In collaboration with caregivers and schools, the Department shall ensure that children in out-of-home care are:

- *provided educational stability at the time of the initial placement and each subsequent change in placement;*
- *provided services to help them achieve their educational potential;*
- *registered for school in a timely manner; and*
- *referred for assessment of special education (when indicated) and other educational needs.*

When a child enters out-of-home care or is moved to a new out-of-home living arrangement, the child shall remain enrolled in the school of origin unless a determination is made that it is not in the child's best interest to attend the school of origin. The determination shall be based on all factors relating to the child's best interest, including consideration of the appropriateness of the current educational

setting and the child's current proximity to the school in which the child is enrolled at the time of placement.
When a determination is made that it is not in a child's best interest to remain in the school of origin, the child shall be immediately enrolled in a new school, even if the records normally required for enrollment cannot be provided. The enrolling school shall be responsible for immediately contacting the school last attended by the child to obtain relevant academic and other records.

Every child in out-of-home care shall have an Education Plan that specifies:

- *the child's educational status including last school attended, last grade completed, current school attending, grade level performance, whether evaluated for or receiving special education services;*
- *services already provided and to be provided to the child or caregiver to address the child's educational needs; and*
- *whether the child is attending the home school or district.*

The DCS Specialist will make reasonable efforts to maintain the child's enrollment in the school of origin throughout the child's time in out-of-home care, across all changes in the child's living arrangement. Changes to the school placement may occur depending on the circumstances of the case and the permanency plan for the child. School placement and transportation arrangements should be reviewed as often as needed; minimally at the time a change occurs in the child's living arrangement, during regularly scheduled case plan staffings, and prior to the end of the current school year.

The DCS Specialist will complete the Best Interests Determination and Transportation Plan, CSO-1384A with the child, the caregiver, the LEA, and the parent, guardian, and/or custodian, if appropriate, to determine if it is in the child's best interest to change schools.

The Best Interests Determination (BID) and Transportation Plan, CSO-1384A may be completed in conjunction with the Present Danger, Safety Planning, or Reunification/Permanency Planning TDM, as applicable, or through a separate meeting. The best interest determination will consider the following: the wishes of the parent, caregiver, and child;

- *the safety of the child;*
- *the distance and time for the child to travel to and from the school the child is attending;*
- *the child's age, connections, social, and emotional state;*
- *academic, developmental, language, and socialization needs;*
- *the anticipated length of stay in the current living arrangement;*
- *the effect a school change will have on the child's learning, academic strength, and grade placement; and*
- *any potential for loss of credits that may occur due to changing schools in the middle of a term or semester.*

When it is determined that it is in the child's best interests to be enrolled in a new school, the child is to be immediately enrolled in the new school, and that school must accept the child's enrollment, even without the records normally required for enrollment. The new school then becomes the school of origin should a change in living arrangement occur in the future. It is the responsibility of the new school to obtain school records for the purpose of enrollment from the school of origin.

See Chapter 3: Education & Developmental Services for additional information

The Department has developed an infrastructure to assist with the educational needs of children in out-of-home care. The Statewide Coordinator Foster Care Education and Partnerships provides statewide oversight and liaises with the educational community to strengthen relationships and identify solutions for barriers. The Department has identified five regional staff who dedicate a portion of their work time to serve as the regional Every Student Succeeds Act (ESSA) contact. These staff, in addition to their other responsibilities, assist DCS Specialist and Supervisors to coordinate Best Interest Determination meetings including development of a Transportation Plan to maintain children in their school of origin (when in their best interest to do so).

Additionally, there are three full-time Educational Specialists to assist in the preparation of educational plans for graduation from high school or the obtainment of a General Education Diploma. This "Educational Case Management Unit" is authorized under state for the purpose of assisting youth to graduate from high school, pass the Arizona Merit test, apply for post-secondary financial assistance and enroll in post-secondary education and training programs. Support is also provided to high school students to assist with credit transfers, resources and academic support. The Education Specialists provide general technical assistance to assigned case managers, caregivers and other stakeholders. Education assessments during in-person interviews are completed on an as needed basis with referred youth to support preparation of effective plans for graduation from high school and transition to post-secondary education and training programs. The relationship the Educational Specialists have forged with FosterEd has strengthened the confidence, knowledge and ability of the Department to ensure the educational needs of children are assessed and services are provided.

The Department partners with the Arizona Department of Education, school districts and individual school personnel to identify educational barriers for youth in foster care and to assist youth to complete school-based educational assessments to ensure each youth's educational needs are met. The Department works closely with the Arizona Department of Education (ADE) foster care point of contact for assistance with identification of local education agency district and school personnel to support school stability of children in foster care and provides training to Department staff, caregivers, district and school staff on implementing ESSA regulations. DCS Specialists, parents and caregivers can contact ADE Exceptional Student Services (ESS) to ask questions about special education needs of children and youth in foster care.

FosterEd Arizona is a Compassionate Education Systems Initiative of the National Center for Youth Law working to ensure that students in foster care have effective and committed education champions, well-coordinated Education Teams, and student-centered education engagement and plans. The Education Team, coordinated by a FosterEd Education Liaison, supports educational needs and goals through student-centered engagement. FosterEd recognizes that needs are individualized, and all youth may not require the same involvement. Education Liaisons provide three tiers of support: intensive, responsive, and universal. Whereas intensive Education Liaisons focus on supporting high school students, responsive Education Liaisons serve students in kindergarten through grade 12, often by collaborating with the adults in students' lives. To support students statewide, the Department has four staff in Pima County with one liaison co-located in a field office, two liaisons co-located in Tucson Unified School District high schools, and one regional Program Manager. In Maricopa County, FosterEd has four education liaisons co-located in Department offices throughout the region and Yavapai County has one liaison co-located in both schools and a field office. All other students who reside in other counties in Arizona are serviced through consultations by any member of the team.

FosterEd's universal tier of service supports the successful implementation of system-level policies and practices ensuring youth access academic and social-emotional interventions. This is accomplished by providing training to education and child welfare agency partners, being available to consult with agency partners about specific issues for youth in foster care without formally embarking on a responsive or intensive case plan. The FosterEd Arizona leadership team continues to partner very closely with the Department through monthly meetings to discuss trends and successes and provide input and feedback to inform the

education needs of youth in foster care.

The Department continued to support youth through the contract with Foster Care to Success (FC2S) to administer the state Education and Training Voucher (ETV) program. Student Advisors worked directly with young people to administer ETV funding and to support the student's individual education goals. This accepted the Federal option under the Family First Prevention Services Act to serve young adults up to the age of 26, if the youth is making satisfactory progress toward completing his or her course of study or training and has not participated in the program for a total of more than five years.

The Department has developed many educational partnerships as follows:

- Arizona Friends of Foster Children: financial assistance for educational activities not funded through the Department and post-secondary students in foster care or who have aged out for emergency expenses that derail education
- Raising Special Kids: information, training, resources, and support to families of children with disabilities and special health care needs

To encourage youth to participate in post-secondary education, Arizona State University, Maricopa Community Colleges, University of Arizona, and Grand Canyon Universities have programs designed to assist with admission, improve attendance and completion rates, support peer mentors with lived experience, and navigate various college processes and resources. The Arizona Board of Regents also maintains a tuition waiver for youth who exit the foster care system at age 14 or older.

Performance Data Highlights

Item 16 was identified to be in substantial conformity during Round 3 of the CFSR.

Table 1: Of Children in Care, Percentage who are School Age

Data Period	Percentage of School aged children (ages 4-17)	Methodology All children ages 4-17/total number of children in care
SFY 2021	67%	8,813/13,161
SFY 2021	66%	9,013/13,581
SFY 2022	57%	7,845/11,630

source: Monthly Operational Outcome Report June 2023 Out-of-Home Demographics Age Range 0-17. SFY 2021 had 13 children identified as age unavailable. Data for each month in the fiscal year is refreshed each reporting period. Data for the 4th quarter of the prior fiscal year will be refreshed through the end of the first quarter of the current fiscal year. Data limitations include any potential error in birth dates. Age groups are categorized by ages 4-5, 6-8, 9-12 and 13-17. Children may need developmental and educational assistance prior to formally entering the educational system.

Table 2: In-Home or Out-of-Home PICR Item 12: Educational Needs of the Child Items 12 Items 12A and 12B

Data Period	Item 12A Assessing Educational Needs	Item 12B Addressing Identified Needs
FFY 2020	92% (93 of 101 applicable cases)	89% (41 of 46 applicable cases)
FFY 2021	79% (37 of 47 applicable cases)	92% (23 of 25 applicable cases)
FFY 2022	83% 85 of 103 applicable cases	73% (37 of 51 applicable cases)

source: PICR Case Review Instrument (updated 10.15.21) In Home or Out of Home Items 12A and 12B: Assessing Educational Needs and (appropriately address the identified needs in case planning and case management activities) Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. All out-of-home cases involving a school-aged child, including those in pre-school, are applicable for an assessment of this item. If a child is 2 years old or younger and has been identified as having developmental delays, the case may be applicable if the developmental delays

need to be addressed through an educational approach rather than through physical therapy or some form of physical health approach. In these latter cases, the issue of developmental delays would be addressed under Item 14. Out-of-home cases are not applicable if the child is age 2 or younger for all or most of the PUR and there are no apparent developmental delays. This item is applicable to in-home cases if (1) educational issues are relevant to the reason for the agency's involvement with the family, and/or (2) it is reasonable to expect that the agency would address educational issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address educational issues in a case in which the child is the subject of a substantiated maltreatment report and, during the PUR, the maltreatment appeared to be affecting the child's school performance. This item is not applicable to in-home cases if the reviewer determines that, during the PUR, there is no reason to expect that the agency would address educational issues for any children in the family, given the reason for agency involvement or the circumstances of the case. Such a case would be not applicable, even if there is information in the case file that the parent or guardian has obtained educational services for the child.

Brief Analysis:

In August 2023, interviews were conducted with the Department's State Coordinator for Foster Care - Education Partnerships to gather and confirm information provided.

In August 2023, interviews were conducted with members of Foster Ed. Information obtained included the following:

- Some DCS Specialists do not understand the educational assessment process and service provision to ensure children's educational needs are assessed and addressed promptly and thoroughly. The Foster Ed Specialists suggested more information can be gathered from the youth initially to understand what the needs are and what services are necessary to support those needs. A positive step observed is the more frequent conversations around the best interest determination meetings. The Department has worked more closely with education partners, which has improved the frequency and consistency of these meetings.

In August 2023, a focus group was conducted with eight of the Department's education specialists representing all regions in the state. The Specialists confirmed the Best Interest Determination process is now at the forefront of the educational process and is utilized more frequently due to better understanding of the meeting process and purpose. Feedback included that congregate care facilities and DCS Specialists need to be more educated on the BID process.

During August and September 2023, interviews were conducted with youth ages 10-17 from all regions in the state; as well as focus groups that also included youth over the age of 18 that had very recent experiences with the Department. Youth were asked the following question:

Do you have concerns about your education? Did you need any special services, needs or concerns? If so, did you let your caseworker know?

- 84% (21 of 25 youth) reported they had no concerns about their educational needs or services
- 16% (4 of 25 youth) reported they had concerns about their educational needs or services

Additionally, all children interviewed felt the Department assessed and met their educational needs.

In august 2023, a survey was distributed electronically to 4,885 unlicensed relative caregivers, licensed foster parents, adoptive parents and congregate care providers. As of August 2023, 356 respondents have recorded responses.

In July 2023, surveys were distributed to 265 private, contracted and tribal attorneys who have taken training through the Administrative Offices of the Courts. As of September 2023, there have been 34 responses from

attorneys (13%) in 14 of the 15 counties statewide to assess.

Attorneys reported that educational needs are met mostly (37% 10 of 27 responses), sometimes (33% 9 of 27 responses and rarely (22% 6 of 27 responses). Special education services were identified as a barrier most frequently.

Foster parents reported 76% (197 of 259 responses) of the time educational needs are assessed and 75% (184 of 244 responses) of the time educational services were provided.

Parents also agreed, during focus groups, their children's educational needs were assessed and services provided.

Results of Deeper Data Exploration for Priority Focus Areas

The Department is exploring opportunities to improve education outcomes for children and youth experiencing foster care. Case management integration of student experience assessments is a strategy being currently explored. In 2022, student interns assigned to the Permanency and Youth Services Unit conducted a literature review to better understand the education challenges faced by students experiencing foster care and to identify factors that resulted in improved academic performance. The findings of this review indicated school connectedness and positive relationships with peers and school staff result in improved academic performance, school completion, lower levels of risky health behaviors and positive mental health outcomes. Additionally, it was noted that participation in arts electives contributes to higher grade point averages, math and reading scores, provides students with opportunities to explore and express emotions in a creative and productive way and provide ways relate to and engage in school.

The information garnered through this review, coupled with an understanding of the need to approach education issues in a more trauma-informed manner, resulted in the creation of a student experience assessment. This assessment explores, with students, the quality of their education experience (prior to and while in foster care) and the relationships that foster positive experiences. This assessment was tested with a small number of youth and revised with their input. It is currently utilized by the state Education Specialists on an as needed basis. The Department believes that incorporating this assessment into case management practice will strengthen education plans (and outcomes) as well as enhance understanding of and response to the challenges young people experiencing foster care are faced with in the academic environment.

Information Regarding CQI Change and Implementation Activities, As Applicable

There are ever-present opportunities to improve and enhance coordination with the public, private and charter school systems.

The Department's Comprehensive Child Welfare Information System (CCWIS) system Guardian, interfaces with the Department of Education to upload data about attendance and grades.

The Department and its partners continually consult with youth to assess the effectiveness of the improvement activities and identify new goals and activities.

Stakeholder Engagement/Type

In accordance with the Stakeholder Engagement Plan the stakeholder/type is identified below. Please see narrative for detailed description.

Department State Coordinator for Foster Care - Education Partnerships: interview

Department Every Student Succeeds Act Regional Contacts: interviews
FosterEd Contacts: external stakeholder interview
Youth with lived experience: interviews
Parents: focus groups
Foster Parents: surveys
Attorneys: surveys

Data Sources

June 2023 MOOR report
Practice Improvement Case Review Data Calendar Years 2020, 2021 and 2022.

Data Quality Issues

No identified data quality issues

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

Outcome measurements to determine substantial conformity:

Item 17: Physical Health of the Child: Did the Department make concerted efforts to address the physical health needs of children, including dental health needs?

Item 18: Mental/Behavioral Health of the Child: Did the Department make concerted efforts to address the mental/behavioral health needs of children

In 95% of the applicable cases, both Item 17: Physical Health of the Child and Item 18 Mental/Behavioral Health of the Child are rated as a strength.

Item 17: Physical Health of the Child: Did the Department make concerted efforts to address the physical health needs of children, including dental health needs?

Item 18: Mental/Behavioral Health of the Child: Did the Department make concerted efforts to address the mental/behavioral health needs of children

Department Policy and Procedures

The Department's policies and procedures on addressing the physical health needs of children are summarized below.

***Chapter 3: Section 4 Contact with Children, Parents and Out-of-Home Caregivers* states:**

The assigned DCS Specialist, or other, designated DCS Specialist who is assigned ongoing responsibility for the monthly contact, discusses and assesses the following with the child(ren) and the caregiver(s):

- *the safety of the child;*
- *the child's and the caregiver's relationship;*
- *the ability of the caregiver to meet the child's needs;*
- *the safety of the physical home environment such as any observable hazardous conditions (no electricity, no water, exposed wiring, dangerous objects, harmful substances, external locks on bedroom doors, etc.) that may immediately threaten the child's safety;*
- *the case plan including the Permanency Goal, identified behavioral changes and services, and*

progress toward the Permanency Goal;

- *the developmental progress of the child;*
- *the child's educational, physical health, and emotional and behavioral health status and needs;*
- *the ability of the child to participate in age and developmentally appropriate extracurricular, enrichment, cultural, and social activities;*
- *factors important to the child such as race, class, ethnicity, religion or spirituality, tribal affiliation, sexual orientation, gender identity, and other forms of culture that are appropriately considered in the child's life.*
- *the child's medical and dental examinations, including required examinations within the first 30 days of removal and ongoing EPSDT visits, including standard medical tests and immunization updates as appropriate;*
- *the appropriateness and adequacy of services and supports provided to and for the child; and*
- *the appropriateness and adequacy of services and supports provided to and for the caregiver to maintain the caregiver's ability to care for the child.*
- *Ensure the out-of-home caregiver receives updated Health and Education plans on the child in their care at least once every six months.*

Chapter 3; Section 7.1, Medical Service Needs for Children in Out-of-Home Care *states:*
The Department shall ensure that children in out-of-home care receive necessary medical, dental, and behavioral health services.

Meeting the health care needs of children in out-of-home care is a responsibility shared among parents, the Department, out-of-home caregivers, medical and behavioral health providers under the Mercy Care DCS Comprehensive Health Plan (DCS CHP).

Initial and Ongoing Health Care Assessment and Services

Gather available information, including but not limited to clinical and medical reports on the child from previous medical, dental, and behavioral health care providers.

Complete the following at the time of placing the child:

- *Provide the out-of-home caregiver a completed Notice to Provider (Out-of-Home, Educational, and Medical), Placement Packet Checklist, and a current Health Report if available. Confirm that the out-of-home caregiver has access to the Mercy Care DCS CHP Member Handbook.*
- *Arrange for the child to have a complete medical examination that meets Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements prior to the initial placement, if possible (utilizing the parent's resources), or within 30 days after initial placement in out-of-home care and annually thereafter. (An examination for injuries conducted at a shelter care facility does not substitute for a complete medical examination.) The EPSDT examination will include immunizations as necessary.*
- *Inform the out-of-home caregiver of the need to schedule a dental assessment to be completed within 30 days of placement for children ages one year and older, and semi-annually thereafter.*
- *Inform the out-of-home caregiver of the need to pursue any recommended follow-up care and referrals from a health care provider (medical, dental, or behavioral). Refer to Behavioral Health and Substance Abuse Services for Children and Young Adults*

In April 2021, the Department partnered with Mercy Care to form Mercy Care Comprehensive Health Plan (Mercy Care DCS CHP) program, the health plan for children in foster care. DCS CHP works very closely with Mercy Care to ensure children throughout the state receive the health services and support they need. Children in foster care can access the same covered services with Mercy Care DCS CHP as they did the Department's previous health plan and the Regional Behavioral Health Authorities (RBHAs).

DCS CHP works very closely with Mercy Care to ensure children in foster care get needed medical and behavioral health services including:

- Primary and specialty physician care services
- Prescription drugs and medical supplies
- Medical checkups
- Behavioral health services
- Hospital care
- Vision services
- Family planning services
- Dental services

Department policy requires a comprehensive medical examination that meets Early and Periodic Screening Diagnostic and Treatment (EPSDT) requirements within 30 days of a child's initial placement in out-of-home care, periodic EPSDT exams, as well as dental assessments to be completed within 30 days of entry into out-of-home care for children ages one year and older, and semi-annually thereafter.

> Chapter 3: Section 7.2 Behavioral Health and Substance Abuse Services for Children and Young Adults states:
>
> *Behavioral health services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child and family's cultural heritage.*
>
> *Children in out- of- home care will have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need, and will receive behavioral health services from competent individuals who are adequately trained and supervised, provided in their home and community to the extent possible.*
>
> *The Department shall seek to ensure that all children and young adults served by the Department receive medically necessary, trauma informed behavioral health and substance abuse services.*
>
> *The Department shall utilize the Arizona Health Care Cost Containment System (AHCCCS), health plan (HP) or Tribal Regional Health Authority (TRBHA) systems to obtain Title XIX covered services to address behavioral health and substance abuse service needs for eligible children and young adults.*
>
> *The Department shall make all requests for behavioral health services for eligible children and young adults in out-of-home care to the assigned HP or TRBHA, when applicable.*
>
> *The Department shall refer children in out-of-home care, children receiving in-home case management and young adults participating in Extended Foster care whose behaviors indicate need for substance use assessment or treatment services to the Arizona Families F.I.R.S.T. program.*

When children in out-of-home care are enrolled in Arizona's behavioral health system, a Child and Family Team (CFT) is developed. As each child is unique and has different needs, the CFT may be composed of family

members, DCS Specialists, DCS CHP staff, behavioral health service providers and other child- serving agencies and supports. Typically facilitated by a behavioral health case manager, CFTs are responsible for identifying the strengths and needs of children and families and developing and monitoring treatment goals and tasks, including needs related to emotional trauma associated with the maltreatment and removal from the home. CFTs are responsible for obtaining appropriate behavioral health services and may request services requiring prior authorization (i.e. residential treatment) subject to medical necessity determination by the DCS CHP.

Performance Data Highlights

Items 17 and 18 were identified as Area Needing Improvement during Round 3 of the CFSR.

Table 1: In-Home or Out-of-Home PICR Items 13 Physical Health of the Child and Item 14 Mental/Behavioral Health of the Child Assessment Items 13A1-A3 (Physical Health), 13B1-B3 (Dental Health), 14A (Mental/Behavioral Health)

Data Period	Items 13A1-A3 Physical Health Needs Assessment	Items 13B1-B3 Dental Health Needs Assessment	Item 14A Mental/Behavioral Health Needs Assessment
2020	66% (84 of 127) applicable cases	61% (66 of 109 applicable cases)	88% (98 of 112 applicable cases)
2021	67% (37 of 55 applicable cases)	65% (31 of 48 applicable cases)	85% (44 of 52 applicable cases)
2022	81% (94 of 116 applicable cases)	62% (66 of 106 applicable cases)	77% (86 of 112 applicable cases)

source: PICR Case Review Instrument (updated 10.15.21) In Home or Out of Home Items 13A1-A3 Physical Health Needs Assessment, Items 13B1-B3 Dental Health Needs Assessment, 14A Mental/Behavioral Health Needs Assessment Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the CY. This item is applicable to in-home cases if (1) physical and mental/behavioral health issues were relevant to the reason for the agency's involvement with the family and/or (2) it is reasonable to expect that the agency would address physical and mental/behavioral health issues given the circumstances of the case. For example, it is reasonable to expect that the agency would address physical and mental/behavioral health issues in a case in which the child is the subject of a substantiated maltreatment report and there is reason to suspect that, during the period under review, the maltreatment may have affected the child's physical health. This item is not applicable if the reviewer determines that there is no reason to expect that the agency would address physical health issues for any children in the family, given the reason for agency involvement or the circumstances of the case. This "non-applicability" applies even if there is evidence that the parents are effective in taking care of the child's physical health needs.

A child's physical health needs assessment is rated strength if the child had been in care for less than 12 months and had an EPSDT or well-child exam within 30 days of entering out-of-home care or if the child had been in care for 12 months or more and had an exam within the prior 12 months. Many children were found to have had an applicable exam, but the timing of the exam may not have met the specific standards being measured. The same is true for dental exams. Many children have had a dental exam, but it may not have been within 30 days of entering out-of-home care or may have been longer ago than the previous six months.

The increase in the percentage of children the PICRs were able to verify received a physical health needs assessment (EPSDT or well-child exam) in 2022 compared to the previous two years may be attributed to the implementation of the FamilyCare Central (formally known as FamilyConnects) portal towards the end of CY2021. This portal allows DCS staff and the PICR case reviewers to access medical and dental claims for children in out-of-home care, which in turn is used to verify that the child received the expected exams.

Half way through CY2022, the PICR rating requirements were made more strict in relation to the mental/behavioral health needs assessments for children in out-of-home care, resulting in three fewer cases being rated as a strength. The change assessed whether the DCS Specialist initiated a referral for an initial

mental health assessment (rapid response) within 24 hours of the child's entry into foster care, if the assessment occurred within 72 hours, if the child received an intake with a mental health agency within 7 days, and if the initial CFT occurred within 21 days.

Case reviewers have also noted that during the last few years, the mental health issues and needs of children involved with the child welfare system seem to be increasing, which would require the DCS Specialists and mental health professionals to increase the efforts made to assess the children's needs on a regular basis.

Table 2: In-Home or Out-of-Home PICR Items 13 Physical Health of the Child and Item 14 Mental/Behavioral Health of the Child Services Items 13C1(Physical Health), 13C2(Dental Health), 14B (Mental/Behavioral Health)

Data Period	Item 13C1 Physical Health Services	Item 13C2 Dental Health Services	Item 14B Mental Health Services
2020	91% (43 of 47 applicable cases)	88% (14 of 16 applicable cases)	84% (73 pf 87 applicable cases)
2021	89% (16 of 18 applicable cases)	67% (4 of 6 applicable cases)	70% (30 of 43 applicable cases)
2022	78% (53 of 68 applicable cases)	74% (14 of 19 applicable cases)	56% (52 of 93 applicable cases)

source: see Table 1 for further explanation

Since the COVID-19 pandemic, case reviewers have noted an increase in the number of children whose medical, dental, and mental health appointments have been untimely due to appointments not being available through the child's provider. For example, although only 56% of applicable cases indicated timely and appropriate services to address the child's mental health needs during CY2022, many of the children did receive the necessary services, they were just not provided timely (within 21 days).

Towards the beginning of CY2022, the PICR rating requirements were made stricter in relation to the mental/behavioral health provision of services, resulting in fewer cases being rated as a strength. The change was to add the requirement of at least a quarterly CFT meetings for children in out-of-home care who were enrolled with a mental health agency.

Table 3: In-Home or Out-of-Home PICR Items 13 Physical Health of the Child and Item 14 Mental/Behavioral Health of the Child Items 13D, 14C

Data Period	Item 13 D Prescription Drug Oversight Physical Health Issues	Item 14 C Prescription Drug Oversight Mental/Behavioral Health Issues
2020	45% (14 of 31 applicable cases)	67% (12 of 18 applicable cases)
2021	73% (8 of 11 applicable cases)	75% (6 of 8 applicable cases)
2022	46% (18 of 39 applicable cases)	76% (19 of 25 applicable cases

source: see Table 1 for further explanation

Case reviews often find evidence that the Department is aware the child has been prescribed medication, most frequently for mental health issues; however, reviewers do not always find evidence of periodic conversations with the child and out-of-home caregiver to confirm the medication is being administered as

prescribed, to ask if there are any concerning side effects, etc.

During SFY 2023, the Department revised the PICR tool to include questions related to evidence that the case-management criteria required by federal statute were met including:

- the extent available and accessible, the child's health records are up to date and included in the case file
- case plan addresses the issue of health and dental care needs
- extent available and accessible, foster parents or foster care providers are provided with the child's health records

The CY 2023 PICRs completed from March to May 2023 indicate 6 of the 38 applicable cases had all of the child's health records up to date and included in the case file. The number of health records up to date may be higher than indicated as some of the paper files were not able to be viewed and may contain the child's health records. Further, in 7 of the 38 applicable cases the issue of health and dental care was addressed in the case plan. In 26 of the 31 cases in which the case plan did not address the child's health care needs and in 14 of the applicable 29 cases in which the case plan not address the child's dental care needs, the case review found the child's needs were met despite the case plan not specifically indicating these needs. In 21 of the applicable 38 cases the documentation or an interview with the out-of-home caregiver confirmed that the foster care providers were provided with the child's health records

An interview was conducted with the Department's Children's Health Plan staff in August 2023. The staff explained that data is reviewed and evaluated on a regular basis. Support is provided to caregivers to ensure they are able to meet the physical, dental and behavioral health needs during multiple touchpoints during out of home care. Outreach by the health plan to caregivers provides an opportunity to identify and resolve barriers to ensuring the needs of children are assessed and services are provided including preventative care.

During August and September 2023, interviews were conducted with 25 youth age 10-17 from all regions in the state as well as focus groups that also included youth over the age of 18 that had very recent experiences with the Department. Ninety-two percent (23 of 25), reported their medical, dental and behavioral health needs are being assessed and services provided to meet those identified needs. The two respondents that did not agree cited issues with an authorization for a dental procedure and waiting for the initiation of services.

Telephonic interviews were conducted with 73 relative caregivers during July 2023. Specifically, the respondents were asked about services to address the child's physical, and dental needs. *Table 2 Relative Caregiver Interviews: Physical and Dental Health Assessment and Services* shows that most relative caregivers believe the medical and dental health needs of children in their care were assessed and services were provided to meet any identified needs. Most respondents, 93% (68 of 73), felt the Department assessed and addressed any needs the children had and 7% (5 of 73) did not (3 related to mental health and 2 related to physical health).

Table 2 Relative Caregiver Interviews Physical and Dental Health Assessment and Services

Service Type	Yes or No needs identified	No
Physical Health Needs	96% (70)	4% (3)
Dental Health Needs	97% (71)	3% (2)

In August 2023, a survey was distributed electronically to 4,885 unlicensed relative caregivers, licensed foster parents, adoptive parents and congregate care providers. As of August 2023, 356 respondents have recorded responses. *Table 3 Caregiver Survey Assessment of Physical, Dental and Behavioral Health Needs* provides information specific to the responses received which may not equal the total respondents. Percentages are based on the number of responses/total respondents as all respondents provided information for these questions.

Table 3: Caregiver Survey Assessment of Physical, Dental and Behavioral Health Needs

Response	Physical Health Needs	Dental Health Needs	Behavioral Health Needs
Yes	81% (205)	80% (182)	70% (162)
No	10% (47)	20% (45)	30% 68
Total	252	227	230

Note: Not all respondents provided responses to every question, therefore the number of responses may not equal the total number of respondents. Percentages calculated as the number of responses/total responses.

Table 4 Caregiver Survey: Services to address identified Physical, Dental and Behavioral Health Needs

Response	Physical Health Services	Dental Health Services	Behavioral Health Services
Yes	79% (185)	82% (170)	72% (155)
No	21% (48)	18% (38)	28% (60)
Total	233	208	215

Note: Not all respondents provided responses to every question, therefore the number of responses may not equal the total number of respondents. Percentages calculated as the number of responses/total responses.

In August and September 2023, four focus groups were conducted with parents. These parents reported they felt the Department assessed and provided services for their children's physical, dental and behavioral health. Behavioral health services were most often cited as a barrier due to a changing provider workforce and lack of providers in their communities/accessibility to services.

Historically, state Medicaid audits indicate DCS CHP's maintenance of high performance in all health care performance measures, with DCS CHP rating among the highest performing health care plans in the state. DCS CHP continually evaluates health care data to determine accuracy of the data and programming fidelity.

Brief Analysis:

Although the exams may have occurred within the required timeframe, including medical documents or specific information in a case note or elsewhere in the file would ensure the information is readily available, if needed.

Performance in the area of mental health dropped in 2022, coinciding with a change in the rating standard. Mid-2022, the PICR rating requirements were made stricter, to now include whether the DCS Specialist initiated a referral for an initial mental health assessment (rapid response) within 24 hours of the child's entry into foster care, if the assessment occurred within 72 hours, if the child received an intake with a mental health agency within 7 days, and if the initial CFT occurred within 21 days. These processes are significant to

Arizona, but exceed the federal CFSR rating standards.

Since the COVID-19 pandemic, case reviewers have noted an increase in the number of children whose medical, dental, and mental health appointments have been untimely due to appointments not being available through the child's provider. For example, although only 56% of applicable cases indicated timely and appropriate services to address the child's mental health needs during CY2022, many of the children did receive the necessary services, they were just not provided timely (within 21 days).

Towards the beginning of CY2022, the PICR rating requirements were made stricter in relation to the mental/behavioral health provision of services, resulting in fewer cases being rated as a strength. The change was to add the requirement of at least a quarterly CFT meetings for children in out-of-home care who were enrolled with a mental health agency. These processes are significant to Arizona, but exceed the federal CFSR rating standards.

Results of Deeper Data Exploration for Priority Focus Areas

DCS CHP Mercy Care staff review EPSDT documentation received from health care providers for completeness, quality of service and care. Care Managers assist caregivers and DCS Specialists to coordinate the appropriate services and referrals for conditions identified in EPSDT visits. Care Managers monitor compliance with recommended EPSDT visits and collaborate with caregivers and DCS Specialists until all visits and follow-up services are completed.

DCS CHP provides oversight of EPSDT services through various mechanisms such as health utilization process reviews, prior authorization of services, concurrent hospitalization reviews, and ongoing quality and care coordination mechanisms.

Department policy requires all known information pertaining to a child's medical history to be documented in the file and provided to out-of-home care providers. Ongoing DCS CHP systems interface enhancements in Guardian provide for the transmission of medical record information. These enhancements include but are not limited to immunization types and dates, well-child visits (EPSDT), dental visits, certain key diagnoses, and other services and medical events which are received from Mercy Care's data system in electronic format. As with DCS CHP data, the expanded data set will be included in the Guardian health module which summarizes significant medical, behavioral, and developmental history and status information. DCS Specialists can provide medical history information to the courts and out-of-home care providers through use of Guardian data. The data interface maps appropriate diagnoses to the corresponding Adoption and Foster Care Analysis and Reporting System (AFCARS) element to improve the accuracy of reporting and eliminate manual data entry for out-of-home cases. Additionally, during this reporting period, the DCS CHP System of Care team began documenting healthcare coordination activities in Guardian case notes.

DCS Specialists also have access to a child's health plan information using the DCS CHP Mercy Care FamilyConnect portal. This portal provides access to care management assessments, a child's insurance card, prior authorization for services information, medications and other health care resource information.

Information Regarding CQI Change and Implementation Activities, As Applicable

CHP works diligently to ensure children have the appropriate medical, dental and behavioral health assessments and services.

EPSDT and Adolescent Well Visits is now a Back to Basics Practice Improvement Plan (PIP): - An essential component of the EPSDT benefit is access to and the receipt of preventative services, especially upon entry into care. This includes a well-child (EPSDT) exam as well as a preventive dental visit. The aim of this EPSDT project is to verify:

- Children and youth in care receive preventative services by a PCP through an EPSDT exam and preventative dental visit and
- Children's caregivers and/or guardians are able to garner the preventative services for the children in a timely manner through care coordination.

EPSDT Referral: This PIP has been closed. However, the metric tracking from this PIP is maintained and tracked monthly - An essential component of the EPSDT benefit is access to and the receipt of specialty services as referred by a primary care physician. As such, the aim of the EPSDT Specialty Referral tracking is to verify that children and youth in out-of-home care receive specialty referral services noted by the Primary Care Physician (PCP) at an EPSDT exam; and caregivers and/or guardians are able to garner specialty services for the children in a timely manner.

Stakeholder Engagement/Type

In accordance with the Stakeholder Engagement Plan, the stakeholder/type is identified below. Please see narrative for detailed description.

Children's Health Plan Staff: interview
Parents: focus groups
Youth: telephonic interviews
Caregivers: electronic survey
Unlicensed Relative Caregivers: telephonic survey

Data Sources

Practice Improvement Case Review Data Calendar Years 2020, 2021 and 2022
Survey results

Data Quality Issues

No identified data quality issues

Section IV: Assessment of Systemic Factors

The statewide assessment includes a review of 18 items associated with 7 systemic factors that are used to determine the CFSR ratings for substantial conformity for each factor. For CFSR Round 4, the expectation is that the statewide assessment team will use relevant, well-constructed, valid, and defensible evidence that speaks to how well each systemic factor requirement functions across the state.

The Children's Bureau recognizes that in many states the information systems that house data submitted to the federal government for AFCARS and NCANDS also contain a wealth of administrative data that could be considered when evaluating the systemic factors. Where possible, we recommend that states make use of these and other available data sets to demonstrate systemic factor functionality.

Whether quantitative or qualitative evidence is used to demonstrate the functionality of systemic factor items, states are strongly encouraged to use systematic processes to assess state performance, include explanations regarding how well the data and/or information characterizes statewide functioning, and provide information regarding the scope of the evidence used.

If the federal review team determines that the statewide assessment does not conclusively demonstrate substantial conformity, the team may collect additional information through stakeholder interviews during the onsite phase of the CFSR. Stakeholder interviews on the Service Array and Case Review systemic factors, jointly conducted by the federal-state team, will be held in all states.

States are encouraged to review the CFSR Round 3 Systemic Factors report for examples of the combination of evidence used to demonstrate systemic factor functioning in Round 3, and the CB information briefs developed for each systemic factor that provide additional ideas and suggestions for demonstrating functionality.

A. Statewide Information System

Item 19: Statewide Information System

For this item, provide evidence that answers this question:

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state 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?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to how end users experience the statewide information system?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor Item 19: Statewide Information Systemic

Outcome measurements to determine substantial conformity:

Item 19: How well is the statewide information system functioning statewide to ensure that, at a minimum, the state 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?

Substantial Conformity requires that Item 19 be rated as a strength.

Analysis:

Based on interviews, information provided from the targeted reviews and AFCARS submission, Item 19 Statewide Information System is a *strength*.

Systemic factor item 19: statewide information system was rated as a strength during the 2015 Arizona Round 3 CFSR based on the information from the statewide assessment.

From February 1998 to January 2021, the Department used the Children's Information Library and Data Source (CHILDS) Statewide Automated Child Welfare Information System (SACWIS) to document the status,

demographic characteristics, location and permanency goal for every child in foster care. In February 2021, the Department began using Guardian, the new Comprehensive Child Welfare Information System (CCWIS) system of record. On March 31, 2022, user access was removed and CHILDS was subsequently decommissioned.

Guardian functions and accepts data to ensure that, at a minimum, the state can identify the status, demographic characteristics, location, goals and placement of every child who is (or within the immediately preceding 12 months, has been) in out-of-home care. Guardian is available to caseworkers, supervisors, managers, administrators and other Department staff, statewide. The system is operational and available, except in brief periods of routine maintenance. The Department maintains a Data Quality Plan that is submitted annually to the Children's Bureau.

New employees receive Guardian training. To provide continuous learning and support, Guardian instructional videos have been created to demonstrate tasks within the system. The videos guide employees through step-by-step instructions providing information on why particular areas have been updated or impacts to policy or practice. These videos are included in Guardian updates from the Policy Unit, which are emailed to all Department staff and are electronically. In addition to the visual learning videos, agency staff have access to concise user manuals, and desk aides to assist in navigating and completing task in Guardian. Department staff are provided regular updates on system progress, changes, improvements and status.

The Guardian system was designed with the ability to capture necessary data as user needs evolve while maintaining CCWIS compliance. Guardian enhancements and modifications are prioritized, reviewed, and approved by the Change Control Board. The next iterations of improvement continue to focus on user adoption of the new technology and efficiencies in workflows and other system tools to guide users through their work. This will include improvements to dashboards to provide information to leaders about work in process and identify potential gaps to resolve workflow barriers. Dashboards were improved and system views were changed to better display records and relevant work. There were updates to allow for merging of some duplicate person records which will positively impact data quality and report accuracy.

Guardian includes interfaces with other state agencies and supporting information systems to collect and confirm the accuracy of case participant demographic information, as well as other information needed to support the health and safety of each child.

Future enhancements are planned to existing interfaces, such as the statewide Family Assistance Administration (FAA) system, which allows Guardian to inquire about participants receiving services such as Temporary Assistance to Needy Families (TANF). This interface allows verification of household member names, dates of birth, the family's address and other information that is obtained and verified during eligibility determination processes by FAA. Guardian will continue to update and add interfaces as needed, such as National Electronic Interstate Compact Enterprise (NEICE), which supports the Interstate Compact on the Placement of Children (ICPC), HEA+ and others.

Guardian's performance is stable and key issues of data collection, entry and reporting are continually addressed. The Department has committed multiple internal resources to monitor data quality and identify improvements as critical data or operational issues are identified. The Department established a Data Governance program that has begun to analyze existing data roles and policies, define a model for governance and data definition and establish standards and procedures for data collection and management. The software for data governance is being assessed. The Department is also developing data stewardship standardization.

Program supervisors are required to complete the DCS-2183 Supervision document to ensure the following

elements are current and completed in Guardian:

- legal status
- removal status
- removal settings for eligibility
- household or removal
- family relationship
- person record demographics (gender, language, race etc.)
- hearing documentation
- placement location

The Program Supervisor also notes other follow up activity that is required and validates via signature that all information has been entered and completed accurately.

The Department's Adoption and Foster Care Analysis and Reporting System (AFCARS) files include data extracted from Guardian, such as the removal status, demographic characteristics, location and goals of every child in foster care. AFCARS data compliance reports provide the number of records with missing data. AFCARS 2.0 development was completed and submitted May 2023 for the period of October 2022 through March 2023. The data was resubmitted September 22, 2023.

The Statewide Information System Assessment Item 19 requires states have a statewide information system to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location and goals for the placement of every child who is in foster care. The Federal Fiscal Year 2023A data quality report provided the following error rates from AFCARS 2.1 elements pertinent to Statewide Information System Item 19:

FC-05 Date of Birth:	0 errors of 14,2228
FC-06 Sex:	31 errors of 14,228 (0.22% failing) Missing data or empty
FC-13-20 Race:	0 errors of 14,232 (true for FC 14-20, FC-13 American Indian or Alaska Native: 329 errors of 14,232 (2.31% failing)
FC-21 Hispanic Origin:	0 errors of 14,228
FC-153 Exit Date:	0 errors of 14,2228
FC-69 Removal:	36 errors of 14,228 (0.25% failing)
FC-113 Family Foster Home	6,379 errors of 14,228 (43% failing) due to inconsistency
FC-114 Licensed Home	0 errors of 14,228
FC-115 Therapeutic Home	0 errors of 14,228
FC-116 Shelter Care Home	0 errors of 14,228
FC-117 Relative	0 errors of 14,228
FC-118 Pre-Adoptive Home	0 errors of 14,228
FC-119 Kinship	0 errors of 14,228
FC-120 Other	6,518 errors of 14,2282 (46% failing) due to inconsistency
FC-122 Out-of-State: FC-148 Most Recent Goal	3 errors of 14,228 (.02% failing) due to inconsistency 0 of 14,228

Data Source: Federal Fiscal Year 2023A AFCARS submission 09/22/23.

"Inconsistency" is defined as if a response of "yes" or "no" was provided as a response for a particular element, subsequent elements require a response.

Specific to elements 113-119 (family foster home and type), the Department is able to identify these children are placed in a family foster home (element 113), but the type of foster home (elements 114-119) was not identified which created the inconsistency error as these elements must be identified if element 113 is identified as "yes" for family foster home.

Specific to element 120 "other" the child was not identified as residing in a family or foster home, therefore, this element requires a response and cannot be empty or missing. The responses must be group home (including shelter), residential treatment center, qualified residential treatment center, child care institution (including shelter), supervised independent living, juvenile justice facility, medical facility, psychiatric hospital, runaway, whereabouts unknown or placed at home. Review of a randomized sample of 159 children identified in the element 120 "other" AFCARS submission was completed. 99% of the children (157 of 159) had a location identified in Guardian, indicating the system does have the required information.

FC-113-116 and FC-120 errors are due to known system process issues related to service approvals that are in process of solutioning with a targeted resolution of December 2023. The Department is able to identify these children are placed in a family foster home.

The Department monitors the percentage of children in care who do not have race or ethnicity data entered in Guardian. Administrative data indicates 8% to 10% of race data on children in care is missing on a given day. This includes children who have recently entered care and for whom the data entry is not yet due.

A targeted review of the demographic information was conducted by the Practice Improvement team to assess the accuracy of the information. From June 2022 through April 2023, demographic information indicated in the Guardian records for 76 children in out-of-home (OOH) care were reviewed for accuracy. The specific demographic information viewed for each child were the child's legal status on the Guardian Legal Status Screen, removal status on the Guardian Removal Details Screen, date of birth on the child's Person Screen, race/ethnicity on the child's Person Screen, physical address on the child's Case Person Screen and permanency goal on the child's case plan.

The 76 records reviewed were the randomly selected OOH cases already scheduled to be reviewed as part of the state's internal quality assurance case review process. The children were newborn through 17 years old during the review period and had all been in OOH care for at least one day during the first month of the three month review period. The child's computer file and case participant interviews were utilized to verify the demographic information. This review found high rates of data quality. Five months have passed since this review was completed and the Department has invested substantial resources to data quality over that time. A review today would likely indicate even higher performance.

Legal Status

- For 46 of the 76 (60.5%) children reviewed, the legal status in Guardian was correct based on other information located, such as a court minute entry, information from a case participate interview, or documentation in a case note or elsewhere in Guardian that does not automatically populate from that screen.
- For 27 of the 76 (35.5%) children reviewed, the legal status in Guardian did not appear correct based on other information located. In the majority of these (25 of 27), the child's temporary custody legal status had not been updated in Guardian following the court adjudicating the child dependent. In these instances, the child's legal status continued to show temporary custody or temporary custody/ward despite the court having had adjudicated the child dependent as to at least one parent.
- In three (3.9%) of the reviews, the reviewer was unable to verify if the legal status in Guardian was accurate due to not having access to the minute entries, case participant interviews, or the

information not being found elsewhere in Guardian.

Removal Status

- Of the 76 records reviewed, the case reviewers found evidence for 68 (89.5%) of the children to verify the removal status and date indicated for the child on the removal status screen at the time of the review. This supporting information was typically located in a case note, court report, minute entry, or another document uploaded into Guardian.
- Of the eight children for which the removal status was not able to be verified using information in Guardian or interviews, the reviewers located documents that suggested six of the child had been removed on a different date than what was indicated on the removal status screen. There was no information to corroborate the removal date for one child and one child had reunified, but this information was not updated on the child's removal status screen at the time of the review, which was approximately one month after the reunification occurred.

Date of Birth

- Of the 76 records reviewed, the case reviewers found evidence in Guardian to support the date of birth indicated on the child's person screen for 71 (93.4%) of the children. This supporting evidence was typically found in a case note, on the child's birth certificate uploaded in Guardian, verified using the interface with the state AZTECS system or verified during an interview with a family member.
- Of the five that were not able to be verified, the number required to view the child in the AZTECS system was not valid, so this source could not be utilized to verify the child's date of birth and there was no other information found in Guardian to support the information. These records could not be verified as accurate but were not determined to be inaccurate.

Race/Ethnicity

- Of the 76 records reviewed, the race information listed in Guardian for the child was able to be verified for 53 (69.7%) of the children, typically by comparing the information to the AZTECS screen, gathering the information during an interview with a family member, or documentation in case note or other document in which the information was obtained by a source other than Guardian. The ethnicity information related to Hispanic or non-Hispanic was verified in 51 of the 76 records (67.1%).
- Of the 23 children whose race information was not able to be verified, seven had a race indicator different from the information provided to the reviewer, five had no race information or unknown race information entered in Guardian, and 11 had no way for the reviewer to verify the race (no interview, child not in AZTECS, or no information seen in Guardian to verify).
- Of the 25 children whose ethnicity was not able to be verified, eight had the ethnicity indicator different from the information provided to the reviewer, eight had no ethnicity data entered in Guardian, and nine had no way for the reviewer to verify the ethnicity. The reviewers did not presume blank information in Guardian to mean that the child was not Hispanic.
- It is noted caution should be used when considering this data as it is possible the information in the AZTECS system or provided by the relative may not be correct. Hispanic ethnicity is also a personal determination and the relative may or may not consider the child Hispanic and the child may have a different perspective.

Physical Address

- The address for the child listed on the case person screen was able to be verified for 54 of the 76 (71.1%) children reviewed, typically via an interview with a case participant or the address being indicated in the text of a recent (prior two months) case note. Of the 22 that were not able to be verified in this specific way, all 22 records contained documentation within the three month review period that the child had been seen in-person by a DCS Specialist, suggesting the Department had

information about the location of all of the children reviewed.

Permanency Goal

- The permanency goal listed in the case plan viewed in Guardian was accurate and able to be verified for 59 of the 76 (77.6%) children reviewed, typically by comparing the information to court minute entries or documentation in a case note.
- Of the 17 permanency goals that were not able to be verified, 11 of the children's permanency goals did not match other information located. For these 11 children, the permanency goal listed was the accurate prior goal, but the court had changed the goal and the case plan was not updated timely (defined as longer than a month for this targeted review) with the new goal. The child's correct permanency goal was able to be identified in the system, but was not correctly recorded in the preferred location. The other six children had no case plan developed in Guardian at the time of the review or an untimely draft case plan that had no permanency goal listed.

During January 2023 through September 2023, interviews were conducted with the Deputy Director of Field Operations, regional management analysts, lean coaches, program development and field staff who confirmed there continues to be data quality issues in Guardian. Department staff identified delayed data entry, incorrect data entry or programming issues as opportunities for continuous improvement in relation to the data relevant to this item. Program managers and supervisors indicated DCS Specialists try to devote as much time as possible engaging with families and data entry may not consistently be an area of focus. It is anticipated with the decrease in the number of children in out of home care, increased stability of the workforce (filled full time DCS Specialists), there will be less cases assigned to each specialist which should improve data quality.

Internally, Department staff are able to provide ideas, feedback, comments and suggestions for improvement that are reviewed regularly. In May 2023 a new structured feature request site became available and include user voting as a means to show demand for specific features or changes The Department's launch of Guardian was not without challenges. The Department remains committed to the continuous quality improvement of functionality, data integrity and reliability, federal reporting and ease of use.

Stakeholder Engagement/Type

In accordance with the Department's stakeholder engagement plan approved by the Children's Bureau, engagement occurred with the following stakeholders to inform the assessment of this systemic factor:

Data Analysts: interviews
Management Analysts: focus group/interviews
Deputy Director of Field Operations: interview
Program Administrator: interviews
DCS Program Supervisors

Data Sources

2023A AFCARS submission
Practice Improvement Case Review Targeted Review

B. Case Review System

Item 20: Written Case Plan

For this item, provide evidence that answers this question:
How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the three components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to families' experience with the case planning process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor II: Case Review System

Outcome measurements to determine substantial conformity:

Item 20 Written Case Plan: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions.

Department Policy and Procedures

The Department's policies and procedures on responding to case plans is summarized below.

Based on the Practice Improvement Case Review (PICR) and Adoption and Foster Care Analysis and Reporting System (AFCARS) data, case plan data and survey results, Item 20 Written Case Plan is an *area needing improvement*. Although it was determined case plans include all required federal components, concerted efforts to actively involve the mother and father in the case planning process requires improvement.

Chapter 3: Section 3 Developing and Reassessing the Family Centered Plan states
The Department shall facilitate the development of an individualized, family-centered, written case plan for every child, youth, and family receiving ongoing services from the Department.

The Department shall develop the initial written case plan with the family after completing the Family Functioning Assessment – Ongoing (for families with unsafe children), or the Protective Factors assessment (for families with safe children)

When a dependency petition has been filed before the FFA-Ongoing stages have been completed with the family, the Department shall develop and submit to the court a proposed case plan that identifies:

- *the permanency goal;*
- *any specialized assessments known to be needed by a child or parent, guardian and/or custodian;*
- *any services a child or parent, guardian and/or custodian is currently participating in or has requested; and*
- *the Family Contact Plan if the child is in out-of-home care.*
- *At the time of the Preliminary Protective/Initial Court Hearing, the Department may propose a permanency goal of "undetermined" when the Department is considering termination of parental rights due to the presence of aggravating circumstances.*
- *The initial case plan for all permanency goals shall include services for the parents, guardians, and/or custodians to remediate safety threats and achieve desired behavioral changes unless the Department is relieved of providing reunification services pursuant to A.R.S § 8-846.*
- *The Department shall conduct a case plan staffing and create the initial written case plan:*
- *within 60 days of the case being identified to receive in-home case management; or*
- *within 60 days of the child(ren)'s removal from home; or*
- *within 10 working days of a child's entry to out-of-home care pursuant to a Voluntary Placement Agreement.*
- *The Department shall conduct a case plan staffing and reassess the case plan:*
- *at least every 6 months; and*
- *at specified key decision points in the life of a case, including when a change in the permanency goal is considered or there is a significant change in case circumstances.*

The Department shall involve the family receiving DCS services in the development of the case plan. When a parent, guardian, and/or custodian is unwilling or unable to participate in the case plan development, the Department must continue to make efforts to engage the parent, guardian and/or custodian in the process.

All case plans (excluding a proposed case plan developed prior to the Preliminary Protective Hearing) shall identify the following:

- *reasons for DCS Involvement;*
- *permanency goal;*
- *desired family behaviors;*
- *services and supports to help the family; and*
- *case plan agreement.*

Case plans for children in out-of-home care shall include the following, as applicable based on age and permanency goal:

- *concurrent planning activities to ensure that potential or identified alternate caregivers are prepared to care for the child on a permanent basis, if needed (when the prognosis of achieving family reunification is unlikely to occur within 12 months of the child's initial removal);*
- *type of living arrangement;*
- *the child's needs, supports, and services;*

- *education plan and educational stability;*
- *health plan;*
- *transition plan (for children in out-of-home care age 14 and older);*
- *family contact plan; and*
- *steps to finalize permanency (actions taken to identify an adoptive family for children with a permanency goal of adoption).*

The Department's policies and procedures require that written case plans, which address all federally required elements, be developed within 60 days of a child's removal from the home or identification that a family will receive in-home services, and that these case plans be developed with family and child input. Case plan staffings, Team Decision Making Meetings (TDM), Child and Family Teams (CFTs), and other meetings provide facilitated opportunities to engage family members in decisions and other aspects of case planning.

Case planning is an integral component in assuring the safety, permanency, and well-being of children removed from their homes due to allegations of abuse or neglect. Case planning entails the creation of a comprehensive, individualized plan for each child that identifies their needs, strengths, and goals, as well as the services and supports necessary to meet those needs and achieve those goals. The case plan is developed in collaboration with the child, his or her family, and other stakeholders including caseworkers, foster parents, and service providers. Regular reviews and revisions ensure that the plan remains relevant and effective in addressing the child's requirements and goals. The ultimate objective of case planning at the Arizona DCS is to ensure that children are placed in secure, stable homes and are provided with the necessary support and services to thrive and succeed**.**

Every child, adolescent, and family receiving ongoing services from the Department is assisted in developing a written case plan that outlines:

- Reasons for DCS Involvement
- Permanency Goals
- Living Arrangement
- Behavioral Change Statements
- Services and Supports for the child(ren) and parent(s)
- Education Plan and Educational Stability
- Health Plan
- Transition Plan (children 14 years or older)
- Family Contact Plan
- Case Plan Agreement

The Department's case plan includes sections that address the child's physical health, mental health, and educational needs; describe services and supports to enable the out-of-home caregiver to meet the child's needs; and describe the transition to adulthood plan for youth age 14 or older. The case plan format prompts DCS Specialists to consider the full range of needs and necessary services, particularly to address children's special needs and well-being outcomes.

Case plans are required at specific times during the course of the administration of child welfare services until achievement of permanency or case closure for those cases in which the child was not in out-of-home care.

Performance Data Highlights

Item 20 was identified as an area to be addressed in the 2015 Arizona Round 3 CFSR. The Department continually monitors data and practice on assessing and providing for the needs of the family through the Practice Improvement Case Review process.

Table 1 Case Plans for Children in Foster Care for at least 60 days

Data Period	Children with an Active Case Plan
CY 2020	91% (11827 of 13054 children)
CY 2021	70% (8598 of 12336 children)
CY 2022	78% (8416 of 10800 children)

source: Guardian Ad Hoc report. Of all children in out-0f-home care, and who had been in care for at least 50 days, on the last day of the calendar year, how many children had an active case plan on the last day of the calendar year. Data limitations: this data only represents the number of children in out-of-home care for 60 days who had an active case plan in Guardian. This does not include case plans in any status other than active (expired, draft,). This data does not include those case plans that were completed and are in the hard copy record and not entered into Guardian which may increase the percentage of children with written case plans.

The Department's Practice Improvement Case Reviews (PICRs) generate statewide data on the timely development of written case plans. Cases are reviewed each month in each region, statewide. *Table 2: Case Plan Development within Required timeframes provides information*

For a case to be rated as a strength for timely case plan development, all the following must be true during the entire three-month review period, if applicable:

- the initial case plan was developed within 60 days of the child's removal from the home or case being identified to receive voluntary in-home services
- the subsequent case plans were developed no later than six months from the development of the prior case plan
- the case plan was updated when a change in permanency goal was ordered by the court

Table 2: Case Plan Development within Required timeframes provides information

Data Period	Item 9D Timely Case Plan Development and Reassessment
CY 2020	75% (108 of 144 applicable cases)
CY 2021	46% (33 of 71 applicable cases)
CY 2022	40 % (54 of 144 applicable cases

source: PICR Case Review Instrument (updated 10.15.21) in Home or Out of Home Item 9D: Case Plan Development During the Period Under Review, did the Department (1) develop the initial permanent case plan according to required timeframes, if applicable during the PUR; (2) maintain a written case plan that was not more than 6 months old, and (3) reassess and revise the case plan when a change in permanency goal was considered or there was a significant change in case circumstances, if applicable during the PUR? Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the calendar year. All cases (in-home and out-of-home) are applicable for this item.

Most cases reviewed during CY 2022 had an initial case plan developed; however, the initial case plan may not have been developed within 60 days of the child's removal or case opening for services or the subsequent case plan may not have been reassessed within the required six-month timeframe. Cases are rated as needing improvement if case plan development is one day or more overdue.

Evaluation of joint case planning with parents assesses the case planning discussions conducted during the review period. In order for these activities to be assessed as "yes", Department staff must have actively involved the parents in joint planning discussions including meeting with parents to discuss identified strengths, barriers and needs, identifying services and service providers, establishing goals in case plans, benefits of services and evaluating progress toward goals for modification to behavioral changes, if necessary. In evaluating the practice improvement case review for involvement of mothers and fathers in the case

planning process, documentation of minimal conversation by the DCS Specialist with the mother or father regarding joint case planning is the primary factor for the item to be marked "no", followed by a lack of documentation showing efforts to locate missing parents and not including the required elements of case planning during communication with parents.

Table 2: Practice Improvement Case Review Instrument- In Home or Out of Home Item 9B Mother and 9C Father Concerted Effort to Involve Mother and Father in Case Planning

Data Period	Item 9B Concerted Efforts to Actively Involve Mother	Item 9C Concerted Effort to Actively Involve Father
CY 2020	56 % (64 of 114 applicable cases)	39% (42 of 109 applicable cases)
CY 2021	32 % (19 of 60 applicable cases)	25% (14 of 56 applicable cases)
CY 2022	31 % (36 of 112 applicable cases	16% (18 of 104 applicable cases)

source: PICR Case Review Instrument (updated 10.15.21) in Home or Out of Home Items 9B and C: Parent Involvement in the Case Planning Process Concerted Efforts to actively involve the mother and father in the case planning process. Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the calendar year. All cases (in-home and out-of-home) are applicable for this item. Concerted efforts to actively involve the mother and father means the Department identified strengths and needs, identified services and service providers, established goals in case plans, evaluating progress towards goals and discussing the case plan. This data source was identified in the *Assessing Systemic Factor Functioning Using Data and Evidence*.

There are opportunities to improve through sufficient ongoing efforts to locate and remain in contact with non-custodial fathers, particularly fathers who have had no recent contact with the child or are incarcerated. Some cases have evidence of contact with the mother or father, but could improve through greater efforts to elicit the parent's input about case planning topics, such as the permanency goal, placement options, effectiveness of services, sufficiency of parent-child visitation, etc.

In July 2023, surveys were distributed to 265 private, contracted, and tribal attorneys who have taken training through the Administrative Offices of the Courts and 72 Superior Court Juvenile Division judges and commissioners. To date, there have been 34 responses from attorneys (13%) in 14 of the 15 counties statewide to assess permanency hearings. Attorneys were asked the following question:

If applicable, generally are your clients involved in the development of their case plans?

Table 3: Attorney Responses: Client Involvement in Case Plan Development

Participant	Always	Mostly	Sometimes	Rarely	Never	Unknown
Mother	3	3	10	9	4	1
Father	2	1	11	11	4	1
Children	2	1	9	13	5	1

Common themes/barriers/challenges identified include:

- Identification of a permanency goal and requirements prior to the case plan meeting creating a perception that plans are not developed jointly
- Parental agreement occurs without understanding the outcome of the assessments and the provision of services
- Parents may not be informed or participate in case plan meetings
- Case plans have been developed and are reviewed with parents after the case plan meeting and are

not modified or changed based on input from the mother and/or father
- Input from parents or children does not change the services, or requirements of the case plan

In September 2023, four focus groups were held with parents. Generally, parents were not clear about the distinctions between case plan staffings and Team Decision Making meetings and may have viewed them as the same meeting. Parents reported the following:

- Requirements for reunification were not clearly defined
- Services often change frequently
- Case plan meetings do not occur often
- Case plans are provided to them and their input is not included, if they are able to provide it

Parents reported they do not feel empowered to provide information and when and if they do, they often feel it is not included in the case plan. Most reported they are not asked on a regular basis how services are progressing, what current service needs they have and do not see modifications to services addressed in the case planning process.

Stakeholder Engagement/Type

In accordance with the Department's stakeholder engagement plan approved by the Children's Bureau, engagement occurred with the following stakeholders to inform the assessment of this systemic factor:

Parents: focus groups
Attorneys: interviews and survey
Judges: survey
Relative caregivers: telephonic survey
Foster, adoptive, relative caregivers and congregate care providers: survey

Data Sources

Survey results
Practice Improvement Case Record Targeted Review
Administrative Offices of the Court
Guardian ad hoc report

Item 21: Periodic Reviews

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the periodic reviews process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor II: Case Review System

Outcome measurements to determine substantial conformity:

CFSR Item 21: Periodic Reviews: How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Item 21 Periodic Reviews is rated as a *strength*. Data from the Administrative Offices of the Courts show that initial and subsequent hearings occurred timely for most children who were the subject of a dependency petition.

Department Policy and Procedures

The state provides a process for the periodic review of the status of each child that includes the required provisions no less frequently than once every 6 months, by both court and administrative review.
Periodic review requirements are met through juvenile court hearings and Foster Care Review Board (FCRB) meetings. FCRBs 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 placed out-of-home. FCRB hearings invite all interested parties to participate and provide input into the progress of the case. Per Arizona Revised Statute §8-515.03, FCRB meetings meet the requirements of periodic review hearings, and therefore are counted as such.

Report and review hearings, initial permanency hearings, and permanency hearings are held before the court and FCRB hearings are held before a volunteer panel of citizens. Each of these hearing types include a comprehensive discussion of the case status, including the child's safety, the continuing necessity for and appropriateness of the out-of-home living arrangement, the extent of compliance with the case plan, and the extent of progress toward mitigating the need for out-of-home care.

In Arizona, pursuant to Arizona Rules of Procedures Juvenile Court Rule 341-Review Hearing generally, pursuant to A.R.S. § 8-847, the court must conduct periodic review hearings at least once every 6 months after the disposition hearing to review the progress of the parties in achieving the case plan goals and determine whether the child continues to be dependent (report and review hearings) and Arizona Revised Statute § 8-862 Permanency Hearing which states A. The court shall hold a permanency hearing to determine the future permanent legal status of the child:

1. Within thirty days after the disposition hearing if the court does not order reunification services.
2. Within six months after a child who is under three years of age is removed from the child's home. The court shall not continue that permanency hearing beyond six months after the child who is under three years of age is removed from the child's home unless the party who is seeking the continuance shows that the determination prescribed in section 8-829, subsection A, paragraph 6 has been made or will be made within the time prescribed in that paragraph.
3. In all other cases, within twelve months after the child is removed from the child's home. The court shall not continue the permanency hearing beyond twelve months after the child is removed from the child's home unless the party who is seeking the continuance shows that the determination prescribed in section 8-829, subsection A, paragraph 5 has been made or will be made within the time prescribed in that paragraph.

Performance Data Highlights

Item 21 Periodic Review was rated strength during the Arizona 2015 CFSR Round 3.

Department administrative data shown in Table 4 suggests that the percentage of children receiving a periodic review hearing reduced to 56% for children in care on July 1, 2022, from a previous high of 87% in 2020. However, administrative data from the Office of the Attorney General provides evidence that 22,053 periodic review or permanency hearings were held in calendar year 2020; 23,455 were held in 2021; and 22,352 were held in 2022. This data is at the case level and not the child level, so the number of children who are the subject of these hearings is higher than the count of children. Further, this data does not include Foster Care Review Board reviews, which meet the definition of periodic review hearings. Given that the number of hearings held has increased between 2020 and 2022, the annual number of children entering care reduced 23% between 2020 and 2022 (9,727 down to 7,490), and the out-of-home population reduced 12% between 2020 and 2022, it is not possible that the percentage of children receiving a periodic review hearing is lower than it was in 2020. The conclusion that periodic review hearings are occurring for children as required is further supported by the Operational Review data and stakeholder input described below.

Table 4 Children that had a periodic review hearing no less frequently than once every 6 months

Data Period	Children in care on July 1 (2020, 2021, 2022), and had been in care consecutively for the previous six months.
CY 2020	87% (8632 of 9901 children)
CY 2021	78% (7866 of 10139 children)
CY 2022	56% (5124 of 9194 children)

source: Guardian ad hoc report- Numerator: Number of children who had at least one periodic review in the previous consecutive 6 months. Denominator: Number of children in OOH care on July 1, 2020/2021/2022 who had been in care consecutively the previous six months.

The Arizona Administrative Office of the Courts (AOC), Court Improvement Program, conducted an operational review from February 2021 through March 2022 of 190 sample cases from Cochise (27), Navajo (21), Pima (77) and Pinal (23) counties and found 100% of the applicable cases had a review at least once every six months. Case are determined to be applicable have been active long enough for the hearing to have occurred. If a case closes before the statutory timeframe in which the hearing to be held has not yet elapsed, the case would not be applicable with respect to the type of hearing described. As long as the case was opened after the time of the last administrative review of a particular county, it could be reviewed and may include cases that have only recently been opened. The AOC Court Improvement staff reported there are no known data quality issues.

The Arizona Administrative Office of the Courts (AOC), Court Improvement Program conducted an operational review from April 2022 through March 2023 of 113 sample cases and found 99% of the applicable cases had a review at least once every six months. The AOC Court Improvement staff reported there are no known data quality issues.

In July 2023, the Department administered electronic surveys distributed to 265 private, contracted and tribal attorneys who have taken training through the Administrative Offices of the Courts and 72 Superior Court Juvenile Division judges and commissioners statewide. To date, there have been 21 judicial responses (28%) from 9 of the 15 counties statewide and 34 responses from attorneys (13%) in 14 of the 15 counties statewide to assess periodic reviews. The responses noted below are areas to consider for further improvement of hearing timeliness. The top three reasons cited by both attorneys and judges for why periodic reviews may not have not occurred timely include:

- Lack of receipt of court reports
- Calendar conflicts/hearing consolidations
- Department staff or parents are not in attendance resulting in a continuance

Stakeholder Engagement/Type

In accordance with the Department's stakeholder engagement plan approved by the Children's Bureau, engagement occurred with the following stakeholders to inform the assessment of this systemic factor:

Parents: focus groups
Attorneys: interviews and survey
Judges: survey
Relative caregivers: telephonic survey
Foster, adoptive, relative caregivers and congregate care providers: survey

Data Sources

Survey results
Practice Improvement Case Record Targeted Review
Administrative Offices of the Court
Guardian ad hoc report

Item 22: Permanency Hearings

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the permanency hearing process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor II: Case Review System

Outcome measurements to determine substantial conformity:

CFSR Item 22: Permanency Hearings: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Item 22 Permanency Hearings is a strength as data and feedback received through external engagement from the Administrative Offices of the Courts show that permanency hearings are occurring timely.

Department Policy and Procedures

Permanency hearings are held within 12 months of the child's initial removal from the parent or guardian, within 6 months if the child was younger than age 3 at the time of removal, or within 30 days of the disposition hearing if reunification services were found to be contrary to the child's best interest and not ordered. Subsequent permanency hearings are held at least every 12 months thereafter, if the child remains in out-of-home care. At the hearing, the court determines the child's permanent plan and orders a specified period within which the plan must be accomplished. The court also enters findings as to whether reasonable efforts have been made to finalize the permanent plan and facts supporting the finding. As permitted by 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.

The Department provides 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 that includes the required provisions no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Performance Data Highlights

Item 22 was rated strength during the Arizona 2015 CFSR Round 3.

Department administrative data shown in Table 5 suggests that the percentage of children receiving a periodic review hearing reduced to 41% for children who entered care in the year and had been in care for 12 months, from a previous high of 87% in 2020. However, administrative data from the Office of the Attorney General provides evidence that 22,053 periodic review or permanency hearings were held in calendar year 2020; 23,455 were held in 2021; and 22,352 were held in 2022. This data is at the case level and not the child level, so the number of children who are the subject of these hearings is higher than the count of children. Given that the number of hearings held has increased between 2020 and 2022, the annual number of children entering care reduced 23% between 2020 and 2022 (9,727 down to 7,490), and the out-of-home population reduced 12% between 2020 and 2022, it is not possible that the percentage of children receiving a periodic review hearing is lower than it was in 2020. The conclusion that periodic review hearings are occurring for children as required is further supported by the Operational Review data and stakeholder input described below.

Table 5 Children that had a permanency hearing no later than 12 months from the date of entry.

Data Period	Children with an Initial hearing within 12 months of date of entry
CY 2020	84% (4811 of 5727 children)
CY 2021	48% (2288 of 4722 children)
CY 2022	41% (1241 of 3044 children)

source: Guardian ad hoc report- Numerator: Number of children from the denominator who had a perm hearing within 12 months from the date they entered care. Denominator: Number of children who entered care during the calendar year and had been in care for at least 12 months

The Arizona Administrative Office of the Courts (AOC), Court Improvement Program provided the following data based on the review of 113 case files from Maricopa (89) and Yavapai (24) counties from April 2022 to March 2023. Arizona courts are required to hold a Permanency Hearing within 6 months of removal if a child is under 3 years of age or within 12 months of removal if a child is 3 or more years of age. Of the Permanency Hearings reviewed during this time period, 99% fell within statutory timelines, 91% of the children (67 of the 72 applicable cases) who were under the age of three at the time of the removal had a permanency hearing within six months of removal, and 98% of the children (39 of 40 applicable cases) who were age three or older at the time of removal had a permanency hearing within 12 months of removal. The AOC's Court Improvement staff reported that there are no known data quality issues.

A review of 190 cases statewide from April 2021 to March 2022 showed that 100% of the children whose permanency goal was not reunification at the disposition hearing had a permanency hearing within 30 days of disposition, 94% of the children who were under the age of three at the time of removal had a permanency hearing within six months of removal and 99% of the children who were age three or older at the time of removal had a permanency hearing within 12 months of removal. The AOC's Court Improvement staff reported that there are no known data quality issues. This data identifies the initial 12-month permanency

hearing. There is no administrative data from the Administrative Offices of the Court that identifies subsequent permanency hearings.

In July 2023, the Department administered electronic surveys distributed to 265 private, contracted and tribal attorneys who have taken training through the Administrative Offices of the Courts and 72 Superior Court Juvenile Division judges and commissioners statewide. To date, there have been 21 judicial responses (28%) from 9 of the 15 counties statewide and 34 responses from attorneys (13%) in 14 of the 15 counties statewide to assess periodic reviews. The responses noted below are areas to consider for further improvement of hearing timeliness. The top three reasons cited by both attorneys and judges for why permanency hearings may not have not occurred timely include:

- Lack of receipt of court reports
- Calendar conflicts/hearing consolidations
- Department staff or parents are not in attendance resulting in a continuance

Additionally, Interviews (n=12) were conducted with statewide unit chiefs, section chief and division chief of the Child and Family Protection Division/Protective Services Section, Court Appointed Special Advocates (Pima and Gila Counties, private counsel, Office of Children's Counsel, and Office of Legal Advocate. These stakeholders consistently communicated that permanency hearings occur within the required statutory timeframes.

Stakeholder Engagement/Type

In accordance with the Department's stakeholder engagement plan approved by the Children's Bureau, engagement occurred with the following stakeholders to inform the assessment of this systemic factor:

Parents: focus groups
Attorneys: interviews and survey
Judges: survey
Relative caregivers: telephonic survey
Foster, adoptive, relative caregivers and congregate care providers: survey

Data Sources

Survey results
Practice Improvement Case Record Targeted Review
Administrative Offices of the Court
Guardian ad hoc report

Item 23: Termination of Parental Rights

For this item, provide evidence that answer this question:

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the TPR process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor II: Case Review System

Outcome measurements to determine substantial conformity:

CFSR Item 23: Termination of Parental Rights: How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Department Policy and Procedures

Based on the PICR data Item 23 Termination of Parental Rights is an *area needing improvement*. A significant number of cases did not meet the federal requirements for termination of parental rights petitions and timely filing and compelling reasons requires improvement.

The Department's policy and procedures on Terminal of Parental Rights are summarized below.

Chapter 5: Section 3 Termination of Parental Rights states

> *Termination of parental rights, either by consent or by court order, shall be initiated for every child in the care, custody, and control of the Department who has a permanency goal of adoption.*
> *In unusual cases, termination of parental rights shall be initiated for a child with another permanency goal if a continued legal relationship between the child and parent would be harmful to the child.*

The Department shall initiate a petition for termination of parental rights for any child with a permanency goal of adoption, if the child's parent is unwilling to consent to adoption in a timely manner.

The Department shall file a motion for termination of parental rights for children in out-of-home care when ordered by the court.

The Department shall include any time beyond the first 60 days of an initial voluntary placement in out-of-home care when calculating the cumulative total time in out-of-home placement for termination of parental rights purposes.

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 Department shall file a motion for termination of parental rights within ten (10) business days after the date of the court finding that aggravating circumstances exist, unless termination of parental rights is not in the best interest of the child.

In February 2023, the Department has developed a process to staff cases for permanency planning for each child in care for ten months, with a permanency goal of reunification, to determine how conditions for return can be met or identify next steps toward permanency if reunification is not likely to occur. The goal is to increase the likelihood of child reunification within twelve months of entry into out-of-home care and evaluation for filing of termination of parental rights within the ASFA requirements. This process is an innovation within the Clinical Supervision process and a partnership with the Department's legal representation. Data will be developed to assess improvement opportunities.

To improve the timely filing of TPR motions and the documentation of compelling reasons, the Department's CCWIS system, Guardian, implemented in February 2021, includes an available compelling reason text box for all case plans. If the child has been in out-of-home care for 15 of the prior 22 months and there is no indication the parental rights have been severed, text is required in the compelling reason text box prior to saving the case plan.

The Department's Practice Improvement Case Review (PICR) assesses how well the Department is functioning in relation to timely filing of TPR motions in accordance with Adoptions and Safe Families ACT (AFSA) requirements. TPR motions are considered timely if:

- the Department filed or joined a motion to TPR by the time the child has been in out-of-home care for 15 months to the day,
- the child was placed with a relative and the agency pursued guardianship, or
- a compelling reason to not file a motion for TPR was documented in the child's written case plan.

The date at which the child had been in care for 15 months is calculated from the start date of the child's dependency adjudication to the first parent or 60 days from entry into out-of-home care, whichever is earlier. Time in runaway status is not included. Areas for improvement include the initiation of timely motions for TPR and consistent documentation of the compelling reasons to not file for TPR within the child's case plan or court minute entry, when applicable.

Performance Data Highlights

Item 23 was rated an area needing improvement during the Arizona 2015 CFSR Round 3 and was included in the Department's PIP.

Table 6: Practice Improvement Case Review Instrument- In Home or Out of Home Item 2F – Adoption and Safe Families Act (ASFA) Termination of Parental Rights (TPR) Requirements: If the child has been in out-of-home care for at least 15 of the most recent 22 months or meets other ASFA criteria for Termination of Parental Rights did the Department file or join a TPR petition before the period under review or in a timely manner during the period under review or 2G is an exception or compelling reason for not filing TPR specified in the case plan or a court minute entry?

Data Period	TPR timely or compelling reason documented	Methodology
FFY 2020	57 %	27 of 47 applicable cases
FFY 2021	48 %	10 of 21 applicable cases
FFY 2022	52 %	36 of 69 applicable cases

source: PICR Case Review Instrument (updated 10.15.21) in Home or Out of Home Item 2F: Did the Department file or join a TPR petition before the period under review or in a timely manner during the period under review. Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the calendar year. This item is applicable to all out-of-home cases, unless the target child has been in in out of home care at least 60 days and a permanency goal has not been established.

A review of the statewide 2022 PICR data in which the Department did not file or join a TPR petition before the period under review or in a timely manner during the period under review (after determining the child has been in care for at least 15 of the most recent 22 months and the child meets other ASFA criteria for TPR, or an exception or compelling reason for not filing TPR was not specified in the case plan or minute entry provided the following reasons (n=33):

- 24 cases with no documentation of an exception or compelling reason
- 6 cases with documented compelling reasons that lacked descriptive sufficiency why termination was not in the child's best interest
- 2 cases with a compelling reason not documented in the case plan or court order (documented elsewhere)
- 1 case in which TPR was not filed within the required timeframe (10 business days) after the court order

Interviews (n=14) were conducted with statewide unit chiefs, section chief and division chief of the Child and Family Protection Division/Protective Services Section, Court Appointed Special Advocates (Pima and Gila Counties, private counsel, Office of Children's Counsel, and Office of Legal Advocate. These stakeholders identified delays in timely filing due to reluctance to pursue termination of parental rights to give parents every opportunity to remedy the reason(s) their children entered care. Additionally, the Appellate Courts are conducting more strenuous reviews of termination appeals and rulings are being overturned with more frequency.

In July 2023, surveys were distributed to 265 private, contracted and tribal attorneys who have taken training through the Administrative Offices of the Courts and 72 Superior Court Juvenile Division judges and commissioners. To date, there have been 21 judicial responses (29%) from 9 of the 15 counties statewide and 34 responses from attorneys (13%) in 14 of the 15 counties statewide to assess permanency hearings.

Table 7 Judicial/Attorney Survey: Petition for Termination of Parental Rights filed within ASFA Requirements

Always	Mostly	Sometimes	Rarely	Never	Unknown
9	13	9	4	1	15

Judicial stakeholders asserted TPR petitions are not filled according to ASFA requirement and identified the following as barriers to timely filing of petitions for termination of parental rights:

- Service delays contribute to the extension of case plans beyond the statutory guidelines
- Identifying whether grounds exist and reasonable efforts were made

Attorneys:

- DCS Specialist turnover
- No service array for incarcerated parents and efforts to engage incarcerated parents or work with the correctional facility to identify services does not occur
- Parents are facially compliant and either the Department or the Court does not proceed with TPR

Judges:

- Case plans of reunification are presented to the Court for approval even though parents have not significantly/substantially engaged in services
- Motions are not filed by the time of the hearing
- Difficulty with scheduling or ensuring services are offered and will address specific family needs
- Efforts need to be helpful to be reasonable

Stakeholder Engagement/Type

In accordance with the Department's stakeholder engagement plan approved by the Children's Bureau, engagement occurred with the following stakeholders to inform the assessment of this systemic factor:

Parents: focus groups
Attorneys: interviews and survey
Judges: survey
Relative caregivers: telephonic survey
Foster, adoptive, relative caregivers and congregate care providers: survey

Data Sources

Survey results
Practice Improvement Case Record Targeted Review
Administrative Offices of the Court
Guardian ad hoc report

Item 24: Notice of Hearings and Reviews to Caregivers

For this item, provide evidence that answers this question:

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address both components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with the hearing and review notification process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor II: Case Review System

Outcome measurements to determine substantial conformity:

CFSR Item 24: Notice of Hearings and Reviews to Caregivers: How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

Item 24 was an area needing improvement during the Arizona 2015 CFSR Round 3.

Based on the PICR data and information obtained during stakeholder surveys, Item 24 Notice of Hearings and Reviews to Caregivers is an *area needing improvement*.

Department Policy and Procedures

Arizona Revised Statutes require that the court provide notice of review hearings and the right to participate in the proceeding to the child's foster parents, shelter care facility or receiving foster home, physical custodian where the child resides or has resided within the last six months, and any person who has filed a petition to adopt or who has physical custody pursuant to a court order in a foster-adoptive living arrangement. Furthermore, the petitioner (most often the Department) must provide the court with the names and

addresses of all foster parents, shelter care facilities, and receiving foster homes who are entitled to notice pursuant to this statute. The Courts are attentive to the need for team members, particularly out-of-home caregivers and youth, to receive notice and an opportunity to be heard in hearings held with respect to dependent children.

In 2023, legislation passed requiring the Department to provide the Administrative Office of the Courts (AOC)/Foster Care Review Boards, remote access to Guardian in addition to any Department information that is necessary for the performance of the local boards' duties. The Department continues to meet regularly with AOC to address issues that arise as the result of the direct remote access and to assure the most accurate contact information is available to ensure notification all team members of FCRB reviews.

Pursuant to Arizona Rules of Procedures for Juvenile Court Section 341(b)1 the court provides notice of Periodic Review Hearings to interested parties, and require that foster parents, pre-adoptive parents, and relative caregivers be provided notice of and the right to be heard pursuant to Arizona Rules of Procedures for Juvenile Court Section 339(d)(5) in all dependency proceedings with respect to the child. The Department is required to provide contact information for interested parties including foster parents, pre-adoptive parents, and relative caregivers to the Court so they may be endorsed on minute entries that provide notification of future hearings. Proceedings are documented in minute entries that are distributed to all parties after any hearing. These minute entries contain information of future hearing dates.

DCS policy supports this practice area by directing the DCS Specialist to give the out-of-home caregiver a copy of the minute entry setting a future dependency or delinquency hearing involving the child as part of the mandatory placement packet upon placement of the child. In addition, the monthly Child and Caregiver Visitation Field Guide and documentation template prompts the DCS Specialist to review with the child and out-of-home caregiver the date and time of upcoming court hearings.

Performance Data Highlights

Table 8: Practice Improvement Case Review Instrument- In Home or Out of Home Item 8E – Notice of Hearings and Reviews for Out-of-Home Caregivers

Data Period	Notice to Out of Home Caregivers	Methodology
FFY 2020	86 %	88 of 102 cases
FFY 2021	72 %	32 of 43 cases
FFY 2022	78 %	67 of 86 cases

source: PICR Case Review Instrument (updated 10.15.21) in Home or Out of Home Item 8E: Were the foster or kinship caregivers of the target child informed of and invited to FCRB and court hearings that were held during the period under review. Calendar Years (CY) 2020, 2021 and 2022. CY 2021 has a low sample size as the Practice Improvement Unit was on special assignment for a majority of the calendar year. This item is applicable to all cases.

The PICR results are an important source to identify areas of relative strength and need in Arizona's child welfare outcomes and generate qualitative information on factors contributing to practice strengths and needs. This information helps the Department to target areas for further analysis and improvement. The number of cases reviewed is not sufficient to generalize the data to the entire population of children or parents served, and percentages of cases rated strength can fluctuate substantially from year to year due to small sample sizes, sampling error, changes to policy and procedure, and changes to rating standards. In addition, each PICR item includes several practice standards and evaluates whether all practice standards were met, for all areas, for all applicable case participants, and during the entire period under review. Cases needing improvement will have met some or most of the practice standards and cannot be interpreted as entirely failing to meet the child's or family's need. Given these limitations, percentages cannot be interpreted

as indicative of actual performance or trends over time with statistical confidence.

In July 2023, a telephonic survey was conducted with 73 unlicensed caregivers. The Kinship survey was developed to capture voices of the kinship caregiver being currently being served by the Kinship Support Specialists as part of regular required contact. The kinship survey was administered as part of the onboarding process for kinship support. The kinship caregivers were in varied stages of caregiving including initial placement, six months, permanency and post permanency. The kinship caregivers were from all the regions of Arizona (Northeast, Northwest, South, Maricopa East and Maricopa West).

Respondents were asked the following questions:
Question 1: How were you informed of court hearings?
Question 2: Do you attend court hearings?
Question 3: Are you given the opportunity to share your concerns and/or recommendations with the court/judge regarding the child(ren) in your care either verbally or in writing?

Q1: Notification

- 62% (45 of 73) respondents reported being notified of court hearings by either the DCS Specialist or Program Supervisor,
- 33 % (24 of 73) respondents reported being notified of court hearings by others (attorneys or a and parents.
- 5% (4 of 73) respondents reported not being aware, notified or informed of hearings

Q2: Court Hearing Attendance

- 78% (57 of 73) of respondents reported attending hearings
- 18% (13 of 73) of respondents reported not attending hearings
- 4% (3 of 73) of respondents reported not being aware they could attend hearings

Q3: Opportunity to be Heard

- 53% (39 of 73) of respondents reported being given the opportunity to be heard
- 32% (23 of 73) of respondents felt they were not given the opportunity to be heard
- 15% (11 of 73) of respondents did not know if they were given the opportunity to be heard

Unit Chiefs and the Division Chief of the Office of the Attorney General, (Department's legal counsel) who were interviewed confirmed in their experience, caregivers are given the opportunity to be heard in court. An Assistant Attorney General is present at all legal proceedings involving the Department. Most judges typically ask attendees present during the hearings if there is any information to provide. Of those caregivers who are present during hearings (either in person or telephonically), some choose to provide information, however many do not and are present to observe.

Additionally, in August 2023 a survey was distributed statewide by email to 4,885 licensed foster parents, unlicensed caregivers and congregate care providers representing 13 of 15 counties. 364 respondents provided responses, however not all respondents provided responses to every question. Responses were received from 226 foster parents, 73 unlicensed caregivers and 4 congregate care providers.

Question 1: Did you receive notice of the last court proceeding for the children in your care?
Question 2: Were you able to exercise your right to be heard

Q1: Notification

- 56% (197 of 354 responses) reported receiving notices

- 44% (157 of 354 responses) reported not receiving notices

Q2: Opportunity to be heard

- 58% (197 of 340 responses) reported being given the opportunity to be heard
- 42% (143 of 340 responses) reported not being given the opportunity to be heard

Stakeholder Engagement/Type

In accordance with the Department's stakeholder engagement plan approved by the Children's Bureau, engagement occurred with the following stakeholders to inform the assessment of this systemic factor:

Parents: focus groups
Attorneys: interviews and survey
Judges: survey
Relative caregivers: telephonic survey
Foster, adoptive, relative caregivers and congregate care providers: survey

Data Sources

Survey results
Practice Improvement Case Record Targeted Review
Administrative Offices of the Court
Guardian ad hoc report

C. Quality Assurance System

Item 25: Quality Assurance System

For this item, provide evidence that answers this question:

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address each of the five components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the QA/CQI process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor III: Quality Assurance System

Outcome measurements to determine substantial conformity:

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it:

- is operating in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided
- has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety)
- identifies strengths and needs of the service delivery system
- provides relevant reports
- evaluates implemented program improvement measures

Substantial conformity requires Item 25: Quality Assurance System systemic factor be rated as a strength.

Department Policy and Procedures

The Department of Child Safety's quality assurance (QA) and continuous quality improvement (CQI) system received an overall rating of strength during the Arizona 2015 CFSR Round 3.

Based on interviews and information gathered and described below, Item 25 Quality Assurance System is rated as a *strength*.

Between January and September 2023, interviews were conducted with the Practice Improvement Administrator, Program Administrator for Legal Services, Senior Program Development Specialist, Assistant Director of the Office of Accountability, and members of Consultation and Research to gather the information below.

The Department's case review system meets the five required quality assurance elements and is functioning as intended statewide. The Department developed and maintains robust Continuous Quality Improvement (CQI) and Quality Assurance (QA) systems. These systems and processes utilize real time data to assess policy and procedures to identify opportunities for improvement.

Consultation and Research, Office of Accountability, and the Office of Continuous Improvement gather and analyze data on practice processes, quality and outcomes to inform strategic planning, program development, and practice improvement. The Department applies the Department's Management System tools and the sciences of implementation and change management to program development and problem-solving.

- *Practice Improvement:* The Practice Improvement (PI) Unit includes ten staff who conduct the case review portion of the federal Child and Family Services Review and review investigation, Hotline processes, and in-home service and out-of-home cases. These activities assess case management practice fidelity, service quality, process effectiveness, and achievement of safety, permanency, and child well-being outcomes.
    - *Practice Improvement Case Review (PICR*): The PICR identifies strengths, areas needing improvement, and contributing issues in Arizona's child protection system. PI staff review a random sample of initial assessment, in-home service, and out-of-home cases from every field unit, statewide, to measure the rate of outcome achievement and gauge current practice related to safety, permanency, and child well-being.
    - *Targeted Review*: Upon request of Department management, the PI Unit conducts targeted reviews of a specific practice area to more fully understand the identified practice.
- *Consultation and Research*: The Department's Consultation and Research team explores, develops, installs, implements, and evaluates internal and contracted programs to support program fidelity and monitor program impact. Programs and practice models implemented or supported by Consultation and Research include Team Decision Making, Fostering Sustainable Connections, Family Connections, Nurturing Parenting Program, Arizona Families F.I.R.S.T., Clinical Supervision, the Supervision Coach Program, and the SAFE AZ model. The Consultation and Research team also supports practice quality by providing expert consultation on safety assessment, clinical case management, and permanency planning.
- *Data Analytics*: The Consultation and Research team generates, analyzes, and disseminates administrative and qualitative data to evaluate service and program quality and outcomes, support problem-solving and inform strategic planning. The team provides data to Department leadership and child welfare partners such as tribal social services, child advocacy organizations, contracted provider agencies, juvenile court judges and administrators.
- *Youth Service Program Design and Quality*: The Permanency and Youth Services Unit administers the Young Adult Program, ensuring permanency and successful transition to adulthood for youth in out-

of-home care age fourteen and older and the extended foster care services for young adults age eighteen through twenty-one. The Permanency and Youth Services Unit oversees quality assurance, continuous improvement, and innovation within these programs and supports the Department's Youth Empowerment Council to bring the voice of youth to program and service design, policy development, and strategic planning.

- *Supervision Coach Program*: The Supervision Coach Program builds leaders' proficiency in vision-driven highest-quality practice that is delivered with compassion, respect, teamwork, and fidelity by communicating and modeling Department values, principles, culture, and practice expertise. The Supervision Coach Program develops proficiency in safety assessment, clinical case management, clinical supervision, administrative supervision, coaching in child welfare, and creating a culture of safety and learning.

Operating in jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided

The Department's QA and CQI system is centrally administered and operating in all jurisdictions of the state. Many of the Department's CQI functions are administered by the Practice Improvement Unit, whose staff generate, analyze, and distribute statewide case review data on service quality and outcome achievement. These staff are located statewide across four of the Department's five regions.

The Practice Improvement Unit reviews a random sample of Hotline communications, investigations, in-home service cases, and out-of-home cases from each region throughout the year to measure the rate of outcome achievement and assess current practice related to the Department's safety, permanency, and well-being standards. The statewide review includes all regions[14] within the Department. Review of investigation cases focuses on the practice of thorough safety assessments and safety planning. Review of in-home and out-of-home cases includes all measures within the CFSR on-site review instrument, focuses on Department goals that cannot be measured through the Department's CCWIS or other administrative or quantitative data, and areas requiring improvement for which qualitative information is needed. Using the PICR process, the Department:

- identifies practices and systemic factors that enable or hinder positive safety, permanency, and well-being outcomes for children and families
- provides management, committees, and workgroups with information to identify and initiate improvement activities
- provides an opportunity for direct service and management staff to learn from peers; and
- identifies training needs for direct service and management staff

Table 2: Case Review Data provides the number of investigations, in-home, out-of-home and hotline communications reviews for calendar years 2020-2022. This excludes targeted areas of practice reviews.

Table 2: Case Review Data

Calendar Year	Investigations	In-Home	Out-of-Home	Hotline
2020	90	21	123	382
2021	17	21	50	96
2022	87	20	114	294

source: Practice Improvement Case Review Administrator count

The DCS Management System is also operating statewide. This system includes analysis and dissemination of

[14] There are five regions that include all fifteen counties

data using scorecards, huddle boards, to determine the current status of outcome measures. Field Operations data monitored on a regular basis includes number of open reports, information gathering and quality documentation, out-of-home population size, use of congregate care, child placement changes, reunification timeliness and caseload size. Agency-wide and strategy deployment data is also monitored, including data related to implementation of improvement processes. Regional and executive leadership also analyze data through administrative data reports relevant to the Department's safety, permanency, and well-being goals.

The DCS Consultation and Research team conducts data analysis related to Child and Family Services Review (CFSR) outcomes and issues identified by the Department's executive leadership. Each region employs one or more Management Analyst who gather, correct, and disseminate data. Program Specialists are responsible for updating visual management data for section level huddle meetings, review data reports such as Adoption and Foster Care Analysis and Reporting System (AFCARS) and other administrative data reports to review, disseminate and ensure data correction.

Administrative process and outcome data are continuously collected and analyzed at all levels. Examples of statewide outcome data is available on the Department's public website. Dashboards on procedures such as timely initial response to reports of abuse or neglect, monthly contacts with children and parents, and case planning are all included in the Department's internal data dashboards accessible to administrators and supervisors statewide. Generally, dashboards can be viewed at the state, region[15], unit[16] or specialist level.

Adherence to standards set forth by statute, rule, policy and procedure is monitored through quality assurance processes such as:

- Quality assurance review of all screened out hotline communications about child maltreatment not categorized as a report for investigation, processes and criminal conduct decisions.
- The Protective Services Review Team reviews all findings proposed for substantiation for abuse and/or neglect at the completion of an investigation. The PSRT conducts a quality assurance review of the proposed substantiated findings to ensure the incident fits the statutory definition of abuse or neglect, and ensures the related documentation needed to support the finding has been gathered and is contained within the file. The PSRT also reviews all proposed substantiated pending dependency adjudication findings where parents and legal guardians are provided notice and due process through the juvenile court process.
- Periodic reviews and permanency hearings that allow juvenile court judges and commissioners to review all aspects of the case plan and progress related to safety and permanency to ensure reasonable efforts are being made to remediate issues preventing the child from living in the home or achieving permanency
- Foster Care Review Board reviews conducted within six months of out-of-home placement and every six months thereafter to determine whether reasonable efforts have been made and recommend actions that need to occur to achieve permanency
- Supervisory case reviews conducted at defined decision points to monitor compliance with policy, ensure accurate data entry and improve decisions and performance
- Analysis and review of section and regional data and other statewide applicable data, such as AFCARS
- Measurement of the implementation of key practices and achievement of related outcomes through administrative data reports, scorecards, and case reviews conducted by the Office of Accountability
- Quality assurance reviews of foster home and child care facility licensing processes described in items

[15] There are five regions comprised of various counties. Within these regions are sections comprised of 6-7 units supervised by a program manager

[16] A unit is comprised of 6 to 7 specialists and supervised by a program supervisor

33 and 34 of the Statewide Assessment

Has standards to evaluate the quality of services

Federal law, state law, and DCS policy define practice and service standards from intake to permanency. The Department's program policy outlines the operational expectations of the child welfare services provided. Department process and outcome measures are based on federal requirements and state policy. Microsoft Power BI houses outcome data that measure requirements established in state statute (e.g. timely entry of investigative findings).

The Practice Improvement Case Reviews (PICR) are conducted using standardized instruments with detailed instructions based on the standards described in statute and policy. Reviews of initial assessments evaluate the collection of information for risk and safety assessments, the analysis of risk and child safety, sufficiency of safety planning to control safety threats, and the accuracy of other decisions such as service provision and case closure. In-home and out-of-home cases evaluate safety. permanency, and well-being outcomes. During SFY 2023, the Department revised the out-of-home PICR tool to include all questions from the On-site Review Instrument (OSRI) to allow Arizona to continually measure all safety, permanency, and well-being items contained in the OSRI between CFSR rounds. The Department also uses the PICR instrument to monitor several measures not included in the OSRI.

Identifies strengths and needs of the services delivery system

Strengths and needs of the Department's service delivery system are identified through practice improvement case review (PICR) results; examination of administrative, process, and outcome data; service program fidelity reviews, and other methods.

- PICR results are aggregated to identify strengths and areas needing improvements at a state and regional level.
- Administrative data accessible on the Microsoft Power BI platform provides performance variance across time and regions to identify strengths and needs. Data is shared and discussed with internal and external child welfare partners to identify root causes and priorities for improvement. The Department's Data Community meetings are held six times a year to review Departmental and partner agencies data, such as the court system, advocacy organizations, provider community and other child serving partners. This allows the Department an opportunity to inform stakeholders about available data, how to better understand the data and its limitations, as well as compare and discuss data shared by stakeholders. The meetings also provide stakeholders the opportunity to provide input about what child welfare data is relevant and important to them, better understand how data is collected, defined and produced, and discuss opportunities to generate data that will inform better practices, policies, programs and joint efforts to meet common goals.
- The Fidelity and Compliance Services Unit conducts fidelity and outcome monitoring of contracted service programs to guide quality improvement. The Department supports and monitors contracted service providers through a standardized site processes to assess performance. Provider meetings utilize data as a primary tool to help drive outcomes and ensure fidelity of services to the practice models. Through Active Contract Management, in which periodic meetings occur to provide data and identify strategies to improve program fidelity and outcomes, the Department continues to improve relationships with providers, reduce the number of vendor performance issues, and improve service quality.
- The quality of services provided by the Department is further reviewed through external audits conducted by the federal Department of Health and Human Services and Arizona's Office of the Auditor General. The Department monitors the results of these audits and ensures corrective actions are implemented to improve services when a need is identified.

- The Department's Management System tools and processes are applied to identify strengths and needs within services, programs, and systems. The Department sustains improvements using tiered accountability and visual management tools, including data in various formats such as charts, scorecards, huddle boards, A2s (a problem-solving tool), and identification of counter measures. The Department assesses performance through regular reviews of visual management. When an issue or problem arises, countermeasures are identified.
- The Department uses standard processes and procedures to promote accountability and continuous improvement. Processes are changed or created and evaluated by subject matter experts with defined objectives. Standardized processes promote objective assessments of adherence, with embedded quality assurance or controls increases consistency of performance and allows evaluation of effectiveness and outcomes.

Strengths and needs in the service delivery system are also identified through various continuous improvement projects. The Department has recently utilized data to identify improvements to the following:

Service Array Redesign: The Department recognized the need to create services that are individualized, relevant, engaging, coordinated, consistent, effective, and aligned with the Families First Prevention Services Act (FFPSA). After many years of research and development, Family Connections (FC) and Nurturing Parent Program (NPP) became available to families in July 2021 replacing the family preservation, family support and family reunification services. The goals for the service design are to:

- decrease recurrence of maltreatment and repeat reports
- decrease the number of children entering out-of-home care
- decrease racial disparity in foster care
- increase the percentage of children who exit foster care to reunification

Team Decision Making: The Department is working with Evident Change and Action for Child Protection to assess and update TDM program delivery, improve application of the SAFE AZ safety practice model within TDM meetings, and establish TDM meetings as a consistently meaningful method to collaborate with families and community to achieve child safety in the least intrusive way. The implementation team has revised TDM policy and procedures and begun identifying observable behaviors and skills that define a collaborative approach with families.

Clinical Supervision Innovation: The Department evaluated how Clinical Supervision is occurring through direct observation and staff surveys and based on these results is revising the Supervision Discussion Guides and policy.

Provides relevant reports

The Department uses Microsoft Power Business Intelligence (PBI) to visualize data. PBI allows for operational leaders and employees to evaluate if processes are providing the expected performance and identify opportunities to improve. The Department utilizes data dashboards to track performance on several key indicators, including but not limited to timeliness of initial response to reports, timeliness of investigation finding data entry, the number of open and closed investigations, in-person contacts with children, parents and out-of-home care providers, child removals and exits, time to reunification and time to adoption as the Department continues to develop Guardian reporting requirements. In order to maintain the improvements, the Department continuously reviews data and practice using scorecards and visual process adherence tools that are a component of the DCS Management System. Huddle meetings take place at section levels to improve efficiency and outcomes for Department employees. Discussions regarding performance metrics, countermeasures, and problem solving are topics of discussion when weekly huddle meetings take place.

Reports to inform QA and CQI processes are published and distributed internally and externally including:

- Quarterly statewide PICR results are aggregated and distributed following verification. PICR results are also distributed to local field units and sections each month during feedback meetings facilitated by Practice Improvement Unit specialists. Statewide PICR data is presented and discussed during the quarterly Multidisciplinary Team Aggregate Review and Consideration Development meetings, which are attended by Department leads, Region Program Administrators, the Deputy Director of Field Operations, and the Cabinet Executive Officer (CEO).
- Data dashboard reports which are updated on a regular cadence, are available to statewide administrative and supervisory staff statewide.
- Description data and safety and permanency outcome data reports are available to internal staff and external partners on the Department's public website.
- Documents that include data are available to internal staff and external partners on the Department's public website. Documents on this site include the Child and Family Services Plan (CFSP), the Child and Family Services Annual Progress and Services Reports (APSR), the Semi-annual Child Welfare Reporting Requirements reports, annual Housing Assistance Program reports, annual Kinship Foster Care reports, annual Arizona Citizen Review Panel reports, and other programmatic reports and progress updates.
- CFSR data profiles are generated from the state's AFCARS and the National Child Abuse and Neglect Data System (NCANDS) data files. Data reported from CFSR Data Profiles describes the State's Risk-Standardized Performance. The Children's Bureau implemented risk-standardized performance data to control for differences in outcomes due to factors such as the number of children served and age distribution of these children, in order to provide a fairer comparison of state performance against the national performance.
- The Semi-Annual Child Welfare Report consists of data tables that track frequently used metrics at a county level including number and types of investigations, out-of-home care population, placements of children in out-of-home care, and children exiting from care. Data is primarily extracted from Guardian
- The Monthly Operational Outcomes Report (MOOR) consists of data tables that track frequently used operations, workforce, and financial metrics. The Monthly Operational and Outcome Report includes key metrics for monitoring agency process improvement, including metrics from the program areas of intake, investigations, out-of-home care, permanency, prevention, and support services. During the roll-out of Guardian, DCS Specialists were adjusting to a new system and new process for entering information. Additionally, any bugs that were recognized after the system went live had to be resolved. As this occurred, measures whose validity lacked confidence were not reported and/or footnoted as needing updates in future iterations. Department leadership uses field staff input, administrative data, PICR results, and external evaluations to inform improvement goals and strategies, and adjust these goals and strategies based on the data gathered and analyzed. Department leadership may form a team to identify root causes and improvement strategies and monitor the completion and effects of those strategies. When applicable, external stakeholders are included or consulted during the information gathering and analysis phases. Stakeholders might include youth, parents, caregivers, tribal social service organizations, juvenile court judges or administrators, contracted provider agencies, other State agencies, and local community leaders

Evaluates implemented program improvement measures

The Department's success of implemented program improvement measures is assessed through the Child and Family Services Plan, the Child and Family Services Review, administrative data analysis, continual review of practice through the Practice Improvement Case Reviews, program-specific quality assurance processes, and program impact evaluations. For example, the Department has embarked on the Next Event Study, a project with Mathematica, a data analytics organization, to examine associations between the kinds of reports received

by the Department's Child Abuse Hotline and the likelihood that a protective action is needed to help shape policy. The purpose is to determine with confidence the types of reports that do not require a protective response causing unnecessary involvement with families, and to identify differences in the experiences of people from various communities.

In addition, the Department has spent the last year working with Evident Change, the proprietors of the Team Decision Making™ (TDM) approach, by reviewing fidelity to the TDM meeting model and alignment with the Department's SAFE AZ safety model. During this year, community members, parents, and young people with lived TDM experience were invited to work with the Department to improve practice.

Round 3 of the Child and Family Services Review resulted in a Program Improvement Plan (PIP). As of May 2019, the Department met all required data improvement goals related to the Round 3 CFSR PIP. The Children's Bureau confirmed all required data targets and key activities of the PIP were completed and has released the Department of all potential financial penalties associated with the Round 3 CFSR.

Administrative and case review data is utilized to evaluate progress in rapid CQI cycles within projects. Bowling charts are created by unit and section to monitor practice metrics and identify areas where further evaluation is needed, improvement is observed or metric stability is observed through analysis of target and actual data. By monitoring various metrics such as vacancies, caseloads, reports, re-entry, placements, exits, visitation, case planning and clinical staffings, countermeasures can be identified to reduce or eliminate barriers to achieving targets. These metrics are reviewed and discussed at unit, section, regional and statewide meetings.

The Department continues to identify opportunities for improving outcomes for families and youth. Collaboration includes continuous work with various workgroups including Learning and Development, Communication and Culture, (foster participation and inclusion of family, cultural, and community supports) Safe AZ Integration and Sustainability.

Stakeholder Engagement/Type

In accordance with the Stakeholder Engagement Plan the stakeholder/type is identified below. Please see narrative for detailed description.

Practice Improvement Administrator: interview
Program Administrator for Legal Services: interview
Senior Program Development Specialist: interview
Assistant Director, Office of Accountability: interview
Consultation and Research: interview

Data Sources

Practice Improvement Case Records

Staff and Provider Training

Item 26: Initial Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with initial training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor IV: Staff and Provider Training

Outcome measurements to determine substantial conformity:

Item 26: Initial Staff Training: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

- Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and
- The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties

Substantial conformity requires that at least two of the three items for this systemic factor be rated as a strength.

Between January 2023 and September 2023, interviews were conducted Learning and Development Training staff and Foster Care and Post Permanency staff to inform Items 26, 27 and 28.

Analysis

Based on interviews and review of training policies, curriculum and data, Item 26 Initial Staff training is rated as a *strength* as it is functioning statewide to ensure initial training is provided to all staff who deliver services pursuant to the CFSP as described below.

The staff and provider training systems are functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP and includes the basic skills and knowledge required for their positions. Learning and Development (L & D), the Department's Training Unit, offers a comprehensive child welfare training program. The courses are based on current policy and procedure. The established curriculum of classroom training and field training activities provides DCS Specialists with the required basic skills and knowledge.

The Department utilizes a centrally managed curriculum to ensure the consistency of content and training delivery. Procedures have been created to facilitate the process of curriculum revision while maintaining the integrity of the training materials. It is essential that all Training Officers only train using approved curriculum. In order to effectively manage curriculum materials (facilitator guides, participant workbooks, PowerPoint presentations, handouts, etc.), Instructional Systems Designers audit every segment of training on an annual basis and update when necessary. When there are significant changes in policy, practice and law, the materials are immediately updated. All revisions are approved by the Curriculum Manager to ensure the curriculum remains current and accurate. When revisions are significant, the curriculum is reviewed by executive sponsors, L & D Training Administrator, and subject matter and policy experts. All training curriculum is delivered by a Certified Instructor.

Specialist Pre-service Training:

In 2017, the Department updated Pre-service training for new specialist trainees, referred to as the *Specialist Trainee Learning Track*, incorporating adult learning principals. New trainees begin employment with the Department every two weeks and are in a trainee position for 22 weeks. The learning track must be successfully completed before the trainee is promoted to a full-time case carrying specialist at 22 weeks. The Specialist Trainee Learning Track consists of five parts:

- 26 full days of instructor led in person Classroom Core Training
- 4 Quizzes
- 3 Field Activity Guides
- Multiple Computer Based Trainings
- 1 Final Test

The trainee's program supervisor verifies all requirements are successfully completed utilizing *the New Specialist Learning Track Face Sheet* and the document is retained in their records.

Classroom Core Training

Core training is provided on an ongoing basis throughout the year as new employees are hired or reassigned. *Specialist Trainee Classroom Core* begins on the Specialist's second day of employment. *Specialist Trainee Classroom Core Sequence* consists of three training modules: Foundations, SAFE AZ, and Permanency and Well-being. All classroom course content trains specifically to the learning objectives and includes theory,

best practice, case examples, and opportunities to practice while in the classroom. Each segment of training has a course description and learning objectives.

- The *Foundations Module* is four full days of training. Segments within the Foundations Module include Secondary Trauma, Self-Care, Cultural Competence, Predictive Index, Impact of Trauma on Child Development, Recognizing Child Maltreatment, Domestic Violence, Staff Safety and Safe Signal.
- The *SAFE AZ Module* is thirteen full days of training. Segments within the SAFE AZ Module include Communication and Engagement, Department of Public Safety Background Checks, Pre-commencement, Interviewing and Information Gathering, Mock Interviews, Basic Forensic Interviewing, Present Danger, Building the Assessment , Documentation of the Present Danger Decision and Plan, Family Functioning Assessment, Protective Capacities, Impending Danger, Safety Analysis and Planning, Conditions for Return, Guardian Documenting the Family Functioning Assessment, Team Decision Making, Removal, Placement, Legal Dependency, Court Reports, Guardian training woven throughout the Module, and a Lab to practice using Guardian.
- The *Permanency and Well Being Module* is nine full days of training. Segments within the Permanency and Well Being Module include Family Functioning Assessment for Ongoing, Permanency and Well Being, Legal Permanency, Legal Procedures, Service Requests, Finding Family and Substantial Connections, Case Planning and Behavioral Change, Case Plan Staffing, Mock Case Plan Staffing, Family Contact and Parenting Time, updating the Family Functioning Assessment, Progress Updates, Normalcy, Partnering with Foster Parents, Legal Testifying, CPR, Aftercare Planning, Case Closure, Ombudsman, Safety Analysis Review Team, Case Transfer, Guardian training woven through the Module, and a Lab to practice using Guardian.

Trainees are asked to complete Reaction Surveys evaluating their training experience at the end of each week of Classroom Training. The following questions are asked and are rated on the respondent's agreement on a 4-point Likert Scale:

- *Question 1: I feel training was a good use of my time*
- *Question 2: The training provided a variety of interactions, visuals, and examples that helped me learn.*
- *Question 3: I was given enough time to practice and apply the concepts I learned through activities*
- *Question 4: The trainer provided valuable answers and guidance during the activities, and when answering questions specific to the topic being trained*
- *Question 5: The instructor created and maintained a professional classroom environment which was beneficial to my learning experience*

The reaction surveys are in the process of being redesigned. When the surveys were initially administered, a sixth question "I feel confident what I learned in class will be useful on the job" was included. Trainees do not evaluate this question as it was determined the level of responses are not a realistic response considering trainees do not yet know what is and is not useful in training until they perform the duties of a Specialist for a while. The Reaction Survey also allows trainees to respond with free form text. The Learning & Development Classroom Supervisor reviews the results of the Reaction Survey on a weekly basis.

Quizzes

Specialist trainees are administered four quizzes throughout Classroom Core Training:

- Foundations
- SAFE AZ (Department's safety model)
- Removal and Placement
- Permanency and Well Being

The quizzes are designed to evaluate a trainee's knowledge retention. All quiz questions are based on the learning objectives and course content. To pass the quizzes, trainees must score an 80% or higher.

When a trainee does not pass the quiz on their first attempt, they are provided an opportunity to retake the quiz. If they do not pass the quiz a second time, their supervisor is notified. A support agreement is developed. The support agreement is a plan outlining steps to clear up or fill any learning gaps. Upon completion of the support agreement, trainees are permitted a third attempt to obtain a passing score. If the trainee fails to pass a third time, the trainee's regional program administrator and program manager are notified along with Human Resources to discuss next steps. While most trainees pass the quizzes with an 80% or higher, there is portion of trainees who take the quiz and pass on their second attempt. A very small number of trainees do not pass on the third attempt.

Field Activity Guides

Specialist Trainees complete three *Field Activity Guides* throughout the course of preservice training. The Field Activity Guides provide trainees guided and structured on the job shadowing with their supervisor and/or a seasoned specialist. This critical learning opportunity supports the immediate transfer of learning from the classroom to on the job through observing and experiencing the concepts taught in the classroom.

The first Field Activity Guide is completed during a one-week field break week in between the Foundations Classroom Core training module and the SAFE AZ Training Module, the second is completed during a one-week field break week between the SAFE AZ and Permanency and Well Being training modules, and the third is completed immediately after the Permanency and Well Being module. The Field Activity guides require program supervisors complete the signature page acknowledging the trainee specialist has experienced all areas of the guides tasks and tasks were discussed. Upon return to Classroom Core training, the trainee brings the completed guide and their field experience is explored during the group debriefing.

Information provided from the Reaction Surveys indicates some Trainee Specialists are not provided an experienced specialist to shadow during the field break weeks. Some Trainees find it challenging to ask questions while on the job, and feel they are disturbing their peers or supervisors while asking questions during the shadowing experience.

One of the Department's Fiscal Year 2024 Strategic Plan objectives includes *strengthen and expand learning and mentoring opportunities for DCS employees and expand internal opportunities for career development*. One initiative to accomplish this objective is to transform "Core" training to support transfer of learning from classroom to the practical application of skills.

Computer Based Trainings

Specialist trainees complete 22 Computer Based Trainings (CBTs). Specific CBT's are prescribed in each of the three Field Activity Guides.

By the end of the Specialist Trainees 10th week of hire, they should have completed Classroom Core Training, four quizzes, three field activity guides and 22 Computer Based Trainings. At this point, the specialist trainee assignment plan begins, which outlines the suggested case assignment plan.

Final Test

A comprehensive final test covering all learning objectives of the specialist trainee learning track is assigned at week 20. To pass the final test, trainees must score 80% or higher. The final test is open book allowing trainees to utilize training materials and notes taken during Core Classroom training, field activity guides, training policy manual and any other materials gathered. The final test evaluates comprehension of the knowledge learned through the learning track as well as their ability to seek and find correct ways to answer

test questions utilizing resources. As with other tests described above, the same pass/fail process applies to the final test. *Table 1 Specialist Trainee Cohorts* provides information on training completion.

Performance Data Highlights

The Department's initial staff training received an overall rating of strength during the Arizona 2015 CFSR Round 3. The Department continues to meet the requirement to provide initial staff training that includes the basic skills and knowledge required for the specialist position. The following data provides evidence that of newly hired DCS Specialists, 92% to 93% complete training or left the DCS Specialist position before the target completion date. In addition, pre- and post-test responses provide evidence that the training is effective in raising participants knowledge relevant to their role. The specialists who did not complete training have most often not completed a field activity guide, completed a computer-based training, or taken the final test.

Table 1 Specialist Training Cohorts

Cohort Year	Attendees	Completed within required 22 weeks	Did not complete	Within 22 weeks, left the Department or took another position
2020	531	166	39	326
2021	649	192	51	406
2021	694	253	78	363

source: TraCorp[17] training records

Table 2 Specialist Trainee Core Pre/Post Test Responses

Data Period	Average Score Pre-Test	Average Score Post Test
CY 2020	59% (35 of 60 questions) N=513 respondents	90% (54 of 60 questions answered) N=508 respondents
CY 2021	58% (34 of 60 questions) N=688	86% (51 of 60 questions) N=571
CY 2022	58% (34 of 60 questions) N=768	86% (51 of 60 questions) N=606

source: survey results: 2020, 2021 and 2022 Pre-test most scored between 41-70% Post-Test most scored between 81 and 100%

Stakeholder Engagement/Type

In accordance with the Department's stakeholder engagement plan approved by the Children's Bureau, engagement occurred with the following stakeholders to inform the assessment of this systemic factor:

Licensed foster care, relative, non-relative caregivers and congregate care providers: survey
Licensing Agencies: survey
Congregate Care Providers: survey
Learning and Development Training Administrator: interview
Learning and Development Planning and Logistics Manager: interview
Assistant Director of Foster Care and Post Permanency Supports: interview
Quick Connect Project Coordinator: interview

Data Sources

Surveys
Tracorp
Quick Connect

[17] TraCorp is the Department's Learning Management System (LMS). Department employees and partners utilize TraCorp to view training options, register and complete training sessions, and review their own or their direct reports' training records

Item 27: Ongoing Staff Training

For this item, provide evidence that answers this question:

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties.

"Staff," for purposes of assessing this item, includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

"Staff," for purposes of assessing this item, also includes direct supervisors of all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required staff as described above.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to participants' experience with ongoing staff training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor IV: Staff and Provider Training

Outcome measurements to determine substantial conformity:

Item 27: Ongoing Staff Training: How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge to carry out their duties with regard to the services included in the CFSP

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that:

- Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and
- The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties

Based interviews and review of training policies, curriculum and data, Item 27: Ongoing Staff Training is rated as a *strength* as it is functioning statewide to ensure initial training is provided to all staff who deliver services pursuant to the CFSP as described below.

The Department does not have a requirement for prescribed ongoing training. There is a wide variety of ongoing training available including the Department's Computer Based Training opportunities and through community partners. For example:

Advanced Academy Training

The Department's Advanced Academy (AA) training was established in 2016. This in person instructor led course builds on the knowledge and skills obtained in the Specialist Trainee Learning Track. Attendees include investigators, in-home, ongoing, and the Office of Child Welfare investigators. Program Supervisors are also able to attend AA. All classroom course content trains specifically to the learning objectives and includes theory, best practice, case examples, and opportunities to practice while in the classroom. Adult learning principles were considered in the development of this courseware. All Trainers are Department Instructor Certified or possess equivalent qualifications to train. Each segment of training has a course description and learning objectives.

Advanced Academy is offered 3-4 times in a calendar year and is comprised of four modules completed over the course of approximately 4-5 months.

Module: Child Abuse Injury Reconstruction Techniques; Emerging Trends in Child Sexual Abuse Investigations and Advanced Safety Science. This 2.5-day module includes the following segments: Physical and Neglect Child Abuse Injury Reconstruction Techniques and Current Trends in Child Sex Abuse Investigation.

Module: Working with Families and the Court. This 3-day module includes the following segments: Drug Recognition, Domestic Violence Offenders, Effects of Abuse, Court Behavior- Preparing for Testimony, and DPS Rap Sheet/Family Locate Resources.

Module: Advanced Forensic Interviewing Training CH30028 (required for investigators). This 4-day module includes content on investigations, interviewing of children, techniques to gather facts, Offender Dynamics, Medical Maltreatment, Emotional Survival, and Preparing for Court. This class is for Investigative Specialists only.

Module: Youth Thrive & Behavioral Health Services CH30029 (required for Ongoing and In-home) days. This 2.5-day module includes the following segments: Youth Thrive and Behavioral Health Services

Module: The Reid Technique of Investigative Interviewing and Positive Persuasion. This 3-day module includes content on investigative interviewing and positive persuasion designed for the child abuse investigator, who regularly interviews suspected perpetrators.

The Advanced Academy training is an optional training opportunity for staff who wish to participate.

Participation is as follows:

As of April 17, 2023, 165 DCS Specialists have completed the Advanced Academy training and of those, 31 completed the Advanced Academy training during the SFY 2023.

As of April 17,2023, 197 specialists and OCWI Investigators completed the Advanced Joint Investigations training, and of this 197, 14 completed during the SFY 2023.

As of April 17, 2023, a total of 448 DCS Specialists completed the Family Engagement training and of this 448, 196 completed during the SFY 2023.

Other Ongoing Training

As part of the ongoing staff training, Learning and Development develops and facilitates additional trainings as needed. Training includes:

- *DCS Services Array Training:* Multiple service array trainings for internal Department employees and contracted agencies occurred. The training plan includes courses for the following services: Arizona Families First, Clinically Supervised Parenting Program, Qualified Residential Treatment Program, Nurturing Parenting Program, Family Connections, and Substance Exposed Newborns Safe Environment. The trainings will continue this upcoming fiscal year and include annual refresher courses.
- *Upcoming, New, and Significantly Revised Training:*
    - *Trauma, Empathy and Your Role in Culturally Grounded Practice*: As part of the Department's strategic initiative to address racial disparity, discussion occurred last fiscal year to develop a Diversity and Inclusion Training to deliver during this current fiscal year; however, were unable to achieve creation and delivery of this training. Arizona State University is the contracted provider developing the content to train the workforce through two courses specifically addressing racial disparity by December 2023.
    - *Information Security Awareness* and *Incident Response training:* A course is in development focusing on security awareness that all staff will be required to complete annually.
    - *Safety Science Training*: This training was completely revised in June 2022 to clearly define objectives and provide a better understanding of safety science in its entirety.
    - *Arizona Management System:* Training is now computer based for all Department employees *Team Decision Making training:* Training for DCS Specialists and TDM Facilitators is under renovations by Evident Change to include the updates to policies and practice. This training will be delivered the last quarter of 2023.

In 2015, the Department implemented an automated Learning Management System (LMS), TraCorp, to collect and monitor data on the number of staff who require initial and advanced training, as well as their completion of the training. Participants register and complete training sessions through TraCorp. There is a myriad of trainings available through TraCorp that staff can participate in.

Learning and Development, individual employees and their direct supervisors have access to training records and can view those records to determine what trainings have been completed. Directions on how to access training records are available to both employees and supervisors. Additionally, employees receive autogenerated notifications of courses required based on the expiration of a yearly certificate or a training requirement.

In September 2023, a survey was distributed to 60 random selected trainees who began Specialist Trainee Learning Track in either July, August and September 2022 to ensure they have been in a post 22 weeks of

initial training performing the job of a field specialist for 6 months of more.

17 specialists (28%) provided the following responses:

71% (12 of 17) of specialists either strongly agreed or agreed that what was learned in Core was relevant.

29% (5 of 17) specialists disagreed that what was learned in Core was relevant.

Narrative information suggested the main reason for disagreement was the material should be specific to ongoing, investigations or in-home and not generalized regardless of role.

71% (12 of 17) of specialists either strongly agreed or agreed they felt confident they could use the knowledge and skills gained from training in their roles.

29% (5 of 17) of specialists either disagreed or strongly disagreed the felt confident they could use the knowledge and skills gained from training in their roles.

Narrative information suggested it takes more than six months for the specialists to truly feel confident in their roles.

81% of (13 of 16)[18] specialists either strongly agreed or agreed training provided the basic skills and knowledge to perform their jobs.

19% (3 of 16) specialists disagreed training provided the basic skills and knowledge to perform their jobs.

Ongoing development of Program Supervisors and Program Managers is supported through the Department's Supervision Coach Program. Areas of practice addressed include safety assessment, clinical case management, clinical supervision, administrative supervision, coaching in child welfare, and creating a culture of safety and learning. Program elements include Supervision Coaches and Program Supervisors identifying learning objectives and activities for ongoing professional development; receiving monthly 1:1 coaching sessions, and monthly observation conducting clinical and administrative supervision followed by feedback from the observing Supervision Coach or Program Manager. The Supervision Coach Program develops the proficiency of safety assessment, clinical practice, supervision, and coaching so that leaders view themselves as responsible for personal and staff development and have the skills to support practice fidelity. All Supervisors and Program Managers are assigned a Supervision Coach.

SFY 2021 91% of 1:1 Coaching sessions occurred.
SFY 2022 81% of 1:1 Coaching sessions occurred.
SFY 2023 93% of 1:1 Coaching sessions occurred

This achieves the goal as some cannot occur due to illness and other unavoidable factors.

Stakeholder Engagement/Type

In accordance with the Department's stakeholder engagement plan approved by the Children's Bureau, engagement occurred with the following stakeholders to inform the assessment of this systemic factor:
Licensed foster care, relative, non-relative caregivers and congregate care providers: survey Licensing Agencies: survey
Congregate Care Providers: survey

[18] 1 specialist did not provide a response to this question.

Learning and Development Training Administrator: interview
Learning and Development Planning and Logistics Manager: interview
Assistant Director of Foster Care and Post Permanency Supports: interview
Quick Connect Project Coordinator: interview

Data Sources
Surveys
Tracorp
Quick Connect

Item 28: Foster and Adoptive Parent Training

For this item, provide evidence that answers this question:
How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all of the components of this question, including the two bullets and all required trainees as described above.

What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.

- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to caregivers' experience with foster and adoptive parent training?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor IV: Staff and Provider Training

Outcome measurements to determine substantial conformity:

Item 28: Foster and Adoptive Parenting Training: How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children

Based interviews and review of training policies, curriculum and data, Item 28: Foster and Adoptive Parenting Training is rated as a *strength* as it is functioning statewide to ensure initial training is provided to all staff who

deliver services pursuant to the CFSP as described below. Interviews were conducted with Department staff from Learning and Development, the Office of Licensure and Regulation and survey information from caregivers, licensing agencies and congregate care providers to obtain the information provided in this item.

The Department's foster and adoptive parent training received an overall rating of strength during the Arizona 2015 CFSR Round 3. The Department continues to ensure foster and childcare institution staff complete initial and ongoing training to satisfy licensing requirements.

Foster parent pre-service training is provided statewide through contracted provider agencies through the Blended Learning Pre-Service Training Program offered by Foster Parent College with additional material developed by the Department's training staff. The program consists of five 3-hour meetings and twelve online classes over, for a total of fifteen hours of combined in-person and classroom hours and approximately twenty-four hours of online training content. Training topics include: the Child Welfare Team, Child Abuse and Neglect, Parent-Child Attachment, Understanding Behavior in Foster Children, Child Development, Cultural Issues in Parenting, Working Together with Primary Families, Caring for Children Who Have Been Sexually Abused, Reducing Family Stress, Foster Care to Adoption, Supporting Normalcy for Youth in Care, and Trauma Informed Parenting.

The five 3-hour meetings review the online learning content, introduce new concepts through interactive group activities and provide valuable overarching child welfare systematic overviews and operation information. The topics covered include: The preservice training process, Strategies to Decrease Placement Stress, Cultural Issues in Parenting, Working with Primary/Biological Families, Impact of Fostering on the Caregiving Family, Overview of the Child Welfare System and Foster Care, Overview of DCS, Court System, Comprehensive Health Plan (CHP), Behavioral Health System, and the Education System. Some of the training is provided through online cluster courses and subsequent in person meetings are held.

Therapeutic Foster Care training and Foster Parent College Train the Trainer are delivered in person to provider agencies. Rural areas requiring this training may become virtual in the future. The Department continues to allow alternative delivery methods on a case-by-case basis as determined by the Training Administrator.

In August 2021, the Business Administration Training Unit was combined with Learning and Development, the Department's Statewide Training for primarily Department Field Operations and tracking for all DCS employees. This effort will streamline the foster parent training, therapeutic foster parent training, and group home training and make for a more consistent delivery model across caregivers and specialists for consistency in messaging and an overall better understanding of our systems. As part of this restructuring, L & D led the redevelopment of the Therapeutic Foster Training. The curriculum redesign was completed by Learning and Development and an independent contractor, Crestline through a partnership with Therapeutic Foster Trainers who piloted the new training in May and June of 2022. After piloting the new training, the Department made the decision to assume responsibility for delivering Therapeutic Foster Training. Learning and Development will also deliver preservice foster parent training. The Department is in the beginning stages of developing a Learning Track for Foster Parents and Kinship Caregivers for ongoing trainings requirements to maintain licensure. The goal is for the training to reflect the population and the parameters identified on foster parents' licenses. The Department is also evaluating Foster Parent College Training to determine the most applicable modules for Kinship Caregivers who pursue licensure in the hopes of reducing the number of modules for kinship families and shorten their meantime to licensure. Foster Parent College Training is currently provided by contracted agencies. The Department will be assuming the in-person portion of this training in February 2024.

Prospective adoptive parents can participate in the pre-service training program if they request or are asked to do so during the certification process. Many adoptive parents are licensed foster parents prior to adopting a child, and therefore received the training during the foster parent licensing process. All prospective non-relative adoptive parents participate in an assessment and home study process and must be certified to adopt by the court. The contracted assessment agency or the court can require the prospective parents to complete training to strengthen their ability to care for a child.

Performance Data Highlights

Table 5 Initial Foster Home and Therapeutic Licenses

Data Period	Initial Family Foster Home Licenses	Renewals
2020	1345	1246
2021	967	880
2022	811	960

source: Quick Connect: The Department has one family foster home license type. A family licensed to provide family foster care can provide regular foster home care, be certified for therapeutic foster care or provide both regular foster and be certified to provide therapeutic foster care. This table include all family foster homes in the aggregate numbers. "regular" refers to non-therapeutic care.

All foster parent applicants (family foster and therapeutic) completed at least the minimum hours of pre-service training before the license was issued. A checklist and quality assurance process are used to confirm the training requirements have been met prior to issuance of a license for all newly licensed foster parent applicants (family foster and therapeutic). The Department did not issue any provisional licenses in 2022.

An annual individualized training plan is created with each foster parent to identify needs and in-service training for the subsequent year. In-service training is primarily provided or arranged by the contracted foster home recruitment, study, and supervision agencies. In-service training may also be received through alternative means such as the internet, conferences, video presentations, or community workshops. Alternative training is approved by the contracted agencies, who must determine it is relevant to the needs of the foster parent or the children that are or will be placed in the home.

All foster parents (family foster and therapeutic) who renewed their licenses completed, at minimum, the required twelve hours of in-service/ongoing training prior to renewal. For a license to renew, the licensing agency must provide information to the Office of Licensing and Regulation (OLR) on the in-service training topics and number of hours credited to the foster home. An administrative review and a substantive review of the information are completed by OLR staff prior to license renewal.

Foster parents with a therapeutic foster home license must complete an additional 24 hours of in-service training every two years, related to the special needs of the children for whom they are providing care. All foster parents in these homes completed, at minimum, the additional in-service/ongoing training.

Experienced therapeutic foster parents will soon participate in three one and a half hour online courses introducing Psychotic Conditions, Medically Complex, and Cognitive Delays. The training is intended for TFC caregivers to be introduced to these conditions to determine if they have an interest in providing therapeutic foster care.

Child Welfare Facility Staff Training

Child welfare facilities that provide group and shelter care services are licensed annually by the Department's Office of Licensing and Regulation (OLR). There are currently 77 child welfare facilities licensed by OLR. Licensing rules require the agencies to orient and train their own staff. Specifically, licensing rules state that "A licensee shall have a written plan for orientation and training of all staff. The plan shall include a method

for the licensee to evaluate whether the person has learned the information that was the subject of orientation or training." Additionally, "All staff shall receive initial orientation and training before assignment to solo supervision of children." Licensing agency staff are expected to adhere to administrative rules, and the Department's program and applicable administrative policies.

The licensing rules prescribe the required content for initial training, including topics such as "the licensee's policies and procedures, including those on confidentiality, client and family rights, grievances, emergencies and evacuations, behavior management, preventing and reporting child maltreatment, recordkeeping, medications, infection control, and treatment philosophy," "cardiopulmonary resuscitation," "the initial health screening," "de-escalation and any physical restraint practices used at the facility," "specific child care responsibilities," "expected responses to and side effects of medications commonly prescribed for children," and "the licensee's emergency admissions process." Licensing rules require that full-time support staff shall receive at least 4 hours of annual training and full-time direct care staff shall receive at least 24 hours of annual training. This annual in-service training "shall cover matters related to the person's job responsibilities, and at least the following subjects, as appropriate to the characteristics of the children in care at the facility:

- Child management techniques
- Discipline, crisis intervention, and behavior management techniques
- A review of the licensee's policies
- Health care issues and procedures
- Maintenance of current certification in CPR and first aid
- Attachment and separation issues for children and families
- Sensitivity towards and skills related to cultural and ethnic differences
- Self-awareness, values, and professional ethics
- Children's need for permanency and how the agency works to fulfill this need

During the initial licensing process, the application process requires that the applicant facility provide confirmation of all required items in the personnel file, including orientation training. Typically, there are few staff present at the time of application because the facility is in the process of development. The Department's OLR staff verify the initial training requirements are met for all staff of the applicant facility before the license is issued. Additionally, OLR staff verifies annual training requirements prior to issuing license renewals.

The agency may be required to submit a corrective action plan, be placed on provisional license status, or have the license suspended or revoked if the requirements have not been met. The renewal application process includes an on-site review by OLR staff who examine the facility's personnel files to confirm that staff training requirements as specified in rule and the facility's written policy has been met. A random sample of the personnel files are selected and reviewed. If problems are noted in this sample, or a trend is noted, the provider is made aware and must ensure that all requirements are met and that the files are corrected. At the time of the annual renewal, the random sample is stratified to include the files for employees whose files have never been reviewed, and files for staff who have been employed for more than one year to verify that they are complying with ongoing training requirements. If training is provided by individuals or companies not employed by DCS, the trainer's credentials must be reviewed and approved by OLR staff.

In August 2023, a statewide survey was distributed to 4,885 caregivers including licensed community foster caregivers, adoptive parents, congregate care and unlicensed relative caregivers. 373 caregivers (8%) representing 13 of 15 counties (230 licensed foster caregivers, 73 unlicensed relative or non-relative caregivers and 4 congregate care providers) responded.

The following questions were asked:

Q1: *Generally, did you receive training that provides you with needed knowledge and skills to care for a child?*

Q2: *Do you feel the training you were provided to ensure you had the needed knowledge and skills to care for a child was sufficient?*

Table 6 Foster/Adoptive/Congregate Care Provider Survey Training Needs

Response	Q1 Training Received	Q2 Sufficiency of Training
Yes	78% (254 of 325 responses)	81% (245 of 301 responses)
No	22% (71 of 325 responses)	19% (56 of 301 responses)

Not all respondents provided responses to every question, therefore the number of responses may not equal the total number of respondents. Percentages calculated as the number of responses/total responses. Unlicensed relative/non-relative caregivers are not required to receive any training prior to a child placed in their care. Their responses may have contributed to an inflated "no" response.

- Respondents identified the following as areas for additional training from narrative feedback:
- More training for medically complex children
- More training for children with attachment and other behavioral health issues
- More training for caring for infants and toddlers

There were several comments that training was not needed, was not relevant or was unnecessary as the provider had their own children or were licensed caregivers in other states. Licensed foster caregivers are required to complete training.

Most caregivers (81%) felt the training they did receive was sufficient.

In September 2023, a statewide survey was distributed to 160 licensing agencies representing 12 of 15 counties and 99 congregate care providers representing 10 of 15 counties. 28 licensing agencies (18%) and 14 congregate care (14%) respondents provided information.

The following questions were asked:

Q1A: Licensing Agencies: *Do you provide initial training to community foster care providers or do community foster care providers have access to initial training to address the skills needed to prepare them to provide care for children in their homes?*

Q1B: *Congregate Care Providers: Do you provide your staff or does your staff have access to initial training to address the skills needed to provide care for children placed with you?*

Q2A: *Licensing Agencies: Do you provide annual training to community foster care providers or do community foster care providers have access to annual training to enhance the skills needed to provide care for children in their homes?*

Q2B: *Congregate Care Providers: Do you provide or does your staff have access to annual training to address the skills needed to provide care for children placed with you?*

Table 7 Licensing Agencies Survey Initial and Annual Training

Response	Q1A Initial Training Licensing Agencies	Q2A Annual Training Licensing Agencies	Q1B Initial Training Congregate Care	Q2B Annual Training Congregate Care
Yes	96% (22 of 23 responses)	91% (21 of 23 responses)	93% (13 of 14 responses)	93% (13 of 14 responses)
No	4% (1 of 23 responses)	9% (2 of 23 responses)	7% (1 of 14 responses)	7% (1 of 14 responses

Note all respondents provided responses to every question, therefore the number of responses may not equal the total number of respondents. Percentages calculated as the number of responses/total responses.

The Department has 13 Qualified Residential Treatment Programs (QRTP) Qualified Residential Treatment Programs must be accredited by any of the following independent, not-for-profit organizations: The Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation or any other independent, not-for-profit accrediting organization approved by the Department of Health and Human Services. Accreditation requires a series of trainings and specific programming and assessment criteria to support one or more of the following specialized populations:

- youth who require a structured placement as a result of conduct disorders or aggressive behaviors and cannot be served in a less restrictive environment;
- youth who have experienced significant trauma as a result of physical abuse, sexual abuse, or sex trafficking and require intensive trauma- informed care and reduced staffing ratios to address the trauma;
- youth who exhibit sexually maladaptive behaviors that cannot be addressed in a less restrictive setting;
- youth who identify as LGBTQ+ and will benefit by participation in a program specifically designed to serve their needs.

In addition to the accreditation training requirements, in order to be licensed as a group home and certified as a QRTP by the Department additional training is required prior to the issuance of the certification. The QRTP provider identifies the cohort the facility will accept. Cohorts include:

- *Structured/Aggressive* to assist youth in reducing or eliminating behaviors that prevent successful placement in a family-like setting;
- *Significant Trauma* for youth who require a higher level of structure and supervision, including youth with high-risk behaviors, victims of sexual abuse and/or sex trafficking, youth with substantial medical needs, and youth who are not developmentally delayed but approach such diagnosis;
- *Sexualized Behaviors* for youth who demonstrate sexually maladaptive behaviors that render community placement difficult.

The Department requires annual training and the accrediting board requires training every 3 years at reaccreditation. Similar to group homes requirements, the Department will not issue the initial certification renew the license and certification without verification of the annual training requirements.

Stakeholder Engagement/Type

In accordance with the Department's stakeholder engagement plan approved by the Children's Bureau, engagement occurred with the following stakeholders to inform the assessment of this systemic factor:

Licensed foster care, relative, non-relative caregivers and congregate care providers: survey
Licensing Agencies: survey

Congregate Care Providers: survey
Learning and Development Training Administrator: interview
Learning and Development Planning and Logistics Manager: interview
Assistant Director of Foster Care and Post Permanency Supports: interview
Quick Connect Project Coordinator: interview

Data Sources
Surveys
Tracorp
Quick Connect

D. Service Array and Resource Development

Item 29: Array of Services

For this item, provide evidence that answers this question:
How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all four components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the availability, accessibility, and delivery of services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor V: Service Array and Resource Development

Outcome measurements to determine substantial conformity

Item 29: Array of Services: How well is the service array and resource development system functioning to ensure that the following array of services is available and accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other services needs
- Services that address the needs of families in addition to individual children in order to create a safe home environment
- Services that enable children to remain safely with the parents when reasonable

- Services that help children in foster and adoptive placements achieve permanency

Substantial conformity requires that at least one of the two items for this systemic factor be rated as a strength.

Analysis

The Department's service array was rated an area needing improvement during the Arizona Round 3 2015 Child and Family Services Review because at that time, there were gaps in accessibility of some services and waitlists for others. Since that time, the Department has improved service availability statewide.

Based upon the evidence described below, Item 29 is rated as *strength.*

The Department is statutorily responsible for providing services to families whose children are involved in the child welfare system. Services may be provided directly by Department staff, by contracted providers, or through referrals to other organizations or community agencies. Specialists must offer parents, guardians, and/or custodians who reside in another household the opportunity to be involved with services. To effectively serve all demographics, particularly underprivileged communities, services are available in every Arizona county. The Department provides the following services in all jurisdictions:

- Child safety assessment, risk assessment, case management, and permanency planning
- Nurturing Parenting Program
- Family Connections
- Healthy Families Arizona Program
- Arizona Families in Recovery Succeeding Together (F.I.R.S.T). substance abuse treatment program
- Housing assistance
- Behavioral health services, including counseling and referrals to community behavioral health services
- Family team meetings, such as Team Decision Making and the behavioral health system's Child and Family Teams
- Out of Home placement and placement supervision
- Kinship caregiver identification, assessment, and support
- Young adult services, including skills development, subsidy, young adult transitional insurance, and educational vouchers
    - Successful Transition to Adulthood
    - Transitional Housing
- Comprehensive Health Plan for youth in out-of-home care
- Referral to community and faith-based resources
- Psychological evaluations
- Parenting time services
- Transportation
- Substance Exposed Newborn Safe Environment (SENSE)
- Drug testing
- Subsidized Guardianship
- Adoptive home identification, placement, and supervision
- Adoption Subsidy

Services that assess the strengths and needs of children and families and determine other service needs

Formal and informal assessments are completed by the Department and contracted service providers and may also occur through community providers when that best meets the family's needs. All families are initially

assessed by a DCS Specialist using the Family Functioning Assessment - Investigation of the SAFE AZ model described in the DCS Policy and Procedures Manual. The Specialist gathers information about family functioning in six domains: Extent of Maltreatment, Circumstances Surrounding the Maltreatment, Child Functioning, Adult Functioning, General Parenting Practices, and Disciplinary Practices. Applying the SAFE AZ model's definitions and guidance, the DCS Specialist uses the collected information to determine if the child is safe or unsafe, whether the family requires agency or court oversight, and whether the family needs services through DCS-contracted services or community-based services. If a child is determined to be in impending danger, the Specialist conducts an analysis of whether the child can remain at home with a safety plan to manage dangers and, if not, what would need to change in order for the child to return home (known as Conditions for Return). For all families, the collected information informs decisions about whether additional assessment or services are needed, and which assessment or treatment services will address their individual needs.

Families may be referred to DCS-contracted or community-based services whether or not they will have DCS oversight with an open DCS case. Some DCS direct-service contracts are for formal assessments (for example, psychological evaluations) and all have a formal assessment component.

- *Nurturing Parent Program* (NPP) is a curriculum-based parenting skills, education and coaching program. NPP strengthens nurturing and positive bonds between the child and parent. NPP focuses on the key areas of: appropriate expectations and family roles, empathy, non-violent discipline, and child's power and independence. NPP is provided by contracted agencies and is available in all Arizona counties. The NPP Practitioner conducts an assessment during a meeting with the family, which involves responding to a series of questions in a standardized evidence-based assessment protocol.
    - The Adult-Adolescent Parenting Inventory (AAPI-2.5) is a norm-referenced Likert scale instrument designed to assess the parenting beliefs and practices of adult and adolescent parent and non-parent populations. The responses are compared to a set of established norms that convert raw scores for easy comparison to abusive/non-abusive parenting attitudes and provide a level of risk for child maltreatment to coordinate with the levels of prevention and dosage of lessons.
    - The Parenting Attitudes about Raising Teens Inventory (PARTI) is a norm-referenced Likert scale instrument designed to assess parenting practices and beliefs of raising adolescents aged 12 to 20 years of age. There are two versions (parent and teens) and data generated can be useful in providing an index for the level of conflict and agreement between the parent and teen. The PARTI can be utilized in different ways:
        - assessing both parents and their teens;
        - assessing parents only; and/or
        - assessing expectant teen partners.
    - The Nurturing Skills Competency Scale (NSCS-3.0) a criterion-referenced scale designed to gather information in six constructs that can have a significant role in family dysfunction. This inventory is used to gather information (both past and present) about individuals and their families in order to alert family members/professionals about ongoing conditions that lead to initial occurrence of child maltreatment or the recurrence of child maltreatment.

  The NPP Practitioner develops a Family Nurturing Plan with the family that outlines the service and determines what lessons will be taught. The NPP Practitioner collaborates with the family to develop a strategy to choose the courses that would best serve their requirements.

  Prior to the conclusion of services, the NPP Practitioner will reassess the family to determine if

services should close or continue. The NPP Practitioner will re-administer the appropriate assessment instruments and must assess all progress and behavior changes to identify an overall level of achievement, utilizing Outcome Evaluation Methods. This includes the results of the Adult-Adolescent Parenting Inventory (AAPI-2.5), the Parenting Attitudes About Parenting Teens Inventory (PARTI), Nurturing Skills Competency Scale (NSCS-3.0), Session Evaluation Forms, Family Nurturing Plan, Home Practice Check-Ins and Family Logs.

From July 2021 to Dec. 2021, Nurturing Parenting Program served 758 families (source: Monthly Operational Outcomes Report June 2022). In CY 2022, NPP served 2,327 families (source: Guardian Business Intelligence April 2023).

- *Family Connections* is a parent skill-building program that addresses the parenting role and parent-child relationship. The program is family-centered, trauma-informed, preventive, comprehensive and flexible. FC focuses on strengthening families in the core outcomes of social support, family functioning, family resources, parenting stress, child well-being and parent attitudes and behaviors. In order to establish what outcomes, interventions and services would best meet the family's needs, the provider will work with the family to develop a plan. The Family Connections assessment is an effective intervention to reduce the risk of child maltreatment and/or address underlying conditions that made children unsafe is based on a comprehensive, individualized collaborative assessment of the family. When the FC provider visits with the family, they complete the CA-Self Interview (CASI) and the Comprehensive Family Assessment (CFA).
    - The CASI is a compilation of validated standardized assessment and screening tools that relate to the identified FC Core outcomes. It is used as a mechanism for discussion with the family related to the FC Core outcomes and results are incorporated within the Comprehensive Family Assessment (CFA) Summary. To determine the service plan and identify any needs for further assessment by a qualified and relevant professional, the following self-interview and screening tools are used:
        - Support Functions Scale (SFS)
        - Family Functioning Style Scale (FFSS)
        - Family Resource Scale (FRS)
        - Adult-Adolescent Parenting Inventory (AAPI-2.5)
        - Parenting Attitudes about Raising Teens Inventory (PARTI)
        - Nurturing Skills Competency Scales 3.0 Short Version (NSCS-3.0)
        - Parenting Stress Index – Short Form (PSI-SF)
        - Edinburgh Post-Partum Depression Scale (EPDS)
        - Life Events Checklist (LEC-5)
    - The Comprehensive Family Assessment (CFA) is not a one-time-only event or the result of a structured interview. The CFA process is critical because it drives service planning and the selection of interventions and services. The CFA is both a process and product. The FCC conducts the CFA process following three phases: (1) introductory/engagement meetings; (2) assessment meetings with the family unit and individual family members (to include conducting the CA-Self Interview); and (3) analysis and collaboration between the FCC, families and DCS Specialist (when applicable). Through information collection and analysis, the CFA process uses trauma-informed approaches to assist the family and FCC to collaboratively identify the following:
        - the diminished caregiver protective capacities related to the impending danger threat(s);

- the most important risk and protective factors affecting the family's functioning;
- how protective capacities and protective factors affect the day-to-day care of children;
- ways to build on family's strengths and meet their needs;
- child and family outcomes to empower and strengthen the family to meet the basic needs of the children.

Upon completion of the CFA process, the FCC shall summarize the results and findings within the CFA Summary. The CFA Summary shall include information gathered from the family, family members, and/or non-DCS professionals, and the results of the CA-Self Interview Family Profile.

The assessment of progress is ongoing, and FC requires a formal reassessment, known as the Evaluation of Change (EOC), every ninety days following the FC service plan development. During the EOC, the FCC re-administers the CASI (excluding the EPDS and LEC-5) and gathers additional information from direct observations, verbal reports from family, information from collateral contacts, any psychological tests and/or Alcohol or Other Drug (AOD) assessments completed, information contained in the most recent Family Functioning Assessment, and other DCS documents, including any new reports, referrals and services. The reassessment shall inform objective determination of progress based on changes in standardized assessments, as well as explicit evaluation of levels of achievement of UBSMART goals and core outcome attainment; including those related to the effects of trauma in the family. It also is a time when the family, the FC Consultant (FCC), and the DCS Specialist (when applicable) discuss whether risk factors and impending danger have been sufficiently reduced and protective factors and CPCs sufficiently increased.
From July 2021 to Dec 2021, Family Connections served 1,851 families (Source: Monthly Operational Outcomes Report June 2022). In CY 2022, Family Connections served 2,909 families (source: Guardian Business Intelligence, April 2023).

- *Arizona Families F.I.R.S.T. (AFF)* supports parents to overcome problems with substance use and abuse, and to improve their ability to successfully parent their children. AFF provides specialized substance abuse treatment services to parents, caregivers, youth and families to promote family stability, self-sufficiency, child safety and permanency, with a preference for reunification with a child's home of origin. After a client accepts services, a substance abuse assessment is conducted to determine if the client needs substance abuse treatment. All clients receive a comprehensive assessment using the ASAM Criteria® assessment. The American Society of Addiction Medicine (ASAM) Criteria®, assessment is completed to identify whether an individual requires treatment as well as the level of care and supportive services that are needed. The ASAM Criteria® assessment includes the following six dimensions: 1. Acute Intoxication and/or Withdrawal Potential, 2. Biomedical Conditions and Complications, 3. Emotional, Behavioral, or Cognitive Conditions and Complications, 4. Readiness to Change, 5. Relapse, Continued Use, or Continued Problem Potential and 6. Recovery/Living Environment. The comprehensive assessment completed by service providers includes the ASAM Criteria® assessment along with a comprehensive biopsychosocial. The assessment summary includes, but not limited to, information related to possible non-substance use psychological conditions, Addiction Severity Index (ASI), access to treatment issues, history of trauma and impact of substance use on caregiver protective capacity and child safety.

  An individualized service plan is developed based upon the comprehensive biopsychosocial and ASAM Criteria® assessment. The service plan provides behavioral goals, intervention methods, and tasks to improve behaviors, thinking patterns, and other issues impacting the parents, caregivers or youth.

The service plan is developed in collaboration with the parent, caregiver or youth along with a team to identify the individual's needs, strengths and preferences. A monthly review of progress toward the service plan goals is completed and the service plan is to be updated at minimum on a quarterly basis. The AFF therapeutic services are required per the contract to be provided using evidence-based interventions that have a rating of well-supported or supported by research evidence by the California Evidence Based Clearinghouse (CEBC) or well-supported or supported by the Title IV-E Clearinghouse.

- *The Healthy Families Arizona* program is a nationally accredited, community-based, family-centered, voluntary home visitation program that serves at risk prenatal families and families with children birth through five years of age. Through parental home support and education, services are primarily focused on prevention. The program's objectives are to prevent child abuse and neglect and to support healthy parenting, child growth, and development. In SFY 2022, Arizona's fifteen counties were served by eleven HFAz program sites and forty-four Family Support Teams. This program has a well-supported rating through the Title IV-E Prevention Services Clearinghouse. Service need and eligibility is determined through the Family Resilience and Opportunities for Growth (FROG) assessment, which assesses the family in 15 subtopics organized around the 5 Protective Factors. A score of 10 or higher on the 60-point FROG scale indicates risk of abuse or neglect and program eligibility. Program effects are measured using the Healthy Families Parenting Inventory (HFPI). The HFPI is a 63-item instrument that measures family outcomes across nine domains: social support, problem-solving/coping, depression, personal care, mobilizing resources, role satisfaction, parent/child interaction, and parenting efficacy. The FROG and HFPI assess family needs to inform service provision and identify any needs for additional assessment.

- *SENSE* is a family-centered, strengths-based approach to serving families that provides home visiting services while holding parents accountable for healthy choices and behavioral changes. When it's practicable, this service will help to keep infants with their parents at home. The program's main objective is to ensure that families with vulnerable infants get a coordinated and an extensive range of assistance to address recognized safety and risk concerns. The newborn must be under 90 days old, be in the parent's physical care, and the parent must be willing to engage in every component of the program in order to qualify for participation in the program. The SENSE program is delivered through coordination of Family Connections, Arizona Families FIRST, and Healthy Families or another home visiting program. Families are assessed using those program's assessment protocols and a health and developmental assessment of the child by a home visiting nurse.

- *Integrated Rapid Response* referrals, submitted within 24 hours of removal are initial evaluations completed for children entering out of home care. A formal assessment is completed within 72 hours of receipt of the referral by the contracted behavioral health provider. Children receive a behavioral health assessment and physical health screening. Services are also identified and referrals are submitted to behavioral health providers upon the identification of service needs.

Services that enable children to remain safely with the parents when reasonable

Chapter 3: Section 3:3 Planning for Services and Supports to Achieve Permanency states

The Department shall provide services and supports necessary to achieve the case plan goals in the family-centered case plan. The Department shall arrange, provide, and coordinate services that protect children, and provide programs and services that achieve and maintain permanency on behalf of the child, and to strengthen the family. The Department shall arrange, provide, and coordinate prevention, intervention, and treatment for

abused and neglected children. The Department shall provide services to:

- *all parents (whose parental rights have not been terminated), guardians, and/or custodians that are tailored to achieve the necessary behavioral changes;*
- *the child(ren) that:*
  - are individualized for the child's safety;
  - promote stability and well-being;
- address the child's current medical, dental, education, and behavioral health needs; and the out-of-home caregiver, to assist the caregiver to meet each child's needs and to achieve the permanency goal.

Analysis

All of the DCS service array described above can support families with children in-home, as can other services in the community. The Department selected or developed the programs in its contracted service array because the services address the parent skill-building, substance use, mental health, and concrete needs of families served, which enables children to remain safely with the parents. The Department engages in program impact evaluations to gather evidence on their effectiveness. Annual program evaluations by an independent evaluator are required by Arizona statute for the Healthy Families and Arizona Families FIRST programs. These evaluations provide evidence of improvements in individual or family functioning and household safety following service provision, as well as positive safety and permanency outcomes. In addition, the Department commissioned an impact evaluation of NPP using methodology that meets the standards of rigor required by the Title IV-E Prevention Services Clearinghouse. This evaluation found evidence of effectiveness that would earn the program a rating of "Supported." The Department has submitted the evaluation to the Clearinghouse for review so that the services can be funded through title-IV-E for eligible children and families.

Concrete support is particularly beneficial for families served by the Department, most of whom are experiencing poverty or low-income. Family Connections includes access to flex funds to address needs so that children can remain or return home. The Department also provides housing assistance through the DCS Housing Assistance program and through cooperation with organizations like Housing and Urban Development's Family Unification Program (FUP). The Housing Assistance Program is available to any family who meets the eligibility criteria, statewide with no waitlist, and provides financial assistance for rent, rental deposits, and utilities. The Family Unification Program (FUP) vouchers awarded by the U.S. Department of Housing and Urban Development (HUD) to Arizona now rank among the largest housing grants. The FUP vouchers remove housing barriers for the reunion of children and parents and for foster youth aging out of care who are at danger for homelessness. They also give accommodation to families to stop children from entering care. Six housing authorities in Arizona, including the Cities of Mesa, Tempe, Phoenix, Tucson, Yuma, and Maricopa County, have a combined total of 441 FUP vouchers. As of January 2023, all the vouchers in the Cities of Mesa, Tempe, Phoenix, and Maricopa County are being utilized successfully by young people and families.

Time to receipt of assessment and intervention services is one indicator of the accessibility of services to enable children to remain at home. The Department has invested in several strategies to reduce the wait times that were experienced by families in prior years. Waitlists are monitored with weekly data. Data from September 22, 2023, indicates:

- No waitlist for Arizona Families FIRST;

- No waitlist for Family Connections Level 1 in 10 of 15 counties, a wait of 4 weeks for this service in Maricopa County, and an average wait of 4 weeks across four rural counties;
- No waitlist for Family Connections Level 2 in 10 of 15 counties, a wait of 3 weeks for this service in Maricopa County, and an average wait of 4 weeks across 4 rural counties.
- No waitlist for the SENSE program in 13 of 15 counties, and a wait of 3 days for the remaining 2 counties;
- No waitlist for NPP in 12 of 15 counties, a wait of 5 days in Maricopa County, and a wait of 8 weeks for 5 families in 2 counties.

There is evidence to support a conclusion that the DCS and community service array is functioning effectively to support desired outcomes. Most telling, the number of children in out-of-home was stable from at least July 2018 (13,541) to July 2021 (13,465), but a 25% reduction in Arizona's out-of-home care population began in July 2021, when the new service array was implemented.

Achieving permanency is the goal for all children and to help achieve that goal the Department provides a number of services to birth, kin, foster and adoptive families. Assessment, treatment, and concrete services to support reunification with birth parents are described above. Housing assistance is also available to support kinship caregivers.

The Department provides Adoption Promotion and Support Services with the goal of placing children in permanent homes. The placement of the child on the adoption registry, evaluation of the child's placement needs, child preparation for adoption placement, identification and evaluation of adoptive homes, adoption placement selection, supervision and monitoring of the adoption placement, and application for adoption subsidy services are all included in these services. Through pre-placement contacts between adoptive families and children and the facilitation of post-placement sibling visits, adoption promotion and support funds assist adoptive families. Contractual service providers with adoption expertise provide the services. These services are available in all counties within Arizona.

Throughout the state, adoption promotion funds are accessible for the provision of transportation services that promote, ease, and assist cross-jurisdictional placements. Pre-placement visits, as well as visits with siblings and relatives who live out of state or in different parts of Arizona, are all covered by transportation services. To better help families that adopt special needs children from the foster care system, the Department utilized adoption and supported funding for respite programs.

Stakeholder Engagement/Type

In accordance with the Stakeholder Engagement Plan the stakeholder/type is identified below. Please see narrative for detailed description.

Procurement Manager
Senior Procurement Specialist
Service Coordinators
Service Providers: interviews
Youth with lived experience: interviews
Parents: focus groups
Attorneys: interviews and survey
Judges: survey
Relative caregivers: telephonic survey
Foster, adoptive, relative caregivers and congregate care providers: survey

Data Sources

June 2022 Monthly Operational Outcomes Report
Practice Improvement Case Review Data Calendar Years 2020, 2021 and 2022.
Data Quality Issues
No identified data quality issues

Item 30: Individualizing Services

For this item, provide evidence that answers this question:

How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?

Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations, including strengths and areas needing improvement, and findings by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with accessing and participating in individualized services?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response

Systemic Factor V: Service Array and Resource Development

Outcome measurements to determine substantial conformity

Systemic Factor Item 30: Individualizing Services

CFSR Item 30: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Based upon the evidence described below, Item 30 is rated a *strength*.

The Department's individualization of services was rated an area needing improvement during the Arizona 2015 Round 3 Child and Family Services Review mainly because, at that time, more services could be offered to families in languages other than English.

Since 2015, the Department has updated the entire contracted service array to provide modern evidence-based or evidence-informed services that are designed for the target populations served by DCS, including a range of conditions associated with abuse and neglect and the diversity of racial, ethnic, and cultural

backgrounds.

Analysis

Provision of Services in the Person's Language

DCS conducted an agency-wide assessment to ensure that its existing written limited English proficiency (LEP) policy and procedures were fully implemented by DCS offices. Key to this effort was to ensure that all offices had access to language interpretation and translation. The Language Interpreting & Translation Practice Guide was developed and made accessible on a regular basis to all DCS staff. Additionally, the Child and Family Team (CFT) process and Mercy Care ensures that individuals receiving services have access to services in their primary identified language or to interpretation and translation services. This includes 'over-the- phone", 'face-to-face", and scheduled virtual interpretation. Members also have access to many health care providers who speak languages in addition to English. Members and DCS Specialists can use the Mercy Care provider tool which informs the user if there is a provide available who speaks the language with which the member is most comfortable.

Each office contains a binder and posters that allow persons with LEP access to easily identifiable language needs so interpretation and/or translation services be provided. DCS also has a stipend program that bi-lingual or multi-lingual staff can receive a stipend for providing interpretation or translation services once they pass a proficiency exam. This allows for access to more immediate translation when needed. DCS also established an LEP Coordinator to act as a liaison between DCS and community groups servicing or representing significant numbers of individuals with LEP who may be seeking or receiving services from DCS and soliciting ongoing feedback from them not less than annually by meeting with stakeholders. DCS also reviewed all forms, pamphlets, booklets and other documents to determine whether is a 'vital document' requiring translation into languages other than English.

DCS also created an ADA Coordinator position who will now oversee all LEP related matters as well as providing support to the field for ADA related requests for reasonable accommodations and addressing complaints related to these topics.

Individualized Service Plans

Arizona Families F.I.R.S.T., Nurturing Parenting Program, and Family Connections are the core of the Department's contracted service array. Each of these programs is designed to improve particular parenting capacities, and each includes an assessment to identify the unique needs of children and families and a service plan based on the individual family's assessment. Information about the assessment protocols and individualized services plans are described in the response to Item 29.

Stakeholder input about the DCS service array

Stakeholders to the DCS service array provide input about the functioning of the DCS service array on a regular basis through provider meetings, Court Improvement Advisory Committee meetings, and many other venues. Survey response rates will be considered in continuous improvement activities, although they were low and the narrative results were mixed and often contradictory among respondents.

During August and September 2023, the Department conducted telephonic interviews with five opposing counsel representing parents and children to generate feedback about the Department's Service Array. The following information was provided:

- Family Connections and Nurturing Parenting are tailored to the family.
- NP Service not doing anything to improve the parents.

- Services are there to check boxes and do not provide any meaningful change.
- Family Connections and Nurturing Parenting are good and the providers write detailed reports.
- The new service array has not increased the timeliness to service.
- No meaningful services to address domestic violence.
- Nurturing Parenting and Parenting Time is completed by two different service providers which can be challenging for the families.

During July and August 2023, telephonic interviews or surveys were conducted with 25 youth ages 10-17 and young adults over the age of 18 with recent lived experience representing all five of the Department's regions. The youth were asked whether the services they are currently receiving or had received benefited them. Youth were asked the following question:

Q1*: Do you feel the services you are receiving benefit you*?

- 92 % of youth (23 of 25) felt the services received are beneficial
- 4% 1 youth (23 of 25) felt the services received were not beneficial
- 4% 1 youth did not know if the services received were beneficial

Youth provided the following narrative:

- Visitation helps me to reunite with my family and stay connected with them.
- Independent living skills helps me to get a job, my ID, and my driver's license.
- Therapy helps with self-control
- Services I am involved with help me to socialize.
- Services help me to have healthy relationships, keep boundaries, and identify what I should and should not being doing.

In August 2023 the Department distributed a survey to 4,885 licensed foster parents, unlicensed caregivers and congregate care providers. The Department received 364 responses (response rate of 7.5%). Responses were received from 226 foster parents, 73 unlicensed caregivers and 4 congregate care providers. To the question of *Generally, do you believe you were provided services to address any identified needs?*

- 71 % (214 of 303 responses) responded Yes
- 29 % (89 of 303 responses) responded No

The narrative from foster and adoptive parents expressed:

- Delay in services and lack of assistance in identifying resources for children with trauma and special needs. Services take months to start.
- Clothing, diaper allowance remain the same despite price increases.
- It may take months to get therapy started but when dealing with infants who need zero resources, services are instant.
- The state provides ample resources to meet the needs of the children with therapy, evaluations, and primary health concerns.
- There aren't enough societal services for foster children that are effective. There needs to be more access to in home therapeutic services.
- The Department listens and understood concerns but resources were not provided.
- Have had to find own speech and behavioral therapy
- Service Provider not following through with referrals
- Requested psych exam which the Department could not get. Paid for child psychiatrist and the exam.
- Northern Arizona has few resources and DCS makes no effort to help with referrals and transportation

to other areas of the state.

- The amount of time it takes to get enrolled in services is challenging
- Behavioral health has inconsistencies.
- Staffing shortages of service providers.
- Easier access for special needs services.

Surveys were distributed to 265 private, contracted and tribal attorneys who have taken training through the Administrative Offices of the Courts and 72 Superior Court Juvenile Division judges and commissioners. To date, there have been 34 responses from attorneys (13%) in 14 of the 15 counties statewide to assess permanency hearings.

If applicable, generally, are the services offered by the Department sufficient to allow the family to achieve the permanency goal in a timely manner?

Please provide any information/explanation that helps inform your response in the text box following your response.

Table 3: Attorney Responses: Services to Achieve Permanency

Response	Mother	Father	Child(ren)
Always	9% (3 of 33 responses)	6 % (2 of 32 responses)	6 % (2 of 33 responses)
Mostly	12% (4 of 33 responses)	17 % (5 of 32 responses)	18% (6 of 33 responses)
Sometimes	31% (10 of 33 responses)	31 % (10 of 32 responses)	28 % (9 of 33 responses)
Rarely	36% (12 of 33 responses)	34% (11 of 32 responses)	24% (8 of 33 responses)
Never	6 % (2 of 33 responses)	6% (2 of 32 responses)	3 % (1 of 33 responses)
Unknown	6 % (2 of 33 responses)	6% (2 of 32 responses)	21% (7 of 33 responses)
Total	33	32	33

Common themes/barriers/challenges identified include:

- The Department failing to make timely referrals for services
- Services that are available are limited and not individualized to the specific family
- The Department caseworker turnover waste time in regards to services
- There has been improvement to the “cookie cutter” service list due to the implementation of Nurturing Parenting Program, because the program is curated for individual needs of the client, it works.
- In rural counties, there is a shortage of services and trained professionals.

Stakeholder Engagement/Type

In accordance with the Stakeholder Engagement Plan the stakeholder/type is identified below. Please see narrative for detailed description.

Procurement Manager
Senior Procurement Specialist
Service Coordinators
Service Providers: interviews
Youth with lived experience: interviews
Parents: focus groups
Attorneys: interviews and survey
Judges: survey

Relative caregivers: telephonic survey
Foster, adoptive, relative caregivers and congregate care providers: survey

Data Sources

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Practice Improvement Case Review Data Calendar Years 2020, 2021 and 2022.

Data Quality Issues
No identified data quality issues

E. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

For this item, provide evidence that answers this question:

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages 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 includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all elements of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the ongoing consultation process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor VI: Agency Responsiveness to the Community

Outcome measurements to determine substantial conformity:

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages 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 includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Analysis

Based on the stakeholder interviews and ongoing consultation and collaborations with the community, Item 31 State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR is rated as a *strength*. Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 31.

The Department engages with community partners in a cycle of continuous improvement to successfully implement the provisions of Arizona's *Child and Family Services Plan* (CFSP) and develop the *Annual Progress and Services Reports* (APSRs). Meaningful engagement with internal and external stakeholders occurs throughout the continuous improvement cycle, which includes defining and assessing the problem, planning and implementing interventions, and monitoring results. Section II of the Child and Family Services Plan 2020-2024, provides descriptions of the Department's extensive communication and collaboration with stakeholders, spanning from legislatively required committees to short-term workgroups.

The Department's framework for collaboration with stakeholders includes three components: a strategic plan, targeted engagement activities, and continuous engagement initiatives. These components provide access to stakeholders, forums for consultation, and a method to articulate the Department's strategic vision, mission, goals, objectives and activities so that improvement initiatives are supported and sustainable. This framework also allows for stakeholder input, including families, youth, tribes, and courts, in the assessment of performance, updates to improvement strategies, and progress of t outcomes.

The following are examples of the many committees and activities through which stakeholder input has been received to develop the Child and Family Services Plan (CFSP):

- *Youth Empowerment Council:* Youth Empowerment Council (YEC), is supported by the Department to enhance the foster care experience for young people. The YEC creates an authentic Youth/Adult partnership that gives youth the opportunity to recognize their resilience, social connections, cognitive, social and emotional competence while recognizing their strengths and expertise in their own lived experience. This relationship benefits the Department as it improves youth services and informs policy

- *Kinship Supports and Licensing* Practices: Beginning in 2022, the Department collaborated on a model to enhance Kinship Supports and Licensing Practices with Casey Family Programs and A Second Chance Incorporated (ASCI). The first stage of this approach was conducting a thorough analysis of present practices, which included assessing the regulations and processes relating to kinship supports, licensure, and utilization as a caregiver alternative. The Department held a number of focus groups with important Department and neighborhood stakeholders to assess current procedures and decide how to go forward with changes. The focus groups' findings supported the solicitation of new Kinship Support Services (KSS) contract focusing specifically on kinship providers that will be awarded in the near future.

- *Community Advisory Committee (CAC)*The Committee is comprised of members from education, healthcare, law enforcement, child welfare, the faith-based community and Arizona's tribal community and serves as one of the three required Citizen Review Panels. The group offers the Department and community partners the opportunity to collaborate to protect children, enhance families, and achieve permanency for children. The CAC provides advice to the Department on yearly strategic goals and policies and procedures.
- *Parent Advisory Collaborative (PAC):* The Parent Advisory Collaborative was established in 2018 and is comprised of members previously involved in the child welfare system, kinship providers and those who had family members involved with the Department to exchange ideas, strategies, and services that support families. The PAC concentrates on family-centered, strength-based primary, secondary, and tertiary preventive and intervention measures. The PAC strives to enhance parental engagement in community-building initiatives and programs that prevent child abuse. The PAC provides parental

perspectives on Department policies, practices, and activities. Members of the PAC meet with the leadership team and contribute the viewpoint of parents and families to decision-making.

- *The DHS Child Fatality Review Team*: Teams include experts such as pediatricians, social workers, attorneys, advocates, law enforcement, the Department, representatives from the county medical examiner's office, and others. The goal of the Child Fatality Review is to reduce preventable child fatalities through systematic, multidisciplinary, multi-agency, and multi-modality reviews of child fatalities in Arizona. The teams accomplish this objective through interdisciplinary training and community-based prevention education, and through data-driven recommendations for legislation and public policy.
- *The Statewide Fatality Prevention Committee:* During SFY 2019, the Department developed the Statewide Fatality Prevention Committee to coordinate and create a statewide plan to prevent child maltreatment deaths. The committee meets on a quarterly basis, and includes community stakeholders such as representatives from Prevent Child Abuse Arizona; Department of Health Services; Maricopa County Superior Court; the Governor's Office of Youth, Faith, and Family; First Things First; hospitals; Arizona Health Care Cost Containment System; a nurse consultant; tribal liaisons; and the Arizona Chapter of the American Academy of Pediatrics
- *The Arizona Council of Human Service Providers Child Welfare Committee:* The Arizona Council of Human Service Providers is an organization that represents agencies throughout Arizona providing behavioral health, substance abuse, child welfare, and juvenile justice services. The Arizona Council is comprised of over 100-member agencies across all 15 counties Many of the services provided by the Council's member agencies are carried out in conjunction with the Department, including adoption services, crisis/shelter care, group home care, foster care, counselling, and other child welfare and behavioural health services. Department staff participate in quarterly community forums provide updates on progress and initiatives.
- *The Department's Office of Tribal Relations/Inter-Tribal Council of Arizona (ITCA)/Tribal-Urban Partnership*: With the exception of the Navajo Nation, the Inter-Tribal Council of Arizona is a nonprofit organization that represents 21 of the state's 22 tribes. Quarterly gatherings cover a range of subjects and are regarded as authorized tribe consultation. Participation from all tribes in Arizona is welcomed. Discussions of rules and procedures, Indian Child Welfare Act case consultation cases, and training possibilities have l been discussed. In addition to the official quarterly tribal consultation meetings, the Department meets monthly with the Urban Indian Coalition, hosted by the Phoenix Indian Center. The Department also meets regularly with the three Urban Indian Programs (Native Americans for Community Action (NACA), Native Health, and Tucson Indian Center) to discuss ongoing service and resource development and improve culturally centered rehabilitative services in the domicile community. Collaborating with Arizona tribes help to strengthen tribal families and services to promote the safety, permanency, and well-being of children, youth and families.
- *The Court Improvement (CI) Advisory workgroup: The CI advisory workgroup is* a multidisciplinary group providing the Court and the Department a mechanism for joint improvement operations. Judges, attorneys, Department employees, tribal officials, court administrators, parents of children who have experienced trauma, other representatives, and community activists make up the Advisory Workgroup. These collaborations provide opportunities for agency cross-training and joint examination of the expectations for outcome achievement that are placed on the Department and the courts through the Child and Family Services Review. The Department provided input into the Court Improvement Program's strategic plan and continues to collaborate with CI to achieve its objectives for improving outcomes for children and families involved in dependency cases.
- *The Committee on Juvenile Courts:* The Committee on Juvenile Courts (COJC) is a standing committee

of the Arizona Judicial Council to develop and implement policies to improve the quality of justice, and access to and efficiency in juvenile court operations. The Department is invited to provide updates and discuss with the committee areas of strength and concern in the processing of child welfare cases throughout the state.

- *The ICWA Committee*: The ICWA Committee is a sub-committee of the State, Tribal, and Federal Court Forum, and includes representatives from tribal social service agencies, the juvenile court, Casey Family Programs, and the Department. Discussion topics have included proposed legislation, ICWA training for Department staff, expert witness testimony, and ICWA Court.
- *Court Teams for Infants and Toddlers* – Court Teams for Infants and Toddlers (Best for Babies) is a statewide partnership between Prevent Child Abuse Arizona and juvenile courts designed to improve outcomes for maltreated infants and toddlers, through greater judicial oversight of cases, assuring timely services, and addressing the unique needs of infants and toddlers. Each county team is comprised of infant and toddler specialists, child welfare providers, mental health and substance abuse treatment providers, attorneys, Department representatives, and Court Appointed Special Advocates (CASA) and meets to address system issues, learn about local resources, and gain greater knowledge of the unique needs of maltreated infants and toddlers.
- *The KIDS Consortium* (Maricopa County) and *Foster and Adoptive Council of Tucson (FACT)* (Pima County): The KIDS Consortium and FACT are comprised of groups of foster care and adoption agencies that work together to educate their communities about the need for high quality, caring, foster and adoptive parents. The Department's participation and collaboration with this consortium supports the CFSP goal of increasing the number of children in family-like settings.
- *Collaboration with University Partners*: The Department collaborates with the Arizona State University (ASU) School of Social Work to provide an integrated system of comprehensive child welfare training, social work education, system assessment, and research for the continuous improvement of services to children and families involved in Arizona's public child welfare system.
- *FosterEd:* The FosterEd initiative works to increase the number of foster care youth who graduate from high school and experience a positive education experience. FosterEd provides educational champions to support the long-term success of students, and engages positive youth development principles to build strong connections. Representatives FosterEd continue to provide input and feedback to the Department.
- *Safe, Healthy Infants and Families Thrive (SHIFT)*: The Taskforce agreed upon a shared goal of decreasing trauma and improving outcomes for infants and families impacted by substance use disorders and prenatal substance exposure throughout the pregnancy, at the birth event, and beyond. By enhancing system collaboration, the Safe, Healthy Infants & Families Thrive (SHIFT) Collaborative Taskforce aims to enhance outcomes for expectant parents with drug use disorders and lower prenatal substance exposure. The collaborative is comprised of many child and family serving entities including the Department.
- *Cultural Brokers*: Through multiple community focus groups and collaboration with the Thriving Families Safer Children Initiative, the Cultural Brokers program was selected to address overrepresentation of African American children in foster care and concerns of social competency and community distrust with the Department. This initiative is in the planning and development stages with a projected FFY 2024 implementation date. Listening sessions with local residents will be scheduled in the regions where the initiative will be implemented.
- *Next Event Study*: The Department commissioned the Next Event Study to examine associations between the kinds of reports received by the DCS Child Abuse Hotline and the likelihood that a

protective action is needed to help shape policy. The goal is to confidently identify the sorts of reports that don't warrant a protective action that involves families unnecessarily and to pinpoint variations in experiences among members of distinct communities.

Stakeholder consultation occurs at both the administration and regional levels through advisory groups, oversight committees, provider meetings, and collaborative groups. Regularly scheduled meetings held with specific stakeholder groups such as contracted service providers, courts, tribes, behavioral health representatives, youth, and internal staff provide the opportunity to assess daily field operations and child outcomes. When areas needing improvement are identified, plans are established to research the issues in depth and recommend solutions to the larger group. Outcomes from these meetings are then shared with Department leadership.

During August and September 2023, telephonic Interviews were conducted with eleven services providers that provide a range of services statewide from Family Connections, Nurturing Parenting Programs, Arizona Families First, SENSE, Clinically Supervised Parenting Time, Transportation, Triple P, and Parenting time to assess ongoing consultation with the Department and identify any gaps. Ongoing consultation with the Department was discussed. Generally, providers reported the quarterly or monthly meetings held with the Department was helpful to escalate concerns. Providers reported having access to executive leadership, and being able to have contact to address issues was seen positively. Additionally, providers expressed that having program liaisons and statewide coordinators as points of contacts has increased communication and support.

The Department has engaged in various interventions and community engagement strategies to reduce the overrepresentation of African American children in out-of-home care. The Department's Racial Disparity Committee collaborates to design and hone strategic initiatives that will enhance the child welfare system and especially address the overrepresentation of African American children. The committee spearheaded and supported initiatives such as revising language around culture, updating the clinical supervision document to include tradition and religion to promote supportive and inclusive language when discussing a family's culture and beliefs, compiling a list of resources specifically for African Americans in zip codes where Department intervention and removals are increased, assisting with the recruitment of African Americans for foster care, and assisting with the adoption of the African American foster care model.

Foster parents' perspectives, ideas, and suggestions for continual improvement initiatives are crucial to finding and keeping the most qualified community foster and adoptive households. Input is acquired in a variety of ways. Every June and December, licensed caregivers are sent a satisfaction survey, which includes questions regarding the family's relationship with their licensing agency and DCS. On a bi-annual basis, the survey results are shared with the licensing authorities and higher management. The Department holds Foster and Adoptive Supports meetings throughout the calendar year. Participants include the Cabinet Executive Officer (CEO), Assistant Directors of Foster Care Supports and Support Services, Office of Licensing and Regulation (OLR), Foster Recruitment and Retention Specialists, and Foster and Adoption Supports agency staff including executive leadership. These meetings serve as the foundation for active contract management and performance deliverables are reviewed to ensure the providers are achieving identified goals. Provider agencies needs and concerns are discussed, and feedback is encouraged via a survey provided at the end of each meeting. Feedback from the attending agencies indicated the provided data was helpful, and providers appreciated seeing their feedback incorporated into future meeting agendas.

Arizona State University (ASU) continues to administer the National Youth in Transition Database surveys in Arizona. As part of the survey process, youth are asked if there are any areas of follow up or information needed. With permission of the young person, this information is shared with the Department, and a Youth

Advocate Specialist provides individualized assistance to the youth. Requests vary from information about Extended Foster Care, to educational supports, and more.

The Department's Office of Procurement utilizes youth surveys to gather information about the Successful Transition to Adulthood (STA) service. STA solicits feedback from youth about service delivery through the utilization of the Department's satisfaction survey. The results of the surveys are reviewed during Department site visits with STA providers and the data is used to help enhance and improve service delivery to young people.

In addition to the required surveys, Intermountain Centers for Human Development (ICHD) a STA provider has an active Youth Council consisting of youth receiving services and supports from the organization. This Youth Council meets at least monthly. The Youth Council provides recommendations on the following:

- Services being offered
- Areas that can be improved related to current services/supports
- Supports interview panels for young adult positions
- Supports/plans young adult events

Strategic Plan and Strategic Communication Plan

The Department develops its strategic plans with consideration of available data and the advice and insights of numerous internal and external stakeholders. Court partners, current and former foster youth, parents who have or are receiving services, foster and adoptive parents, American Indian Tribes, advocacy groups, DCS staff, Casey Family Programs, and the Children's Bureau are among the many stakeholders that the Department consulted to inform the selection of goals and strategic initiatives in the CFSP for FFYs 2020 – 2024.

Meaningful engagement with internal and external stakeholders occurs throughout the continuous improvement cycle, including the identification of strengths and areas needing improvement, assessment, intervention planning and implementation and evaluation of results. The Department has developed and published yearly strategic plans since 2015, with consideration of input fathered from internal and external stakeholders through focus groups, interviews and surveys. Insights and recommendations from workgroups and committees

Strategic Planning

The Department's SFY 2024 Strategic Plan, updated in June 2023, includes six five-year strategies (objectives) and related interventions.

1. DCS provides support to strengthen all types of families in the child's network and community.

Objectives:

- Promote caregiver experience of being supported and equipped to care for children
- Expand the caregiver array to meet the individual and diverse needs of children in care
- Improve fidelity and quality of family-serving practice models and programs

Annual initiatives:

- Solicit new Foster and Adoptive Supports scope of work
- Refinement of management systems in a hybrid (virtual/in-person) work environment
- Develop and implement career development pathways for field facing and non-field facing positions
- Development and deployment of cultural humility and empathy training

Objective Metrics:

- Increase the percentage of kinship caregivers who become licensed
- Increase the percentage of children in care who live with kin
- Increase the number of community foster care homes
- Reduce the percentage of children in care who live in congregate care to less than 10%
- Increase parent satisfaction with DCS referred services
- Reduce service waitlists
- Increase the rate of children exiting care to reunification

2. DCS culture is characterized by compassion, empathy, collaborative problem-solving, inclusion transparency, responsiveness, and engagement.

Objectives:

- Develop skills and processes that improve communication, responsiveness, and collaborative problem-solving within DCS and with external partners

Annual initiatives

- Deepen the integration of safety science throughout DCS operations
- Provide Culturally Grounded Practice and Empathy Training for all DCS staff
- Provide trauma and resiliency training to staff and caregivers
- Implement methods to protect the physical safety and emotional well-being of DCS employees
- Develop an Engagement Practice Profile with core elements and operational definitions of behaviors that demonstrate the DCS culture when interacting with families
- Implement technology to enable internal communication and feedback loops between all levels and functions

Objective Metrics

- Safety Culture survey results
- Reduce Ombudsman complaints
- Increase average response time for public records requests
- Annual partner satisfaction survey results

3. Every child is paired with a caregiver who receives necessary supports and is able to meet the child's needs and support the child's permanency goal.

Objectives:

- Strengthen and expand learning and mentoring opportunities for DCS employees
- Expand internal opportunities for career development and professional advancement

Annual initiatives:

- Implement the increased kinship stipend
- Develop and implement structured kinship support model including support of expedient licensing process
- Refine and implement Community Foster Care recruitment and support contract
- Refine and implement placement administration operational processes that enhance caregiver supports including initial placement and transition planning

Objective Metrics

- Reduce DCS employee turnover
- Decrease employee separations

- Increase average length of employment with DCS
- Increase employee engagement survey scores

4. DCS culture, practices, and services are anchored in a vision of Diversity, equity, inclusion and accessibility.

Objectives:

- Create a Diversity, Equity, Inclusion and Accessibility (DEIA) Program in accordance with the Governor's Executive plan
- Improve relationships to increase collaborative decision-making with communities that are disproportionally involved with DCS

Annual initiatives:

- Establish an office of DEIA that will provide continuous learning regarding DEIA in the organizational culture, practices, and services to clients and the public, ensuring all are anchored in the DCS DEIA vision
- Establish outreach and engagement with rural communities and providers
- Develop authentic, collaborative partnerships with people who have lived experience with DCS and impacted communities to inform better prevention programs, service delivery, and family experiences.
- Continue to support and integrate the work and recommendations of the DCS Black/African American Disparity committee

Objective Metrics:

- Reduce racial disparity in rate of child entry into care
- Reduce racial disparity in calls to the DCS Hotline
- Safety Culture survey results related to diversity and inclusion

5. DCS supports prevention by partnering with communities to create family-strengthening resources

Objectives:

- Expand and strengthen access to community resources that meet families' needs without DCS involvement
- Improve prevention services to maintain children safely at home and support reunification for families with DCS involvement

Annual initiatives:

- Expand the Office of Prevention to increase community outreach and engagement and implement the FFPSA Prevention Plan
- Collaborate with prevention partners to strengthen the Family Resource Center Network
- Implement mandated reporter reforms
- Expand family support services in South Tucson and other communities with high rates of child entry into care

Objective Metrics:

- Reduce the rate of calls to the DCS Hotline per 1,000 children in Arizona
- Reduce the rate of child entry into care
- Reduce the rate of repeated DCS reports within 12 months

6. DCS uses data for and technology for transparency, accessibility, and problem-solving in a values-driven culture

Objectives:

- Increase data and software use within the DCS value driven culture for accessibility, transparency, and collaboration
- Upskill people within DCS business functions to create and use technology to add measurable value

Annual initiatives:

- Define organizational structures, policies, and procedures for use of products and data
- Define and implement supports to build capacity of internal employees to create new technology solutions
- Design and implement a modern cloud data platform and governance tools
- Define governance framework for use of data

Objective Metrics:

- Increase the number of reports disaggregated by race and ethnicity
- Implement a support network for employees to increase their technology skills
- Deploy a modern cloud data platform
- Reduce the number of paper forms required by policy and procedure

Continuous Engagement Initiatives

The Department's many continuous engagement initiatives are outlines in the CFSP 202-2024. Stakeholder interaction takes place through advisory groups, oversight committees, provider meetings, and collaborative groups. The opportunity to evaluate field operations and child outcomes occurs through regularly planned meetings with stakeholder groups, such as contracted service providers, courts, tribes, behavioral health officials, youth, and internal employees. Plans are made to thoroughly investigate the problems and make recommendations for remedies to the larger audience after areas that require improvement have been discovered. Department leadership is informed of the outcomes of these sessions.

Targeted Engagement Opportunities

The Department has consistently improved communication and engagement with partners and community stakeholders. The Department's Cabinet Executive Officer (CEO) engages with community partners to exchange messaging and provide strategic initiative and planning updates. The Department's Deputy Directors, Chief Operating Officer and Assistant Directors have also developed connections with contracted and community partners. Examples of targeted engagement opportunities include those previously described in this section

The Deputy Director of Field Operations meets regularly with program administrators, program managers and other field staff to discuss performance indicators and provide updates on strategic initiatives. Feedback from Department staff who provide intake, assessment, and permanency services is encouraged and essential to shape change and receive input about the effects of policies, procedures, and practice to better understand needs, perceptions, and the success of learning, practice fidelity, and continuous improvement.

Additionally, many other initiatives and partnerships such as Positive Parenting Program (Triple P), Thriving Families Safer Children, Transition Aged Youth (TAY) Foster Care Survey and the DCS Data Community Committee demonstrate the Department's collaborative commitment. Many of these collaborations include participation from parents, youth and families with lived child welfare experiences, which helps shape and

support more effective practice. These collaborations advance initiatives and support the Department's priority goals and strategic plan.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 31.

Item 32: Coordination of CFSP Services With Other Federal Programs

For this item, provide evidence that answers this question:
How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

In your analysis:
Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with service coordination between child welfare and other federal programs?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor VI: Agency Responsiveness to the Community

Outcome measurements to determine substantial conformity:

Item 32: Coordination of CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Analysis

Based on the information provided Item 32: Coordination of CSSP Services with Other Federal Programs is rated a *strength.*

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 32: Coordination of CFSP Services with Other Federal Programs.

The Department has a fully functioning statewide system to coordinate services under the CFSP with services or benefits provided by other federal or federally assisted programs serving the same population. For example:

- Title IV-E eligibility and Temporary Assistance to Needy Families (TANF) child-only eligibility for children placed with permanent guardians or relatives is coordinated with the TANF program. Arizona's Comprehensive Child Welfare Information System and Arizona's TANF system (title IV-A)

cross-match data for children in out-of-home placement throughout the year. This gives both the title IV-B/IV-E agency and the title IV-A/TANF agency the ability to know which relatives and guardians of children in out-of-home placement are, or have been, receiving financial assistance and support from either of these federal and state funding sources. This cross-match also provides the Department demographic information for this population, such as the age and race of the kinship caregiver who is receiving TANF cash assistance to help provide for the child's basic needs.

- Several Department field units in Coconino, Gila, and Yavapai counties are co-located at a Multi-Service Center to allow for greater collaboration of services for families served by the Department and the Department of Economic Security (DES). Agencies housed at the Multi-Service Center include the Department of Developmental Disabilities, Child Care, Adult Protective Services, Employment Administration, Child Support Services, Attorney General, Jobs Program, and Vocational Rehabilitation Services. In other geographic areas of the state, Department and DES staff share separate sections of an office buildings, including in Santa Cruz and Maricopa counties.

- The Department has partnered with Arizona's Department of Education and representatives of the FosterEd program are co-located in Department offices within Pima and Maricopa Counties and the Prescott Office.

- The Department works closely with Arizona's title XIX Behavioral Health System, administered by Arizona's Department of Health Services/Division of Behavioral Health Services, to meet the behavioral health needs of children in out-of-home placement. Behavioral health providers are co-located in the Welcome Centers[19].

- Through state statute, Arizona established the statewide Arizona Families First Program (AFF), which provides substance abuse treatment services to parents of children involved in the child welfare system. AFF staff are housed at the Casa Grande and Apache Junction offices.

- The Department of Child Safety has an approved inter-governmental agreement with the Administrative Office of the Courts that permits pass-through title IV-E funding for youth who meet all title IV-E eligibility requirements and are placed in out-of-home placement in a title IV-E eligible licensed home or facility. The Administrative Office of the Courts and the Department have meetings, at minimum quarterly, to review cases for title IV-B and title IV-E compliance. The Department determines the title IV-E eligibility status for this population of children in out-of-home placement. Eligibility is determined in Arizona's CCWIS system so that AFCARS data can be transmitted semi-annually to the Children's Bureau for this population of title IV-E eligible children. At any point-in-time, there are usually 20 title IV-E eligible children in this population.

- As Arizona's title IV-B/IV-E agency, the Department of Child Safety obtains information from federal and state databases through approved data-sharing agreements. The Department uses data from Arizona's Motor Vehicle Division, ATLAS (Child Support Enforcement Administration), AZTECS (Public Assistance Administration), PMMIS (Arizona's Medicaid System), GUIDE (Employment Base Wage System), BOP/DOC (Federal and State Prison System), Department of Education, Office of Vital

[19] Welcome Centers are a child-centered facility for temporary stay while a caregiver is being identified.

Records, and Social Security Administration to:

- locate family members who may be willing to be a related child's out-of-home placement;
- verify income and resources for parents and household members to determine entitlement benefits through title IV-E and title XIX;
- verify eligibility for title II (Social Security Survivors and/or Disability Benefits)
- verify eligibility for title XIX (SSI) for children in out-of-home placement;
- verify school enrollment and a child's unique identification number in the public school system;
- monitor the health care services (family care center with Mercy Care and Aetna) received by children in out-of-home placement
- locate potential resources to assist parents in caring for their children; and
- provide legal documentation for children by obtaining their unique birth record number, birth certificate registration or death certificates for parents.

According to federal law, the Department must make reasonable efforts to find the parents or other family members of any child(ren) removed from their home. Prior to crucial moments during the life of a case and at least once every six months, state policy mandates an extensive and documented search for absent parents, guardians, custodians, extended family members, and other significant persons as placement resources and supports for children in out-of-home care. The person search program Accurint (LexisNexis) is accessible to field staff functioning out of the many offices located out over the state.

Arizona HB 2313 was signed into law on April 18, 2023 providing changes to relative identification and notification. The bill expands on the requirements when searching for adult relatives of a child or persons with a significant relationship with the child must include: The new legislation requires the Department to file documentation with the court within thirty days of a child taken into temporary custody and at each subsequent hearing regarding attempts made to identify and notify adult relatives of the child and persons with a significant relationship with the child. In addition to the requirement of documentation being filed with the court. The Department must provide notice to adult relatives and persons with a significant relationship with the child identified through the search requirements. The notice must include:

- specification that the child has been or being removed from the child's parental custody
- explain options an adult relative of the child or a person with a significant relationship with the child has to participate in the care or placement of the child.
- explain financial assistance and other forms of support are available
- describe process for becoming a licensed foster parent and additional services and support that are available.
- require respondence within thirty after receiving the notice the child has been removed from the home.

The Department collaborates closely with federal programs that serve the same families. The federal programs with which the Department collaborates include the Department of Health, the Department of Education, Woman, Infants, and Children (WIC); Medicaid, which is related to the integration of behavioral health systems under the Department's Comprehensive Children's Health Plan, the Federal Education and Training Voucher (ETV) Program, Foreign Consulates, U.S. Embassies, U.S. Immigration and Customs Enforcement (ICE), and the Federal Bureau of Prisons in an effort to strengthen search efforts for missing parents; and the Administration for Child and Families Systems.

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

- The Department works closely with Administration for Child and Families Systems Professionals to ensure Guardian, the Department's Comprehensive Child Welfare Information System (CCWIS) allows for Child Welfare Contributing Agencies to enter and access case information for which they are responsible.

- In 2019, legislation was enacted that facilitated the integration of behavioral health services for children in out-of-home care under the Department's Comprehensive Health Plan during SFY 2021. This integration facilitates the coordination of health care services (medical, dental, and behavioral health) for these children.

- The Department collaborates with WIC representatives to improve services to DCS involved families. Coordination includes resource information sharing and clarification that all children in DCS custody under the age of five qualify for WIC.

- The Department provides referrals for childcare assistance for children who are in the Department's legal custody, or as a preventative service for those at risk of requiring protective services through a partnership with the Department of Economic Security. The Department provided childcare services for approximately 11,193 children from May 1, 2022, through April 2023, a decrease of approximately 924 children from last year. DES reported many childcare centers are having staffing issues and are at capacity with wait lists for services which may have contributed to the decrease in referrals. The Department's use of quality childcare increased from last year. As of May 1st, 2022, 71% of these children are currently attending quality rated childcare, which was an increase from 63% active referrals the year prior.

- Beginning in September 2018, and in partnership with the Department of Economic Security and Southwest Human Development, the Department has provided supportive services to children at risk for expulsion from their childcare or other early childhood care settings. These supports allow childcare providers to receive training, technical assistance, and a dedicated mental health professional to improve the quality of care and reduce a child's risk for expulsion. As the use of childcare or other early childhood care settings resumed, the referrals for support increased significantly due to the increased utilization of childcare. From May 2022 through April 2023, services were requested for sixty children across the state. Of those sixty children, eleven referrals were closed out with the child being expelled from the childcare setting. Furthermore, four of those eleven expulsions were immediate and did not afford the Department a chance to stabilize the situation. The remaining children receiving the supports were either stabilized or transitioned to a higher quality center that could better meet their needs.

- The Department continues to partner with the various Head Start grantees throughout the state to continue to ensure the availability of Head Start and Early Head Start for children in out-of-home care. In August 2019, the Department launched an initial pilot project with four of the state's nine grantees to streamline enrollment of foster youth into their programs. This program provides the Department with weekly availability updates for each of a grantee's Head Start and Early Head Start programs, allowing the Department to identify, match, and contact potential families to enroll additional children into these programs. This program was highly successful but was discontinued due to COVID 19. Currently there is no plan from Arizona Head Start Association (AZHSA) to reinstate the program. In the summer of 2022, the Memorandum of Understanding (MOU) between the Department and

the Arizona Department of Education Acting as the Arizona Head Start State Collaboration Office was updated and signed by the Head Start grantees. The MOU describes how Arizona Head Start grantees and the Department will collaborate to improve accessibility of Head Start and Early Head Start programs for children in foster care. The MOU gives priority placement for foster children in Head Start services; if there is a waitlist any child in foster care is to be placed at the top of the list. Service boundaries are not enforced; a foster parent can enroll their foster child in Head Start in any zip code. Foster children can be enrolled without having immunization and medical records, proof of birth, or other documents and foster parents are given reasonable time to provide these documents.

Through funding received from the federal Education and Training Voucher (ETV) Program, the Department provides vouchers to support post-secondary education and training costs, including related living expenses, to eligible young adults up to age twenty-six. As of March 1, 2021, Arizona accepted the Federal option under the Family First Prevention Services Act to serve young adults up to the age of 26, if they are making satisfactory progress toward completing their course of study or training and have not participated in the program for a total of more than five years.

F. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with state standards being applied equally?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor VII: Foster and Adoptive Parent Licensing, Recruitment, and Retention

Outcome measurements to determine substantial conformity:

Item 33: Standards Applied Equally: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Substantial conformity requires that at least three of the four items for this systemic factor be rated as a strength.

Analysis

Based on interviews, surveys and review of statutes, policies, procedures Item 33 Standards Applied Equally is rated as a *strength*.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 33: Licensing Standards Applied Equally.

Interviews were conducted with Office of Licensing and Regulation (OLR) staff who confirmed Department standards are applied equally to all licensed and approved foster family homes and child care institutions. OLR staff verified the Department has never received any complaints that licensing standards have not been

applied equally for community foster family homes or child care institutions. Arizona Administrative Code, Title 21 Article 6 and A.R.S §8-509 Licensing of Foster Homes; Renewal of Licenses among others, outline the Department's community foster care licensing standards. The Office of Licensing and Regulation (OLR) ensures that licensing requirements are met prior to the issuance of a community foster license. The Office of Licensing and Regulation (OLR) utilizes a standardized checklist to verify that licensing standards are applied equally to all licensed community foster care homes (including licensed kinship homes) and that exceptions for relatives are consistently applied accords to standards, statewide. The OLR Foster Home Licensing Specialist reviews all community foster home applications. While conducting the administrative[20] and substantive review of the applications, the Foster Home Licensing Specialist utilize the checklist to confirm the application form and collection of background information is complete and the application will be held if information is missing or invalid.

Upon completion of the administrative review, the substantive review of the home study is completed to evaluate the applicant's fitness for licensure. After the review process is completed, OLR will issue a license if the applicants have met all the required standards. If the standards have not been met, the application is denied.

Currently, the Foster Home Licensing (FHL) team is utilizing peer reviews to ensure consistency and compliance of the standardized checklist. Peer reviewers review the application utilizing one of the standardized checklists. Once complete, the liaison submits the checklists to the Supervisor for review. The outcome of peer review is provided to the licensing specialists. All checklists are available for immediate review if there is a question or dispute about additional information or license effective dates. Quarterly Monitoring Visits are completed for all foster home licensing providers regardless of contract status. These visits are conducted to ensure licensing agencies comply with licensing standards. DCS 15-07 Kinship Waivers for Foster Homes revised September 24, 2022 provides guidance for the issuance of kinship waivers Office of Licensing and Regulation (OLR) rules provide a specific process to allow consideration of kinship care applicants unable to meet all requirements of Arizona Administrative Code, Title 21, Chapter 6 to obtain licensure.

When an applicant for a foster care license qualifies as a kinship care provider but is unable to meet licensing rules, the private licensing agency shall submit a request for a waiver to OLR.

The kinship care waiver must be submitted with the initial application, each amendment request, and at each license renewal.

Child Welfare Facility Licensing

Arizona Administrative Code (A.A.C.) Title 6, Chapter 5, Article 74, and the Family First Prevention Services Act provides the licensing requirements and standards for Child Welfare Facility Licensing requirements. The Office of Licensing and Regulation (OLR) ensures that licensing standards are applied when issuing Child Welfare Facility licenses.

The Office of Licensing and Regulation (OLR) uses standardized checklists based on rule, regulation, and federal law and guidelines to assure that licensing standards are applied equally to all licensed child welfare residential agencies. For quality assurance, all initial and renewal applications are reviewed by the Child Welfare Licensing (CWL) Unit lead and Manager prior to approval or denial. All checklists and reports are maintained for each agency and are available for review at any time to verify any questions or disputes about the licensing or relicensing process.

In order to become licensed, the applicant agency must submit a Letter of Intent, attend a consultation

[20] 16 The administrative review consists all required documentation and information is submitted and meets the standards

meeting, and submit an initial application with all required supplemental materials. All applications and related materials are reviewed for full compliance by a CWL Unit Licensing Specialist. Every residential facility must pass a fire inspection, a life-safety inspection, and a CWL licensing inspection. In addition, each applicant must provide evidence of financial stability and that staff have received proper screening and training to safely and adequately perform their jobs. After the Licensing Specialist has reviewed the application and all supplemental materials to verify full compliance, a CWL Specialist visits the agency to review a random sample of personnel and client files to verify that the facility is in full compliance. 100% of all initial applications are reviewed by the CWL Unit Lead and Manager to verify agency compliance, and that the application reviewer did not overlook anything. The CWL Unit Manager denies the application unless all requirements are met, thereby ensuring 100% compliance with licensing standards.

During the annual license renewal process, the facility again must submit a completed renewal application with all required supplemental materials. The application and materials are again reviewed by a CWL Specialist to verify compliance with licensing requirements. In addition, a CWL Specialist visits the agency to review a random sample of personnel and client files. The number and types of files reviewed are based on the size of the agency, the number of children being served, and information from prior reviews. In order to ensure all requirements are assessed, file reviews are conducted with checklists created by the CWL Unit based on the requirements in Administrative Code. In addition to the file reviews, the reviewer visits all licensed residential homes to conduct a full inspection of the physical facility and various required logs and records. These reviews are also based on checklists listing the requirements found in Administrative Code. At the completion of each licensing renewal visit, the reviewer compiles all checklists and applicable information, and generates a renewal study report. This report provides a written summary of the findings of the renewal visit and review, and identifies any violations noted during the license renewal process. Upon completion, each report and all documentation is submitted to the CWL Unit Lead and Manager for review and approval before a renewed license will be issued. The CWL Lead and Manager reviews 100% of renewal applications for accuracy and compliance with all requirements by the applicant, thereby ensuring complete compliance with licensing standards.

The Department has no bans, restrictions, or limitations related to licensing of foster or adoptive families based on race, ethnicity, religion, or sexual orientation. The Department recognizes that children enter foster care with their own cultural backgrounds, which influences their behavior, beliefs, and world views. Because children benefit when foster parents respect and are supportive of their cultural differences, the Department has developed a well-rounded approach to recruit foster and adoptive families who reflect the ethnic and racial diversity of the children in the state for whom foster and adoptive homes are needed. Marketing campaigns target these populations through visual imagery and specific language that identifies the ethnic and racial diversity needs of the children in care.

The Department and agencies contracted by the Department to conduct recruitment and licensing have non-discriminatory fee structures. Any fees or procedures related to the foster and adoptive processes are the same for all families. There are no differences based on race, ethnicity, religion, or sexual orientation.

In August 2023, a survey was distributed to 160 foster care licensing agencies and 99 congregate care providers. Responses were received from 29 (18%) licensing agencies and 16 (16%) congregate care providers. *Table 1 Survey results: Licensing Standards Applied Equally*. The following questions were asked of both licensing agencies and congregate care providers:

Licensing Agencies
Q1: *Do you believe the Department applies licensing standards equally for all community foster care licensees during the initial licensing process?*

Q2: *Do you believe the Department applies licensing standards equally for all community foster care licensees during the renewal licensing process?*

Congregate Care Providers:

Q3: *Do you believe the Department applies the licensing standards equally for all congregate care providers during the initial licensing process?*

Q4: *Do you believe the Department applies the licensing standards equally for all congregate care providers during the renewal licensing process?*

Table 1 Licensing Standards Applied Equally

Response	Q1 Foster Home Initial	Q2 Foster Home Renewal	Q3: Congregate Care Initial	Q4: Congregate Care Renewal
Yes	58% (18 of 31 responses)	65% (20 of 31 responses)	56% (9 of 16 responses)	44% (7 of 16 responses)
No	42% (13 of 31 responses)	35% (11 of 31 responses)	44% (7 of 16 responses)	56% (9 of 16 responses)

Not all respondents provided responses to every question, therefore the number of responses may not equal the total number of respondents. Percentages calculated as the number of responses/total responses. This is a very small percentage of licensing agencies and congregate care providers and the results cannot be extrapolated across all agencies and providers.

In 2022, there was one congregate care renewal license denial and 5 renewal and 1 initial foster home license denial. OLR does apply licensing standards equally both at the initial and renewal issuances.

Stakeholder Engagement/Type:

In accordance with the Stakeholder Engagement Plan the stakeholder/type is identified below. Please see narrative for detailed description.

Interviews were conducted with Department staff overseeing the licensing processes for child care institutions and community foster homes to gather information and input for this item. Virtual or telephonic interviews were conducted with the following Office of Licensing and Regulation to confirm the processes described in this systemic factor include:

Assistant Director-Foster Care and Post Permanency Supports: interview
OLR Project Coordinator: interview
Family Home Licensing Unit Supervisor
Child Welfare Licensing Manager: interview
Foster Care Manager: interview
Foster Home/Group Home Investigation Supervisor: interview
Placement Administrator: interview
ICPC Administrator: interview
Statewide licensing agencies and congregate care providers: survey

Data Sources:

Licensing Agencies/Congregate Care Providers: survey
Semi Annual Child Welfare Report
National Electronic Interstate Compact Enterprise (NEICE) 2.0) ICPC data tracking system

Item 34: Requirements for Criminal Background Checks

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below. Ensure that you address all components of this question.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the criminal background check process?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor VII: Foster and Adoptive Parent Licensing, Recruitment, and Retention

Outcome measurements to determine substantial conformity:

Item 34: Requirements for Criminal Background Checks: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Analysis

Based interviews and review of statutes, policies, procedures Item 34 Requirements for Criminal Background Checks is rated as an *area needing improvement*.

Arizona received an overall rating of area needing improvement during the Arizona 2015 CFSR Round 3 for Item 34: Requirements for Criminal Background Checks.

The Department has the following policies, statutes and procedures to ensure compliance with the federal requirements for criminal background checks for the licensure or approval of foster care and adoptive placements.

Arizona Revised Statute §8-804 outlines the central registry checks for foster, adoptive and child welfare agency licensing requirements

Arizona Revised Statute §8-505 outlines the Department's responsibility to investigate the activities, and standards of care of child welfare agencies.

DCS 15-15 Family Home Licensing (FHL) Suspended or Revoked Fingerprint Clearance Cards states the Office of Licensing and Regulation (OLR) is prohibited from issuing, renewing, or continuing a license when a Level 1 Fingerprint Clearance Card issued to an applicant, licensee, or household member is suspended or revoked by the Department of Public Safety (DPS). Specifically, OLR immediately denies, suspends or This policy applies to foster home licensees and adult household members licensed under Arizona Administrative Code Title 21, Article 6.

Arizona Administrative Code (A.A.C.) Title 6, Chapter 5, Article 74 provides the licensing requirements and standards for Child Welfare Facility Licensing requirements. DCS 15-32 Background Checks Child Welfare Agency Staff ensures that child care institutions conduct the required background checks and annual reviews for both Central Registry checks and current fingerprint clearance cards.

Between January and September 2023, interviews were conducted with OLR staff to ensure the Department complies with the criminal background check requirements. Licensing staff conduct reviews at specific touchpoints in the license process (initially and annually for child care institutions and initially, renewals and amendments for foster homes). These reviews include a checklist that details the criminal background clearance requirements.

The Department's system of record, Quick Connect, houses information on Central Registry checks and fingerprint based criminal background checks. Quick Connect interfaces with the Arizona Department of Public Safety to provide real time daily results and status of fingerprint clearance cards for foster homes and employees of child care institutions. The interface results in a daily reporting of arrests, expired or revoked fingerprint clearance cards. Quick Connect also generates weekly reports for those applications/cards with no information or which have expired. This information is provided to the Foster Home and Child Welfare units who take immediate action.

The Foster Home Licensing Unit confirms the information with the Department of Public Safety and immediately revokes the foster home license. Additionally, the Child Welfare Licensing unit immediately notifies the child care institution who acts to ensure the employee no longer has access to children or is terminated from employment.

Child Welfare licensing has standard work that outlines process for notification of expired or no information fingerprint clearance care status for congregate care staff whose fingerprint clearance care is not populating in Quick Connect (expired or missing status) to ensure compliance with A.R.S. § 46-141, R6-5-7431 and DCS Policy 15-32, efficiency, and consistency within the units. Standard work for the notification of denied or suspended fingerprint clearance cards for congregate care staff occurs based on real time daily reports received from Quick Connect.

The Department's Audit Management Services conducts an internal review to determine compliance with the criminal background check requirements for congregate care providers. Employee rosters are reviewed to assess whether the required safety checks occurred upon hire, annually or were valid during the review period specific to fingerprint clearance cards. The results are provided to OLR to review with the providers and take any necessary actions.

The Department's written case plan format includes an out-of-home care plan, in which to specify for every child in out-of-home care the most recent information available about actions the Child Safety Specialist will take to ensure safety in the out-of-home setting. Team Decision Making policy requires that the Team Decision Making Meeting include a discussion about child safety and the placement decision, including discussion of whether the placement is the least restrictive and least intrusive required to reasonably ensure child safety, and consistent with other policy related to child safety.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to children and families' experience with the ensuring a diversity of foster and adoptive parent homes?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor VII: Foster and Adoptive Parent Licensing, Recruitment, and Retention

Outcome measurements to determine substantial conformity:

Item 35: Diligent Recruitment of Foster and Adoptive Homes: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Substantial conformity requires that at least three of the four items for this systemic factor be rated as a strength.

Analysis

Based interviews and review of statutes, policies, procedures Item 35 Diligent Recruitment of Foster and Adoptive Homes is rated as a *strength* as it is functioning statewide to ensure diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

Arizona received an overall rating of strength during the Arizona 2015 CFSR Round 3 for Item 35: Diligent Recruitment of Foster and Adoptive Homes.

The Department has a fully functional statewide process for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in out-of-home care. The Department's

statewide diligent recruitment plan is fully operational. The extensive activities to implement the recruitment plan are described in Arizona's Child and Family Services Plan 2020-2024 Revised and Resubmitted September 2019 to the United States Department of Health and Human Services. The statewide activities described in the Child and Family Services Plan include:

- general recruitment
- child specific recruitment
- targeted recruitment
- collaboration with community and fait-based organizations

Recruitment activities include meaningful collaboration with community partners to recruit and ethnically and racially diverse population of foster and adoptive families. For example:

- The Department will continue to use a marketing firm to develop campaigns that address the
- needs identified. The Department will study the success of each campaign and determine the most appropriate direction for future campaigns.
- The Department's Foster Recruitment and Retention Specialists (FRRS) assist with recruitment of new licensed caregivers and guide current caregivers as they navigate the foster care system. The FRRS collaborates with the FAS agencies to provide training and resources to allow the agency to be the primary support for their families. The FRRS gathers and shares data, which assists the Department and FAS agencies in improving services and supports to caregivers.
- The Department collaborates with agencies such as South Mountain Works Coalition, Native American Recruitment Committee through Phoenix Indian Center, and A Place to Call Home focusing on recruitment of families for African American, Native American and Hispanic children.
- The Department created *Foster Tradition*, a specific recruitment campaign targeted at increasing leads of Native American families which appears to have a higher conversion rates of leads. In addition to the campaign, the Office of Tribal Relations and OLR Foster Supports Team are collaborating to recruit Native American placement resources. By utilizing existing relationships with tribal communities and foster care agencies, the goal is to host recruitment events geared toward native families in FFY 2024. Events will be state-wide and include in-person and virtual events with the hope of also reaching families on reservations/tribal land.
- The OLR Foster Supports Manager attends a weekly ICWA Recruitment meeting hosted by the Department ICWA Liaison with members of the Navajo Nation. The Department created a specific advertisement targeted at increasing leads of inquirers who self-identify as American Indian. Additionally, a specific landing page was created to track these inquirers. Since May 2022, the campaign has generated sixty-two leads from prospective families interested in fostering Native American children.
- Recruitment of African American Families is supported by the relationships the Department has built with faith-based communities in Maricopa County. These relationships explore ways to serve children and families providing community foster care.
- The Department partners with AZ1.27 through collaborative recruitment and retention efforts AZ 1.27 is a partnership of churches who move forward a ministry of foster care and adoption. AZ 1.27's mission is to train local churches on how to best recruit and care for the members of their congregation. AZ 1.27 facilitates orientations, trainings, and support communities for prospective and licensed foster parents.

  In an effort to diversify leads, the Department has utilized techniques of product marketing where ads are placed for products typically used by caregivers fitting the demographic of underserved communities. The Department also has a dedicated group to address issues related to disparity of children in foster care. They have provided support and recommendations to the recruitment efforts

for diverse families.

- Many licensing agencies specialize in cultures or communities that families find relatable to their needs. Specialties include faith based, teen centered, independent living/transitioning to adulthood, kinship care, LGBTQ, and serving individuals with social, emotional, developmental and physical disabilities.

The Department works diligently to recruit foster and adoptive parents and improve recruitment outcomes. The pandemic had a significant long-term impact on recruitment and retention of foster and adoptive homes. *Table 3 Foster Home Summary* provides information about licensed foster homes. Although there was a 27% decrease in the number of foster homes that closed 2020 to 2022, there was a 41% decrease in new foster homes and a 28% decrease in available foster home beds. See Table 1 Foster Home Summary for additional information.

Although the number of foster homes increased from 3,593 homes in 2020 to 3,840 homes in 2022, the Department continues to focus on recruitment of foster homes for teens, sibling groups, and children with complex medical needs.

Performance Data Highlights

Table 3 Foster Home Summary

Data Period	July 2020 – December 2020	July 2020-December 2021	July 2022 – December 2022
Number of Licensed Foster Homes[21]	3,593	3,124	3,840
Number of Foster Home Spaces Available to DCS	8,030	7,001	6,745
Number of New Foster Homes	679	425	399
Number of Foster Homes Closed	862	777	632

source: Semi Annual Child Welfare Report March 2023

Table 4 Ethnicity of Foster Caregivers and Children in Out-of-Home Care compares the ethnicity/race of children in care to the ethnicity/race of licensed foster families. The most recent data from 2022 indicates that the percentage of foster families who are African American, American Indian and Hispanic is much lower than the percentage of children in care who are African American, American Indian or Hispanic.

Table 4 Ethnicity of Foster Caregivers and Children in Out-of-Home Care

[21] The number of available foster homes includes homes reported by the Department's Home Recruitment, Study and Supervision contractors along with foster homes utilized for appropriate children in coordination with the Division of Developmental Disabilities.

Ethnicity	Children in care 2020	Community Foster Caregivers 2020	Children in Care 2021	Community Foster Caregivers 2021	Children in Care 2022	Community Foster Caregivers 2022
African American	16.6% (2,398)	13.50% (689)	15.4% (2,160)	13.98% (594)	17.4% (2,033)	13.90% (510)
American Indian	8.1% (1,165)	2.0% (102)	8.0% (1,118)	2.05% (87)	9.6% (1,123)	1.8% (66)
Asian	.9% (134)	1.49% (76)	.9% (132)	1.93% (82)	1.2% (144)	1.85% (68)
Hispanic	33.0% (4,773)	22.94% (1169)	29.1% (4,079)	22.38% (951)	34.2% (4,001)	24.17% (887)
Caucasian	33.2% (4.804)	59.80% (3049)	29.0% (4,070)	59.45% (2527)	31.8% (3,720)	57.99% (2128)
Other	8.2% (1,187)	0.24% (12)	17.6% (2,463)	.21% (9)	5.8% (675)	.27% (10)
Total	14,461	5097	14,022	4250	11,696	3669

Sources: Children in Out of Home Care: Source: Semi Annual Child Welfare Report March 2023, September 2022 and September 2021; Community Foster Caregivers Active License Report Office of Licensing and Regulation. Children in out-of-home care as of the last day of the calendar year 12.31.20, 12.31.21 and 12.31.22). Ethnicity of Community Foster Caregivers reflects data from Calendar years 2020, 2021 and 2022. Ethnicity of foster caregivers is self-identified from the application uploaded to Quick Connect.

The Department regularly reviews data about the characteristics of children in care to focus recruitment efforts for foster and adoptive homes. Information is regularly shared with contracted agencies and community partners, and other stakeholders to develop targeted recruitment activities.

The Department bifurcated the Foster and Adoption Support contract to y support and license kinship caregivers and focus agencies' efforts on recruiting, licensing, and supporting community foster and adoptive families. The Department has solicited for both contracts with a projected implementation in early 2024.

Stakeholder Engagement/Type:

In accordance with the Stakeholder Engagement Plan the stakeholder/type is identified below. Please see narrative for detailed description.

Interviews were conducted with Department staff overseeing the licensing processes for child care institutions and community foster homes to gather information and input for this item. Virtual or telephonic interviews were conducted with the following Office of Licensing and Regulation to confirm the processes described in this systemic factor include:

Assistant Director-Foster Care and Post Permanency Supports: interview
OLR Project Coordinator: interview
Family Home Licensing Unit Supervisor
Child Welfare Licensing Manager: interview
Foster Care Manager: interview
Foster Home/Group Home Investigation Supervisor: interview
Placement Administrator: interview
ICPC Administrator: interview
Statewide licensing agencies and congregate care providers: survey

Data Sources:

Licensing Agencies/Congregate Care Providers: survey
Semi Annual Child Welfare Report
National Electronic Interstate Compact Enterprise (NEICE) 2.0) ICPC data tracking system

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

For this item, provide evidence that answers this question:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify the percentage of all home study requests received to facilitate a permanent foster or adoptive care placement that are completed within 60 days.

In your analysis:

Using relevant quantitative/qualitative data or information, briefly summarize the most salient observations and findings, including strengths and areas needing improvement, by answering the questions below.

- What data sources were used/analyzed to inform state observations? Briefly describe your analysis, including data periods represented, measures, and methodology.
- Are there limitations to the evidence and information (e.g., completeness, accuracy, reliability)? Briefly describe those limitations.
- What does the evidence show with respect to the system functioning statewide?
- What does the evidence identify as areas of strength?
- What does the evidence identify as areas in need of improvement?
- What does the evidence show with respect to stakeholders' experience with the Interstate Compact on the Placement of Children process overall?
- How do the findings compare to CFSR Round 3 performance in this area? Describe improvement efforts made during the PIP and/or CFSP, if applicable. To what extent does current information reflect those improvements?

State Response:

Systemic Factor VII: Foster and Adoptive Parent Licensing, Recruitment, and Retention

Outcome measurements to determine substantial conformity:

Item 36: State Use of Cross-Jurisdictional Resources for Placement: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Substantial conformity requires that at least three of the four items for this systemic factor be rated as a strength.

Department Policy and Procedures

Based interviews and review of statutes, policies, procedures and data Item 36: State Use of Cross-Jurisdictional Resources for Placement is rated as a *strength*.

Department policy and procedures on use of cross jurisdictional resources is summarized below.

Chapter 5: Section 9 Child Specific Recruitment outlines the Department's process for effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for children with no identified placements. The Department's statewide policy requires that:

> *Child specific recruitment shall be conducted to find adoptive families for legally and non-legally free children for whom no homes are found in the Adoption Registry, including children with special needs.*
>
> *For children who are legally free with no identified adoptive placement, child specific recruitment shall be initiated by sending a completed service request in Guardian;*
>
> - *Within five days of conducting an 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 shall be initiated on a selective basis, determined by the child's particular circumstances.*

Additionally, Arizona Administrative Code Title 21: Child Safety Chapter 5: Department of Child Safety-Permanency and Support Services provides requirements for child specific recruitment and the Interstate Compact for the Placement of Children.

Performance Data Highlights

Arizona received an overall rating of *area needing improvement* during the Arizona 2015 CFSR Round 3 for Item 36: Department Use of Cross-jurisdictional Resources for Permanent Placements

Child specific recruitment includes registering the child with the Department's Children's Heart Gallery, ADOPTUSKIDS, Wednesday's Child, contracted provider websites and other cross-jurisdictional resources, such as regional exchanges, to facilitate timely and permanent placement for children awaiting adoption. Department staff route child specific information to recruitment resources and/or search for prospective families listed with various adoption exchanges.

In 2015, the Department awarded the first Child Specific Recruitment (CSR) contract for the development of individualized plans to obtain permanency through guardianship or adoption for children who may have unique placement needs. The Department continues to contract with three agencies statewide to identify placements and provide support once placement has been located. In addition, a Phoenix contractor is the recipient of a Wendy's Wonderful Kids Recruiter grant from the Dave Thomas Foundation for Adoption. The grant is used to fund recruiters at the community agency and allows for smaller caseloads. Wendy' Wonderful Kids uses a child-focus evidence-based recruitment model proven to be three times more effective at achieving permanency for children who have been in foster care the longest. Since July 2022, twenty-two adoptions were finalized.

The Department had previously been unable to identify the number of children free for adoption who had no identified placement. Through the development of the CCWIS system, Guardian, the Department now collects an indicator on the person record for "legally free," an indicator on the adoption details screen related to if the child's current placement is an identified adoptive home or not, and an indicator on the case plan related to identify if the child is in an adoptive placement. Although relationships were not identified for 62.4% of adoptive placements for the current reporting period, the Department is confident that most of those adoptive homes are either relatives or foster parents. Table 3 Children with a Case Plan Goal of Adoption-Placed in an Adoptive Home shows that for the time periods reported, a vast majority of children who are legally free have an identified relative or foster parent. These children do not require registration with cross-jurisdictional resources.

Table 5 Children with a Case Plan Goal of Adoption-Placed in an Adoptive Home

Data Period	Legally Free	Partially Free	Not Legally Free	Relative Adoption	Non-Relative Adoption	Foster Parent Adoption	No Relation Identified
07.01.22 – 12.31.22 (N=1,133)	68% (771)	3.9% (44)	28.1% (318)	35.1% (398)	0.4% (5)	2.0% (23)	62.4% (707)
07.21.21 – 12.31.21 (N=1,416)	68.1% (965)	3.7% (52)	28.2% (399)	60% (849)	4.0% (56)	36.1% (511)	NA
07.01.20 – 12.31.20 (N=2,333)	66.2% (1,545)	3.1% (72)	30.7% (716)	55.1%% (1,286)	3.4% (80)	41.4% (967)	NA

source Semi Annual Child Welfare Report March 2021, 2022, 2023 Adoption CP tab

Table 6 Children with a Case Plan Goal of Adoption-Not Placed in an Adoptive Home

Data Period	Legally Free	Partially Free	Not Legally Free
07.01.22 – 12.31.22 N=424	80% (342)	4.7% (20)	14.6% (62)
07.01.21 – 12.31.21 N=787	75.25 (592)	21.9% (172)	2.9% (23)
07.01.20 – 12.31.20 N=1,349	58.8% (786)	3.7% (50)	38.0% (513)

source Semi Annual Child Welfare Report March 2021, 2022, 2023 Adoption CP tab

The Children's Heart Gallery includes a website, mobile display, and other recruitment strategies that feature children in Arizona's foster care system who are awaiting a permanent adoptive home The Department understands that families and individuals who are certified to adopt have varying preferences, including the child's age and gender. Active efforts will be made to specifically invite families who are on the Adoption Registry to be guides to children at the gallery events who meet their desired preferences. By attending a Children's Heart Gallery photoshoot, families and individuals will be given an opportunity to get to know a wide variety of children, and perhaps expand their preferences.

The Department continues to utilize AdoptUSKids.org to connect children with prospective adoptive parents cross-jurisdictionally. All inquiries on children featured on the website are responded to by Department staff. The Department, including the Foster and Adoption Recruitment team, Match Meeting Specialists, as well as recruiters from all three contracted CSR agencies, participated in a training provided by AdoptUSKids for the use of the "Find a Family" tool. This tool can be used to match children's profiles to the profiles of families who have registered on AdoptUSKids nationwide. As of August, 2023, there were 70 available Arizona children on AdoptUsKids.

The Department's Foster and Adoption Recruitment team meets with contracted Child Specific Recruitment (CSR) agencies and the Match Meeting Specialists on a quarterly basis to discuss successes and barriers and offer mitigation strategies during the reporting period. These meetings create an opportunity to identify and resolve systemic barriers towards permanency, any resources needed for families providing permanency and reinforce the shared responsibility at a minimum, to find permanent connections for children to ensure they do exit the foster care system without life-long supports.

Interviews with the Department's Recruitment Specialists reinforce the important work of the utilization of cross-jurisdictional resources. The resources allow the Department to focus on finding families for children,

not finding children for families.

Foster parent insight, opinions and suggestions for continuous improvement efforts is critically important to recruiting and retaining the highest qualified community foster and adoptive homes. Input is gathered in various ways. A satisfaction survey is distributed to licensed caregivers every June and December and includes questions about the relationship the family has with their licensing agency and DCS. The information obtained from the surveys is shared with the licensing agencies and upper management on a twice-yearly basis. The Department also reviews closure reasons reported by respondents. This information is compared to the closure reasons that are reported by the agencies to ensure that what is being reported is accurate and to identify any patterns that can be addressed in order to prevent potential closures.

Chapter 5: Section 37 Interstate Compact on the Placement of Children (ICPC) Overview, Referrals and Placement outlines the requirements for ICPC as a sending or receiving state for requests for home studies for potential placements.

Table 7 Interstate Compact on the Placement of Children Requests and Completion

Data Period	Arizona Home Study Requests	Other States Home Study Requests	AZ Completed Home Study Requests within 60 days	Other State Completed Requests within 60 days	Arizona Finalized Adoption Requests
CY 2020	1,750	937	69% (1,200)	60% (561)	77% (292/379)
CY 2021	1,216	937	83% (1,008)	89% (833)	87% (180/208
CY 2022	1,085	867	84% (911)	87% (754)	94% (166/176)

source: National Electronic Interstate Compact Enterprise (NEICE) 2.0) ICPC data tracking system

In August, 2023 an interview was conducted with the ICPC Administrator. Generally, the ICPC process provides cross-jurisdictional resources to facilitate permanent placements through requested home studies. Non-relative/fictive kin home studies requested by the Department in other states sometimes do not meet the criteria to finalize adoptions in Arizona which may cause a delay requiring the adoption to be finalized in the receiving state. Arizona requires fictive kin to be certified; however, some states do not require this certification. Those states participating in the NEICE system, experience more robust communication, which can potentially remove barriers to cross-jurisdictional placement. The Department continues to diligently work to process cross-jurisdictional requests within the required federal timeframes. The Department's response is slightly lower than other states nationally. Many of the adoptions that are not finalized in the identified calendar years do become finalized in the next calendar year, especially if they are received late in the year.

Stakeholder Engagement/Type:

In accordance with the Stakeholder Engagement Plan the stakeholder/type is identified below. Please see narrative for detailed description.

Interviews were conducted with Department staff overseeing the licensing processes for child care institutions and community foster homes to gather information and input for this item. Virtual or telephonic interviews were conducted with the following Office of Licensing and Regulation to confirm the processes described in this systemic factor include:

Assistant Director-Foster Care and Post Permanency Supports: interview
OLR Project Coordinator: interview
Family Home Licensing Unit Supervisor
Child Welfare Licensing Manager: interview Foster Care Manager: interview

Foster Home/Group Home Investigation Supervisor: interview
Placement Administrator: interview
ICPC Administrator: interview
Statewide licensing agencies and congregate care providers: survey

Data Sources:
Licensing Agencies/Congregate Care Providers: survey
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Appendix: CFSR State Data Profile

The state data profile can be requested from the state or the Children's Bureau.