

HOUSE FLOOR AMENDMENT EXPLANATION



Bill Number: **SB 1333**

Bliss _____ Floor Amendment

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- Requires DCS to make available information on the number of children who were approved for placement in a behavioral health facility or program and were denied or refused placement.
 - Specifies that behavioral health facilities are prohibited from refusing or denying placement of a foster child if the foster child is approved for placement, subject to availability of a bed or space in the facility.
 - Requires a behavioral health facility that denies or refuses placement of a foster care child to:
 - document the specific clinical reason for denying or refusing placement; and
 - notify the placement agency within 24-hours after the denial or refusal.
 - Requires a behavioral health facility that denies or refuses placement, when possible, to work collaboratively with the placement agency to explore alternative placements or additional supports for the foster child that may facilitate a successful placement and document efforts made for successful placement.
 - Prohibits a behavioral health facility from denying the placement of a foster child who requires medication treatment for a chronic physical health condition.
 - Defines a *placement agency*.

Amendment explanation prepared by A. Graham

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4/3/2025

BLISS FLOOR AMENDMENT
HOUSE OF REPRESENTATIVES AMENDMENTS TO S.B. 1333
(Reference to HEALTH AND HUMAN SERVICES Committee amendment)

Amendment instruction key:

[GREEN UPPERCASE UNDERLINING IN BRACKETS] indicates that the amendment is adding text to statute or previously enacted session law.
[Green lowercase underlining in brackets] indicates that the amendment is adding text to new session law or is restoring previously stricken text to existing statute.
~~[GREEN UPPERCASE STRIKEOUT IN BRACKETS]~~ indicates that the amendment is removing new text from statute or previously enacted session law.
~~[Green lowercase strikeout in brackets]~~ indicates that the amendment is removing text from existing statute, previously enacted session law or new session law.
<<Double green carets enclosing an entire section>> indicates that the amendment is adding the section to the bill.
~~<<Green strikeout with double green carets enclosing an entire section>>~~ indicates that the amendment is removing the section to the bill.
{[ORANGE UPPERCASE UNDERLINING IN DOUBLE CURLY BRACKETS]} indicates that the amendment to an amendment is adding text to statute or previously enacted session law.
{[Orange lowercase underlining in double curly brackets]} indicates that the amendment to an amendment is adding text to new session law or is restoring previously stricken text to existing statute.
~~{[ORANGE UPPERCASE STRIKEOUT IN DOUBLE CURLY BRACKETS]}~~ indicates that the amendment to an amendment is removing new text from statute or previously enacted session law.
~~{[Orange lowercase strikeout in double curly brackets]}~~ indicates that the amendment to an amendment is removing text from existing statute, previously enacted session law or new session law.
<<Double orange underlined carets enclosing an entire section>> indicate that the amendment to an amendment is adding the section to the bill.
~~<<Orange strikeout with double orange underlined carets enclosing an entire section>>~~ indicates that the amendment to an amendment is removing the section 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.

- 1 2. Members who are attorneys and who have expertise in representing
- 2 children or experience in child welfare law.
- 3 3. Members who have served as guardians ad litem.
- 4 4. Members who have served as court appointed special advocates.
- 5 5. Members who are familiar with the child's case and who have an
- 6 understanding of the child's permanency plan preferences.
- 7 6. Members of national organizations with experience in permanency
- 8 planning policy and best practices.
- 9 7. MEMBERS WHO HAVE PERSONAL EXPERIENCE IN FOSTER CARE, INCLUDING
- 10 FORMER FOSTER CARE YOUTH OR MEMBERS OF A FOSTER CARE FAMILY.
- 11 C. The foster youth permanency pilot project team shall do all of
- 12 the following:
- 13 1. Thoroughly review the child's case file.
- 14 2. Convene foster youth permanency pilot project team meetings that
- 15 include the child, the child's caregivers, the child's attorney and
- 16 members of the foster youth permanency pilot project team who are
- 17 appointed pursuant to subsection B of this section and who agree to
- 18 participate in the child's case, as applicable and necessary. At the
- 19 initial meeting, the foster youth permanency pilot project team shall
- 20 identify barriers to permanency for each child selected and determine the
- 21 assistance, resources and tools needed for the child to achieve
- 22 permanency.
- 23 3. Review and discuss the permanency plan for the child.
- 24 4. Convene ongoing meetings of the foster youth permanency pilot
- 25 project team to evaluate the child's progress towards permanency and to
- 26 amend the child's permanency action plan as necessary.
- 27 5. Identify specific options to place a child with individuals or
- 28 families who are willing and able to provide permanency to a child
- 29 selected by the foster youth permanency pilot project team.
- 30 D. The foster youth permanency pilot project team shall have access
- 31 to all department documents and personnel that are necessary to perform
- 32 the duties of the foster youth permanency pilot project team.
- 33 E. The foster youth permanency pilot project team may enter into
- 34 contracts with any of the following:
- 35 1. A child or adolescent psychiatrist who has expertise in
- 36 effective therapies and assessing proper use of psychotropic medications.
- 37 2. An attorney who has expertise in social security benefits,
- 38 education, immigration, disability, adoption and department and child
- 39 welfare policies.
- 40 3. A private investigator who can successfully locate relatives or
- 41 kin of children who were not previously identified as placement options.
- 42 4. A NONPROFIT ORGANIZATION THAT HAS DEMONSTRATED EXPERTISE AND A
- 43 PROVEN RECORD OF SUCCESSFULLY ESTABLISHING PERMANENCY FOR YOUTH WHO ARE AT
- 44 RISK OF EXITING THE DEPARTMENT'S CARE WITHOUT ACHIEVING PERMANENCY.
- 45 F. The foster youth permanency pilot project team shall take
- 46 reasonable steps to prevent unwarranted invasions of privacy and to
- 47 protect the privacy and dignity of children who are the subject of a
- 48 permanency action plan.

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

3 8-505. Issuance of licenses; application; investigation;
4 renewal; public information

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

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

11 C. ~~The division shall,~~ Before issuing a license to an agency, ~~THE~~
12 ~~DIVISION SHALL~~ investigate the activities and standards of care of the
13 agency, its financial stability, the character and training of the
14 applicant, the need for ~~such~~ ~~THE~~ agency, ~~and~~ the adequacy of its intended
15 services to insure the welfare of children. A provisional license may be
16 issued to any agency whose services are needed but ~~which~~ ~~THAT~~ is
17 temporarily unable to conform to the established standards of care. If
18 the applicant meets the standards ~~as~~ established by the division, a
19 regular license shall be issued for a period of one year.

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

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

29 F. ~~FINANCIAL STATEMENTS THAT ARE PREPARED BY A CHILD WELFARE AGENCY~~
30 ~~AS PART OF THE LICENSING PROCESS PURSUANT TO THIS SECTION ARE PUBLIC~~
31 ~~RECORDS AND ARE SUBJECT TO DISCLOSURE PURSUANT TO SECTION 39-121.01.~~

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

34 8-509. Licensing of foster homes; fingerprint waiver;
35 restricted license; renewal of license; provisional
36 license; exemption from licensure; immunization
37 requirements; administration of medication; policies
38 and procedures; definition

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

41 B. The department shall not issue a license without satisfactory
42 proof that the foster parent or parents have completed six actual hours of
43 approved initial foster parent training as set forth in section 8-503 and
44 that each foster parent and each other adult member of the household has a
45 valid fingerprint clearance card issued pursuant to section 41-1758.07.
46 The foster parent and each other adult member of the household must
47 certify on forms that are provided by the department and that are
48 notarized whether the foster parent or other adult member of the household
49 is awaiting trial on or has ever been convicted of any of the criminal

1 offenses listed in section 41-1758.07, subsections B and C in this state
2 or similar offenses in another state or jurisdiction.

3 C. A kinship foster care parent shall apply for a fingerprint
4 clearance card pursuant to section 41-1758.07. In its discretion and for
5 good cause, the department may waive the requirement for a kinship foster
6 care parent to obtain a fingerprint clearance card. In evaluating whether
7 good cause exists, the department shall apply the criteria prescribed in
8 section 41-1758.07, subsections B and C. If the department waives the
9 requirement, the department shall issue to the kinship foster care parent
10 a restricted license that applies only to the children placed with the
11 kinship foster care parent for kinship foster care.

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

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

21 F. Child welfare agencies that submit foster homes for licensing
22 shall conduct an investigation of the foster home pursuant to licensing
23 rules of the department. The department shall conduct investigations of
24 all other foster homes. If the foster home meets all requirements set by
25 the department, the agency shall submit an application stating the foster
26 home's qualifications to the department. The agency may also recommend
27 the types of licensing and certification to be granted to the foster home.

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

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

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

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

41 K. A licensee may modify the renewal date of a license issued
42 pursuant to this section by submitting an application for modification of
43 renewal date with the department on a form prescribed by the department.
44 The licensee must specify the new month of renewal on the application.
45 The modified renewal date must be before, but not more than six months
46 earlier than, the existing renewal date.

47 L. The foster care review board shall review the cases of children
48 placed by the department in foster homes licensed pursuant to this section
49 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 DEVELOP POLICIES AND
4 PROCEDURES THAT IDENTIFY HOW THE GROUP FOSTER HOME WILL MANAGE
5 ADMINISTERING MEDICATION TO A FOSTER CHILD. THE POLICIES AND PROCEDURES
6 SHALL INCLUDE ALL OF THE FOLLOWING:

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

10 2. THE GROUP FOSTER HOME'S PROCESS FOR ADMINISTERING MEDICATION TO
11 A FOSTER CHILD.

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

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

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

18 6. THE DOCUMENTATION PROCESS FOR THE ADMINISTRATION OF MEDICATION,
19 MEDICATION ERRORS AND DRUG REACTIONS.

20 7. THE DOCUMENTATION AND PROCESS OF NOTIFICATION TO A FOSTER
21 CHILD'S HEALTH CARE PROVIDER OF A MEDICATION ADMINISTRATION ERROR OR DRUG
22 REACTION.

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

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

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

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

41 8-509.02. Licensed foster homes; minimum number required;
42 annual report; applicability; definition

43 A. THE DEPARTMENT SHALL ESTABLISH THE MINIMUM NUMBER OF LICENSED
44 FOSTER HOMES THAT ARE REQUIRED THROUGHOUT THIS STATE AND WITHIN REGIONS
45 THAT ARE DESIGNATED BY THE DEPARTMENT. THE MINIMUM NUMBER OF AVAILABLE
46 LICENSED FOSTER HOMES SHALL BE SUFFICIENT TO PLACE A CHILD IN A LICENSED
47 FOSTER HOME THAT BEST MEETS THE NEEDS OF THE FOSTER CHILD. THE DEPARTMENT
48 SHALL DETERMINE THE MINIMUM NUMBER OF LICENSED FOSTER HOMES NEEDED. THE
49 DEPARTMENT MAY USE AN ESTIMATOR TOOL TO CALCULATE THE MINIMUM NUMBER OF

1 LICENSED FOSTER HOMES IN EACH DESIGNATED REGION. THE DEPARTMENT SHALL
2 ESTIMATE ANNUALLY THE MINIMUM NUMBER OF LICENSED FOSTER HOMES, WHICH SHALL
3 BE EFFECTIVE AT THE BEGINNING OF EACH FISCAL YEAR. THE DEPARTMENT MAY NOT
4 REDUCE THE MINIMUM NUMBER OF LICENSED FOSTER HOMES UNTIL THE ESTIMATE FOR
5 THE NEXT FISCAL YEAR.

6 B. THE DEPARTMENT SHALL CATEGORIZE THE MINIMUM NUMBER OF LICENSED
7 FOSTER HOMES NEEDED PURSUANT TO SUBSECTION A OF THIS SECTION INTO
8 CATEGORIES OF NEED, INCLUDING THE FOLLOWING CATEGORIES OF FOSTER CHILDREN
9 WHO:

- 10 1. HAVE DEVELOPMENTAL DISABILITIES.
- 11 2. HAVE BEHAVIORAL OR EMOTIONAL NEEDS.
- 12 3. HAVE MEDICALLY COMPLEX CONDITIONS.
- 13 4. ARE OVER THIRTEEN YEARS OF AGE.
- 14 5. ARE PART OF A SIBLING GROUP OF THREE OR MORE FOSTER CHILDREN.

15 C. THE DEPARTMENT, IN CONSULTATION WITH NATIONAL EXPERTS, SHALL
16 DESIGN AND BEGIN A CAMPAIGN TO RECRUIT AT LEAST THE MINIMUM NUMBER OF
17 LICENSED FOSTER HOMES REQUIRED IN EACH DESIGNATED REGION. THE DEPARTMENT
18 SHALL REPORT PROGRESS TOWARD MAINTAINING OR EXCEEDING THE MINIMUM NUMBER
19 OF LICENSED FOSTER HOMES PURSUANT TO SECTION 8-526.

20 D. ON OR BEFORE DECEMBER 31 OF EACH YEAR, THE DEPARTMENT SHALL
21 REPORT TO THE GOVERNOR, THE PRESIDENT OF THE SENATE, THE SPEAKER OF THE
22 HOUSE OF REPRESENTATIVES AND THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON
23 THE DEPARTMENT OF CHILD SAFETY. THE REPORT MUST CONTAIN THE FOLLOWING:

- 24 1. PROGRESS TOWARD ACHIEVING THE MINIMUM NUMBER OF LICENSED FOSTER
25 HOMES.
- 26 2. OBSTACLES PREVENTING THE DEPARTMENT FROM OBTAINING THE MINIMUM
27 NUMBER OF LICENSED FOSTER HOMES.
- 28 3. SOLUTIONS FOR RECRUITING AND MAINTAINING THE MINIMUM NUMBER OF
29 LICENSED FOSTER HOMES.

30 E. THIS SECTION DOES NOT LIMIT THE DEPARTMENT'S ABILITY TO PLACE A
31 CHILD IN A KINSHIP FOSTER CARE SETTING.

32 F. FOR THE PURPOSES OF THIS SECTION, "MEDICALLY COMPLEX CONDITION"
33 MEANS A CHRONIC PHYSICAL OR DEVELOPMENTAL CONDITION THAT THE DEPARTMENT
34 HAS DETERMINED A CHILD HAS OR IS AT RISK OF HAVING AND THAT REQUIRES
35 HEALTH-RELATED SERVICES BEYOND THE HEALTH-RELATED SERVICES THAT ARE
36 REQUIRED BY A CHILD IN GENERAL.

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

39 8-526. Child welfare; reporting requirements; definitions

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

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

- 46 1. Success in meeting training requirements.
- 47 2. Caseloads for child safety workers.
- 48 3. The number of new reports and reports that have been closed.
- 49 4. The number of case-carrying caseworkers in each region.

- 1 5. The number of investigations by region.
- 2 6. The number of children being served in-home and the number of
- 3 children being served out-of-home by each region.
- 4 7. The total number of reports received, by major category and by
- 5 priority.
- 6 8. The number of reports not responded to, by priority, by county
- 7 and statewide.
- 8 9. The number of reports assigned for investigation by priority and
- 9 by major category, by county and statewide for the current and previous
- 10 reporting periods.
- 11 10. The number of reports for investigations completed by priority
- 12 and by major category, by county and statewide for the current and
- 13 previous reporting periods and as categorized by investigations that
- 14 resulted in:
 - 15 (a) A substantiated report.
 - 16 (b) A report currently proposed for substantiation.
 - 17 (c) An unsubstantiated report.
- 18 11. The number of reports assigned for investigation that remain
- 19 open for investigation by priority and by major category, by county and
- 20 statewide for the current and previous reporting periods.
- 21 12. Of the number of children reported to the department, the
- 22 percentage of children placed in out-of-home care by county and statewide.
- 23 13. The number of newborn infants delivered to safe haven providers
- 24 pursuant to section 13-3623.01.
- 25 14. The number of children entering out-of-home care by county
- 26 during the reporting period, and the number and percentage of the children
- 27 entering out-of-home care by county during the reporting period who are
- 28 voluntary placements for children under eighteen years of age.
- 29 15. The number and percentage of children removed during the
- 30 reporting period, by county and statewide, who had been in out-of-home
- 31 care:
 - 32 (a) Within the previous twelve months.
 - 33 (b) Within the previous twenty-four months, excluding the children
 - 34 included in subdivision (a) of this paragraph.
- 35 16. The number and percentage of children who have remained in a
- 36 shelter or receiving home for more than twenty-one consecutive days, by
- 37 the child's age group.
- 38 17. The total number of licensed foster homes, the number of
- 39 licensed foster homes considered kinship homes, the number of licensed
- 40 community foster homes and the number of available spaces in licensed
- 41 community foster homes.
- 42 18. THE MINIMUM NUMBER OF LICENSED FOSTER HOMES THAT ARE REQUIRED
- 43 STATEWIDE, BY CATEGORY AND BY DESIGNATED REGION, AND WHAT PERCENTAGE OF
- 44 THE MINIMUM NUMBER OF LICENSED FOSTER HOMES IS REPRESENTED BY THE CURRENT
- 45 NUMBER OF LICENSED FOSTER HOMES PURSUANT TO SECTION 8-509.02.
- 46 ~~18.~~ 19. The number of licensed foster homes that receive the
- 47 required visitation by licensing agency representatives pursuant to
- 48 section 8-516.

1 ~~19.~~ 20. The number of children placed in the care, custody and
2 control of the department at the end of the reporting period and the
3 number of these children who receive the required visitation by case
4 managers pursuant to section 8-516.

5 ~~20.~~ 21. The number and percentage of children who are in the care,
6 custody and control of the department at the end of the reporting period
7 and who are in out-of-home placement and as categorized by:

8 (a) Age.

9 (b) Ethnicity.

10 (c) Case plan goal.

11 (d) Type of out-of-home placement, categorized by age.

12 (e) Length of time in out-of-home placement of less than thirty
13 days, thirty-one days to twelve consecutive months, twelve to twenty-four
14 consecutive months and more than twenty-four consecutive months, including
15 the median, average and range of the number of out-of-home placements.

16 (f) Primary legal status including voluntary placement for a child
17 under eighteen years of age, temporary custody, adjudicated dependent,
18 free for adoption, voluntary placement for a child over eighteen years of
19 age, dually adjudicated or any other legal status.

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

23 (a) AGE.

24 (b) ETHNICITY.

25 (c) SEX.

26 (d) TYPE OF CONGREGATE CARE PLACEMENT.

27 (e) REASON FOR CONGREGATE CARE PLACEMENT.

28 (f) LENGTH OF TIME IN CONGREGATE CARE PLACEMENT OF LESS THAN THIRTY
29 DAYS, THIRTY-ONE DAYS TO TWELVE CONSECUTIVE MONTHS, TWELVE TO TWENTY-FOUR
30 CONSECUTIVE MONTHS AND MORE THAN TWENTY-FOUR CONSECUTIVE MONTHS, INCLUDING
31 THE MEDIAN, AVERAGE AND RANGE OF THE NUMBER OF CONGREGATE CARE PLACEMENT.

32 (g) WHETHER THE CHILD HAS A CONGREGATE CARE PLACEMENT PLAN PURSUANT
33 TO SECTION 8-509.02.

34 (h) CHILDREN WHO HAD TWO OR MORE CONGREGATE CARE PLACEMENTS WHILE
35 IN THE CARE, CUSTODY AND CONTROL OF THE DEPARTMENT.

36 ~~21.~~ 23. If the case plan is to return the child to the parent, the
37 percentage of parents who receive the required contact by case managers.

38 ~~22.~~ 24. The number and percentage of children who left the custody
39 of the department during the reporting period by reason for leaving care
40 and as categorized by:

41 (a) Age.

42 (b) Ethnicity.

43 (c) Number of placements.

44 (d) Average length of time in care.

45 ~~23.~~ 25. The number of children with a petition for termination of
46 parental rights granted and not granted during the reporting period by
47 county and statewide.

- 1 ~~24.~~ 26. The number and percentage of children with a case plan
2 goal of adoption and who are not placed in an adoptive home at the end of
3 the reporting period and as categorized by:
- 4 (a) Age.
 - 5 (b) Ethnicity.
 - 6 (c) Average length of time in care.
 - 7 (d) Legal status.
- 8 ~~25.~~ 27. The number and percentage of children with a case plan
9 goal of adoption and who are placed in an adoptive home at the end of the
10 reporting period and as categorized by:
- 11 (a) Age.
 - 12 (b) Ethnicity.
 - 13 (c) Average length of time in out-of-home placement.
 - 14 (d) Length of time from change of case plan goal to adoptive
15 placement.
 - 16 (e) Legal status.
 - 17 (f) Marital status and relationship of the adoptive parent or
18 parents to the child.
- 19 ~~26.~~ 28. The number of children whose adoptive placement was
20 disrupted during the reporting period and as categorized by:
- 21 (a) Age.
 - 22 (b) Ethnicity.
 - 23 (c) Cause of the disruption.
 - 24 (d) Marital status and relationship of the adoptive parent or
25 parents to the child.
- 26 ~~27.~~ 29. The number of children whose adoptions were finalized
27 during the reporting period and as categorized by:
- 28 (a) Average length of time in out-of-home placement before adoptive
29 placement.
 - 30 (b) Average length of time in adoptive placement before the final
31 order of adoption.
 - 32 (c) Marital status and relationship of the adoptive parent or
33 parents to the child.
- 34 ~~28.~~ 30. The number of children who died while in the custody of
35 the department by the county where the death occurred and as categorized
36 by:
- 37 (a) The cause of death.
 - 38 (b) The type of out-of-home placement at the time of death.
- 39 ~~29.~~ 31. The number of children with an open or active child safety
40 services case who died due to abuse, categorized by the person or persons
41 who had care or custody of the child at the time of the child's death as
42 follows:
- 43 (a) Biological parent or parents.
 - 44 (b) Other family member.
 - 45 (c) Adoptive parent or parents.
 - 46 (d) Foster care parent or parents.
 - 47 (e) Other out-of-home care provider.

1 ~~30.~~ 32. The number of children with an open or active child safety
2 services case who died due to abuse allegedly caused by an adult household
3 member who is not listed pursuant to paragraph 29 of this subsection.

4 ~~31.~~ 33. The ratio of supervisors to specialists by region.

5 ~~32.~~ 34. The source and use of federal monies in the department.

6 ~~33.~~ 35. The source and use of state monies in the department.

7 ~~34.~~ 36. Information regarding the educational placement of foster
8 children pursuant to section 8-530.04, including:

9 (a) The number of best interest educational placement
10 determinations conducted.

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

13 (c) The final outcome of each best interest educational placement
14 determination.

15 {{37. THE NUMBER OF CHILDREN WHO WERE APPROVED FOR PLACEMENT IN A
16 BEHAVIORAL HEALTH FACILITY OR PROGRAM AND WHO WERE DENIED OR REFUSED
17 PLACEMENT BY THE BEHAVIORAL HEALTH FACILITY OR PROGRAM.}}

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

22 D. Within three months after the end of each reporting period the
23 department shall submit a written report in as brief a format as possible
24 to the governor, the president of the senate, the speaker of the house of
25 representatives, the chairperson of the house human services committee,
26 the chairperson of the senate family services committee, or their
27 successor committees, and the cochairpersons of the joint legislative
28 committee on children and family services. The department shall submit a
29 copy of the report to the secretary of state.

30 E. The department shall make available the following information on
31 an annual basis:

32 1. The percentage of substantiations upheld by the office of
33 administrative hearings.

34 2. The demographics and number of children placed with relative
35 caregivers.

36 3. The demographics of kinship foster caregivers.

37 4. The number of relative children per kinship foster care family.

38 5. The department's success at maintaining kinship foster care
39 placements.

40 6. The type and cost of services provided to kinship foster care
41 families by licensed and unlicensed caregivers.

42 7. The cost of services provided to kinship foster caregivers
43 compared to the cost of out-of-home placements.

44 8. The number of children and families, by district, receiving
45 services through the housing assistance program during the previous fiscal
46 year.

1 9. The total amount of money spent on the housing assistance
2 program by region.

3 10. A programmatic and fiscal evaluation of the effectiveness of
4 the housing assistance program that includes the amount of foster care
5 expenditures avoided.

6 11. The number of children in the independent living program by
7 age, county and education status.

8 12. Beginning with the 2022 data period, the statewide number of
9 children in substantiated reports for investigation that are received in
10 the twelve months before the current annual reporting period and that
11 allege neglect as defined in section 8-201, paragraph 25, subdivision (c)
12 and the number of children in these reports who were:

13 (a) Removed within thirty days after the date the report is
14 received.

15 (b) Removed within six months after the date the report is
16 received.

17 F. The department shall make available the following information on
18 a monthly basis:

19 1. Operations and workforce data measures that include:

20 (a) Staff vacancy levels by position category and turnover.

21 (b) New hires, separations, turnover and voluntary attrition
22 delineated by field position, safety specialists, hotline staff,
23 caseworkers in training, program, program supervisors, case aides, office
24 of child welfare investigations staff and administrative staff.

25 (c) Hotline performance.

26 (d) Reports received by maltreatment type, priority and response
27 time.

28 (e) Inactive cases by disposition.

29 (f) Open reports.

30 (g) Entries and exits from the foster care population by exit type.

31 (h) Support service provision.

32 (i) Demographics, placement types and case plan goals of the foster
33 care population.

34 (j) The number and type of licensed foster homes that leave the
35 foster care system and the reason for the exit.

36 2. Financial data that compares total expenditures each month and
37 year-to-date as compared to prior year totals, appropriation totals and
38 projected expenditure totals, delineated by appropriation and appropriated
39 fund source.

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

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

1 I. FOR THE PURPOSES OF THIS SECTION, "CONGREGATE CARE":
2 1. MEANS A CHILD WELFARE AGENCY THAT IS LICENSED BY THE DEPARTMENT
3 TO PROVIDE TWENTY-FOUR HOUR CARE FOR MORE THAN ONE CHILD WHO IS IN THE
4 CARE, CUSTODY AND CONTROL OF THE DEPARTMENT.
5 2. DOES NOT INCLUDE A LICENSED FOSTER HOME OR KINSHIP CARE
6 PLACEMENT.
7 Sec. 6. Title 8, chapter 4, article 4, Arizona Revised Statutes, is
8 amended by adding section 8-530.08, to read:
9 8-530.08. Congregate care; assessment; plans; definitions
10 A. WITHIN THIRTY DAYS AFTER PLACING A CHILD IN A CONGREGATE CARE
11 SETTING, THE DEPARTMENT SHALL DO THE FOLLOWING:
12 1. WORK WITH THE CHILD, IF DEVELOPMENTALLY APPROPRIATE, THE CHILD'S
13 ATTORNEY AND THE CHILD'S FAMILY AND SERVICE TEAM TO DO BOTH OF THE
14 FOLLOWING:
15 (a) ESTABLISH A PLAN TO PLACE A CHILD IN AN APPROPRIATE FAMILY-LIKE
16 SETTING. THE PLAN SHALL BE SPECIFIC TO THE CHILD AND, IF APPLICABLE, THE
17 CHILD'S SIBLINGS AND THE CHILD'S MINOR PARENT OR PARENTS. THE PLAN SHALL
18 INCLUDE STEPS TO IDENTIFY AND RECRUIT AN APPROPRIATE FAMILY-LIKE SETTING
19 FOR THE CHILD. IN DEVELOPING THE PLAN, THE DEPARTMENT SHALL IDENTIFY AND
20 CONSIDER THE PLACEMENT PREFERENCES OF THE CHILD.
21 (b) AS PART OF THE PLAN ESTABLISHED PURSUANT TO SUBDIVISION (a) OF
22 THIS PARAGRAPH, DEVELOP A CHILD-SPECIFIC CONGREGATE CARE IMPLEMENTATION
23 PLAN TO ENSURE THAT THE CHILD'S NEEDS ARE APPROPRIATELY MET WHILE THE
24 CHILD IS PLACED IN A CONGREGATE CARE SETTING.
25 2. CONDUCT AN ON-SITE VISIT OF A GROUP HOME WITHIN FORTY-EIGHT
26 HOURS AFTER PLACING A MEDICALLY COMPLEX CHILD IN A GROUP HOME TO ENSURE
27 THAT ALL STAFF MEMBERS WHO WILL HAVE CONTACT OR CARE RESPONSIBILITIES FOR
28 A MEDICALLY COMPLEX CHILD HAVE PROPER TRAINING.
29 3. DOCUMENT BOTH OF THE FOLLOWING IN THE CHILD'S CASE PLAN:
30 (a) THE PLAN FOR PLACEMENT OF A CHILD IN AN APPROPRIATE FAMILY-LIKE
31 SETTING AND THE CHILD-SPECIFIC CONGREGATE CARE IMPLEMENTATION PLAN
32 PURSUANT TO PARAGRAPH 1, SUBDIVISIONS (a) AND (b) OF THIS SUBSECTION.
33 (b) THE RESULTS AND FINDINGS OF THE GROUP HOME ON-SITE SURVEY, IF
34 APPLICABLE, PURSUANT TO PARAGRAPH 2 OF THIS SUBSECTION.
35 B. FOR THE PURPOSE OF THIS SECTION:
36 1. "FAMILY AND SERVICE TEAM" INCLUDES ANY OF THE FOLLOWING:
37 (a) COACHES.
38 (b) COURT APPOINTED SPECIAL ADVOCATES.
39 (c) DEPARTMENT EMPLOYEES.
40 (d) FORMER FOSTER CAREGIVERS.
41 (e) MENTORS.
42 (f) TEACHERS.
43 (g) ANY OTHER INDIVIDUALS WHO HAVE KNOWLEDGE OF THE CHILD.
44 2. "MEDICALLY COMPLEX CHILD" MEANS A CHILD WHO THE DEPARTMENT HAS
45 DETERMINED HAS OR IS AT RISK FOR A CHRONIC PHYSICAL OR DEVELOPMENTAL
46 CONDITION AND WHO REQUIRES HEALTH-RELATED SERVICES BEYOND THE
47 HEALTH-RELATED SERVICES THAT ARE REQUIRED BY A CHILD IN GENERAL.

1 <<Sec. 7. Section 36-425.06, Arizona Revised Statutes, is amended
2 to read:

3 36-425.06. ~~Secure behavioral health residential facilities;~~
4 ~~placement of foster children; license; annual~~
5 ~~report; definition~~

6 A. ~~The department shall license secure behavioral health~~
7 ~~residential facilities to provide secure twenty-four-hour on-site~~
8 ~~supportive treatment and supervision by staff with behavioral health~~
9 ~~training for persons who have been determined to be seriously mentally~~
10 ~~ill, who are chronically resistant to treatment for a mental disorder and~~
11 ~~who are placed in the facility pursuant to a court order issued pursuant~~
12 ~~to section 36-550.09 or who have been committed pursuant to a court order~~
13 ~~issued pursuant to section 13-4521. A secure behavioral health~~
14 ~~residential facility may provide services only to persons placed in or~~
15 ~~committed to the facility pursuant to a court order issued pursuant to~~
16 ~~section 36-550.09 or 13-4521 and may not provide services to any other~~
17 ~~persons on that facility's premises. A secure behavioral health~~
18 ~~residential facility may not have more than sixteen beds.~~

19 B. ~~IF A FOSTER CHILD WHO IS IN THE CARE, CUSTODY AND CONTROL OF THE~~
20 ~~DEPARTMENT OF CHILD SAFETY IS APPROVED FOR PLACEMENT IN A SECURE~~
21 ~~BEHAVIORAL HEALTH RESIDENTIAL FACILITY, THE SECURE BEHAVIORAL HEALTH~~
22 ~~RESIDENTIAL FACILITY MAY NOT DENY OR REFUSE PLACEMENT OF THE FOSTER CHILD,~~
23 ~~SUBJECT TO THE AVAILABILITY OF A BED IN THE SECURE BEHAVIORAL HEALTH~~
24 ~~RESIDENTIAL FACILITY.~~

25 B. C. ~~On or before September 1 of each year, the director of the~~
26 ~~Arizona health care cost containment system administration shall submit a~~
27 ~~report to the governor, the legislature and the supreme court that~~
28 ~~includes all of the following information:~~

29 1. ~~An accounting of where the monies appropriated to the Arizona~~
30 ~~health care cost containment system administration for secure behavioral~~
31 ~~health residential facilities were used during the previous year.~~

32 2. ~~The number of available beds in each secure behavioral health~~
33 ~~residential facility.~~

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

37 <<Sec. 7. Title 36, chapter 4, article 1, Arizona Revised Statutes,
38 is amended by adding section 36-418.01, to read:

39 36-418.01. Dependent children; placement; report; definition

40 [[{A.}] IF A FOSTER CHILD WHO IS IN THE CARE, CUSTODY AND CONTROL
41 OF THE DEPARTMENT OF CHILD SAFETY IS APPROVED FOR PLACEMENT IN A
42 {{TREATMENT}} {{BEHAVIORAL HEALTH}} FACILITY {{OR PROGRAM}} LICENSED
43 PURSUANT TO THIS CHAPTER, THE {{TREATMENT FACILITY'S OR PROGRAM}}
44 {{BEHAVIORAL HEALTH FACILITY}} MAY NOT DENY OR REFUSE PLACEMENT OF THE
45 FOSTER CHILD IF {{THE FOSTER CHILD'S BEHAVIORAL NEEDS ARE WITHIN THE
46 TREATMENT FACILITY OR PROGRAM'S SCOPE OF SERVICES}}, SUBJECT TO THE
47 AVAILABILITY OF A BED OR SPACE IN THE {{TREATMENT}} {{BEHAVIORAL HEALTH}}
48 FACILITY {{OR PROGRAM}}} {{, ALL OF THE FOLLOWING APPLY:

1 1. THE FOSTER CHILD'S BEHAVIORAL NEEDS ARE WITHIN THE SCOPE OF
2 SERVICES.

3 2. THE FOSTER CHILD'S PLACEMENT IN THE BEHAVIORAL HEALTH FACILITY
4 IS CLINICALLY APPROPRIATE.

5 3. THE FOSTER CHILD'S PLACEMENT IN THE BEHAVIORAL HEALTH FACILITY
6 DOES NOT DISRUPT THE ENVIRONMENT OF THE BEHAVIORAL HEALTH FACILITY,
7 INCLUDING THE BEHAVIORS AND NEEDS OF OTHER RESIDENTS OF THE BEHAVIORAL
8 HEALTH FACILITY

9 4. THE FOSTER CHILD'S PRIMARY CONDITION IS A BEHAVIORAL HEALTH
10 CONDITION.

11 B. IF A BEHAVIORAL HEALTH FACILITY DENIES OR REFUSES PLACEMENT OF
12 THE FOSTER CHILD PURSUANT TO SUBSECTION A OF THIS SECTION, THE BEHAVIORAL
13 HEALTH FACILITY SHALL DO BOTH OF THE FOLLOWING:

14 1. DOCUMENT THE SPECIFIC CLINICAL REASON FOR DENYING OR REFUSING
15 PLACEMENT OF THE FOSTER CHILD.

16 2. WITHIN TWENTY-FOUR HOURS AFTER DENYING OR REFUSING PLACEMENT OF
17 THE FOSTER CHILD, NOTIFY THE PLACEMENT AGENCY THAT THE BEHAVIORAL HEALTH
18 FACILITY'S DENIAL OR REFUSAL IS NECESSARY.

19 C. WHEN POSSIBLE, A BEHAVIORAL HEALTH FACILITY THAT DENIES OR
20 REFUSES PLACEMENT OF A FOSTER CHILD SHALL WORK COLLABORATIVELY WITH THE
21 PLACEMENT AGENCY TO EXPLORE ALTERNATIVE PLACEMENTS OR ADDITIONAL SUPPORTS
22 FOR THE FOSTER CHILD THAT MAY FACILITATE A SUCCESSFUL PLACEMENT OF THE
23 FOSTER CHILD. THE BEHAVIORAL HEALTH FACILITY SHALL DOCUMENT EFFORTS MADE
24 WITH THE PLACEMENT FACILITY FOR SUCCESSFUL PLACEMENT OF THE FOSTER CHILD.

25 D. A BEHAVIOR HEALTH FACILITY MAY NOT DENY THE PLACEMENT OF A
26 FOSTER CHILD WHO REQUIRES MEDICATION MANAGEMENT FOR A CHRONIC PHYSICAL
27 HEALTH CONDITION.

28 E. FOR THE PURPOSES OF THIS SECTION, "PLACEMENT AGENCY" MEANS THE
29 DEPARTMENT OF CHILD SAFETY OR ANY OTHER AGENCY THAT IS AUTHORIZED TO
30 APPROVE A FOSTER CHILD FOR PLACEMENT IN A BEHAVIORAL HEALTH FACILITY OR
31 PROGRAM}}.]>>

32 Sec. 8. Section 36-550.05, Arizona Revised Statutes, is amended to
33 read:

34 36-550.05. Community mental health residential treatment
35 services and facilities; prevention services;
36 placement of foster children

37 A. A residential or day treatment facility shall be designed to
38 provide a homelike environment without sacrificing safety or care.
39 Facilities shall be relatively small, with preferably fifteen or fewer
40 beds.

41 B. Individual programs of a community residential treatment system
42 shall include the following:

43 1. A short-term crisis residential treatment program. This program
44 is an alternative to hospitalization for persons in an acute episode or
45 situational crisis requiring temporary removal from the home from one to
46 fourteen days. The program shall provide admission capability twenty-four
47 hours a day, seven days a week in the least restrictive setting possible
48 to reduce the crisis and stabilize the client. Services shall include
49 direct work with the client's family, linkage with prevocational and

1 vocational programs, assistance in applying for income, medical and other
2 benefits and treatment referral.

3 2. A residential treatment program. This program shall provide a
4 full-day treatment program for persons who may require intensive support
5 for a maximum of two years. The program shall provide rehabilitation for
6 chronic clients who need long-term support to develop independence and for
7 clients who live marginally in the community with little or no support and
8 periodically need rehospitalization. Services shall include intensive
9 diagnostic evaluation, a full-day treatment program with prevocational,
10 vocational and special education services, outreach to social services and
11 counseling to assist the client in developing skills to move toward a less
12 structured setting.

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

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

32 5. A socialization or day care/partial care program. This program
33 shall provide regular daytime, evening and weekend activities for persons
34 who require long-term structured support but who do not receive such
35 services in their residential setting. The program shall provide support
36 for persons who only need regular socialization opportunities and referral
37 to social services or treatment services. The program shall provide
38 opportunities to develop skills to achieve more independent functioning
39 and means to reduce social isolation. Services shall include outings,
40 recreational activities, cultural events and contact with community
41 resources, such as prevocational counseling and life skills training.

42 C. Individual and family support prevention services shall provide
43 assistance to the seriously mentally ill residing in their own home. Such
44 prevention services shall include transportation, recreation,
45 socialization, counseling, respite, companion services and in-home
46 training.

47 D. Each individual program shall use appropriate multidisciplinary
48 staff to meet the diagnostic and treatment needs of the seriously mentally
49 ill and shall encourage use of paraprofessionals.

1 E. Each program shall have an evaluation method to assess the
2 effectiveness of the programs and shall include the following criteria:
3 1. Prevalence and incidence of the target behavioral problem.
4 2. Cost effectiveness.
5 3. Potential for implementing the program using available monies
6 and resources through cost-sharing.
7 4. Measurability of the benefits.
8 5. Effectiveness of intervention strategy.
9 6. Availability of resources and personnel.
10 F. Each community residential treatment system shall be designed to
11 provide:
12 1. Coordination between each program and other treatment systems in
13 the community.
14 2. A case management system to enhance cooperation of elements
15 within the system and provide each client with appropriate services.
16 3. Client movement to the most appropriate and least restrictive
17 service.
18 4. Direct referral of clients for specific programs that does not
19 require the client to pass through the entire system to reach the most
20 appropriate service.
21 G. IF A FOSTER CHILD WHO IS IN THE CARE, CUSTODY AND CONTROL OF THE
22 DEPARTMENT OF CHILD SAFETY IS APPROVED FOR PLACEMENT IN A ~~{{TREATMENT}}~~
23 ~~{{BEHAVIORAL HEALTH}}~~ FACILITY ~~{{OR PROGRAM}}~~ PRESCRIBED BY THIS SECTION,
24 THE ~~{{TREATMENT}}~~ ~~{{BEHAVIORAL HEALTH}}~~ FACILITY ~~{{OR PROGRAM}}~~ MAY NOT
25 DENY OR REFUSE PLACEMENT OF THE FOSTER CHILD [IF THE FOSTER CHILD'S
26 BEHAVIORAL HEALTH NEEDS ARE WITHIN THE ~~{{TREATMENT}}~~ ~~{{BEHAVIORAL HEALTH}}~~
27 FACILITY'S ~~{{OR PROGRAM'S}}~~ SCOPE OF SERVICES], SUBJECT TO THE
28 AVAILABILITY OF A BED OR SPACE IN THE ~~{{TREATMENT}}~~ ~~{{BEHAVIORAL HEALTH}}~~
29 FACILITY ~~{{OR PROGRAM}}~~.

30 Enroll and engross to conform
31 Amend title to conform

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