



Bill Number: S.B. 1333

Shamp Floor Amendment

Reference to: printed bill

Amendment drafted by: Leg Council

FLOOR AMENDMENT EXPLANATION

1. Reverts the foster youth permanency project team back to the foster youth permanency *pilot* project team.
2. Requires a licensed group foster home that will administer medication to a foster child to develop policies and procedures related to how the group foster home will manage administering the medication and outlines details that must be included in the policies and procedures.
3. Allows the Department of Child Safety (DCS) to requires a group foster home to employ additional staff when a medically complex child is placed in the group home's care.
4. Modifies the requirements related to the minimum number of licensed foster care homes that DCS must establish.
5. Deems the financial statements prepared by a child welfare agency during the licensing process as public records.
6. Replaces the requirement that DCS establish a foster family recruitment plan for children placed in congregate care settings with the requirement that DCS establish a plan to place such children in an appropriate family-like setting.
7. Removes the requirement that DCS place a child approved for a higher level of care, as prescribed, in an appropriate facility with an available bed, as well as the prohibition on a facility from refusing placement of the child.
8. Prohibits secure behavioral health residential facilities and community mental health treatment programs and facilities from refusing or denying placement of a foster child who has been approved for placement in the facility or program, subject to bed availability.
9. Modifies the definitions of *medically complex child* and *congregate care*.

SHAMP FLOOR AMENDMENT
SENATE AMENDMENTS TO S.B. 1333
(Reference to printed bill)

Amendment instruction key:

[GREEN UNDERLINING IN BRACKETS] indicates text added to statute or previously enacted session law.

[Green underlining in brackets] indicates text added to new session law or text restoring existing law.

[GREEN STRIKEOUT IN BRACKETS] indicates new text removed from statute or previously enacted session law.

[Green strikeout in brackets] indicates text removed from existing statute, previously enacted session law or new session law.

<<Green carets>> indicate a section added to the bill.

<<Green strikeout in carets>> indicates a section removed from the bill.

1 The bill as proposed to be amended is reprinted as follows:

2 Section 1. Section 8-469.02, Arizona Revised Statutes, is amended
3 to read:

4 8-469.02. Foster youth permanency pilot project team; duties;
5 confidentiality

6 A. The department shall establish a foster youth permanency [pilot]
7 project team. The foster youth permanency [pilot] project team shall:

8 1. Develop a methodology to identify children who are believed to
9 be at risk of exiting the department's custody without a permanency
10 placement.

11 2. Implement solutions to remove barriers to permanency for
12 children who are likely to be in the custody of the department when the
13 child turns eighteen years of age or to begin participating in the
14 extended foster care program pursuant to section 8-521.02.

15 B. The foster youth permanency [pilot] project team consists of the
16 following members:

17 1. Members who have expertise or experience in social work.

18 2. Members who are attorneys and who have expertise in representing
19 children or experience in child welfare law.

20 3. Members who have served as guardians ad litem.

21 4. Members who have served as court appointed special advocates.

22 5. Members who are familiar with the child's case and who have an
23 understanding of the child's permanency plan preferences.

24 6. Members of national organizations with experience in permanency
25 planning policy and best practices.

26 7. MEMBERS WHO HAVE PERSONAL EXPERIENCE IN FOSTER CARE, INCLUDING
27 FORMER FOSTER CARE YOUTH OR MEMBERS OF A FOSTER CARE FAMILY.

28 C. The foster youth permanency [pilot] project team shall do all of
29 the following:

1 1. Thoroughly review the child's case file.

2 2. Convene foster youth permanency [pilot] project team meetings
3 that include the child, the child's caregivers, the child's attorney and
4 members of the foster youth permanency [pilot] project team who are
5 appointed pursuant to subsection B of this section and who agree to
6 participate in the child's case, as applicable and necessary. At the
7 initial meeting, the foster youth permanency [pilot] project team shall
8 identify barriers to permanency for each child selected and determine the
9 assistance, resources and tools needed for the child to achieve
10 permanency.

11 3. Review and discuss the permanency plan for the child.

12 4. Convene ongoing meetings of the foster youth permanency [pilot]
13 project team to evaluate the child's progress towards permanency and to
14 amend the child's permanency action plan as necessary.

15 5. Identify specific options to place a child with individuals or
16 families who are willing and able to provide permanency to a child
17 selected by the foster youth permanency [pilot] project team.

18 D. The foster youth permanency [pilot] project team shall have
19 access to all department documents and personnel that are necessary to
20 perform the duties of the foster youth permanency [pilot] project team.

21 E. The foster youth permanency [pilot] project team may enter into
22 contracts with any of the following:

23 1. A child or adolescent psychiatrist who has expertise in
24 effective therapies and assessing proper use of psychotropic medications.

25 2. An attorney who has expertise in social security benefits,
26 education, immigration, disability, adoption and department and child
27 welfare policies.

28 3. A private investigator who can successfully locate relatives or
29 kin of children who were not previously identified as placement options.

30 4. A NONPROFIT ORGANIZATION THAT HAS DEMONSTRATED EXPERTISE AND A
31 PROVEN RECORD OF SUCCESSFULLY ESTABLISHING PERMANENCY FOR YOUTH WHO ARE AT
32 RISK OF EXITING THE DEPARTMENT'S CARE WITHOUT ACHIEVING PERMANENCY.

33 F. The foster youth permanency [pilot] project team shall take
34 reasonable steps to prevent unwarranted invasions of privacy and to
35 protect the privacy and dignity of children who are the subject of a
36 permanency action plan.

37 <<Sec. 2. Section 8-505, Arizona Revised Statutes, is amended to
38 read:

39 8-505. Issuance of licenses; application; investigation;
40 renewal; public information

41 A. The issuance of initial and renewal licenses for child welfare
42 agencies shall be made by the division.

43 B. A child welfare agency shall not receive any child for care or
44 maintenance or for placement in a foster home unless the agency is
45 licensed by the division. Application for a license shall be made on a
46 form prescribed by the division.

1 C. ~~[The division shall,]~~ Before issuing a license to an agency,
2 ~~[THE DIVISION SHALL]~~ investigate the activities and standards of care of
3 the agency, its financial stability, the character and training of the
4 applicant, the need for ~~[such]~~ ~~[THE]~~ agency~~[-]~~ and the adequacy of its
5 intended services to insure the welfare of children. A provisional
6 license may be issued to any agency whose services are needed but ~~[which]~~
7 ~~[THAT]~~ is temporarily unable to conform to the established standards of
8 care. If the applicant meets the standards ~~[as]~~ established by the
9 division~~[-]~~ a regular license shall be issued for a period of one year.

10 D. Each license shall state in general terms the kind of child
11 welfare service the licensee is authorized to undertake, the number of
12 children that can be received if the licensee is a private agency, their
13 ages and sex, and, if authorized to place and supervise children in foster
14 homes, the geographical area the agency is equipped to serve.

15 E. Every license shall expire one year from the date of issuance,
16 and may be renewed annually on application of the agency, except that
17 provisional licenses may be issued for not more than six months from the
18 date of issuance and may not be renewed.

19 [F. FINANCIAL STATEMENTS THAT ARE PREPARED BY A CHILD WELFARE
20 AGENCY AS PART OF THE LICENSING PROCESS PURSUANT TO THIS SECTION ARE
21 PUBLIC RECORDS AND ARE SUBJECT TO DISCLOSURE PURSUANT TO SECTION
22 39-121.01.]>>

23 Sec. 3. Section 8-509, Arizona Revised Statutes, is amended to
24 read:

25 8-509. Licensing of foster homes; fingerprint waiver;
26 restricted license; renewal of license; provisional
27 license; exemption from licensure; immunization
28 requirements; administration of medication; policies
29 and procedures; definition

30 A. The department shall license and certify foster homes. Licenses
31 are valid for a period of two years.

32 B. The department shall not issue a license without satisfactory
33 proof that the foster parent or parents have completed six actual hours of
34 approved initial foster parent training as set forth in section 8-503 and
35 that each foster parent and each other adult member of the household has a
36 valid fingerprint clearance card issued pursuant to section 41-1758.07.
37 The foster parent and each other adult member of the household must
38 certify on forms that are provided by the department and that are
39 notarized whether the foster parent or other adult member of the household
40 is awaiting trial on or has ever been convicted of any of the criminal
41 offenses listed in section 41-1758.07, subsections B and C in this state
42 or similar offenses in another state or jurisdiction.

43 C. A kinship foster care parent shall apply for a fingerprint
44 clearance card pursuant to section 41-1758.07. In its discretion and for
45 good cause, the department may waive the requirement for a kinship foster
46 care parent to obtain a fingerprint clearance card. In evaluating whether
47 good cause exists, the department shall apply the criteria prescribed in

1 section 41-1758.07, subsections B and C. If the department waives the
2 requirement, the department shall issue to the kinship foster care parent
3 a restricted license that applies only to the children placed with the
4 kinship foster care parent for kinship foster care.

5 D. The department shall not renew a license without satisfactory
6 proof that the foster parent or parents have completed twelve actual hours
7 of approved ongoing foster parent training during the two-year period of
8 licensure as set forth in section 8-503.

9 E. If the department determines that completing the training
10 required in subsections B and D of this section would be a hardship to the
11 foster parent or parents, the department may issue a provisional license
12 for a period not to exceed six months. A provisional license may not be
13 renewed.

14 F. Child welfare agencies that submit foster homes for licensing
15 shall conduct an investigation of the foster home pursuant to licensing
16 rules of the department. The department shall conduct investigations of
17 all other foster homes. If the foster home meets all requirements set by
18 the department, the agency shall submit an application stating the foster
19 home's qualifications to the department. The agency may also recommend
20 the types of licensing and certification to be granted to the foster home.

21 G. The department shall accept an adoptive home certification study
22 as a licensing home study if the study has been updated within the past
23 three months to include the information necessary to determine whether the
24 home meets foster care licensing standards.

25 H. This section does not apply if the child is placed in a home by
26 a means other than by court order and if the home does not receive
27 compensation from this state or any political subdivision of this state.

28 I. The department may not prohibit a person operating a licensed
29 foster home from applying for or receiving compensation as a foster home
30 parent due to employment with this state.

31 J. The department shall not require a foster parent to immunize the
32 foster parent's natural or adoptive children as a condition of foster home
33 licensure.

34 K. A licensee may modify the renewal date of a license issued
35 pursuant to this section by submitting an application for modification of
36 renewal date with the department on a form prescribed by the department.
37 The licensee must specify the new month of renewal on the application.
38 The modified renewal date must be before, but not more than six months
39 earlier than, the existing renewal date.

40 L. The foster care review board shall review the cases of children
41 placed by the department in foster homes licensed pursuant to this section
42 as required by section 8-515.03.

1 M. IF A GROUP FOSTER HOME IS LICENSED PURSUANT TO THIS SECTION AND
2 WILL BE ADMINISTERING MEDICATION TO A FOSTER CHILD WHO WILL BE PLACED IN
3 THE GROUP FOSTER HOME, THE GROUP FOSTER HOME SHALL ~~[HAVE A STAFF MEMBER~~
4 ~~WHO IS TRAINED AND QUALIFIED IN THE ADMINISTRATION OF THE SPECIFIC~~
5 ~~MEDICATION THAT IS BEING ADMINISTERED TO THE FOSTER CHILD BEFORE THE~~
6 ~~FOSTER CHILD MAY BE PLACED IN THE GROUP FOSTER HOME.]~~ [DEVELOP POLICIES
7 AND PROCEDURES THAT IDENTIFY HOW THE GROUP FOSTER HOME WILL MANAGE
8 ADMINISTERING MEDICATION TO A FOSTER CHILD. THE POLICIES AND PROCEDURES
9 SHALL INCLUDE ALL OF THE FOLLOWING:

10 1. HOW THE GROUP FOSTER HOME WILL PROVIDE A FOSTER CHILD WITH
11 QUALIFIED HEALTH CARE ON A TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK
12 SCHEDULE.

13 2. THE GROUP FOSTER HOME'S PROCESS FOR ADMINISTERING MEDICATION TO
14 A FOSTER CHILD.

15 3. THE QUALIFICATIONS OF STAFF MEMBERS OF THE GROUP FOSTER HOME WHO
16 WILL BE ADMINISTERING MEDICATION TO A FOSTER CHILD.

17 4. THE QUALIFICATIONS OF STAFF MEMBERS OF THE GROUP FOSTER HOME WHO
18 WILL BE SUPERVISING A FOSTER CHILD'S SELF-ADMINISTRATION OF MEDICATION.

19 5. THE SUPERVISION, PROCESS AND DOCUMENTATION OF A FOSTER CHILD'S
20 SELF-ADMINISTRATION OF MEDICATION.

21 6. THE DOCUMENTATION PROCESS FOR THE ADMINISTRATION OF MEDICATION,
22 MEDICATION ERRORS AND DRUG REACTIONS.

23 7. THE DOCUMENTATION AND PROCESS OF NOTIFICATION TO A FOSTER
24 CHILD'S HEALTH CARE PROVIDER OF A MEDICATION ADMINISTRATION ERROR OR DRUG
25 REACTION.

26 8. THE PROCEDURES FOR CONTACTING LAW ENFORCEMENT, A HEALTH CARE
27 PROVIDER OR A MEDICAL PROFESSIONAL WHEN A FOSTER CHILD'S REFUSAL TO TAKE
28 MEDICATION PRESCRIBED TO THE FOSTER CHILD ENDANGERS THE FOSTER CHILD'S OR
29 ANOTHER'S HEALTH AND SAFETY AND THE PROCEDURES FOR DOCUMENTING THE FOSTER
30 CHILD'S REFUSAL TO TAKE MEDICATION PRESCRIBED TO THE FOSTER CHILD.

31 N. THE DEPARTMENT MAY REQUIRE A GROUP FOSTER HOME TO EMPLOY
32 ADDITIONAL STAFF WHEN A MEDICALLY COMPLEX CHILD IS PLACED IN THE CARE OF
33 THE GROUP FOSTER HOME. THE DEPARTMENT MAY REQUIRE A GROUP FOSTER HOME TO
34 MODIFY THE GROUP FOSTER HOME'S POLICIES AND PROCEDURES REQUIRED BY
35 SUBSECTION M OF THIS SECTION TO ACCOMMODATE THE NEEDS OF A MEDICALLY
36 COMPLEX CHILD.

37 O. FOR THE PURPOSES OF THIS SECTION, "MEDICALLY COMPLEX CHILD"
38 MEANS A CHILD WHO THE DEPARTMENT HAS DETERMINED HAS OR IS AT RISK FOR A
39 CHRONIC PHYSICAL OR DEVELOPMENTAL CONDITION AND WHO REQUIRES
40 HEALTH-RELATED SERVICES BEYOND THE HEALTH-RELATED SERVICES THAT ARE
41 REQUIRED BY A CHILD IN GENERAL.]

42 Sec. 4. Title 8, chapter 4, article 4, Arizona Revised Statutes, is
43 amended by adding section 8-509.02, to read:

44 8-509.02. Licensed foster homes; minimum number required;
45 annual report; applicability; definition

46 A. THE DEPARTMENT SHALL ESTABLISH THE MINIMUM NUMBER OF LICENSED
47 FOSTER HOMES THAT ARE REQUIRED THROUGHOUT THIS STATE AND WITHIN REGIONS

1 THAT ARE DESIGNATED BY THE DEPARTMENT. THE MINIMUM NUMBER OF [AVAILABLE]
2 LICENSED FOSTER HOMES SHALL BE ~~[AT LEAST EQUAL TO THE NUMBER OF CHILDREN~~
3 ~~WHO ARE IN THE CARE OF THE DEPARTMENT IN EACH DESIGNATED REGION]~~
4 [SUFFICIENT TO PLACE A CHILD IN A LICENSED FOSTER HOME THAT BEST MEETS THE
5 NEEDS OF THE FOSTER CHILD. THE DEPARTMENT SHALL DETERMINE THE MINIMUM
6 NUMBER OF LICENSED FOSTER HOMES NEEDED]. THE DEPARTMENT MAY USE AN
7 ESTIMATOR TOOL TO CALCULATE THE MINIMUM NUMBER OF LICENSED FOSTER HOMES IN
8 EACH DESIGNATED REGION. THE DEPARTMENT SHALL ESTIMATE ANNUALLY THE
9 MINIMUM NUMBER OF LICENSED FOSTER HOMES, WHICH SHALL BE EFFECTIVE AT THE
10 BEGINNING OF EACH FISCAL YEAR. THE DEPARTMENT MAY NOT REDUCE THE MINIMUM
11 NUMBER OF LICENSED FOSTER HOMES UNTIL THE ESTIMATE FOR THE NEXT FISCAL
12 YEAR.

13 [B. THE DEPARTMENT SHALL CATEGORIZE THE MINIMUM NUMBER OF LICENSED
14 FOSTER HOMES NEEDED PURSUANT TO SUBSECTION A OF THIS SECTION INTO
15 CATEGORIES OF NEED, INCLUDING THE FOLLOWING CATEGORIES OF FOSTER CHILDREN
16 WHO:

- 17 1. HAVE DEVELOPMENTAL DISABILITIES.
- 18 2. HAVE BEHAVIORAL OR EMOTIONAL NEEDS.
- 19 3. HAVE MEDICALLY COMPLEX CONDITIONS.
- 20 4. ARE OVER THIRTEEN YEARS OF AGE.
- 21 5. ARE PART OF A SIBLING GROUP OF THREE OR MORE FOSTER CHILDREN.]

22 ~~[B.]~~ [C.] THE DEPARTMENT, IN CONSULTATION WITH NATIONAL EXPERTS,
23 SHALL DESIGN AND BEGIN A CAMPAIGN TO RECRUIT AT LEAST THE MINIMUM NUMBER
24 OF LICENSED FOSTER HOMES REQUIRED IN EACH DESIGNATED REGION. THE
25 DEPARTMENT SHALL REPORT PROGRESS TOWARD MAINTAINING OR EXCEEDING THE
26 MINIMUM NUMBER OF LICENSED FOSTER HOMES PURSUANT TO SECTION 8-526.

27 ~~[C.]~~ [D.] ON OR BEFORE DECEMBER 31 OF EACH YEAR, THE DEPARTMENT
28 SHALL REPORT TO THE GOVERNOR, THE PRESIDENT OF THE SENATE, THE SPEAKER OF
29 THE HOUSE OF REPRESENTATIVES AND THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE
30 ON THE DEPARTMENT OF CHILD SAFETY. THE REPORT MUST CONTAIN THE FOLLOWING:

- 31 1. PROGRESS TOWARD ACHIEVING THE MINIMUM NUMBER OF LICENSED FOSTER
32 HOMES.
- 33 2. OBSTACLES PREVENTING THE DEPARTMENT FROM OBTAINING THE MINIMUM
34 NUMBER OF LICENSED FOSTER HOMES.
- 35 3. SOLUTIONS FOR RECRUITING AND MAINTAINING THE MINIMUM NUMBER OF
36 LICENSED FOSTER HOMES.

37 [E. THIS SECTION DOES NOT LIMIT THE DEPARTMENT'S ABILITY TO PLACE A
38 CHILD IN A KINSHIP FOSTER CARE SETTING.]

39 F. FOR THE PURPOSES OF THIS SECTION, "MEDICALLY COMPLEX CONDITION"
40 MEANS A CHRONIC PHYSICAL OR DEVELOPMENTAL CONDITION THAT THE DEPARTMENT
41 HAS DETERMINED A CHILD HAS OR IS AT RISK OF HAVING AND THAT REQUIRES
42 HEALTH-RELATED SERVICES BEYOND THE HEALTH-RELATED SERVICES THAT ARE
43 REQUIRED BY A CHILD IN GENERAL.]

1 Sec. 5. Section 8-526, Arizona Revised Statutes, is amended to
2 read:

3 8-526. Child welfare; reporting requirements; definitions

4 A. The department shall make available program and outcomes data on
5 its website as provided in this section, in a format that can be
6 downloaded and that is conducive to analysis.

7 B. The department shall make available the following information on
8 a semiannual basis by September 30 for the period ending the prior June 30
9 and by March 31 for the period ending the prior December 31:

10 1. Success in meeting training requirements.

11 2. Caseloads for child safety workers.

12 3. The number of new reports and reports that have been closed.

13 4. The number of case-carrying caseworkers in each region.

14 5. The number of investigations by region.

15 6. The number of children being served in-home and the number of
16 children being served out-of-home by each region.

17 7. The total number of reports received, by major category and by
18 priority.

19 8. The number of reports not responded to, by priority, by county
20 and statewide.

21 9. The number of reports assigned for investigation by priority and
22 by major category, by county and statewide for the current and previous
23 reporting periods.

24 10. The number of reports for investigations completed by priority
25 and by major category, by county and statewide for the current and
26 previous reporting periods and as categorized by investigations that
27 resulted in:

28 (a) A substantiated report.

29 (b) A report currently proposed for substantiation.

30 (c) An unsubstantiated report.

31 11. The number of reports assigned for investigation that remain
32 open for investigation by priority and by major category, by county and
33 statewide for the current and previous reporting periods.

34 12. Of the number of children reported to the department, the
35 percentage of children placed in out-of-home care by county and statewide.

36 13. The number of newborn infants delivered to safe haven providers
37 pursuant to section 13-3623.01.

38 14. The number of children entering out-of-home care by county
39 during the reporting period, and the number and percentage of the children
40 entering out-of-home care by county during the reporting period who are
41 voluntary placements for children under eighteen years of age.

42 15. The number and percentage of children removed during the
43 reporting period, by county and statewide, who had been in out-of-home
44 care:

45 (a) Within the previous twelve months.

46 (b) Within the previous twenty-four months, excluding the children
47 included in subdivision (a) of this paragraph.

1 16. The number and percentage of children who have remained in a
2 shelter or receiving home for more than twenty-one consecutive days, by
3 the child's age group.

4 17. The total number of licensed foster homes, the number of
5 licensed foster homes considered kinship homes, the number of licensed
6 community foster homes and the number of available spaces in licensed
7 community foster homes.

8 18. THE MINIMUM NUMBER OF LICENSED FOSTER HOMES THAT ARE REQUIRED
9 STATEWIDE, [BY CATEGORY] AND BY DESIGNATED REGION[,] AND WHAT PERCENTAGE
10 OF THE MINIMUM NUMBER OF LICENSED FOSTER HOMES IS REPRESENTED BY THE
11 CURRENT NUMBER OF LICENSED FOSTER HOMES PURSUANT TO SECTION 8-509.02.

12 ~~18.~~ 19. The number of licensed foster homes that receive the
13 required visitation by licensing agency representatives pursuant to
14 section 8-516.

15 ~~19.~~ 20. The number of children placed in the care, custody and
16 control of the department at the end of the reporting period and the
17 number of these children who receive the required visitation by case
18 managers pursuant to section 8-516.

19 ~~20.~~ 21. The number and percentage of children who are in the care,
20 custody and control of the department at the end of the reporting period
21 and who are in out-of-home placement and as categorized by:

- 22 (a) Age.
- 23 (b) Ethnicity.
- 24 (c) Case plan goal.
- 25 (d) Type of out-of-home placement, categorized by age.
- 26 (e) Length of time in out-of-home placement of less than thirty
27 days, thirty-one days to twelve consecutive months, twelve to twenty-four
28 consecutive months and more than twenty-four consecutive months, including
29 the median, average and range of the number of out-of-home placements.
- 30 (f) Primary legal status including voluntary placement for a child
31 under eighteen years of age, temporary custody, adjudicated dependent,
32 free for adoption, voluntary placement for a child over eighteen years of
33 age, dually adjudicated or any other legal status.

34 22. THE NUMBER AND PERCENTAGE OF CHILDREN WHO ARE IN THE CARE,
35 CUSTODY AND CONTROL OF THE DEPARTMENT AT THE END OF THE REPORTING PERIOD
36 AND WHO ARE IN A CONGREGATE CARE PLACEMENT, CATEGORIZED BY:

- 37 (a) AGE.
- 38 (b) ETHNICITY.
- 39 (c) SEX.
- 40 (d) TYPE OF CONGREGATE CARE PLACEMENT.
- 41 (e) REASON FOR CONGREGATE CARE PLACEMENT.
- 42 (f) LENGTH OF TIME IN CONGREGATE CARE PLACEMENT OF LESS THAN THIRTY
43 DAYS, THIRTY-ONE DAYS TO TWELVE CONSECUTIVE MONTHS, TWELVE TO TWENTY-FOUR
44 CONSECUTIVE MONTHS AND MORE THAN TWENTY-FOUR CONSECUTIVE MONTHS, INCLUDING
45 THE MEDIAN, AVERAGE AND RANGE OF THE NUMBER OF CONGREGATE CARE PLACEMENT.
- 46 (g) WHETHER THE CHILD HAS A CONGREGATE CARE PLACEMENT PLAN PURSUANT
47 TO SECTION 8-509.02.

1 (h) CHILDREN WHO HAD TWO OR MORE CONGREGATE CARE PLACEMENTS WHILE
2 IN THE CARE, CUSTODY AND CONTROL OF THE DEPARTMENT.
3 ~~21.~~ 23. If the case plan is to return the child to the parent, the
4 percentage of parents who receive the required contact by case managers.
5 ~~22.~~ 24. The number and percentage of children who left the custody
6 of the department during the reporting period by reason for leaving care
7 and as categorized by:
8 (a) Age.
9 (b) Ethnicity.
10 (c) Number of placements.
11 (d) Average length of time in care.
12 ~~23.~~ 25. The number of children with a petition for termination of
13 parental rights granted and not granted during the reporting period by
14 county and statewide.
15 ~~24.~~ 26. The number and percentage of children with a case plan
16 goal of adoption and who are not placed in an adoptive home at the end of
17 the reporting period and as categorized by:
18 (a) Age.
19 (b) Ethnicity.
20 (c) Average length of time in care.
21 (d) Legal status.
22 ~~25.~~ 27. The number and percentage of children with a case plan
23 goal of adoption and who are placed in an adoptive home at the end of the
24 reporting period and as categorized by:
25 (a) Age.
26 (b) Ethnicity.
27 (c) Average length of time in out-of-home placement.
28 (d) Length of time from change of case plan goal to adoptive
29 placement.
30 (e) Legal status.
31 (f) Marital status and relationship of the adoptive parent or
32 parents to the child.
33 ~~26.~~ 28. The number of children whose adoptive placement was
34 disrupted during the reporting period and as categorized by:
35 (a) Age.
36 (b) Ethnicity.
37 (c) Cause of the disruption.
38 (d) Marital status and relationship of the adoptive parent or
39 parents to the child.
40 ~~27.~~ 29. The number of children whose adoptions were finalized
41 during the reporting period and as categorized by:
42 (a) Average length of time in out-of-home placement before adoptive
43 placement.
44 (b) Average length of time in adoptive placement before the final
45 order of adoption.
46 (c) Marital status and relationship of the adoptive parent or
47 parents to the child.

1 ~~28.~~ 30. The number of children who died while in the custody of
2 the department by the county where the death occurred and as categorized
3 by:

4 (a) The cause of death.

5 (b) The type of out-of-home placement at the time of death.

6 ~~29.~~ 31. The number of children with an open or active child safety
7 services case who died due to abuse, categorized by the person or persons
8 who had care or custody of the child at the time of the child's death as
9 follows:

10 (a) Biological parent or parents.

11 (b) Other family member.

12 (c) Adoptive parent or parents.

13 (d) Foster care parent or parents.

14 (e) Other out-of-home care provider.

15 ~~30.~~ 32. The number of children with an open or active child safety
16 services case who died due to abuse allegedly caused by an adult household
17 member who is not listed pursuant to paragraph 29 of this subsection.

18 ~~31.~~ 33. The ratio of supervisors to specialists by region.

19 ~~32.~~ 34. The source and use of federal monies in the department.

20 ~~33.~~ 35. The source and use of state monies in the department.

21 ~~34.~~ 36. Information regarding the educational placement of foster
22 children pursuant to section 8-530.04, including:

23 (a) The number of best interest educational placement
24 determinations conducted.

25 (b) The number of children who entered foster care and who did not
26 receive a best interest educational placement determination.

27 (c) The final outcome of each best interest educational placement
28 determination.

29 C. Based on the data presented in each reporting period, the
30 department, in as brief a format as possible, shall describe three to five
31 major challenges the department faces in achieving the goal of safe,
32 permanent homes for abused and neglected children.

33 D. Within three months after the end of each reporting period the
34 department shall submit a written report in as brief a format as possible
35 to the governor, the president of the senate, the speaker of the house of
36 representatives, the chairperson of the house human services committee,
37 the chairperson of the senate family services committee, or their
38 successor committees, and the cochairpersons of the joint legislative
39 committee on children and family services. The department shall submit a
40 copy of the report to the secretary of state.

41 E. The department shall make available the following information on
42 an annual basis:

43 1. The percentage of substantiations upheld by the office of
44 administrative hearings.

45 2. The demographics and number of children placed with relative
46 caregivers.

47 3. The demographics of kinship foster caregivers.

- 1 4. The number of relative children per kinship foster care family.
- 2 5. The department's success at maintaining kinship foster care
- 3 placements.
- 4 6. The type and cost of services provided to kinship foster care
- 5 families by licensed and unlicensed caregivers.
- 6 7. The cost of services provided to kinship foster caregivers
- 7 compared to the cost of out-of-home placements.
- 8 8. The number of children and families, by district, receiving
- 9 services through the housing assistance program during the previous fiscal
- 10 year.
- 11 9. The total amount of money spent on the housing assistance
- 12 program by region.
- 13 10. A programmatic and fiscal evaluation of the effectiveness of
- 14 the housing assistance program that includes the amount of foster care
- 15 expenditures avoided.
- 16 11. The number of children in the independent living program by
- 17 age, county and education status.
- 18 12. Beginning with the 2022 data period, the statewide number of
- 19 children in substantiated reports for investigation that are received in
- 20 the twelve months before the current annual reporting period and that
- 21 allege neglect as defined in section 8-201, paragraph 25, subdivision (c)
- 22 and the number of children in these reports who were:
- 23 (a) Removed within thirty days after the date the report is
- 24 received.
- 25 (b) Removed within six months after the date the report is
- 26 received.
- 27 F. The department shall make available the following information on
- 28 a monthly basis:
- 29 1. Operations and workforce data measures that include:
- 30 (a) Staff vacancy levels by position category and turnover.
- 31 (b) New hires, separations, turnover and voluntary attrition
- 32 delineated by field position, safety specialists, hotline staff,
- 33 caseworkers in training, program, program supervisors, case aides, office
- 34 of child welfare investigations staff and administrative staff.
- 35 (c) Hotline performance.
- 36 (d) Reports received by maltreatment type, priority and response
- 37 time.
- 38 (e) Inactive cases by disposition.
- 39 (f) Open reports.
- 40 (g) Entries and exits from the foster care population by exit type.
- 41 (h) Support service provision.
- 42 (i) Demographics, placement types and case plan goals of the foster
- 43 care population.
- 44 (j) The number and type of licensed foster homes that leave the
- 45 foster care system and the reason for the exit.
- 46 2. Financial data that compares total expenditures each month and
- 47 year-to-date as compared to prior year totals, appropriation totals and

1 projected expenditure totals, delineated by appropriation and appropriated
2 fund source.

3 G. The department shall make the information required pursuant to
4 subsection F of this section available within sixty days after the end of
5 the applicable reporting period.

6 H. The department shall notify the president of the senate, the
7 speaker of the house of representatives, the director of the joint
8 legislative budget committee and the director of the governor's office of
9 strategic planning and budgeting when an update is made on information
10 that must be made available pursuant to subsection B or F of this section.

11 I. FOR THE PURPOSES OF THIS SECTION, "CONGREGATE CARE"[;]

12 1.] MEANS ~~[ANY SETTING THAT IS NOT A LICENSED FOSTER HOME AND THAT~~
13 ~~CARES FOR MORE THAN ONE CHILD WHO IS IN THE CARE, CUSTODY AND CONTROL OF~~
14 ~~THE DEPARTMENT]~~ [A CHILD WELFARE AGENCY THAT IS LICENSED BY THE DEPARTMENT
15 TO PROVIDE TWENTY-FOUR HOUR CARE FOR MORE THAN ONE CHILD WHO IS IN THE
16 CARE, CUSTODY AND CONTROL OF THE DEPARTMENT.

17 2. DOES NOT INCLUDE A LICENSED FOSTER HOME OR KINSHIP CARE
18 PLACEMENT].

19 Sec. 6. Title 8, chapter 4, article 4, Arizona Revised Statutes, is
20 amended by adding section 8-530.08, to read:

21 8-530.08. Congregate care; assessment; plans; definitions

22 A. WITHIN THIRTY DAYS AFTER PLACING A CHILD IN A CONGREGATE CARE
23 SETTING, THE DEPARTMENT SHALL DO THE FOLLOWING:

24 1. WORK WITH THE CHILD, IF DEVELOPMENTALLY APPROPRIATE, THE CHILD'S
25 ATTORNEY AND THE CHILD'S FAMILY AND SERVICE TEAM TO DO ~~[ALL]~~ [BOTH] OF THE
26 FOLLOWING:

27 (a) ~~ESTABLISH A [FOSTER FAMILY RECRUITMENT PLAN IF THE CHILD'S~~
28 ~~FAMILY AND SERVICE TEAM RECOMMENDS THAT THE CHILD BE PLACED IN A~~
29 ~~CONGREGATE CARE SETTING BECAUSE AN APPROPRIATE FAMILY-LIKE SETTING IS NOT~~
30 ~~AVAILABLE.~~

31 ~~(b) DEVELOP A FOSTER FAMILY RECRUITMENT PLAN THAT IS]~~ [PLAN TO
32 PLACE A CHILD IN AN APPROPRIATE FAMILY-LIKE SETTING. THE PLAN SHALL BE]
33 SPECIFIC TO THE CHILD AND, IF APPLICABLE, THE CHILD'S SIBLINGS AND THE
34 CHILD'S MINOR PARENT OR PARENTS[. THE PLAN SHALL INCLUDE STEPS] TO
35 IDENTIFY AND RECRUIT AN APPROPRIATE FAMILY-LIKE SETTING FOR THE
36 CHILD. [IN DEVELOPING THE PLAN, THE DEPARTMENT SHALL IDENTIFY AND
37 CONSIDER THE PLACEMENT PREFERENCES OF THE CHILD.]

38 ~~[(c)] [(b) AS PART OF THE PLAN ESTABLISHED PURSUANT TO SUBDIVISION~~
39 ~~(a) OF THIS PARAGRAPH.]~~ DEVELOP A CHILD-SPECIFIC CONGREGATE CARE
40 IMPLEMENTATION PLAN TO ENSURE THAT THE CHILD'S NEEDS ARE APPROPRIATELY MET
41 WHILE THE CHILD IS PLACED IN A CONGREGATE CARE SETTING.

42 2. CONDUCT AN ON-SITE ~~[SURVEY]~~ [VISIT] OF A GROUP HOME WITHIN
43 FORTY-EIGHT HOURS AFTER PLACING A MEDICALLY ~~[FRAGILE]~~ [COMPLEX] CHILD IN A
44 GROUP HOME TO ENSURE THAT ALL STAFF MEMBERS WHO WILL HAVE CONTACT OR CARE
45 RESPONSIBILITIES FOR A MEDICALLY ~~[FRAGILE]~~ [COMPLEX] CHILD HAVE PROPER
46 TRAINING.

1 3. DOCUMENT ~~[ALL]~~ [BOTH] OF THE FOLLOWING IN THE CHILD'S CASE PLAN:
2 ~~[(a) THE FOSTER FAMILY RECRUITMENT PLAN, IF REQUIRED PURSUANT TO~~
3 ~~PARAGRAPH 1, SUBDIVISION (b) OF THIS SUBSECTION.~~
4 ~~(b)]~~ [(a)] THE [PLAN FOR PLACEMENT OF A CHILD IN AN APPROPRIATE
5 FAMILY-LIKE SETTING AND THE] CHILD-SPECIFIC CONGREGATE CARE IMPLEMENTATION
6 PLAN PURSUANT TO PARAGRAPH 1, [SUBDIVISION (c)] [SUBDIVISIONS (a) AND (b)]
7 OF THIS SUBSECTION.
8 ~~[(c)] [(b)]~~ [(b)] THE RESULTS AND FINDINGS OF THE GROUP HOME ON-SITE
9 SURVEY, IF APPLICABLE, PURSUANT TO PARAGRAPH 2 OF THIS SUBSECTION.
10 ~~[B. IF A CHILD WHO IS PLACED IN A CONGREGATE CARE SETTING HAS BEEN~~
11 ~~APPROVED FOR A HIGHER LEVEL OF CARE THAN A CONGREGATE CARE OR FOSTER HOME~~
12 ~~SETTING, THE DEPARTMENT SHALL PLACE THE CHILD IN A FACILITY THAT HAS AN~~
13 ~~AVAILABLE BED AND THAT IS APPROVED TO PROVIDE THE LEVEL OF CARE REQUIRED~~
14 ~~FOR THE CHILD. A FACILITY MAY NOT DENY OR REFUSE PLACEMENT OF A CHILD WHO~~
15 ~~IS BEING PLACED PURSUANT TO THIS SUBSECTION.]~~
16 ~~[C.] [B.]~~ [B.] FOR THE PURPOSE OF THIS SECTION~~[:]~~[,]
17 ~~[1.]~~ [1.] "FAMILY AND SERVICE TEAM" INCLUDES ANY OF THE FOLLOWING:
18 ~~[1.]~~ [(a)] COACHES.
19 ~~[2.]~~ [(b)] COURT APPOINTED SPECIAL ADVOCATES.
20 ~~[3.]~~ [(c)] DEPARTMENT EMPLOYEES.
21 ~~[4.]~~ [(d)] FORMER FOSTER CAREGIVERS.
22 ~~[5.]~~ [(e)] MENTORS.
23 ~~[6.]~~ [(f)] TEACHERS.
24 ~~[7.]~~ [(g)] ANY OTHER INDIVIDUALS WHO HAVE KNOWLEDGE OF THE CHILD.
25 ~~[2. "MEDICALLY COMPLEX CHILD" MEANS A CHILD WHO THE DEPARTMENT HAS~~
26 ~~DETERMINED HAS OR IS AT RISK FOR A CHRONIC PHYSICAL OR DEVELOPMENTAL~~
27 ~~CONDITION AND WHO REQUIRES HEALTH-RELATED SERVICES BEYOND THE~~
28 ~~HEALTH-RELATED SERVICES THAT ARE REQUIRED BY A CHILD IN GENERAL.]~~
29 <<Sec. 7. Section 36-425.06, Arizona Revised Statutes, is amended
30 to read:
31 36-425.06. Secure behavioral health residential facilities;
32 placement of foster children; license; annual
33 report; definition
34 A. The department shall license secure behavioral health
35 residential facilities to provide secure twenty-four-hour on-site
36 supportive treatment and supervision by staff with behavioral health
37 training for persons who have been determined to be seriously mentally
38 ill, who are chronically resistant to treatment for a mental disorder and
39 who are placed in the facility pursuant to a court order issued pursuant
40 to section 36-550.09 or who have been committed pursuant to a court order
41 issued pursuant to section 13-4521. A secure behavioral health
42 residential facility may provide services only to persons placed in or
43 committed to the facility pursuant to a court order issued pursuant to
44 section 36-550.09 or 13-4521 and may not provide services to any other
45 persons on that facility's premises. A secure behavioral health
46 residential facility may not have more than sixteen beds.

1 [B. IF A FOSTER CHILD WHO IS IN THE CARE, CUSTODY AND CONTROL OF
2 THE DEPARTMENT OF CHILD SAFETY IS APPROVED FOR PLACEMENT IN A SECURE
3 BEHAVIORAL HEALTH RESIDENTIAL FACILITY, THE SECURE BEHAVIORAL HEALTH
4 RESIDENTIAL FACILITY MAY NOT DENY OR REFUSE PLACEMENT OF THE FOSTER CHILD,
5 SUBJECT TO THE AVAILABILITY OF A BED IN THE SECURE BEHAVIORAL HEALTH
6 RESIDENTIAL FACILITY.]

7 ~~[B.]~~ [C.] On or before September 1 of each year, the director of
8 the Arizona health care cost containment system administration shall
9 submit a report to the governor, the legislature and the supreme court
10 that includes all of the following information:

11 1. An accounting of where the monies appropriated to the Arizona
12 health care cost containment system administration for secure behavioral
13 health residential facilities were used during the previous year.

14 2. The number of available beds in each secure behavioral health
15 residential facility.

16 ~~[C.]~~ [D.] For the purposes of this section, "secure" means
17 premises that limit a patient's egress in the least restrictive manner
18 consistent with the patient's court-ordered treatment plan. >>

19 <<Sec. 8. Section 36-550.05, Arizona Revised Statutes, is amended
20 to read:

21 36-550.05. Community mental health residential treatment
22 services and facilities; prevention services;
23 placement of foster children

24 A. A residential or day treatment facility shall be designed to
25 provide a homelike environment without sacrificing safety or care.
26 Facilities shall be relatively small, with preferably fifteen or fewer
27 beds.

28 B. Individual programs of a community residential treatment system
29 shall include the following:

30 1. A short-term crisis residential treatment program. This program
31 is an alternative to hospitalization for persons in an acute episode or
32 situational crisis requiring temporary removal from the home from one to
33 fourteen days. The program shall provide admission capability twenty-four
34 hours a day, seven days a week in the least restrictive setting possible
35 to reduce the crisis and stabilize the client. Services shall include
36 direct work with the client's family, linkage with prevocational and
37 vocational programs, assistance in applying for income, medical and other
38 benefits and treatment referral.

39 2. A residential treatment program. This program shall provide a
40 full-day treatment program for persons who may require intensive support
41 for a maximum of two years. The program shall provide rehabilitation for
42 chronic clients who need long-term support to develop independence and for
43 clients who live marginally in the community with little or no support and
44 periodically need rehospitalization. Services shall include intensive
45 diagnostic evaluation, a full-day treatment program with prevocational,
46 vocational and special education services, outreach to social services and

1 counseling to assist the client in developing skills to move toward a less
2 structured setting.

3 3. A secure behavioral health residential facility program. This
4 program shall provide secure twenty-four-hour on-site supportive treatment
5 and supervision by staff with behavioral health training only to persons
6 who have been determined to be seriously mentally ill and chronically
7 resistant to treatment pursuant to a court order issued pursuant to
8 section 36-550.09.

9 4. A semisupervised, structured group living program. This program
10 is a cooperative arrangement in which three to five persons live together
11 in apartments or houses as a transition to independent living. The
12 program shall provide an increase in the level of the client's
13 responsibility for the functioning of the household and an increase in the
14 client's involvement in daytime activities outside the house or apartment
15 that are relevant to achieving personal goals and greater
16 self-sufficiency. Services provided by the program shall include
17 counseling and client self-assessment, the development of support systems
18 in the community, a day program to encourage participation in the larger
19 community, activities to encourage socialization and use of general
20 community resources, rent subsidy and direct linkages to staff support in
21 emergencies.

22 5. A socialization or day care/partial care program. This program
23 shall provide regular daytime, evening and weekend activities for persons
24 who require long-term structured support but who do not receive such
25 services in their residential setting. The program shall provide support
26 for persons who only need regular socialization opportunities and referral
27 to social services or treatment services. The program shall provide
28 opportunities to develop skills to achieve more independent functioning
29 and means to reduce social isolation. Services shall include outings,
30 recreational activities, cultural events and contact with community
31 resources, such as prevocational counseling and life skills training.

32 C. Individual and family support prevention services shall provide
33 assistance to the seriously mentally ill residing in their own home. Such
34 prevention services shall include transportation, recreation,
35 socialization, counseling, respite, companion services and in-home
36 training.

37 D. Each individual program shall use appropriate multidisciplinary
38 staff to meet the diagnostic and treatment needs of the seriously mentally
39 ill and shall encourage use of paraprofessionals.

40 E. Each program shall have an evaluation method to assess the
41 effectiveness of the programs and shall include the following criteria:

42 1. Prevalence and incidence of the target behavioral problem.

43 2. Cost effectiveness.

44 3. Potential for implementing the program using available monies
45 and resources through cost-sharing.

46 4. Measurability of the benefits.

47 5. Effectiveness of intervention strategy.

1 6. Availability of resources and personnel.

2 F. Each community residential treatment system shall be designed to
3 provide:

4 1. Coordination between each program and other treatment systems in
5 the community.

6 2. A case management system to enhance cooperation of elements
7 within the system and provide each client with appropriate services.

8 3. Client movement to the most appropriate and least restrictive
9 service.

10 4. Direct referral of clients for specific programs that does not
11 require the client to pass through the entire system to reach the most
12 appropriate service.

13 [G. IF A FOSTER CHILD WHO IS IN THE CARE, CUSTODY AND CONTROL OF
14 THE DEPARTMENT OF CHILD SAFETY IS APPROVED FOR PLACEMENT IN A TREATMENT
15 FACILITY OR PROGRAM PRESCRIBED BY THIS SECTION, THE TREATMENT FACILITY OR
16 PROGRAM MAY NOT DENY OR REFUSE PLACEMENT OF THE FOSTER CHILD, SUBJECT TO
17 THE AVAILABILITY OF A BED OR SPACE IN THE TREATMENT FACILITY OR
18 PROGRAM.]>>

19 Enroll and engross to conform

20 Amend title to conform

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