

House Engrossed Senate Bill

congregate care; dependent children; placement

State of Arizona  
Senate  
Fifty-seventh Legislature  
First Regular Session  
2025

# SENATE BILL 1333

AN ACT

AMENDING SECTIONS 8-469.02, 8-505 AND 8-509, ARIZONA REVISED STATUTES; AMENDING TITLE 8, CHAPTER 4, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTION 8-509.02; AMENDING SECTION 8-526, ARIZONA REVISED STATUTES; AMENDING TITLE 8, CHAPTER 4, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTION 8-530.08; AMENDING TITLE 36, CHAPTER 4, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-418.01; AMENDING SECTION 36-550.05, ARIZONA REVISED STATUTES; RELATING TO CHILD WELFARE AND PLACEMENT.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

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:

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

31 2. Convene foster youth permanency pilot project team meetings that  
32 include the child, the child's caregivers, the child's attorney and  
33 members of the foster youth permanency pilot project team who are  
34 appointed pursuant to subsection B of this section and who agree to  
35 participate in the child's case, as applicable and necessary. At the  
36 initial meeting, the foster youth permanency pilot project team shall  
37 identify barriers to permanency for each child selected and determine the  
38 assistance, resources and tools needed for the child to achieve  
39 permanency.

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

41 4. Convene ongoing meetings of the foster youth permanency pilot  
42 project team to evaluate the child's progress towards permanency and to  
43 amend the child's permanency action plan as necessary.

1        5. Identify specific options to place a child with individuals or  
2 families who are willing and able to provide permanency to a child  
3 selected by the foster youth permanency pilot project team.

4        D. The foster youth permanency pilot project team shall have access  
5 to all department documents and personnel that are necessary to perform  
6 the duties of the foster youth permanency pilot project team.

7        E. The foster youth permanency pilot project team may enter into  
8 contracts with any of the following:

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

11       2. An attorney who has expertise in social security benefits,  
12 education, immigration, disability, adoption and department and child  
13 welfare policies.

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

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

19       F. The foster youth permanency pilot project team shall take  
20 reasonable steps to prevent unwarranted invasions of privacy and to  
21 protect the privacy and dignity of children who are the subject of a  
22 permanency action plan.

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

25       8-505. Issuance of licenses; application; investigation;  
26                renewal; public information

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

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

33       C. ~~The division shall,~~ Before issuing a license to an agency, ~~THE~~  
34 ~~DIVISION SHALL~~ investigate the activities and standards of care of the  
35 agency, its financial stability, the character and training of the  
36 applicant, the need for ~~such~~ ~~THE~~ agency, ~~and~~ the adequacy of its intended  
37 services to insure the welfare of children. A provisional license may be  
38 issued to any agency whose services are needed but ~~which~~ ~~THAT~~ is  
39 temporarily unable to conform to the established standards of care. If  
40 the applicant meets the standards ~~as~~ established by the division, a  
41 regular license shall be issued for a period of one year.

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

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

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

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

10 8-509. Licensing of foster homes; fingerprint waiver;  
11 restricted license; renewal of license; provisional  
12 license; exemption from licensure; immunization  
13 requirements; administration of medication; policies  
14 and procedures; definition

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

17 B. The department shall not issue a license without satisfactory  
18 proof that the foster parent or parents have completed six actual hours of  
19 approved initial foster parent training as set forth in section 8-503 and  
20 that each foster parent and each other adult member of the household has a  
21 valid fingerprint clearance card issued pursuant to section 41-1758.07.  
22 The foster parent and each other adult member of the household must  
23 certify on forms that are provided by the department and that are  
24 notarized whether the foster parent or other adult member of the household  
25 is awaiting trial on or has ever been convicted of any of the criminal  
26 offenses listed in section 41-1758.07, subsections B and C in this state  
27 or similar offenses in another state or jurisdiction.

28 C. A kinship foster care parent shall apply for a fingerprint  
29 clearance card pursuant to section 41-1758.07. In its discretion and for  
30 good cause, the department may waive the requirement for a kinship foster  
31 care parent to obtain a fingerprint clearance card. In evaluating whether  
32 good cause exists, the department shall apply the criteria prescribed in  
33 section 41-1758.07, subsections B and C. If the department waives the  
34 requirement, the department shall issue to the kinship foster care parent  
35 a restricted license that applies only to the children placed with the  
36 kinship foster care parent for kinship foster care.

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

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

1 F. Child welfare agencies that submit foster homes for licensing  
2 shall conduct an investigation of the foster home pursuant to licensing  
3 rules of the department. The department shall conduct investigations of  
4 all other foster homes. If the foster home meets all requirements set by  
5 the department, the agency shall submit an application stating the foster  
6 home's qualifications to the department. The agency may also recommend  
7 the types of licensing and certification to be granted to the foster home.

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

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

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

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

21 K. A licensee may modify the renewal date of a license issued  
22 pursuant to this section by submitting an application for modification of  
23 renewal date with the department on a form prescribed by the department.  
24 The licensee must specify the new month of renewal on the application.  
25 The modified renewal date must be before, but not more than six months  
26 earlier than, the existing renewal date.

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

30 M. IF A GROUP FOSTER HOME IS LICENSED PURSUANT TO THIS SECTION AND  
31 WILL BE ADMINISTERING MEDICATION TO A FOSTER CHILD WHO WILL BE PLACED IN  
32 THE GROUP FOSTER HOME, THE GROUP FOSTER HOME SHALL DEVELOP POLICIES AND  
33 PROCEDURES THAT IDENTIFY HOW THE GROUP FOSTER HOME WILL MANAGE  
34 ADMINISTERING MEDICATION TO A FOSTER CHILD. THE POLICIES AND PROCEDURES  
35 SHALL INCLUDE ALL OF THE FOLLOWING:

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

39 2. THE GROUP FOSTER HOME'S PROCESS FOR ADMINISTERING MEDICATION TO  
40 A FOSTER CHILD.

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

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

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

3        6. THE DOCUMENTATION PROCESS FOR THE ADMINISTRATION OF MEDICATION,  
4 MEDICATION ERRORS AND DRUG REACTIONS.

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

8        8. THE PROCEDURES FOR CONTACTING LAW ENFORCEMENT, A HEALTH CARE  
9 PROVIDER OR A MEDICAL PROFESSIONAL WHEN A FOSTER CHILD'S REFUSAL TO TAKE  
10 MEDICATION PRESCRIBED TO THE FOSTER CHILD ENDANGERS THE FOSTER CHILD'S OR  
11 ANOTHER'S HEALTH AND SAFETY AND THE PROCEDURES FOR DOCUMENTING THE FOSTER  
12 CHILD'S REFUSAL TO TAKE MEDICATION PRESCRIBED TO THE FOSTER CHILD.

13        N. THE DEPARTMENT MAY REQUIRE A GROUP FOSTER HOME TO EMPLOY  
14 ADDITIONAL STAFF WHEN A MEDICALLY COMPLEX CHILD IS PLACED IN THE CARE OF  
15 THE GROUP FOSTER HOME. THE DEPARTMENT MAY REQUIRE A GROUP FOSTER HOME TO  
16 MODIFY THE GROUP FOSTER HOME'S POLICIES AND PROCEDURES REQUIRED BY  
17 SUBSECTION M OF THIS SECTION TO ACCOMMODATE THE NEEDS OF A MEDICALLY  
18 COMPLEX CHILD.

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

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

26        8-509.02. Licensed foster homes; minimum number required;  
27                    annual report; applicability; definition

28        A. THE DEPARTMENT SHALL ESTABLISH THE MINIMUM NUMBER OF LICENSED  
29 FOSTER HOMES THAT ARE REQUIRED THROUGHOUT THIS STATE AND WITHIN REGIONS  
30 THAT ARE DESIGNATED BY THE DEPARTMENT. THE MINIMUM NUMBER OF AVAILABLE  
31 LICENSED FOSTER HOMES SHALL BE SUFFICIENT TO PLACE A CHILD IN A LICENSED  
32 FOSTER HOME THAT BEST MEETS THE NEEDS OF THE FOSTER CHILD. THE DEPARTMENT  
33 SHALL DETERMINE THE MINIMUM NUMBER OF LICENSED FOSTER HOMES NEEDED. THE  
34 DEPARTMENT MAY USE AN ESTIMATOR TOOL TO CALCULATE THE MINIMUM NUMBER OF  
35 LICENSED FOSTER HOMES IN EACH DESIGNATED REGION. THE DEPARTMENT SHALL  
36 ESTIMATE ANNUALLY THE MINIMUM NUMBER OF LICENSED FOSTER HOMES, WHICH SHALL  
37 BE EFFECTIVE AT THE BEGINNING OF EACH FISCAL YEAR. THE DEPARTMENT MAY NOT  
38 REDUCE THE MINIMUM NUMBER OF LICENSED FOSTER HOMES UNTIL THE ESTIMATE FOR  
39 THE NEXT FISCAL YEAR.

40        B. THE DEPARTMENT SHALL CATEGORIZE THE MINIMUM NUMBER OF LICENSED  
41 FOSTER HOMES NEEDED PURSUANT TO SUBSECTION A OF THIS SECTION INTO  
42 CATEGORIES OF NEED, INCLUDING THE FOLLOWING CATEGORIES OF FOSTER CHILDREN  
43 WHO:

- 44            1. HAVE DEVELOPMENTAL DISABILITIES.  
45            2. HAVE BEHAVIORAL OR EMOTIONAL NEEDS.

1           3. HAVE MEDICALLY COMPLEX CONDITIONS.

2           4. ARE OVER THIRTEEN YEARS OF AGE.

3           5. ARE PART OF A SIBLING GROUP OF THREE OR MORE FOSTER CHILDREN.

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

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

13           1. PROGRESS TOWARD ACHIEVING THE MINIMUM NUMBER OF LICENSED FOSTER  
14 HOMES.

15           2. OBSTACLES PREVENTING THE DEPARTMENT FROM OBTAINING THE MINIMUM  
16 NUMBER OF LICENSED FOSTER HOMES.

17           3. SOLUTIONS FOR RECRUITING AND MAINTAINING THE MINIMUM NUMBER OF  
18 LICENSED FOSTER HOMES.

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

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

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

28           8-526. Child welfare; reporting requirements; definitions

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

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

35           1. Success in meeting training requirements.

36           2. Caseloads for child safety workers.

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

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

39           5. The number of investigations by region.

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

42           7. The total number of reports received, by major category and by  
43 priority.

1       8. The number of reports not responded to, by priority, by county  
2 and statewide.

3       9. The number of reports assigned for investigation by priority and  
4 by major category, by county and statewide for the current and previous  
5 reporting periods.

6       10. The number of reports for investigations completed by priority  
7 and by major category, by county and statewide for the current and  
8 previous reporting periods and as categorized by investigations that  
9 resulted in:

10       (a) A substantiated report.

11       (b) A report currently proposed for substantiation.

12       (c) An unsubstantiated report.

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

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

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

20       14. The number of children entering out-of-home care by county  
21 during the reporting period, and the number and percentage of the children  
22 entering out-of-home care by county during the reporting period who are  
23 voluntary placements for children under eighteen years of age.

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

27       (a) Within the previous twelve months.

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

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

33       17. The total number of licensed foster homes, the number of  
34 licensed foster homes considered kinship homes, the number of licensed  
35 community foster homes and the number of available spaces in licensed  
36 community foster homes.

37       18. THE MINIMUM NUMBER OF LICENSED FOSTER HOMES THAT ARE REQUIRED  
38 STATEWIDE, BY CATEGORY AND BY DESIGNATED REGION, AND WHAT PERCENTAGE OF  
39 THE MINIMUM NUMBER OF LICENSED FOSTER HOMES IS REPRESENTED BY THE CURRENT  
40 NUMBER OF LICENSED FOSTER HOMES PURSUANT TO SECTION 8-509.02.

41       ~~18.~~ 19. The number of licensed foster homes that receive the  
42 required visitation by licensing agency representatives pursuant to  
43 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.

1       ~~23.~~ 25. The number of children with a petition for termination of  
2 parental rights granted and not granted during the reporting period by  
3 county and statewide.

4       ~~24.~~ 26. The number and percentage of children with a case plan  
5 goal of adoption and who are not placed in an adoptive home at the end of  
6 the reporting period and as categorized by:

- 7       (a) Age.
- 8       (b) Ethnicity.
- 9       (c) Average length of time in care.
- 10       (d) Legal status.

11       ~~25.~~ 27. The number and percentage of children with a case plan  
12 goal of adoption and who are placed in an adoptive home at the end of the  
13 reporting period and as categorized by:

- 14       (a) Age.
- 15       (b) Ethnicity.
- 16       (c) Average length of time in out-of-home placement.
- 17       (d) Length of time from change of case plan goal to adoptive
- 18 placement.
- 19       (e) Legal status.
- 20       (f) Marital status and relationship of the adoptive parent or
- 21 parents to the child.

22       ~~26.~~ 28. The number of children whose adoptive placement was  
23 disrupted during the reporting period and as categorized by:

- 24       (a) Age.
- 25       (b) Ethnicity.
- 26       (c) Cause of the disruption.
- 27       (d) Marital status and relationship of the adoptive parent or
- 28 parents to the child.

29       ~~27.~~ 29. The number of children whose adoptions were finalized  
30 during the reporting period and as categorized by:

- 31       (a) Average length of time in out-of-home placement before adoptive
- 32 placement.
- 33       (b) Average length of time in adoptive placement before the final
- 34 order of adoption.
- 35       (c) Marital status and relationship of the adoptive parent or
- 36 parents to the child.

37       ~~28.~~ 30. The number of children who died while in the custody of  
38 the department by the county where the death occurred and as categorized  
39 by:

- 40       (a) The cause of death.
- 41       (b) The type of out-of-home placement at the time of death.

42       ~~29.~~ 31. The number of children with an open or active child safety  
43 services case who died due to abuse, categorized by the person or persons  
44 who had care or custody of the child at the time of the child's death as  
45 follows:

1 (a) Biological parent or parents.  
2 (b) Other family member.  
3 (c) Adoptive parent or parents.  
4 (d) Foster care parent or parents.  
5 (e) Other out-of-home care provider.  
6 ~~30.~~ 32. The number of children with an open or active child safety  
7 services case who died due to abuse allegedly caused by an adult household  
8 member who is not listed pursuant to paragraph 29 of this subsection.  
9 ~~31.~~ 33. The ratio of supervisors to specialists by region.  
10 ~~32.~~ 34. The source and use of federal monies in the department.  
11 ~~33.~~ 35. The source and use of state monies in the department.  
12 ~~34.~~ 36. Information regarding the educational placement of foster  
13 children pursuant to section 8-530.04, including:  
14 (a) The number of best interest educational placement  
15 determinations conducted.  
16 (b) The number of children who entered foster care and who did not  
17 receive a best interest educational placement determination.  
18 (c) The final outcome of each best interest educational placement  
19 determination.  
20 37. THE NUMBER OF CHILDREN WHO WERE APPROVED FOR PLACEMENT IN A  
21 BEHAVIORAL HEALTH FACILITY OR PROGRAM AND WHO WERE DENIED OR REFUSED  
22 PLACEMENT BY THE BEHAVIORAL HEALTH FACILITY OR PROGRAM.  
23 C. Based on the data presented in each reporting period, the  
24 department, in as brief a format as possible, shall describe three to five  
25 major challenges the department faces in achieving the goal of safe,  
26 permanent homes for abused and neglected children.  
27 D. Within three months after the end of each reporting period the  
28 department shall submit a written report in as brief a format as possible  
29 to the governor, the president of the senate, the speaker of the house of  
30 representatives, the chairperson of the house human services committee,  
31 the chairperson of the senate family services committee, or their  
32 successor committees, and the cochairpersons of the joint legislative  
33 committee on children and family services. The department shall submit a  
34 copy of the report to the secretary of state.  
35 E. The department shall make available the following information on  
36 an annual basis:  
37 1. The percentage of substantiations upheld by the office of  
38 administrative hearings.  
39 2. The demographics and number of children placed with relative  
40 caregivers.  
41 3. The demographics of kinship foster caregivers.  
42 4. The number of relative children per kinship foster care family.  
43 5. The department's success at maintaining kinship foster care  
44 placements.

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

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

5       8. The number of children and families, by district, receiving  
6 services through the housing assistance program during the previous fiscal  
7 year.

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

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

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

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

20          (a) Removed within thirty days after the date the report is  
21 received.

22          (b) Removed within six months after the date the report is  
23 received.

24      F. The department shall make available the following information on  
25 a monthly basis:

26          1. Operations and workforce data measures that include:

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

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

32              (c) Hotline performance.

33              (d) Reports received by maltreatment type, priority and response  
34 time.

35              (e) Inactive cases by disposition.

36              (f) Open reports.

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

38              (h) Support service provision.

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

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

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

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

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

13        I. FOR THE PURPOSES OF THIS SECTION, "CONGREGATE CARE":

14        1. MEANS 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 BOTH OF THE  
26 FOLLOWING:

27        (a) ESTABLISH A PLAN TO PLACE A CHILD IN AN APPROPRIATE FAMILY-LIKE  
28 SETTING. THE PLAN SHALL BE SPECIFIC TO THE CHILD AND, IF APPLICABLE, THE  
29 CHILD'S SIBLINGS AND THE CHILD'S MINOR PARENT OR PARENTS. THE PLAN SHALL  
30 INCLUDE STEPS TO IDENTIFY AND RECRUIT AN APPROPRIATE FAMILY-LIKE SETTING  
31 FOR THE CHILD. IN DEVELOPING THE PLAN, THE DEPARTMENT SHALL IDENTIFY AND  
32 CONSIDER THE PLACEMENT PREFERENCES OF THE CHILD.

33        (b) AS PART OF THE PLAN ESTABLISHED PURSUANT TO SUBDIVISION (a) OF  
34 THIS PARAGRAPH, DEVELOP A CHILD-SPECIFIC CONGREGATE CARE IMPLEMENTATION  
35 PLAN TO ENSURE THAT THE CHILD'S NEEDS ARE APPROPRIATELY MET WHILE THE  
36 CHILD IS PLACED IN A CONGREGATE CARE SETTING.

37        2. CONDUCT AN ON-SITE VISIT OF A GROUP HOME WITHIN FORTY-EIGHT  
38 HOURS AFTER PLACING A MEDICALLY COMPLEX CHILD IN A GROUP HOME TO ENSURE  
39 THAT ALL STAFF MEMBERS WHO WILL HAVE CONTACT OR CARE RESPONSIBILITIES FOR  
40 A MEDICALLY COMPLEX CHILD HAVE PROPER TRAINING.

41        3. DOCUMENT BOTH OF THE FOLLOWING IN THE CHILD'S CASE PLAN:

42        (a) THE PLAN FOR PLACEMENT OF A CHILD IN AN APPROPRIATE FAMILY-LIKE  
43 SETTING AND THE CHILD-SPECIFIC CONGREGATE CARE IMPLEMENTATION PLAN  
44 PURSUANT TO PARAGRAPH 1, SUBDIVISIONS (a) AND (b) OF THIS SUBSECTION.

1 (b) THE RESULTS AND FINDINGS OF THE GROUP HOME ON-SITE SURVEY, IF  
2 APPLICABLE, PURSUANT TO PARAGRAPH 2 OF THIS SUBSECTION.

3 B. FOR THE PURPOSE OF THIS SECTION:

4 1. "FAMILY AND SERVICE TEAM" INCLUDES ANY OF THE FOLLOWING:

5 (a) COACHES.

6 (b) COURT APPOINTED SPECIAL ADVOCATES.

7 (c) DEPARTMENT EMPLOYEES.

8 (d) FORMER FOSTER CAREGIVERS.

9 (e) MENTORS.

10 (f) TEACHERS.

11 (g) ANY OTHER INDIVIDUALS WHO HAVE KNOWLEDGE OF THE CHILD.

12 2. "MEDICALLY COMPLEX CHILD" MEANS A CHILD WHO THE DEPARTMENT HAS  
13 DETERMINED HAS OR IS AT RISK FOR A CHRONIC PHYSICAL OR DEVELOPMENTAL  
14 CONDITION AND WHO REQUIRES HEALTH-RELATED SERVICES BEYOND THE  
15 HEALTH-RELATED SERVICES THAT ARE REQUIRED BY A CHILD IN GENERAL.

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

18 36-418.01. Dependent children; placement; report; definition

19 A. 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 BEHAVIORAL  
21 HEALTH FACILITY LICENSED PURSUANT TO THIS CHAPTER, THE BEHAVIORAL HEALTH  
22 FACILITY MAY NOT DENY OR REFUSE PLACEMENT OF THE FOSTER CHILD IF, SUBJECT  
23 TO THE AVAILABILITY OF A BED OR SPACE IN THE BEHAVIORAL HEALTH FACILITY,  
24 ALL OF THE FOLLOWING APPLY:

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

27 2. THE FOSTER CHILD'S PLACEMENT IN THE BEHAVIORAL HEALTH FACILITY  
28 IS CLINICALLY APPROPRIATE.

29 3. THE FOSTER CHILD'S PLACEMENT IN THE BEHAVIORAL HEALTH FACILITY  
30 DOES NOT DISRUPT THE ENVIRONMENT OF THE BEHAVIORAL HEALTH FACILITY,  
31 INCLUDING THE BEHAVIORS AND NEEDS OF OTHER RESIDENTS OF THE BEHAVIORAL  
32 HEALTH FACILITY.

33 4. THE FOSTER CHILD'S PRIMARY CONDITION IS A BEHAVIORAL HEALTH  
34 CONDITION.

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

38 1. DOCUMENT THE SPECIFIC CLINICAL REASON FOR DENYING OR REFUSING  
39 PLACEMENT OF THE FOSTER CHILD.

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

1 C. WHEN POSSIBLE, A BEHAVIORAL HEALTH FACILITY THAT DENIES OR  
2 REFUSES PLACEMENT OF A FOSTER CHILD SHALL WORK COLLABORATIVELY WITH THE  
3 PLACEMENT AGENCY TO EXPLORE ALTERNATIVE PLACEMENTS OR ADDITIONAL SUPPORTS  
4 FOR THE FOSTER CHILD THAT MAY FACILITATE A SUCCESSFUL PLACEMENT OF THE  
5 FOSTER CHILD. THE BEHAVIORAL HEALTH FACILITY SHALL DOCUMENT EFFORTS MADE  
6 WITH THE PLACEMENT FACILITY FOR SUCCESSFUL PLACEMENT OF THE FOSTER CHILD.

7 D. A BEHAVIORAL HEALTH FACILITY MAY NOT DENY THE PLACEMENT OF A  
8 FOSTER CHILD WHO REQUIRES MEDICATION MANAGEMENT FOR A CHRONIC PHYSICAL  
9 HEALTH CONDITION.

10 E. FOR THE PURPOSES OF THIS SECTION, "PLACEMENT AGENCY" MEANS THE  
11 DEPARTMENT OF CHILD SAFETY OR ANY OTHER AGENCY THAT IS AUTHORIZED TO  
12 APPROVE A FOSTER CHILD FOR PLACEMENT IN A BEHAVIORAL HEALTH FACILITY OR  
13 PROGRAM.

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

16 36-550.05. Community mental health residential treatment  
17 services and facilities; prevention services;  
18 placement of foster children

19 A. A residential or day treatment facility shall be designed to  
20 provide a homelike environment without sacrificing safety or care.  
21 Facilities shall be relatively small, with preferably fifteen or fewer  
22 beds.

23 B. Individual programs of a community residential treatment system  
24 shall include the following:

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

34 2. A residential treatment program. This program shall provide a  
35 full-day treatment program for persons who may require intensive support  
36 for a maximum of two years. The program shall provide rehabilitation for  
37 chronic clients who need long-term support to develop independence and for  
38 clients who live marginally in the community with little or no support and  
39 periodically need rehospitalization. Services shall include intensive  
40 diagnostic evaluation, a full-day treatment program with prevocational,  
41 vocational and special education services, outreach to social services and  
42 counseling to assist the client in developing skills to move toward a less  
43 structured setting.

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

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

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

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

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

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

- 40        1. Prevalence and incidence of the target behavioral problem.
- 41        2. Cost effectiveness.
- 42        3. Potential for implementing the program using available monies  
43 and resources through cost-sharing.
- 44        4. Measurability of the benefits.



- 1           5. Effectiveness of intervention strategy.
- 2           6. Availability of resources and personnel.
- 3           F. Each community residential treatment system shall be designed to
- 4 provide:
- 5           1. Coordination between each program and other treatment systems in
- 6 the community.
- 7           2. A case management system to enhance cooperation of elements
- 8 within the system and provide each client with appropriate services.
- 9           3. Client movement to the most appropriate and least restrictive
- 10 service.
- 11           4. Direct referral of clients for specific programs that does not
- 12 require the client to pass through the entire system to reach the most
- 13 appropriate service.
- 14           G. IF A FOSTER CHILD WHO IS IN THE CARE, CUSTODY AND CONTROL OF THE
- 15 DEPARTMENT OF CHILD SAFETY IS APPROVED FOR PLACEMENT IN A BEHAVIORAL
- 16 HEALTH FACILITY PRESCRIBED BY THIS SECTION, THE BEHAVIORAL HEALTH FACILITY
- 17 MAY NOT DENY OR REFUSE PLACEMENT OF THE FOSTER CHILD IF THE FOSTER CHILD'S
- 18 BEHAVIORAL HEALTH NEEDS ARE WITHIN THE BEHAVIORAL HEALTH FACILITY'S SCOPE
- 19 OF SERVICES, SUBJECT TO THE AVAILABILITY OF A BED OR SPACE IN THE
- 20 BEHAVIORAL HEALTH FACILITY.