"The Go-To Guide"

For DCYF Resource Parents

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

Prepared
by the
Arizona PS-MAPP Training Team

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

The information in this document is primarily focused on the needs of DCYF Resource Parents. Each DCYF foster family should have a copy of the following resource handbooks and handouts. They are the must have reference guides for all families.

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

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

Division of Developmental Disabilities (DDD) and Home Care Treatment Care for Home Care Clients (HCTC) Resource Parents may need some or all of these reference guides in addition to the information specific to either program services.

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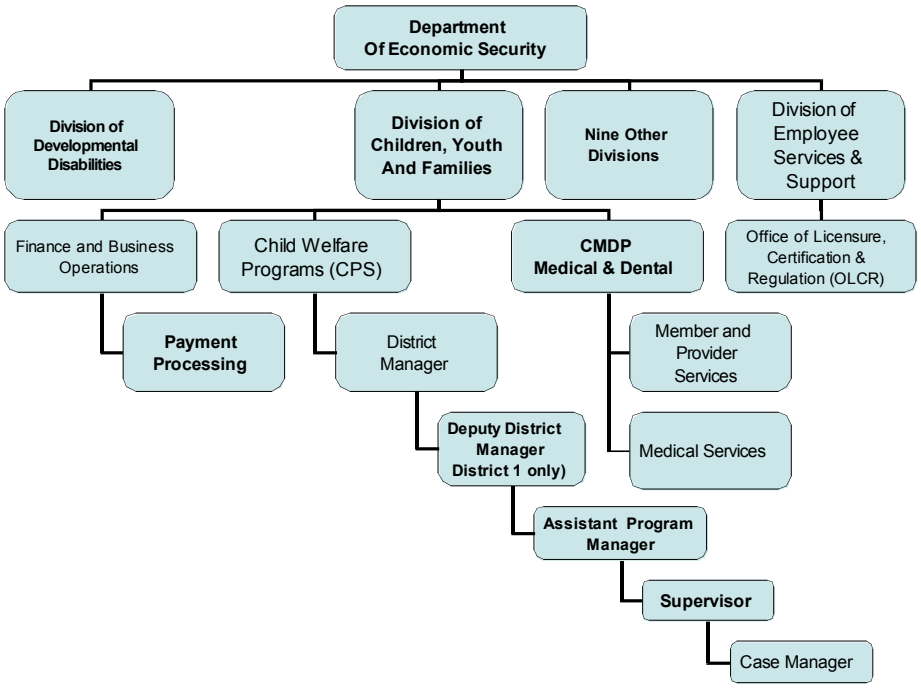
Division of Children, Youth and Families

The Division of Children, Youth and Families (DCYF) is a human service organization dedicated to achieving safety, well-being and permanency for children, youth and families through leadership and the provision of quality services in partnership with communities. Child Welfare Programs usually referred to as Child Protective Services (CPS) is a program under DCYF.

DCYF has seven districts. They are District I (Maricopa County), District II (Pima County), District III (Yavapai, Coconino, Navajo, and Apache), District IV (Yuma, Mohave and La Paz), District V (Pinal and Gila Counties), District VI (Cochise, Santa Cruz, Graham and Greenlee) and District VII is the statewide Arizona Child Abuse Hotline.

Organizational Chart for the Department of Economic Security (DES): The following organizational chart shows the structure of DCYF and the Office of Licensure, Certification and Regulation (OLCR) within DES.



Child Protective Services – Programs & Services

Child Protective Service (CPS) is a program mandated under state law (ARS §8-802) for the protection of children alleged to be abused and neglected. CPS receives screens and investigates allegations of child abuse and neglect, assesses child safety and the imminent risk of harm to the children. The investigation evaluates conditions that support or refute the alleged abuse or neglect and need for emergency intervention.

Following an investigation, the CPS team determines if the report should be substantiated or unsubstantiated. When a report is substantiated it means that the information gathered supports a finding of child abuse or neglect. CPS may provide services to the family or refer them to services in the local community. Most of the time, even when a report is substantiated, services are put into place to stabilize the family in crisis and the child remains in the home. When a report is unsubstantiated it means that the information gathered does not support a finding of child abuse or neglect. CPS may end its involvement with the family unless the family requests additional help.

Sometimes information gathered by CPS indicates that the risk of harm to a child is so great that he or she would be unsafe if allowed to remain in the home. When this happens, children must be removed on a temporary basis. A juvenile court may place the child in the custody of the Arizona Department of Economic Security. When a child must remain in CPS care, CPS will work with the family, the courts and a team of professionals to develop a plan of treatment for the child and the family. A child removed from his or her home may be placed with a relative or person with significant relationship with the child. When care by a relative or kin is not available or appropriate, the child may be placed in a foster home or a shelter. Kinship placements, foster homes and shelter care facilities are approved by the state. CPS monitors all placements.

Foster Children In Out Of Home Care: Arizona's foster children needing temporary and permanent families are teenagers, toddlers, infants, children with special behavioral and medical needs and sibling groups. They represent all racial and ethnic groups

In Arizona as of September 30, 2008, there were 10,303 children who were placed in out-of-home care due to abuse, neglect, abandonment or voluntary foster care.
Of these:

- 5,684 children had a case plan goal of "return to family" (55%).
- 3,381 children were placed with relatives. (33%)

Approximately 47% of these children are 9 years old or older, 39% are white, 36% are Hispanic, 14% are African American and 7% are American Indian.
Of the total number of children in out-of-home care, about 1,856 had a case plan goal of adoption. Most of these children will be adopted by relatives or foster parents.

To see additional and updated data regarding the child welfare population visit:
https://egov.azdes.gov/CMSInternet/appreports.aspx?Category=57&subcategory=20

Arizona Child Abuse Hotline

Arizona Child Abuse Hotline receives all reports of suspected child abuse and neglect statewide. The Hotline is part of Division of Children, Youth and Families (DCYF). Reports should be called to the Hotline for suspected child abuse, significant incidents that occur in the resource home and any communication believed to be important that immediate notification should occur. The statewide toll free number is 1-888-SOS-CHILD **(1-888-767-2445).**

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

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

Mandated Reporters of Suspected Child Abuse: The following persons are mandated reporters:

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

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

Family to Family

Family to Family: Family to Family is a set of family-centered principles, strategies, goals and tools designed to achieve better outcomes for Arizona's children and families. The Family to Family strategies include building strong community partnerships, making decisions as a team, recruiting, developing and supporting resource (foster) families and evaluating the results of our work. Family to Family has four basic principles:

- A child's safety is paramount;
- Children belong in families;
- Families need strong communities; and
- Public child welfare systems need partnerships with the community and with other systems to achieve strong outcomes for children.

DCYF's Family to Family Outcomes are:

- Reduce the number and rate of children placed away from their birth families.
- Increase the number of youth placed in foster homes in their own neighborhoods and communities
- Increase the number of children safely served in the most family based settings.
- Decrease the length of stay of children in placement.
- Increase the number and rate of children reunified with their birth families.
- Decrease the number and rate of children re-entering placement.
- Reduce the number of placement moves children in care experience.
- Increase the number and rate of brothers and sisters placed together.
- Reduce any disparities associated with race/ethnicity, gender, or age in each of these outcomes.

Family to Family includes practices to achieve these outcomes. Two of these practice concepts are Team Decision Making and Ice Breaker meetings.

Team Decision Making (TDM) - "Nothing About Me Without Me": A TDM is a collaborative meeting process involving the family, family supports, community members, CPS and support agencies. At a TDM meeting decisions are made and plans developed. The purpose is to discuss risk and safety concerns, strengths in the family/child and who, when, where and how the child will remain safe either with the family or in foster care. The plan includes how the child and family will be supported while the child is in foster care.

Ice Breaker or Introductory Meeting – The meeting is an opportunity to begin building a bridge between a child's family and the resource family. It allows everyone time to discuss and establish what each person expects of one another in the early stages (optimally within 5 days of placement) and share information about the child. This sharing will reduce child trauma while in care. (If Ice Breaker meetings are not now officially required in your District, suggest that you have a meeting with the child's parent(s)/family soon after placement. It can be called an Introduction Meeting.)

An Ice Breaker or Introductory meeting should also occur at the time of transitions for the child from one placement to another or from foster care to permanency.

Permanency Planning

Developing a Family Centered Case Plan: Every child and family receiving ongoing services from DCYF has an individualized family centered case plan.

The family centered case plan includes the following components:

- *Permanency Goal* for the child, and expected date of achievement. The permanency goals are reunification, adoption, legal guardianship and another planned living arrangement. A concurrent permanency plan will be initiated when children are unlikely to reunify with their parent within 12 months of the child's initial removal or within 6 months, if the child was under the age of three years old at removal;
- *Risk Areas,* are those specific long-term factors assessing the degree of harm or the severity of potential harm to a child, the behavioral changes required to resolve or reduce the risk, the individualized services and supports necessary and the period of time for review or completion.
- *Safety Threats* identifies present and/or impending danger of serious or severe harm to the child, the behavioral changes required to control the child's safety, the individually tailored services and supports to eliminate or reduce the threats and a time period for review or completion.
- *Child(ren) Needs* addresses the need(s) of the child(ren), the actions and services required to attend to each need.
  - *Health and Behavior Status*, documents the child's physical and mental health
  - *Educational Status*, documents the child's educational and/or developmental standing
  - *Out-of-Home Support,* records the support of resource home for the child
  - *Concurrent Goal*, records the specific concurrent permanency goal for the child
  - *Independent Living*, is completed for a child 16 years old or older and indicates the services to teach or enforce the young adult's self-sufficiency.
  - *Special Needs*, addresses all of the special needs of each child.
- *Out-of-Home Characteristics* answers yes or no to specific questions for each child on the case plan and if the answer is no, explains why:
  - Close proximity to parent's home?
  - Least restrictive environment?
  - Child is placed with siblings?
  - Caretaker speaks same language?
  - Effort to identify relative placement?
  - Child attending home school district?
- *Visitation Plan*, specifies for every child in out-of-home care the plan for frequent and consistent visitation between the child and the child's parents, siblings, family members, other relatives, friends, and any former resource family, especially those with whom the child has developed a strong attachment; and
- *Specific documentation* of how the family and other team members actively participated in the development of the plan.

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

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

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

Family Reunification Services: These services are identified in the family centered case plan. Reunification services are provided to a parent who is incarcerated and a party to a dependency case. The parent is to have visits and participate in case plan staffings and services.

Concurrent Permanency Plan: Concurrent permanency planning must occur for all children in out-of-home care when the prospect of achieving family reunification is unlikely to occur within 12 months of the child's initial removal. An assessment of the prognosis of family reunification will be completed within 45 days of the child's initial removal. If there is a poor prognosis for reunification, concurrent planning activities will begin to identify alternate caregivers to give the child a permanent family. A final concurrent permanency goal must be established within six months of removal.

Adoption: It is a legal process that makes the child a member of the adoptive family as if the child had been born to the family. Adoptive parents are certified by the court. When an adoptive family is selected for a child or children, the ability of the family to meet the child's needs governs the selection. No single factor is the sole determining factor in the selection of a family.

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

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

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

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

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

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

Difference between Adoption and Guardianship: In an adoption, the adoptive parents are the legal parents. The birth parents' rights have been permanently legally terminated. The adoptive parent makes all decisions concerning the child. The adoptive parent has the final say about contact and visitation with the birth family. In a permanent guardianship, birth parents' rights are suspended – ending their right to make day-to-day decisions for a child. Permanent guardians have the right to: physical custody of the child; make every day decisions; make decisions about health issues, both major and minor; decisions where the child will live; and decisions about school. The guardian has the final say about contact and visitation (unless the court has entered orders about contact).

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

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

Foster-Adoptive Placement: A child is eligible for foster-adoptive placement if the concurrent goal or permanent plan is adoption and who may not be legally free for adoption. Also, there are no relatives or significant persons who can meet his/her needs for an adoptive placement, or are unwilling or unavailable, or have been denied certification. The child is placed with a family licensed as a foster home and also certified to adopt.

Independent Living Program: A DES sponsored program, to assist foster children, in preparation of turning 18 by providing services including:

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

Please contact the CPS Case Manager for more information as to options and programs available to youth turning 18 years of age and becoming adults.

Children's Services Manual: More details about the CPS program can be found in the CPS Policy Manual on the internet at:
https://www.azdes.gov/dcyf/cmdps/cps/Policy/ServiceManual.htm

For more information about CPS programs and services go to:
https://egov.azdes.gov/cmsinternet/main.aspx?menu=154&id=2030&ekmensel=15074e5e_46_0_2030_4.

Placements

How Children Come Into Care / Family Reunification: Children are placed in out-of-home care after a CPS Investigation determines that no services or interventions can adequately ensure the child's health and safety in the family home.

Initially the primary case plan will be Family Reunification and all necessary services and supports will be offered to the parents so reunification can be successfully accomplished.

CPS will make every effort to minimize the length of time that a child resides in out of home care:

- By working closely with parents, extended family and community support networks to facilitate the child's safe return home; and
- By actively pursuing a concurrent permanent plan for the child.

Selection of an Out-of-Home Care Provider: CPS seeks to place every child who requires out-of-home care in a placement that addresses his or her unique needs. No placement will be denied or delayed on the basis of race, color or national origin of the resource parent or child. [Federal Multi-Ethnic Placement Act (MEPA) requirement]

Within the constraints of available resources and when consistent with the needs of the child, the order of placement preference, unless otherwise indicated is:

- with parent, members of the child's extended family and adult siblings; or with persons who has a significant relationship with the child; with minor siblings who are also in care, unless there is documented evidence that placement together is detrimental to one of the children;
- in close proximity to the parent's home; preferably within the child's own school district;
- in the least restrictive placement that will meet his/her needs; and with caregivers who can communicate in the child's language in the following order of preference:
  - licensed resource home
  - treatment foster care
  - group home
  - therapeutic group home
  - residential treatment facility
- in a setting that can promote stability for the child by minimizing placement moves.

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

CPS shares with the kinship foster caregiver all information about the child to ensure the caregiver meets the needs of the child and to assist the caregiver in carrying out the case plan. CPS encourages and supports kinship foster caregivers to become licensed resource parents. CPS provides information to all kinship foster caregivers about the following financial benefits:

- foster care reimbursement only if they become licensed as family foster parents;

- Monthly personal and clothing allowance for the child, and
- Special payments that may be available for the child.

While kinship providers are in the licensing process, CPS assists the kin providers to apply for Temporary Assistance to Needy Families (TANF) Cash Assistance (CA) for the children placed in their care. Other non-financial services the department should provide to kin providers regardless of whether they pursue licensing: child care, parent aide, respite care, case management, family assessment, transportation, housing search and relocation, supportive intervention and guidance counseling, emergency services, and additional services that CPS determines are necessary to meet the needs of the child and family.

Medically Fragile Placements: Is a category of care specifically for foster children meeting specific criteria. Please discuss this with your CPS worker or licensing worker if you believe your foster child is eligible. Additional training is required to provide this service.

Interstate Compact on the Placement of Children (ICPC): The Interstate Compact on the Placement of Children (ICPC) is a uniform law enacted by all 50 states, The District of Columbia and the US Virgin Islands. The compact establishes standardized procedures to ensure suitable placement and supervision for foster and adoptive children placed across state lines and defines the responsibilities of both where the state the child is currently residing (the sending state) and of the state in which the child may be placed (the receiving state). ICPC regulations apply when:

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

Placement of a child may not be made until the sending state's Compact Administrator has been notified in writing by the receiving state that the placement does not appear to be contrary to the interest of the child and does not violate any applicable laws in the receiving state.

Questions for Consideration before or at the Time of Placement: Resource parents should have their own prepared list of questions to ask when they are considering a child for placement in their home or questions that they need to ask as soon as possible after placement. Each resource family will have different information needs. Some suggested questions are:

- Why is/are the child(ren) being placed?
- Has the child(ren) been in foster care before?
- Will an Ice Breaker/Introductory meeting be held?
- How long does CPS expect the child(ren) to be in foster care?
- If the child has siblings in out of home care and they are not going to be placed together, what is the visitation plan?
- What is the case plan goal? What are my tasks in the case plan?
- What special needs does this child have; such as, medical, dental, educational and/or behavioral? What are the requirements for care of these special needs; i.e. transportation, foods, medications, appointments, therapy, meetings and/or conferences?
- What is the expected reimbursement rate?

- What is the child's understanding of why he/she has been separated from his/her parents?
- Is a pre-placement visit possible before making a final decision?
- What food, toys, possessions, stories and/or pictures help comfort the child?

The case manager may not have the answers at the time you ask the questions. Ask when the case manager might know the answers. Keep asking the question until you receive the information, if the question continues to be important.

Placement Packet: Each resource parent should receive from the CPS worker, at the time of placement or within five days. A placement packet should include:

- Child Placement Summary/Agreement (FC-011) completed with the CPS worker at the time of placement. This document gives name, and contact information for the CPS Case Manager, supervisor, and providers working with the child. Also visitation arrangements and who the child is and is not to visit. It includes parental and sibling information; medications; currently scheduled appointments; the responsible party for transportation; the next case plan staffing date; the next Foster Care Review Board Hearing and the next Court Hearing date, location and time. The resource parents confirms that they have been advised of the child's legal status, payment rate, current case plan goal; the placement is temporary; they agree to abide by the conditions of the Foster Home Agreement and if they DO NOT want to receive the case manager's written report to the Court. The resource parent is to sign acknowledging that he or she has read, understood and agreed to the placement terms.
- Notice to Provider (Medical) and (Educational), is completed by the CPS case manager at the time of placement. The Medical Notice to Provider confirms the DES/DCYF is the responsible party for payment for medical services. It is used at medical appointments until the CMDP card is given to them. It establishes the resource parents' right to health care records and information about the child's health care condition and treatment. The Educational Notice to Provider informs the school that the child is in the care, custody and control of DES and that the resource parent is an authorized caregiver. Both forms reaffirm the resource parent's responsibility to maintain confidentiality of records and the child's whereabouts.
- The following are blank forms for completion by the resource parent:
  - Basic Wardrobe Checklist: Used to document the clothing brought into the household and what clothing needs the child has currently. Then the caregiver documents the date of clothing purchases and the amount.
  - Child's Health and Medical Record: Used to keep a record of all medical and dental appointments, information resulting from the appointment and the provider's name.
  - Allowance Signoff Ledger: The resource parent and foster child sign this document when the child receives the personal allowance.
  - Purchase Ledger: Used to keep a ledger, with receipts, of all purchases made for the foster child while in their care and all amounts received by the caregiver for purchases.
  - Child's Contact Record: Used to document all face to face visits, phone calls, letters, cards or gifts and the child's reactions.
  - Child Information Guide: Is completed by the caregiver upon the child's leaving their care. It documents information about daily care, behaviors, effective discipline techniques, school and interests.
  - Foster Parent Wrap-Up (Feedback on Services): Caregivers are encouraged to provide feedback to "The System" as to the delivery, timeliness and appropriate services to the child while in their care.

- Significant Incident, (FC-122) (you should get 5 copies): Used to document an incident defined as: unexplained marks or bruises, an accident involving injury or trauma, runaway/missing, unauthorized visit, behavior not witnessed before, significant information not previously known, death, police contact, damage or theft of property, and other unusual events as stated in the Foster Parent Licensing Requirements R6-5-5834. This form is completed by the resource parents. Notify both your licensing agency and CPS of the incident. A copy of the completed form is provided to the CPS Case Manager, your licensing agency, the licensing authority (OLCR) and one copy is for your records.
- Child's Medical/Educational History and Status.

CPS should provide the following reports and forms at the time of placement, if available, or within five working days of placement

- Medical Summary Report. Which the foster or kinship family should sign acknowledging the recommended reimbursement level;
- Copy of the child's immunization record;
- Copy of the child's birth certificate;
- Copy of any minute entry setting a future dependency or delinquency hearing involving the child;
- Copy of the most recent Foster Care Review Board report, if the initial review has been held.

CPS should share available or within five work days of receipt, all information which will assist in providing care for the child, including:

- a copy of the case plan;
- special needs and health/dental conditions;
- behavioral and mental health concerns and any diagnosed conditions;
- visitation plans;
- planned appointments and other agency involvement;
- previous placement information;
- cultural practices and religious involvement;
- sexual orientation;
- food and activity preferences;
- educational history and needs; and
- history of abuse or neglect that may affect the child's behavior or needs.

Some of these forms are located on the DES/DCYF web site at https://www.azdes.gov/dcyf/adoption/forms.asp.

Normal Expectations in the First Month of Placement: The Resource Parent is to:

- Enroll the child in school within 5 days
- Select a Primary Care Physician and Dentist and notify CMDP of the provider information
- Have the child seen by the Primary Care Physician within 30 days
- Have the child seen by a Dentist within 30 days
- Practice the Emergency Evacuation Plan within 72 hours of placement
- Create your Contact List as soon as possible
- Find out from CPS the date, time and location of the following: Family/Sibling visitation; Medical/Dental appointments previously scheduled; any Behavioral Health Medication Review and Counseling appointments, Court and Foster Care Review Board Hearings; Case Plan Staffing; and Child and Family Team Meeting (CFT).

CPS case manager is required to:

- Provide you with the Notice To Provider, Medical and Educational information at the time of placement
- Call you within 24 hours of placement
- Supply you with a complete Placement Packet at the time of or within 5 working days of placement
- Visit you within 10 days of placement

Your Agency Licensing Worker will contact you within 72 hours of placement.

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

Answers for Newly Placed Foster Children: It is very traumatic for a foster child's to be removed from their family or any move including a planned move from one placement to another. They experience a sense of loss, fear and confusion. Awareness of these emotions and providing a safe way for the child to talk about these emotions can minimize the trauma. Here are some tips for providing simple information and starting a conversation to make a child feel comfortable on his/her first day/night of placement in your home:

- Have a conversation as to what they would like to call you?
- Help the child feel safe by telling him/her about your family and the neighborhood.
- Explain and show them where they will sleep and if applicable who shares the room.
- Give them a tour of the home and consider putting signs on the doors (Your Bedroom, bathroom, laundry etc.) until the child is comfortable with where everything is located.
- Inform the child about the rules about bedtime.
- Tell them if they are hungry what they can eat? Can they go into the refrigerator?
- Explain where the bathroom is and that a light will be left on so they will be able to find it easily. Inform them which towels are theirs.
- Ask if they would like help putting their things away and where they can put their belongings.
- Ask about their favorite foods, toys, clothing and music.
- Ask the CPS Case Manager when or if they can call their parents and siblings.
- Find out from the CPS Case Manager when the first family visit will occur. Research tell us that children who visit with their parents regularly are much less traumatized by being in care than those who go for long periods without seeing their family.
- Give the child the telephone number for the CPS Case Manager and reassure the child that he/she can call at anytime.

CPS Case Manager Visits with the Child: The CPS case manager's ongoing supervision of children in foster care is to ensure the safety, permanency and well-being of the child and to promote the achievement of the permanency goal. The assigned CPS Specialist has a face-to-face visit with the child and the resource parent in your home at least one time per calendar month. If the child is older than an infant, the CPS Specialist must spend part of every visit alone with the child. Any of these visits can be unannounced.

Child Protective Investigators, Case Managers, Supervisors or an authorized representative is to be given access, even when arriving unannounced, if a foster child is placed in your home. They must identify themselves, show photo identification and state the reason they are there. Remember, they are there to ensure the health, safety and well-being of the foster

child(ren) while respecting your rights as a provider. The vast majority of CPS visits will be prearranged at a convenient time for you and the child.

Whenever possible, the CPS Representative will ask to interview the foster child alone and in a safe and neutral setting. It is not unusual for the CPS case manager to take the child out of the home for some one-on-one time or social interaction.

Foster Home Transition Conference: Parents and all interested parties shall be notified if a change in placement is considered. If the licensed resource parent disagrees with the plan to move the child from their home, the CPS Specialist is to inform the resource parent that they have 24 hours to request a Foster Home Transition Conference to review the reasons for the change of placement. A Foster Home Transition Conference is not an option when the change of placement is to:

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

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

The CPS Specialist, the CPS Specialist's supervisor, the licensed resource parent, and two members of an FCRB's Removal Review Teams, at minimum, shall participate in the Foster Home Transition Conference. DCYF holds the Foster Home Transition Conference within 72 hours of being informed of the licensed resource parent's disagreement with the change of placement. Weekends and holidays are excluded from the 72 hours.

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

Resource Parents

Confidentiality: DES Rules require that resource parents treat all information concerning a foster child and his/her family as confidential. Resource parents must protect and not discuss or release confidential information and records without authorization from the case manager or other authorized CPS representative. This information remains confidential even when the child is not longer in your home.

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

The foster child's immunization record, his/her birth certificate, the current Individual Educational Plan (IEP), if appropriate, and any other relevant educational information may be provided to enroll a child in school. The Notice to Provider (Educational) form identifies the child as a court ward in the care of the resource parents. If the school requests additional documentation, resource parents are to contact the CPS Case Manager for authorization prior to releasing any additional information.

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

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

No information is to be given to the attorneys for the mother, father and other interested parties without prior authorization from the CPS Case Manager.

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

Finally, when in doubt, do not share the information and consult with the CPS Case Manager. Please refer to the Confidentiality, Guidelines for DES Foster Parents handbook for more detailed information.

Discipline: The goal of discipline is to teach the child self-control, self-reliance, self-esteem and orderly conduct through approved and prescribed interventions. Use of unacceptable methods of discipline upon children in state custody will not be tolerated under any circumstances. Resource parent will not punish or maltreat a foster child and will not allow any other person to do so. Punishment or maltreatment include but are not limited to the following actions:

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

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

Members of the Team: Remember you are an important and professional member of the child welfare team which can include:

- *The Court-Judge or Commissioner:* Presides over the legal dependency and has the final responsibility for all decisions as to the care, custody, control and welfare of the child.
- *The Foster Child's Family:* Family is those persons that have a meaningful relationship with the child as determined by their own criteria. Normally the family includes parents, siblings and extended members by choice, blood and/or legal relationship.
- *Case Manager:* The Case Manager is the team coordinator. Every child in a foster home has a case manager. The case manager works with the foster child's family, with the resource family, reports to the court and the Foster Care Review Board (FCRB), and other advocates, provides regular progress reports, and authorizes services.
- *The Assistant Attorney General (AG):* This attorney represents the State of Arizona, DES and acts as the legal advocate and advisor to the case manager. They approve all dependency and severance petitions, interview witnesses, obtain information and organize evidence for trials.
- *Guardian Ad Litem (GAL):* The guardian ad litem may be an attorney, a volunteer special advocate or other qualified person. The GAL represents the child's best interests, which is not necessarily the same as the child's wishes. This usually occurs when the child is of an age to assert his/her own opinion but the child's wishes are not in his/her best interest (e.g. return home when child's safety cannot be assured).
- *Private Counsel and Attorneys*: There are often several attorneys involved in the case. The role of attorneys to investigate the facts and law of the case, to advise their clients, and to advocate their clients' position. (Assistant Attorney Generals: Provide legal representation to DES); (Birth Parent's Attorney: Serve as legal advisor and advocate for

the birth parent's position); (Child's Attorney: Serves as legal advocate and advisor for the child.)

- *Court Appointed Special Advocate (CASA)*: A volunteer who provides advocacy for children involved in the juvenile court process. They are appointed by a judge for the life of the case. CASAs have access to all documents and information about the child and the birth family history. CASAs provide information to the court to assist in making decisions concerning what is in the child's best interest.
- *Mental Health Professionals*: Those persons who provide Behavioral Health services or supports. In general, these professionals will be employees of or contracted by the Regional Behavioral Health Authority (RBHA). The RBHA Case Manager is the coordinator for behavioral health services.
- *Licensing Specialist*: Is an employee of a contracted foster care agency. Each foster family has an assigned licensing specialist. He/she provides support, assistance and advocacy for the foster family.
- *Others such as school, tribal personnel and probation or parole officers, etc.*

Communication

Communication and Documentation with all Parties of "The System": Effective and timely communication and involvement with your licensing agency, CPS, Foster Care Review Board, the Court, attorneys, health and dental care providers and others is essential to the coordination of information, services and supports. Discuss with each entity their preferred method of communication such as email, telephone calls, in-person talks and/or written documentation.

Whenever possible, use e-mail to document your correspondence. E-mail is a wonderful tool, especially in communicating with a case manager, who is often difficult to connect with in person. E-mail not only allows you to communicate but documents your reports and requests, as well as all responses and keeps them in chronological order and dated.

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

Advice or Assistance: When you need advice or assistance, who do you turn to? Remember there are no dumb questions and every situation is different. Seek assistance from your licensing agency, the CPS Case Manager, the biological family, an agency sponsored Mentor Family, medical professionals, resource information documents, the DCYF Children Services Manual, and the Regional Behavioral Health Authority.

Contact List: With the help of your CPS case manager and your licensing worker, create a contact list for future use. You will need it! Consider including the following:

- CPS case manager of each foster child
- CPS Unit Supervisor of each case manager
- Child Abuse Hotline number
- Licensing Agency
- Your Licensing worker
- After Hours contact information for the Licensing Agency
- Regional Behavioral Health Authority

- RBHA contracted behavioral health providing agency
- After Hours behavioral health crisis line
- School teacher
- School principal
- Parent contact
- Comprehensive Medical and Dental Program (CMDP)
- Child's Primary Care Physician of each foster child
- Child's Dentist of each foster child
- Any specialty health care providers of each foster child
- Guardian Ad Litem of each foster child
- Child's Attorney of each foster child, and
- Court Appointed Special Advocate (CASA) of each foster child, if applicable.

Conflict Resolution: Disagreements among resource parents and CPS personnel, such as the CPS Case Manager, should be discussed and resolved in a cooperative and professional manner. Resource parents and foster children, age 12 and older, have the right to express dissatisfaction with services and/or treatment received. Resource parents and foster children are encouraged to work through the CPS chain of command. First discuss the issue with the assigned CPS case manager. If the conflict is not resolved then speak with the CPS Unit Supervisor. Please allow each person time to discuss the issue with you, to research the conflict, and finally present a resolution. The Conflict Resolution process includes:

- *Problem Resolution Conference* may be conducted in person or over the telephone, no more than ten days after the request is made. Contact the CPS Unit Supervisor to initiate this conference. Who attends is determined by the nature of the concerns or issues raised. The complainant is encouraged to raise the issue informally with the supervisor though the use of such a conference.
- *Formal Complaint Process:* If a complaint meets the standards for the formal grievance process and the conflict or complaint can not be resolved informally, the CPS Case Manager or CPS Supervisor is to advise the resource parent or child of this process. They are to provide the resource parent or child a copy of the ACY-1095A, Level 1 Client Grievance document and if needed, to assist them in filling it out. The Assistant Program Manager or designee will schedule a face to face meeting or a teleconference within 10 working days from the date of receiving the ACY-1095A by the Division's Central Office. A response letter is to be mailed within 5 days of the meeting and will include a Level II Client Grievance form, ACY 1095B so the resource parent or child may appeal the decision if desired. There are 3 levels to the grievance process, if necessary.

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

Resource parents are to notify CPS within 48 hours of an occurrence or event likely to affect the well-being of the foster child in the resource parent's care such as: a foster child's involvement with law enforcement; serious illness or death involving a member of the resource family's household or significant person; change in the resource family or household composition and absence of one resource parent from a two parent household for more than seven continuous days.

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

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

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

Emergencies

Emergency Call Procedures:

	Who to Contact
Life Threatening Medical Emergency	Dial 911
Crisis with the child during work hours	Call the case manager or supervisor
Crisis with the child after hours	Call Arizona's Child Abuse Hotline 1-888-767-2445 for the rest of the state
Crisis in foster home during work hours	Call the foster home licensing specialist or licensing agency
Crisis in the foster home after hours	Call the after hours number of your licensing agency Call Arizona's Child Abuse Hotline 1-888-767-2445 for the rest of the state
Behavioral Health Emergency, if life threatening	Dial 911
Behavioral Health Emergency, non-life threatening	Call the RBHA Emergency Line and ask for a Crisis Team to come to your home

Run Away Children: If a child runs away, or is absent without explanation, notify the police, the child's case manager or if after hours, weekends or holidays contact the Child Abuse Hotline at 1-888-767-2445 immediately. Also contact your licensing agency.

Immediately contact the Police department. To assure that the report receives the proper attention, alert the police that the child is a foster child in custody of DES/DCYF. A photograph is a very important tool to provide to law enforcement. If the child is at risk due to medication needs, physical conditions, emotional status, or is a danger to self or others, make sure the police include this information in the report. Remember to get a Report Number from the police.

Utilize all of your neighborhood supports, friends and family in the search. One resource family member needs to stay home and answer the phone in case the child is found to then notify everyone else.

When the foster child is found, notify the police, CPS, your licensing agency and anyone else assisting in the search.

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

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

Day Care / Child Care

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

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

Child Care by a DES Child Care Administration (CCA): CPS may provide CPS child care services as a support service for Resource Families through the Child Care Administration (CAA). CPS child care may be provided for up to a maximum of 23 days per month per child. Foster children 12 years of age and younger are eligible.

Within funding limits, CPS child care may be provided to children in out-of-home care for the following purposes:

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

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

not cover these fees. A resource family can bear the financial responsibility or request that the facility waive the fee for this specific foster child.

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

Then the resource parent contacts the CPS Case Manager who must complete the necessary referral form. The referral request for CPS child care is not to exceed six months. The CPS Case Manager is to review the need for continued CPS child care services at least every six months.

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

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

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

- Use reasonable judgment in their choice of an adult to provide care.
- Notify the CPS case manager within 24 hours in a non-emergency situation.
- Notify the CPS case manager within 72 hours in an emergency situation.

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

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

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

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

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

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

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

Transportation & Travel

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

Vehicle Requirements: Vehicles transporting foster children must be in safe operating condition. Vehicles must be covered by liability insurance. The driver must have a current, valid driver's license. Children under the age of 5 must be in appropriate and correctly installed child car seats. (Refer to Car Seats) All other children must be appropriately and correctly restrained. Vehicles must have enough seat and seat belts for all passengers. Foster children may not ride in the bed of trucks.

Car Seats: Arizona law requires all children under the age of five to be properly secured in a child restraint device meeting federal standards. The driver can be assessed with a $50 penalty for failing to take this action.

- Infant Seats: Birth to 20 Pounds and at least one year of age: Infants should be in a reclined infant car seat or convertible seat in the infant position to protect the delicate neck and head. All straps should be pulled snugly. The car seat must face the rear of the car and should never be used in a front seat where there is an air bag. The infant must face the rear so that in the event of a crash, swerve, or sudden stop, the infant's back and shoulders can better absorb the impact. Household infant carriers and cloth carriers are not designed to protect an infant in a car and should never be used. Please never place any toys or mirrors around or near the child's face. During a crash these objects become flying projectiles and will injure your child.
- Convertible Seats: 5 to 40 Pounds: After children reach at least 1 year and 20 pounds, the convertible seat can be turned forward and placed in the upright position in the back seat of the vehicle. Fasten the convertible car seat with a vehicle seat belt, properly

inserting the belt through the car seat frame according to the manufacturer's instructions. Read the vehicle owner's manual for specific instructions. A locking clip is needed when using a vehicle lap/shoulder belt with a latch plate that moves freely along the belt.

- Booster Seats 40 to 80 Pounds: When a child outgrows the convertible car seat or weighs about 40 pounds, either a belt positioning (backless) or high-back booster seat can be used with a lap/shoulder belt in the back seat of the vehicle. For those vehicles that do not have lap/shoulder belts, the options are limited:
  - 1.) Retrofit the vehicle with shoulder belts,
  - 2.) Use a harness or vest system,
  - 3.) Purchase a new booster seat with harnesses that secure to the vehicle seat with the lap belt.
- National safety experts recommend that child up to 9 years of age and under 4"9" tall use restraint systems that ensure safety.

Car Seat Belts: ARS 28-909 (A): Each front seat occupant must have the lap and shoulder belt properly adjusted and fastened while the vehicle is in motion. If only a lap belt is installed, the lap belt must be properly adjusted and fastened while the vehicle is in motion. All foster children must be appropriately and correctly restrained in car seats no matter where they are seated in the vehicle.

Drivers License: When a youth is a ward of the court, the Division of Children, Youth and Families or any representative can not sign for a driver's instruction permit or a driver's license. Neither DES nor any representative accepts responsibility for the actions of the minor when driving a motor vehicle.

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

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

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

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

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

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

Daily Care & Miscellaneous

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

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

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

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

In order to be considered for unsupervised alone time:

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

Honoring the Child's Culture: The child's family traditions, values, social and communication norms can be very different from our own. Resource parents are to acknowledge and honor a child's culture by talking with the child about their culture, having food, magazines, books, toys, etc. geared to the child's ethnic and cultural group. This includes providing the child with cultural mentors, watching TV programs and listening to music with positive

messages about the child's community. Web sites devoted to the child's culture may be useful resources.

Religious Practices: Resource parents are to recognize and support the religious beliefs of the child and the child's parents. Resource parents cannot require a child to attend or participate in religious activities of the resource family or against the child's or family's wishes. Resource parents cannot consent to a child joining a church or religious group, baptism, confirmation, christening or other religious event. When a child of another religion is placed with a resource family, every opportunity should be afforded the child to worship as they wish. Resource parents should discuss potential conflicts with the case manager before the child is placed to begin planning alternative arrangements.

Participation in Sports and Activities: A foster child can participate in school or organized sports and activities. Resource parents may sign permission slips for these activities. The child's parents and family members should be invited to participate in these activities unless advised otherwise by the CPS Case Manager.

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

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

Hair Cuts: Foster children are not allowed to get hair cuts that significantly alter their appearance, without clearance from the biological parent or after the case manager has received parental approval. If the decision is mutually made by the resource parent and biological parent, then the case manager should be informed by the resource parent. Remember that hair styles are often a significant part of the culture and heritage of the child and the child's family.

Pets for Foster Children: Foster children often suffer the grief and loss of separation from his/her pet at the time of coming into foster care. Prepare to be asked whether you are willing to bring the pet into your home. Resource parents should consider and use their own judgment about bringing the child's pet into their home or allowing a child to get a pet while in your home. Keep in mind that the pet may not be able to move with the child. Consider the expenses incurred for the routine and medical care for the pet.

Shared Parenting

Ice Breaker or Introductory Meeting Participation: Some suggestions of questions you might ask the biological parent(s) or current caregiver:

- Who is the child close to? Ask the CPS Case Manager about contact with them.
- How is the child soothed or calmed down?
- What makes the child happy or what does the child enjoy?
- Health and dental information
- Medications; who prescribed them and where were they last filled?
- Foods, liked and disliked, how they were prepared?
- Eating habits and routines; such as - is the child a finicky eater or a good eater, the child doesn't like food to touch one another, the child is used to eating at 7am, noon and 5pm
- Morning rituals; what time does the child rise, is the child a morning person?
- Hygiene; what can the child do himself/herself and what does the child need assistance, how is that assistance provided, dressing?
- Bedtime rituals; bath, story, night light
- Cultural rituals and norms; church, foods, celebrations
- Favorite toys and playtime or recreational activities
- Disciplinary techniques that work and those that do not
- Would the parent(s)/family be willing to share photographs so the child can have them in the child's room?
- Etc…

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

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

How might you prepare for this meeting?

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

Visitation Plan: CPS will facilitate contact between a child and the child's parents, siblings, family members, relatives and individuals with significant relationships to the child. This preserves and enhances relationships with and attachments to the family of origin. All case plans for children in out-of-home care include a contact and visitation plan. It is developed with involvement of family members and the child, if age appropriate. Frequency, duration,

location and structure of contact and visits are determined by the child's need for safety and for family contact with safety being the paramount concern. Visitation takes place in the most natural, family-like setting possible, with as little supervision as possible, while still ensuring the safety of the child.

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

Resource parents may be asked to provide transportation to and from supervised visits and in specific cases, they may be asked to provide supervision of parental or family visits.

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

Health Care – Medical, Dental and Behavioral

CMDP

Comprehensive Medical and Dental Program (CMDP): The vast majority of children not eligible for DDD are enrolled in CMDP. It is an AHCCCS health plan only for children in out of home care.

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

For specific medical, dental, service, prior authorization, or provider information, visit the CMDP website at: www.azdes.gov/dcyf/cmdpe/ or call (602)351-2245 or 1-800-201-1795.

Choosing a Primary Care Physician/a Medical Home - Any health care professional providing services to a foster child through CMDP should be listed on the Provider List. An up to date listing of providers can be found at https://www.azdes.gov/dcyf/cmdpe/.

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

- Personal Relationship – the foster child has an ongoing relationship with a culturally appropriate professional trained to provide continuous and comprehensive care.
- Comprehensive – the PCP is responsible for all health needs and arranging care with other specialized and qualified professionals.
- Team Approach – The Medical Home is the center for all specialized treatment necessary for the health and welfare of the child, including behavioral health treatment.
- Coordinated - The care is coordinated with health information retained in one location and disseminated in accordance with HIPAA laws to whom and when needed.

Every effort should be made to continue care with the child's previous Primary Care Physician (PCP); this affords the child continuity of health care and retention of all known medical history and knowledge of the child. Such continuity offers the child reassurance as the child is already familiar with the provider and will likely be returning to the care of the PCP upon reunification with the family.

If the prior PCP is not contracted with CMDP, call CMDP's Member Services unit to see if they can not make arrangements for the health care provider to continue caring for the child while with the CMDP health plan.

If it is absolutely not feasible to continue care with the previous health care provider, contact the CMDP Member Services unit to provide options of culturally competent contracted providers who can provide the appropriate medical services specific to the child's known needs. Factors to consider when choosing a culturally competent health care provider are:

- language, is the child accustomed to a Spanish speaking medical provider
- gender, is the child more comfortable or used to a female or a male medical provider
- age, is the child familiar with a young or older medical provider
- to whom and how is medical information communicated; and
- who should provide treatment and the type of treatment, such as the use of a medicine man for some Native American families and/or the use of herbal medicines rather than prescription medicines?

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

The Resource Parent needs to call CMDP with the name of the chosen PCP, the practice name, the location and phone number.

An Early and Periodic, Screening and Diagnostic Appointment (EPSDT) - These comprehensive medical examinations are also called Well Child Visits. Each foster child is to have a completed EPSDT examination within 30 days of placement. Well-child check-ups/EPSDT services include:

- A complete health and developmental history (including physical, nutritional and behavioral health assessments)
- An oral health screening
- A comprehensive unclothed physical exam
- Lead and tuberculosis (TB) screening
- Lab and X-Ray services when needed
- Rehabilitation services which includes occupational, speech and physical therapy, if needed, including referrals to Children's Rehabilitative Services (CRS)
- Health education and guidance about the child's health care and development
- Immunizations
- Vision and Hearing screenings

If there are questions about EPSDT or well-child services, please call CMDP Member Services, (602) 351-2245 or 1-800-201-1795 or go to their web site at https://www.azdes.gov/dcyf/cmdpe/.

Children between birth and the age of 2 should receive 11 EPSDT examinations. Please consult with your Primary Care Physician (PCP) to ensure the foster child is receiving all of the necessary and comprehensive exams.

Children, 3 years or older, must be scheduled with a dentist within 30 days and seen by the dentist for a check-up within 60 days. Children should have a dental check-up every six months.

Foster children are required to have at least one annual well-child EPSDT check-up by their Primary Care Physician.

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

Immunizations: Every foster child are to be up-to-date on his/her immunizations or be in the process of becoming up to date through The Catch Up Immunization Schedule which will be determined and administered by the Primary Care Physician.

CPS can not immunize a child over the religious objection made by the biological parent to CPS or the Court. Resource parents do not have that option.

The State of Arizona has laws requiring school children and childcare enrollees to be age-appropriately immunized. There are exceptions and additions to the rules and are as follows: Parents whose religious beliefs do not allow immunizations must sign a religious exemption. Also, the child's doctor must sign a medical exemption form if there is evidence of immunity or a medical reason why the child cannot receive shots. A copy of the lab results must be kept on file to prove the child's immunity.

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

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

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

   These examples would be:

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

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

Examples would be:

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

Dental Care – CMDP members are recommended to begin dental visits by one year of age. By the age of three years, foster children are to see the dentist twice a year for routine exams and if indicated more often. A dental assessment is to be arranged within 30 days of placement or the resource parent is to obtain the results of a dental assessment that occurred with 30 days prior to placement in their home.

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

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

Behavioral Health – RBHAs

Behavioral Health Services: Most foster children if they are CMDP eligible receive behavioral or mental health and drug and alcohol abuse services from the Arizona Department of Health Services Regional - Behavioral Health Authority (ADHS-RBHA).

CPS will refer all children in out-of-home placement to the local Regional Behavioral Health Authority (RBHA) for a behavioral health assessment within 24 hours of removal. The CPS case manager will and the caregiver is encouraged to participate in person, in the assessment process and provide information pertinent to an effective assessment.

At anytime after the initial evaluation, if the CPS case manager or the resource parent believes the foster child needs to be reevaluated due to a change in circumstances, responses, behaviors or professional opinion, the CPS case manager can request another behavioral health assessment.

The CPS case manager and resource parents are to monitor the appropriateness and timeliness of services provided by the RBHA provider and advocate for the foster child's service needs.

The RBHA services include, but are not limited to:

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

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

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

- The RBHA will accept referrals 24 hours a day, seven days a week from all sources,
- If the RBHA doesn't have a centralized intake process, a directory of providers receives the referral.
- Initial evaluations will occur within 7 calendar days of the referral.
- The first behavioral health service appointment will be provided within 23 days.
- A routine psychiatric visit will occur within 30 days of determination of need for the service.
- The wait time for appointments will not exceed 45 minutes.
- An Individualized Service Plan (ISP) will be developed within 2 weeks of completion of the evaluation to include:
  - ✓ Non-acute service needs
  - ✓ Acute service needs
  - ✓ An interim service plan to be developed within 24 hours of the screening and or evaluation.

Crisis Services: Initially a face to face or telephonically assessment of the acuity of the situation will occur.

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

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

The 2009 Regional Contractors

Regions Served	***RBHA***	***Phone Number***
Apache, Coconino, Mohave, Navajo and Yavapai Counties	*Northern Arizona Behavioral Health Authority (NARBHA)* *https://www.narbha.org/NARBHACD/*	*Member Services* *1-800-640-2123* *Crisis Line* *1-877-756-4090*
Gila, Pinal, La Paz and Yuma Counties	*Cenpatico Behavioral Health of Arizona* *https://www.cenpaticoaz.com/portal/public/cbh_az*	*Customer Service* *1-866-495-6738* *Crisis Line* *1-866-495-6735*
Cochise, Graham, Greenlee, Pima and Santa Cruz Counties	*Community Partnership of Southern Arizona (CPSA)* *http://w3.cpsa-rbha.org/static/index.cfm?action=group&contentID=1*	Member Services (520) 318-6946 1-800-771-9889 Crisis Line Pima County (520) 622-600 Other Counties 1-800-586-9161
Maricopa County	*Magellan of Arizona* www.magellanofaz.com/	*Member Services* *1-800-564-5465* *Crisis Line* *(602) 222-9444*

The Child and Family Team: This behavioral health facilitated meeting is to address all of the mental health and subsequent related issues affecting the child and his/her family. The child and the child's family should be present at each meeting to address the current issues and how it effects the mental functioning (educational, social, developmental, health, spiritual) of the child and/or family. It also allows a forum for all parties to address these issues together in coordination with the CPS Case Plan, the services or supports needed or being provided for the child and family.

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

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

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

1. Collaboration with the child and family: Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as

partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

2. Functional outcomes: Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.

3. Collaboration with others: When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented. Client centered teams plan and deliver services. Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Child Protective Service and/or Division of Developmental Disabilities case worker, and the child's probation officer. The team (a) develops a common assessment of the child's and family's strengths and needs, (b) develops an individualized service plan, (c) monitors implementation of the plan and (d) makes adjustments in the plan if it is not succeeding.

4. Accessible services: Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when they are needed but not available.

5. Best practices: Competent individuals who are adequately trained and supervised provide behavioral health services. They are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practice." Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class member's lives, especially class members in foster care. Behavioral Health Services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. Most appropriate setting: Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most integrated and most home- like setting that is appropriate to the child's needs.

7. Timeliness: Children identified as needing behavioral health services are assessed and served promptly.

8. Services tailored to the child and family: The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

9. Stability: Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and criminal justice system. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.

10. Respect for the child and family's unique cultural heritage: Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence: Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self- management. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. Connection to natural supports: The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

The Arizona Dept. of Behavioral Health Services has published a handbook entitled The Unique Behavioral Health Needs of Children, Youth and Families Involved with CPS.

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

General Health

Authorization for Medical, Dental Care or Behavioral Health Treatment –Resource parents are authorized to consent to:

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

Resource parents are prohibited from consenting to general anesthesia, any non-routine surgery, testing for the presence of the human immunodeficiency virus, a clinical trial for HIV/AIDS treatment, blood transfusions, and abortions or abortion related treatments.

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

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

Health Information Portability and Accountability Act (HIPAA) is the federal law dictating the use, release and records maintenance of personal health care information. Resource parents should have access to the medical records of foster children who are in their care. This Arizona Statute was enacted to ensure resource parents receive the health care information they need, participate in the services and sign for such services. Please see the statue below. Each resource parent should receive a Notice to Provider (Medical) form at or within 5 days of placement. The Notice should be part of the Placement Packet.

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

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

Emails to CPS Case Managers containing information concerning medical and dental communications, are considered to be de-identified per HIPAA regulations when:

a. They do not include the name of the child
b. The CMDP ID number
c. The Social Security number
d. The AHCCCS ID number
e. No medical record numbers are used
f. There are no photographic images attached
g. The communication does not include any other identifying number, characteristics or code that can be re-identified

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

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

Pharmacist Support: Pharmacists are a great option to discuss your foster children's medications; they have both the availability and expertise. They also have printouts for every prescription, detailing side affects, drug interactions and appropriate usage.

Comprehensive Medical and Dental Program (CMDP) Prescribed Medications: Choose a CMDP authorized pharmacy to fill or refill medications prescribed by a CMDP provider. Use the CMDP ID card or the Notice to Provider form to pay for prescription medications. Major food and retail chains participate in the CMDP pharmacy management program. For help finding a pharmacy, or for any questions on pharmacy services, call CMDP Member Services.

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

The PML may change to reflect current medication availability and coverage. It will be updated regularly and as often as needed to reflect important changes. The PML can be viewed on the CMDP website at http://www.azdes.gov/dcyf/cmdpe/.

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

Child Sexual Development Education and Family Planning: CPS, and resource parents, in collaboration with the child's parents, schools, public health and community agencies are to provide age and developmentally appropriate education and training concerning sexual development and human sexuality to foster children.

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

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

Incontinent Briefs (diapers or pull-ups): CMDP will provide up to 240 diapers or pull-ups per month depending on approved medical condition. The child must be older than 3 years of age, has a documented medical condition that is causing him/her to not have bladder or bowel control. The Primary Care Physician is required to write a prescription. As soon as the request has been approved by CMDP, the CPS case manager will be emailed to end the special diaper allowance. The incontinent briefs will be delivered to the home by a designated supply company. Please contact CMDP for more information about this process and eligibility. Also refer to the Financial section of this document for more information about the Special Diaper Allowance.

Education

Arizona Early Intervention Program: the Arizona Early Intervention Program, also known as AzEIP (pronounced Ay-zip), is a statewide system of supports and services for families of children, birth to three, with disabilities or developmental delays. Developmental delays mean a child has not reached fifty percent of the developmental milestones expected at his/her chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help. For more information go to https://www.azdes.gov/azeip/azeipinfo.asp the AzEIP web site.

The CPS case manager or the resource parent can refer a foster child to the program if they believe the child should be assessed for services. An AzEIP Service Coordinator will help you make the appointment. The developmental evaluation provides information to help determine if your foster child is eligible for AzEIP supports and services. It also provides information about the child's abilities in all areas of development and is used to develop an Individualized Family Service Plan (IFSP).

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

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

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

School Enrollment: Resource parents and the CPS case manager should ensure that a child is enrolled in school as soon as possible after placement or within 5 days of placement. Each resource parent should receive a Notice to Provider (Educational) for school age children at the time of or within 5 days of placement.

A resource parent will send a school-aged child to public school unless alternative educational arrangements, such as private, charter, or home schooling, have been approved by CPS.

School Breakfasts and Lunches: Foster children are eligible for free meals through their school. Register them as foster children on the form and enter their annual income (usually "$0").

School Enrollment- Special Considerations: The federal McKinney Vento Act states that children in foster care cannot be denied enrollment due to a lack of documentation, a birth certificate or immunization records.

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

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

The McKinney Vento Act also assures priority placement for foster children in such programs as Head Start.

For a list of McKinney Vento Act liaisons at each public school, go to: http://www.ade.az.gov/asd/homeless/ and click on "Database of Local Liaisons". Additional information is attached to the back of this booklet.

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

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

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

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

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

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

Individuals with Disabilities Education Act (IDEA): The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. This law mandates a free appropriate public education in the least restrictive environment. IDEA governs how states and public agencies provide early intervention, special education and related services to eligible infants, toddlers, children and youth with disabilities. Infants and

toddlers with disabilities (birth-2 years) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B. Please refer to http://idea.ed.gov for more information.

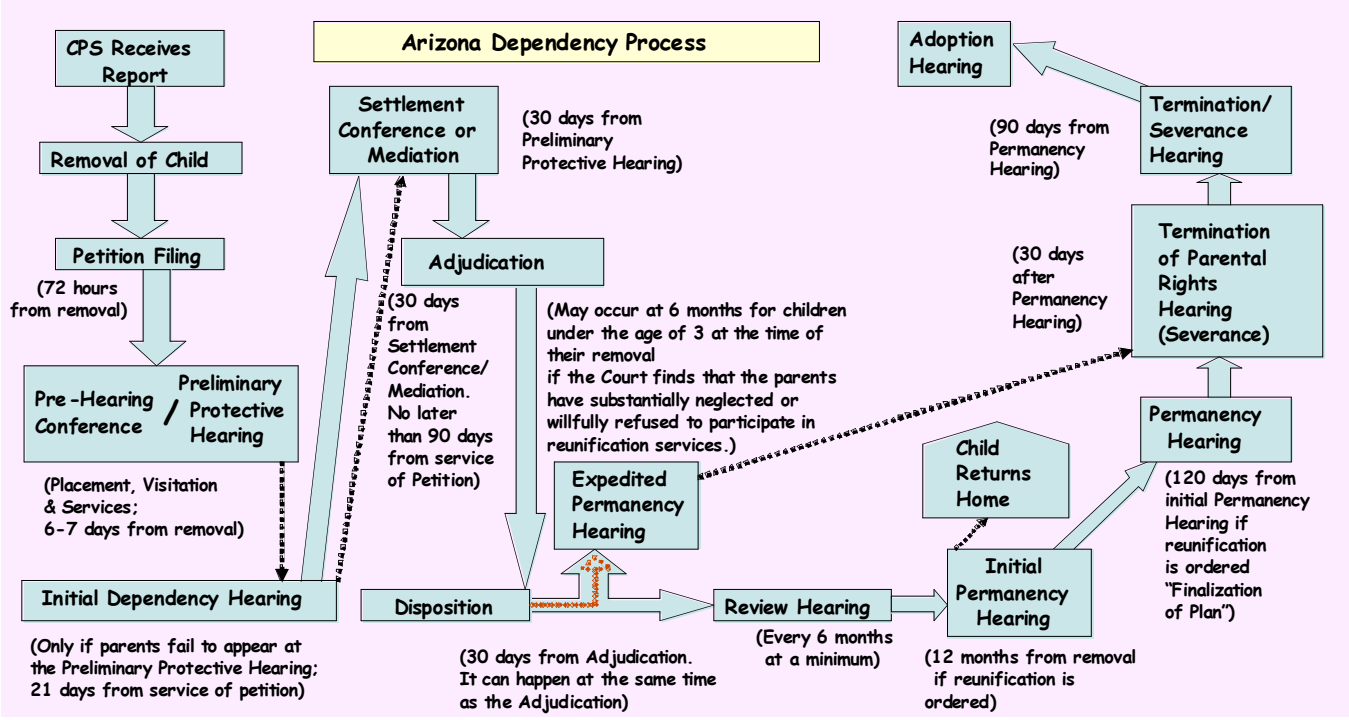
Individualized Education Plan (IEP): IDEA requires public schools to develop an IEP for every student with a disability who meets the federal and state requirements for special education. The IEP refers both to the educational program to be provided to a child with a disability and to the written document that describes that educational program. Key considerations in developing an IEP include assessing students in all areas related to the suspected disability(ies), access to the general curriculum, how the disability affects the student's learning, developing goals and objectives that make the biggest difference for the student, and ultimately choosing a placement in the least restrictive environment. Services may include: Assistive technology (e.g., communication boards, computerized language devices, padded supportive chairs) audiology, counseling services, medical services (limited to certain diagnostic services), rehabilitation counseling, parent counseling, school health services, school social work services, speech-language pathology, occupational therapy, transportation, instructional support or individualized educational assistance, transition services and special considerations needed in the regular classroom, homework and/or testing. The established services are provided in the least restrictive school environment unless it is determined that the child is not medically able to participate in educational services in the school environment.

Head Start and Early Head Start: Foster children, ages birth to three are eligible for Early Head Start. Foster children, ages four to five are eligible for Head Start. Eligibility does not ensure enrollment. Space in Head Start programs is limited and enrollment is based on availability on a first come first served basis. To maximize a child's access to the service make an application as early as possible. For contact information for Early Head Start and Head Start Programs, visit www.azheadstart.org and refer to the Arizona Head Start Association's annual report.

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

Legal Process

Arizona Dependency Process



Court Hearing Types:

- *Preliminary Protective Hearing (PPH):* occurs 5-7 work days after removal. The Court determines whether to continue temporary custody. The court either enters orders finding the child dependent and addresses custody, placement, visitation and the provision of services to the child and family, or enters orders to return the child to the care, custody and control of the parents.
- *Initial Dependency Hearing:* occurs within 21 days of filing a petition, held only if the parent did not appear at the Preliminary Protective Hearing (PPH).
- *Dependency Adjudication Hearing:* occurs 90 days from the date the petition was served to the parents. The Court conducts a hearing for the purpose of determining whether the State has met the burden of proving the child dependent. (See Disposition Hearing)
- *Disposition Hearing*: is held at the same time of or within 30 days of the dependency adjudication hearing. The purpose is to obtain specific orders regarding the child's placement, services and appropriateness of the case plan. The court considers the goals of placement, appropriateness of the case plan, services that have been offered to reunify the family and the efforts that have been or should be made to evaluate or plan for other permanent placement. If the court does not order reunification of the family, the court shall order a plan of adoption or other permanent plan.
- *Report and Review Hearing:* normally occurs 6 months from the Disposition Hearing and every 6 months until the dependency is dismissed. The Court reviews the progress

of all the parties in achieving the case plan goals and determines whether the child continues to be dependent.

- *Expedited Permanency Hearing:* can occur 6 months from removal, for children under the age of 3 at the time of removal. If the court finds that the parents have substantially neglected or willfully refused to participate in reunification services, the court may terminate their parental rights at this permanency hearing.
- *Permanency Hearing:* occurs 12 months from removal. The Court determines the future permanent legal status goal for the child and enters orders to accomplish the plan within specific time frames.
- *Termination Hearing:* occurs 90 days from the Permanency Hearing if severance and an adoption plan were ordered at the Permanency Hearing. The Court determines whether the State has met the burden of proof to terminate parental rights and whether termination is in the best interest of the child. A jury trial will be held upon the request of the parent.
- Other Hearings: If applicable, a Guardianship Hearing or an Adoption Finalization Hearing could occur.

<u>Members of the Legal System (Roles and Responsibilities)</u>

- *The Court-Judge or Commissioner:* Has the final responsibility for all decisions as to the care, custody, control and welfare of the child. They are charged with hearing all actions that concern dependency, termination of parental legal rights, adoption and/or guardianship.
- *The Child's Parents or Legal Guardians:* The mother of the child could be a biological or adoptive mother. A father could be a biological, legal, alleged or presumed father. Legal Guardians are persons with legal responsibility for the care and welfare of the child.
- *The Parent's Attorney:* The role of Parent's Attorney is to investigate the facts and law of the case, to advise their clients, and to advocate their clients' position. Parents are normally represented in court by an attorney. Resource parents are not to provide information to this attorney, but to refer them to the CPS Case Manager.
- *CPS Case Manager:* The Case Manager reports to the court and the Foster Care Review Board (FCRB), and other advocates, conducts regular case plan staffing to establish and to inform the court of permanency goals and the tasks to achieve the permanency, safety and wellbeing of the child. The CPS Case Manager provides regular progress reports to the court and all other members of the team. The CPS Case Manager is represented in court by the Assistance Attorney General.
- *The Assistant Attorney General (AG):* This attorney represents the State of Arizona, DES and acts as the legal advocate and advisor to the case manager. They approve all dependency and severance petitions, interview witnesses, obtain information and organize evidence for trials.
- *The Child:* The child is the subject of the dependency, termination of parental rights, adoption and/or guardianship. Foster children with the same mother are included in the same dependency case and are in the care, custody and control of DES. The child, through his/her attorney, has the right to be informed of, to be present at and to be heard in any proceeding involving dependency or termination of parental rights. Consult with the CPS Case Manager and the Child's Attorney, if the child should appear in person. Considerations for attendance may include: the child's age and developmental level; the nature and subject matter of the court hearing and/or the time and place of the hearing. The Child's Attorney and the Guardian Ad Litem each play a different role in representing the child. Resource parents are to provide all information about the care of the child while in their home to the Child's Attorney or the GAL.

- *Guardian Ad Litem (GAL):* The guardian ad litem may be an attorney, a volunteer special advocate or other qualified person. The GAL represents the child's best interests, which is not necessarily the same as the child's wishes. This usually occurs when the child is of an age to assert his/her own opinion but the child's wishes are not in his/her best interest (e.g. return home when child's safety cannot be assured). Resource parents are to provide all information about the care of the child while in their home to the GAL. The GAL is to be given every opportunity to consult with the child, i.e. at court, the GAL's office, a case plan staffing or in the resource parent's home.
- *Child's Attorney*: The role of this attorney is to investigate facts of law in the case, advocate and advise the child on legal matters. They are to represent the child's wishes to the Judge or Commissioner, even when those wishes may not be in their best interest. One attorney may represent all of the children in the case or the court may assign different attorneys to one or more children. Resource parents are to provide all information about the care of the child while in their home to the Child's Attorney. The Child's Attorney is to be given every opportunity to consult with the child, i.e. at court, the attorney's office, a case plan staffing or in the resource parent's home.
- *Court Appointed Special Advocate (CASA)*: A volunteer who provides advocacy for children involved in the juvenile court process. They are appointed by a judge for the life of the case. CASAs have access to all documents and information about the child and the birth family history. CASAs provide information to the court to assist in making decisions concerning what is in the child's best interest.
- *Resource Parents:* The person or persons who currently or within the last 6 months provided out-of-home care for the foster child. You are an essential person to provide information and recommendations to the Judge or Commissioner during the court hearings. Resource parents are significant in providing information to the CPS Case Manager to be included in their report to the court. You are strongly encouraged to attend the court hearing so the presiding official can ask questions of and receive first hand information from you. Resource parents have no legal representation in the juvenile court proceedings.
- *Licensing Specialist*: Is an employee of a contracted foster care/adoption agency. Each resource family has an assigned worker. He/she provides support, assistance and advocacy for the resource family. The licensing specialist can attend all court hearings to support and advocate for the resource family.
- *Other interested parties:* Are persons having a legitimate interest in the welfare of the child and have been recognized by the court. They could include but are not limited to: relatives identified as a placement consideration, other family members, persons with a prior significant relationship with the child or family, mental health professionals, school personal, tribal representatives, probation or parole officers.

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

The FCRB is mandated to make determinations in these four key areas:

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

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

More information can be found at, http://www.supreme.state.az.us/fcrb/info.htm.

Resource Parents Notification of Court Hearings and Foster Care Review Board Hearings: By federal and state law resource parents must be notified of any court proceedings affecting their foster child and that resource parents have a right to be heard and participate in these hearings. Ask the CPS Case Manager for the next court hearing date and the next Foster Care Review Board Hearing. Your presence, input and advocacy is very important in these legal forums.

Court Hearings Open To The Public: Court proceedings relating to dependency, permanent guardianship and termination of parental rights are open to the public. DES/DCYF may request that the court order a proceeding to be closed to the public.

Court Appointed Special Advocate: A Court Appointed Special Advocate (CASA) is a trained volunteer appointed by a judge to represent the best interests of a child in court. The CASA prepares a formal written report to the court, talks with the child, parents, family members, resource parents, social workers, school officials, health providers and others who have knowledge of the child's history. The CASA also reviews all records pertaining to the child including school, medical, case worker reports and other documents.

Through developing a relationship with a child, the CASA finds out what the child wants and needs. Many of them will take the child on outings or have private time with the child. By using their advocacy power, CASAs learn if education, counseling, or improved parenting will give children their best chance for safe and happy childhoods

To learn more: http://www.supreme.state.az.us/CASA/.

Grounds for Termination of Parental Rights (TPR): Always remember this is a legal process determined by the court to be in the best interest of the child. The following are the legal standards for consideration by CPS and the Attorney General's office prior to making a recommendation to the court. Before the court can terminate a parent's legal rights to a child, court (or jury) must make 2 findings:

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

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

Abandonment:

- Failure to provide reasonable support and to maintain regular contact with the child, including normal supervision. The court must find the parent has made only minimal efforts to support and communicate with the child.
- Failure to maintain a normal parental relationship without just cause for 6 months or longer is considered proof of abandonment.

Abuse and neglect:

- The parent has neglected or willfully abused a child. This abuse includes serious physical or emotional injury, or situations in which the parent knew or reasonably should have known that another person was abusing the child. "Neglect," "physical abuse," "emotional abuse," "serious emotional injury," and "serious physical injury" are defined in ARS § 8-201.
- Serious physical injury is an injury that a physician determines has one or more of the following characteristics- ARS § 8-201.28
    - ✓ creates a reasonable risk of death
    - ✓ causes serious or permanent disfigurement
    - ✓ causes serious impairment of health
    - ✓ causes loss or protracted impairment of an organ or limb
    - ✓ causes significant physical pain, or
    - ✓ is the result of sexual abuse or conduct.
- Serious emotional injury is an injury that a medical doctor or psychologist determines has one or more of any of the following characteristics
    - ✓ seriously impairs mental faculties
    - ✓ causes serious anxiety, depression, withdrawal or social dysfunction behavior to the extent the child suffers dysfunction requiring treatment, or
    - ✓ is the result of sexual conduct or abuse.

Mental deficiency, mental illness or substance abuse: ARS § 8-533.B3

- The parent is unable to discharge parental responsibilities because of mental illness, mental deficiency or a history of chronic abuse of dangerous drugs, controlled substances or alcohol and
- There are reasonable grounds to believe that the condition will continue for a prolonged indeterminate period.

Incarceration- nature of the felony or length of sentence: ARS § 8-533.B4

- Two possible grounds–
    - ✓ Nature of parent's felony demonstrates parent's unfitness or inability to have future custody and control of the child (i.e., murder/manslaughter of a child)
    - ✓ Parent's sentence is of such a length that the child will be deprived of a normal home for a number of years.

Length of time in care-9 months for parents who "won't": ARS § 8-533.B8(a)

- Child has been dependent and in an out-of-home placement for a cumulative period of at least 9 months,
- CPS has made diligent efforts to provide appropriate reunification services,
- The parent has substantially neglected or willfully refused to remedy the circumstances that cause the child to be in out-of-home placement.

Length of time in care-15 months of the last 22 months for parents who "can't": ARS § 8-533.B8(b)

- Child has been dependent and been in an out-of-home placement for a cumulative total period of at least 15 months,
- CPS has made diligent efforts to provide appropriate reunification services
- Parent has not remedied the circumstances causing the child's out-of-home placement, and there is a substantial likelihood the parent will be unable to parent in the near future.

Prior Termination: ARS § 8-533.10

- The parent has had parental rights to another child terminated within the preceding two years for the same cause and is currently unable to discharge parental responsibilities, due to the same cause.

Return, Subsequent Removal (Prior Dependency): ARS § 8-533.11

All of the following must be true

- Child was in an out-of-home placement by court order,
- Agency responsible for child made diligent reunification efforts,
- Child was returned by court order to parent from whom child was removed,
- Within 18 months after return, same child was removed again by court order, and parent is currently unable to discharge parental responsibilities.

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

The ICWA applies only to involuntary and voluntary child custody proceedings in state systems. Under ICWA, a child custody proceeding includes foster care placement, termination of parental rights, pre-adoptive placement and adoptive placement.

The ICWA requires DES to follow certain standards and procedures when an Indian child is involved in child custody proceedings in state court. The state court is required to give legal notice to the child's Indian tribe of pending child custody proceeding when the court knows or has reason to know that an Indian child is involved.

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

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

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

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

DES is required to make active efforts to provide remedial services and rehabilitative programs designed to prevent the break up of the Indian family.

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

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

Delinquency: is when a minor has been charged or is convicted of a criminal charge and is placed under the jurisdiction of the Juvenile Justice System which is the County Probation Department or the Arizona Department of Juvenile Correction.

Dually Adjudicated Youth: Youth that are both dependent and delinquent. These children are under the jurisdiction of the Court for both their dependency matter and their delinquency matter. Separate Court hearing will be held on each type of issue.

Financial Supports of Children

Current allowance/reimbursement amounts can be found on the Family Foster Home Care Rates and Fees Schedule which is Exhibit 13 in the on-line Children's Services Manual. Any reimbursements or allowances are subject to funds available and may be changed in response to circumstances.

Family Foster Home Care Payment Classifications: The reimbursement rate is determined by CPS after reviewing the assessed or documented needs of the child. This includes information from:

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

The payment rates fall under the following classifications:

- Basic
- Mother / Infant Rate
- Special 2
- Special 3
- Medically Fragile
- Home Care Treatment Care for Home Care Clients (HCTC) AKA Treatment Foster Care [Note: only the room and board rate is paid by DES]
- Unlicensed Kinship Care
- Unlicensed Non-Relative Care
- The reimbursement rate is also based on the age ranges of:
    - 0-12 months
    - 1-2 years old
    - 3-5 years old
    - 6-11 years old
    - 12-18+ years old

The licensed resource parent is to agree to the payment level upon placement of the child in their home. The payment level can be re-evaluated based upon new information or diagnoses, please discuss this with the CPS case manager.

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

Clothing Allowance: Every child receives a monthly clothing allowance (authorized and paid for with the monthly maintenance payment). The amount varies with the age of the child.

If funding is available, each child may be eligible for a yearly clothing allowance (listed as "Emergency Clothing") and needs to be requested in increments from the child's CPS Case Manager.

When a child meets specific criteria set by CPS, there may be once a year funds available called (Emergency Clothing – Extra). This fund, when available is to cover clothing needs due to actual emergencies (fire, flood, etc.) These funds currently are very difficult to access.

Personal Allowance: Every child will receive a monthly personal allowance (authorized and paid for with the monthly maintenance payment). The amount varies with the age of the child. The personal allowance stipend for children newborn to one year old is to be used for diapers and formula. The stipend for children from one year and under the age of 3 is to be used for diapers. For children over the age of 3, the allowance is not to be earned. It is not to be restricted or reduced for any reason without pre-approval by the CPS Case Manager. Guidance can be given by the resource parents as to how the money is spent.

Diapers and Pull-Ups: CMDP will provide up to 240 diapers or pull-ups per month depending on approved medical condition. The child must be older than 3 years of age, has a documented medical condition that is causing him/her to not have bladder or bowel control. The Primary Care Physician is required to write a prescription. As soon as the request has been approved by CMDP, the CPS case manager will be emailed to end the special diaper allowance. The incontinent briefs will be delivered to the home by a designated supply company. Please contact CMDP for more information about this process and eligibility.

Diaper Allowance-Special: Not for infants, as that cost is actually paid through the clothing allowance. This payment is for children with special needs, such as an ongoing medical condition. This includes a child who is 3 or older who requires incontinent briefs or a child who is 3 or older who has regressed in control of his/her bodily functions due to abuse or removal from home. Medical documentation is needed for this allowance.

Child Care Supplement: Funds which may be available for foster children to attend child care. See the Resource Parent section for more information

Books/Education Allowance: If funding is available, this is a once per school year allowance for books and school supplies. The case manager initiates the request.

Supplemental Extra School Tuition and Fees: As funding is available, this allowance can be used for summer school sessions or interim school sessions at year round school and any related fees.

Camp – Day Camp and Overnight Camp: Funds may be available to assist with the financial cost for your child to attend day camp during the summer or between school semesters for schools with "year-around" schedules. This funding may be available per child, between the fiscal year of July 1 to June 30.

- Check with your local Boys and Girls' Clubs or YMCA/YWCA.
- Church Camps

- Royal Kids Camp (Maricopa County)

Family Vacation Reimbursement: Resource families may be eligible to receive overnight camp funds when taking their foster children on a family vacation. It is required that the resource family keeps all receipts. Authorization for this reimbursement needs to be obtained by the children's CPS case manager(s), prior to the vacation.

Passport Allowance: Reimbursement for the actual cost of obtaining a passport book or card. Receipts are required. Effective 1/1/09 and is a one time reimbursement per child.

Special Needs Allowance: Foster children are currently eligible to receive a special needs allowance for uses such as their birthday or holiday presents. This allowance can be requested once per year, between July 1 and June 30.

High School Graduation Allowance: Foster children who graduate high school are eligible to receive monies to assist with their graduation costs such as, their cap and gown, yearbook and class ring. Ask the child's case manager to request this allowance.

Income Tax Status: DES is unable to provide tax advice. Resource parents must consult with a tax professional for taxable income questions, for allowable excess or un-reimbursed costs that may be tax deductible, Social Security impact and for other tax related questions. Foster children do not usually qualify as dependents.

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

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

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

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

Guardianship Subsidy: Guardianship subsidy is intended to be only a partial reimbursement for expenses involved in the care of the child. Guardianship subsidy maintenance payments are offset by monthly amounts received from state and federal program benefits, child support, trust funds, and any other financial assets available for the child's care. The Guardian is to apply for TANF/Cash Assistance, AHCCCS Health Insurance, Food Stamp Benefits and General Assistance. Upon receipt of the denial/approval letter from the Family Assistance Administration, a copy of the letter is to be sent to CPS. CPS will inform the guardian of the amount of subsidy and the start date for payment.

Rules, Regulations.& Requirements

Office of Licensing, Certification and Regulation (OLCR): OLCR is a separate Division within DES and is not a part of DCYF/CPS. This office is responsible for the licensure of all foster homes located within Arizona except for those foster homes directly licensed by one of the Tribes.

Article 58 (Family Foster Parent Licensing Requirements) – Become an Expert: Study the Arizona Administrative Code that all DCYF foster care operates under. Learn your rights as well as your responsibilities. Every family should have been given a copy of this document during your initial training by your licensing agency. If not, these rules can be located on the internet at http://www.azsos.gov/public_services/Title_06/6-05.htm, scroll down to Article 58 and open each section.

Article 7 (Life and Safety Inspection Rules) - Learn These Requirements:
These regulations deal with the home itself. The regulations are the basis of the OLCR Life-Safety Inspection. They are located at the following website:
http://www.azsos.gov/public_services/Title_06/6-18.htm

Life-Safety Inspections: An inspection of your home is to be conducted before initial licensure, any move to another home and again every three years by OLCR to verify compliance with standards. These standards are intended to safeguard children from fire hazards and other hazardous conditions. It is part of the initial/renewal licensing process. The inspector is to have access to each room, cabinets and storage area, the yard and other structures on your property to verify compliance with the life-safety rules. If the inspector cites violations he/she will work with you to identify what needs to be done to correct the violation. Refer to Article 7 and the Life-Safety Inspections handbook.

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

As appropriate for the foster child's age and developmental level, the parent will review and practice the evacuation plan with the child:

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

Disaster Plan: It is currently best practice and a proposed foster home licensing rule to have a written disaster plan that includes:

- Contact information for each foster child, including the name and telephone number of the primary care physician and the CPS case manager's office number;
- A plan for relocation from the home in the event of displacement due to flood, fire, the breakdown of essential appliances, or other disasters.

- Contact information for your family such as out-to-town or state relatives or friends who would know your whereabouts in case of extreme disaster.

The resource parent should provide a copy of the plan to the CPS worker and to their licensing agency.

Notification of Changes or Events in the Resource Family or Home: Resource families are to give their licensing agency and OLCR reasonable advance notice or if the change is unexpected, notification within five working days of any of the following: marriage; divorce; new household member, defined as any person who will be in the home twenty-one days or longer in a calendar year, a temporary visitor who will be in the home a month or longer; death or departure of a household member; a fire or emergency evacuation of the home; moving to a new residence, and/or remodeling of the residence. (See Article 58, Licensing Rules, R6-5-5801.18 & 5835)

Foster Parent License – Your Residence is Licensed: Your State license to provide foster care services is attached to the residence at the time of licensure. Should you move to another residence, technically, your license is null and void, if your new residence has not been inspected and approved before the move.

Foster Parent License-You Own Your License: All licensed foster parents, are technically licensed with the state and have an agreement with an agency. All foster homes need to be with an agency to provide services. Should you chose to move to another agency, all of the records are property of the State of Arizona and should be given to the new agency at no cost to you.

Foster Parent License Renewal: This system has changed. Foster parents now have the option to complete their renewal applications on line through the Quick Connect system. To make that connection, you will need your "A – Number" and your password. If a foster parent is uncomfortable, unable or unwilling to enter the information into the Quick Connect system, it is the responsibility of the licensing agency to do so.

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

DCYF does not pay foster care reimbursement, for any children in care, for any days in which the foster home's license has expired!

Foster Parent License Renewal Training: Each foster parent must have a required amount of in-service/advanced training, per licensing year. HCTC Homes and DDD certified homes require additional training hours each renewal year. Your licensing agency should routinely announce and provide regular agency training events. You and your licensing agency need to develop an annual Professional Development Plan to guide you and your worker in locating or arranging the training and workshops that meet your needs and that you wish to attend. Then review the Plan with your licensing worker at least every 3 months.

Training from other licensing agencies as well as CPS and the RBHA, can also be used to fulfill this requirement. All training hours are to be pre-approved by your licensing agency and in accordance with your current Professional Development Plan.

Alternative formats for training can be utilized. Classes are available on the internet; some options are available by going to www.azafap.org, www.supreme.state.az.us/dcsd or

www.azcasa.org for details. The internet hours can only be applied for up to ½ of the hours required by your licensing agency for license renewal. You may be asked to furnish information about alternative training to OLCR before it is approved.

CPS Investigation of the Resource Family: Concerns that involve suspected abuse, neglect or maltreatment must be reported to the CPS Child Abuse Hotline, 1-888-767-2445. All reports are to be investigated by CPS. This may also include reports pertaining to the adoptive and biological children of the resource family. CPS responds to communications received about physical injury or sexual conduct between children placed in resource homes; this also includes adoptive and biological children. It is your obligation as a resource parent to notify OLCR if you have a CPS Investigation in your home whether it deals with foster children or your own biological or adopted children.

For allegations involving foster children, the assigned CPS Investigator takes the lead role in conducting the investigation jointly with the case manager(s) and licensing worker(s). For those allegations of abuse or neglect pertaining to non-court wards, the CPS Investigator will solely conduct the investigation.

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

Licensing Complaints of a Resource Family: AAC R6-5-5816 requires that all complaints about a resource home be reported to the Office of Licensing, Certification and Regulation (OLCR). All complaints are to be investigated. Licensing complaints are to be investigated by your licensing agency. OLCR may perform an additional investigation of the complaint if it is deemed necessary. During the inquiry of the allegation(s) a representative of your licensing agency will be "wearing a different hat" while conducting an investigation, speaking to all parties involved, coming to a conclusion and completing a report for OLCR.

When deemed appropriate, a Corrective Action Plan written by the DES Office of Licensing, Certification and Regulation (OLCR) in consultation with your licensing agency is used to remedy a deficiency arising from a complaint which has been substantiated.

Letter of Concern: Is a letter sent by OLCR to the resource family regarding licensing violations that do not directly pose a hazard to foster children in the home. Letters of Concern are retained in an OLCR file, and can be used in the future for an adverse action, such as suspension or revocation, in conjunction with other evidence.

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

Supports

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

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

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

Provider Indemnity Program (PIP) - Risk Management Insurance: This is the State of Arizona provider program that oversees claims for damages caused by foster children. Coverage includes:

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

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

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

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

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

- Little league, soccer, football, and other team sport fees, shoes, and uniforms
- Sports lessons, equipment, and league fees
- Dance and music lessons
- Musical instrument rentals and purchase (after a minimum of 1 year of rental)

- Sports and other lesson renewals up to one year
- Bicycles (with lock and helmet)
- Roller blades, pads, and helmet
- Theme park admission ticket, plus $20 spending money, up to a maximum of $180 per child per trip.
- Class trips
- Letter jackets
- Prom clothes, tickets, and photos up to a $300 maximum
- Graduation clothes for graduations other than high school, and high school graduation clothes for children on independent living who do not receive DES graduation monies
- Post-secondary education and training
- Apartment set-ups

Requests for assistance from Arizona Friends of Foster Children will need the signature of the CPS case manager. The resource parent can complete the application. To download the application, go to their website at http://affcf.digital-dogs.com/.

DCYF Liaison to Tribes: DCYF is focused on providing services in ways that are culturally sensitive and appropriate. The DCYF Indian Child Welfare Specialist works with 21 Native American tribes throughout Arizona on a variety of human services issues, including services to support self-sufficiency – and safety – such as child welfare. The Tribal Liaison provides guidance, advice and education to DCYF stakeholders such as resource parents regarding the state's Native American tribes and their particular strengths, needs and challenges. Contact DCYF Central Office at (602) 542-3981 and ask to speak to the Indian Child Welfare Specialist.

The Division of Developmental Disabilities (DDD): DDD provides needed supports to children and adults who meet the following eligibility requirements:
A strongly demonstrated potential that a child under the age of six years is developmentally disabled or will become developmentally disabled as determined by a test, or
A severe chronic disability which is attributable to mental retardation, cerebral palsy, epilepsy or autism which is manifested before the age of 18 and is likely to continue indefinitely and results in substantial functional limitations in three or more areas of major life activity:

- Self-care: eating, hygiene, bathing, etc;
- Receptive and expressive language: communicating with others;
- Learning: acquiring and processing new information;
- Mobility: moving from place to place;
- Self-direction: managing personal finances, protecting self-interest, or making independent decisions which may affect well-being;
- Capacity for independent living: needing supervision or assistance on a daily basis
- Economic self-sufficiency: being able to financially support oneself.

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

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

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

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

Community Resources:

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

Acronyms

Acronym	Word, Definition or Phrase
AA	Alcoholics Anonymous
AAC	Arizona Administrative Code
AAG	Assistant Attorney General
AAPPLA	Alternative or Another Permanency Planning Living Arrangement
ACJS	Arizona Criminal Justice System
ACYF	Administration for Children, Youth & Families
ADA	American with Disabilities Act
ADD	Attention Deficit Disorder
ADES	Arizona Department of Economic Security
ADHD	Attention Deficit Hyperactivity Disorder
ADHS	Arizona Department of Health Services
ADJC	Arizona Department of Juvenile Corrections
ADL	Activities of Daily Living
ADOC	Arizona Department Of Corrections
AFDC	Aid to Families with Dependent Children
AFFCF	Az Friends of Foster Care Foundation
AG	Attorney General
AHCCCS	Arizona Health Care Cost Containment System
AIDS	Acquired Immunodeficiency Syndrome
AITI	AZ Infant Toddler Institute
AKA	Also Known As
ALTCS	Arizona Long Term Care Systems
AMI	Alliance for the Mentally Ill
AMA	American Medical Association
A/N	Abuse/Neglect
APA	American Pediatric Association or American Psychiatric Association or American Psychological Association
APM	Assistant Program Manager
APPLA	Alternative Permanent Planned Living Arrangement
APS	Adult Protective Services
ARS	Arizona Revised Statutes
ASFA	Adoption & Safe Families Act
ASH	Arizona State Hospital
AWA	Adam Walsh Act
AWOL	Absent Without Leave
AXIS I	Psychiatric Diagnoses
AXIS II	Developmental Diagnoses
AXIS III	Physical Diseases and/or Diagnoses
AXIS IV	Psychological stress factors
AXIS V	Global functioning of psychological, social and occupational functioning
AzAFAP	Az Association for Foster and Adoptive Parents
AzBOF	Arizona Board of Fingerprinting
AzEIP	Arizona Early Intervention Program
BHS	Behavioral Health Services
BIA	Bureau of Indian Affairs
BX	Behavior
CAP	Corrective Action Plan
CASA	Court Appointed Special Advocate
CBT	Cognitive Behavioral Treatment
CCA	Child Care Administration
CCR&R	Child Care Resource and Referral
CDH	Child Developmental Home
CFT	Child & Family Team
CHILDS	Children's Information Library & Data Source (software program for CPS)
CIT	Crisis Intervention Team
CM	Case Manager
CMDP	Comprehensive Medical & Dental Program
CMI	Chronically Mentally Ill
COB	Close Of Business
COT	Court Ordered Treatment
CP	Case Plan
CPC	Certified Professional Counselor
CPC	Change in Physical Custody
CPS	Child Protective Services
CPS CM	Child Protective Services Case Manager
CPSUS	CPS Unit Supervisor
CSA	Child Safety Assessment
CSP	Child Safety Plan
DACS	Division of Aging & Community Services
DAD	Deputy Assistant Director
DCSE	Division of Child Support & Enforcement
DCYF	Division of Children, Youth & Families
DD	Developmental Disabilities
DDD	Division of Developmental Disabilities
DES	Department of Economic Security
DHHS	Department of Health & Human Services
DHS	Department of Health Services
DJC	Department of Juvenile Corrections
DOB	Date of Birth
DOC	Department of Corrections
DOE	Department of Education
DPM	Deputy Program Manager
DPM	District Program Manager

Acronyms

Acronym	Word, Definition or Phrase
DSM IV	Diagnostic & Statistical Manual of Mental Disorders, fourth edition
DV	Domestic Violence
EEO	Equal Employment Opportunity
EPSDT	Early & Periodic Screening & Diagnosis & Treatment
ER	Emergency Room
EVAL	Evaluation
FAA	Family Assistance Administration
FAC	Family Advocacy Center
FAE	Fetal Alcohol Effect
FAPE	Free Appropriate Public Education
FAS	Fetal Alcohol Syndrome
FC	Foster Child(ren)
FCC	Fingerprint Clearance Card
FCP	Family Centered Practice
FCRB	Foster Care Review Board
FERPA	Family Educational Rights & Privacy Act
FFH	Family Foster Home
FGDM	Family Group Decision Making
FPPT	Family Preservation Program Team
FSP	Family Support Partner
F2F	Family To Family
FTT	Failure To Thrive
GAF	Global Assessment of Functioning
GAL	Guardian Ad Litem
GCMS	Gas Chromatography/Mass Spectrometry
GED	General Education Diploma
GOC	Governor's Office for Children
HFAz	Healthy Families Arizona
HIPAA	Health Insurance Portability & Accountability Act
HIV	Human Immunodeficiency Virus
HSS	Human Services Specialist
HSW	Human Services Worker
HV	Home Visit
HX	History
ICM	Intensive Case Manager
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEP	Individual Education Plan/Program
IFSP	Individual Family Service Plan
IL	Independent Living

Acronym	Word, Definition or Phrase
ILS	Independent Living Skills
ISP	Individual Service Plan
ITP	Individual Transition Plan
JPO	Juvenile Probation Officer
JTPA	Job Training Partnership Act
LAC	Licensed Addiction Counselor
LAC	Licensed Associate Counselor
LCSW	Licensed Clinical Social Worker
LD	Learning Disability
LMFT	Licensed Marriage & Family Therapist
LOC	Level of Care
LOS	Lack of Supervision
LPC	Licensed Professional Counselor
LSAC	Licensed Substance Abuse Counselor
LTC	Long Term Care
LTFC	Long Term Foster Care
MDT	Multi-Disciplinary Team
MGM	Maternal Grandmother
MHS	Mental Health Specialist
MMPI	Minnesota Multiphasic Personality Inventory
MSW	Master's of Social Work
NA	Narcotics Anonymous
NARBHA	Northern Arizona Regional Behavioral Health Authority
NCP	Non-Custodial Parent
OCD	Obsessive Compulsive Disorder
OJT	On the Job Training
OLCR	Office of Licensing, Certification and Regulation
OOH	Out Of Home
OSI	Office of Special Investigations
OT	Occupational Therapy (Therapist)
PA	Prior Authorization
PCP	Primary Care Physician
PFFC	Professional Family Foster Care
PFH	Professional Foster Home
PGF	Paternal Grandfather
PHC	Pre-hearing Conference
PIP	Partnership In Parenting
PIP	Provider Indemnity Program
PM	Program Manager
PML	Preferred Medication List
PO	Probation Officer
POA	Power of Attorney
PP5	Preliminary Protective Hearing

Acronyms

Acronym	Word, Definition or Phrase
PPC	Preliminary Protective Conference
PPH	Preliminary Protective Hearing
PS-MAPP	Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting
PT	Physical Therapy
PTH	Parent Therapist Foster Home
PTSD	Post Traumatic Stress Disorder
PWR	Placed With Relative
R&R	Report & Review hearing
RAD	Reactive Attachment Disorder
RBHA	Regional Behavioral Health Authority
R&R	Report and Review Hearing
RRT	Rapid Response Team
RTC	Residential Treatment Center
RX	Prescribed Prescriptions
S/A	Substance Abuse
SBHS	Southwest Behavioral Health Services
SBS	Shaken Baby Syndrome
SED	Severe Emotional Disturbance
SEN	Substance Exposed Newborn
SIDS	Sudden Infant Death Syndrome
SMI	Seriously Mental Ill
SP2	Special 2 Foster Care Rate
SP3	Special 3 Foster Care Rate
SPOC	Single Purchase of Care
SRA	Safety Risk Assessment
SRO	School Resource Officer
SS#	Social Security Number
SSA	Social Security Administration
SSA	Social Security Act
SSDI	Social Security Disability Income
SSI	Supplemental Social Security Income
SSN	Social Security Number
STD	Sexually Transmitted Disease
TANF	Temporary Assistance for Needy Families
TASC	Treatment Assessment Screening Center
TBI	Traumatic Brain Injury
TCC	Transitional Child Care
TCN	Temporary Custody Notice
TCO	Temporary Custody Only
TCW	Temporary Custody / Ward
TDM	Team Decision Making
TGH	Therapeutic Group Home
THRIVE	Therapeutic Help to Reach Infants Very Early

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