

House Engrossed Senate Bill

congregate care; dependent children; placement

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

CHAPTER 67

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:

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

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

2. "MEDICALLY COMPLEX CHILD" MEANS A CHILD WHO THE DEPAR

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 DENTAL 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.

APPROVED BY THE GOVERNOR APRIL 18, 2025.

FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 21, 2025.