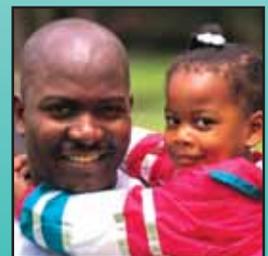


# SERVICE INTEGRATION

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*A Partnership for  
Safe and Stable Families  
in Arizona*





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**ARIZONA DEPARTMENT OF ECONOMIC SECURITY**

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Janet Napolitano  
Governor

David A. Berns  
Director

January 5, 2006

To All Concerned Arizonans:

In the weeks and months following Hurricane Katrina, individuals in Arizona and throughout the Nation marveled at the efficient and effective way in which our state responded to the needs of thousands of evacuees from the southeastern United States. At the Veterans Memorial Coliseum in Phoenix, the Tucson Convention Center and dozens of Department of Economic Security offices statewide evacuees were able to obtain the services they needed to rebuild their lives including behavioral health assessment and counseling, health care, assistance with basic needs like housing and food, employment assistance and child care.

These services were provided through a collaboration of public and private organizations, including state agencies, non-profit organizations, faith communities, business groups and individual Arizonans. The results were astounding:

- Nearly 1,200 families were able to meet their basic needs for food, clothing and medical care;
- Approximately 200 adults found jobs;
- More than 1,200 families found safe, permanent homes.

What many did not realize is that DES had been improving its service system for more than two years. Since the summer of 2003, the Department of Economic Security has been working with its staff, client families and community partners on ways to improve outcomes for the highest-need families in our communities. This philosophy, called service integration, builds on the strengths of individuals, families and communities and makes them partners in efforts to reduce poverty and family violence. Its most important ingredient is the relationship that develops between members of the service teams.

In the pages of this report you will learn more about service integration strategies underway at DES and innovations that will have significant and long-lasting impact on the lives of children, adults and families throughout our state. As you learn about these strategies, consider ways that DES can partner with you to make service integration more successful. No one group or agency can do it all, but everyone can do his or her part.

Now that we have helped hundreds of Katrina evacuees establish safe, stable homes in our state, Governor Napolitano has challenged us to refocus our passion and commitment to help the one million vulnerable Arizonans DES serves every month. Together, we will realize our common vision: every child, adult and family in Arizona will be safe and economically secure.

Sincerely,

David A. Berns  
Director, Arizona Department of Economic Security

# EXECUTIVE SUMMARY

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Over the past two years, the Arizona Department of Economic Security (DES) has undertaken a number of new initiatives aimed at streamlining human services and building capacity within local communities to reduce poverty and family violence. Service integration efforts are at the forefront of these initiatives. The goal is to improve client outcomes by better integrating the programs and services of DES and by collaborating more effectively with client families and community partners.

In the past, efforts to improve human service delivery in Arizona have had mixed results. Attempts to co-locate services, involve families in services, or partner with community agencies have been somewhat successful; however, each of these efforts has also encountered difficulties. Funding issues, “turf” issues, view of the initiatives as pilots and lack of committed, focused leadership have limited the sustainability of many efforts. Service integration will succeed where prior efforts faltered because its impact is more fundamental. It is about changing the way that DES employees think about doing their jobs and about the relationships forged at the local level to improve outcomes for children and families.

Current strategies and those that will be implemented in the future focus on reducing the amount of time that passes before “high need” clients can access services, partnering with those clients to design a case plan that builds on their capabilities, coordinating case plans among DES programs serving the same clients and collaborating with community partners to fill gaps in services or provide care and support once the family no longer needs or qualifies for DES services.

This increased collaboration and cooperation results in a more coordinated, holistic approach that prevents situations in families from escalating and reduces reliance on government services.

The individuals and families who are helped most by this approach are those defined as “high need,” clients who require multiple services, potentially across different providers. This could include families living in poverty, families affected by homelessness or domestic violence, grandparents raising their grandchildren, or offenders reentering the community.

Recently, service integration strategies at DES were tested as Arizona assisted thousands of evacuees from Hurricane Katrina. Although the needs of the evacuees were similar to many of the clients that DES serves every day, their experience, and the state’s response to it, was unique in the urgency, extreme need and the significant trauma that the evacuees experienced just prior to coming to Arizona. Lessons learned include:

- Clear and decisive leadership sets the tone of urgency and accountability for both DES and other providers.
- Empowered staff and managers, both internal to the Department and in external service providers, are key to successful service integration.
- Clients understand most what they need, and services and processes should be arranged in a manner flexible enough to support the varying needs of clients.
- Models of service integration must be adjusted to the specific client population being served. Co-location and full service

models are necessary to serve “high need” clients but may not be required for all DES clients.

- Local control and ability to make informed decisions quickly are critical to flexibility. This flexibility provides families with the ability to make informed choices about their lives.
- Stand alone or sequential service delivery is duplicative, cumbersome, and frustrating for the customer. Easy and ongoing communication serves to facilitate provision of services to clients and strengthen relationships between service providers.
- Comprehensive assessment provides a holistic look into a client’s life allowing information to be collected and stored in one central location that is accessible to a multitude of service providers.
- Service integration fosters and is strengthened by personal and professional relationships among staff from many providers at the local level. The result is the service delivery system becomes a network of formal (contracted) and informal (personal) links that creates a system in which “the whole is greater than the sum of its parts.”

DES will take the insight gained from the Katrina experience and apply it to future efforts to improve service delivery for children and families. Some of these efforts include expansion of its multidisciplinary

teams serving more specific populations, such as offenders returning to their families and communities, improved collaboration with members of the Governor’s Children’s Cabinet, creation of a new quality improvement model looking at service integration, and the development of a Human Services Center in partnership with Arizona State University.

Because the strategies that will be implemented as the result of service integration vary according to the leadership and resources of individual communities, the improved outcomes realized as a result also will vary. DES has established three statewide goals and has challenged staff at the local level to design and implement strategies to address those. The goals are: (1) reduce the adult cash assistance caseload by promoting self-sufficiency, (2) safely reduce the number of children in out-of-home care by strengthening families, and (3) safely reduce the number of children and adults in group homes, shelters and institutional placements by developing the capacity of extended families and communities. As service integration is implemented successfully, the results will speak for themselves. Children and families will be safer in their homes and communities, consumers will see improvements in economic self-sufficiency and there will be a reduction in families’ reliance on government programs.



# THE DES EXPERIENCE

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## *with Service Integration*

Service integration improves client outcomes by better integrating the programs and services of DES and by partnering more effectively with client families, community-based organizations, faith-based communities, other state agencies, local governments and service providers. This means moving beyond delivering services to helping families gain the tools they need to effectively and permanently escape the hardships of poverty and overcome barriers such as family violence, substance abuse, and challenges with mental health. The implementation of client-focused practices that are more holistic, inclusive and strengths-based in their approach will result in overall long-term improved outcomes for families.

Service integration helps programs to effectively and efficiently meet the needs of families. Strategies utilized are locally owned, assessment oriented and outcome driven. Coordinated intake and co-location of programs and services protect families from experiencing system fragmentation. Inclusion of families and community partners at all planning and implementation phases ensures that the focus remains on a successful and quality experience. Keeping children and families safe, improving their economic self-sufficiency and reducing their reliance on government programs are three primary outcomes for service integration initiatives.

The Department of Economic Security (DES) was established in 1972 by combining the Employment Security Commission, the State Department of Public Welfare, the Division of Vocational Rehabilitation, the State Office of Economic Opportunity, the Apprenticeship Council and the State Office of

Manpower Planning. The purpose of creating the department was to provide an integration of direct services to people in such a way as to reduce duplication of administrative efforts, services and expenditures. Currently, some of the human services that DES offers include:

- Temporary Assistance to Needy Families (TANF) cash assistance
- Food Stamps
- Medicaid (DES determines eligibility, Arizona Health Care Cost Containment System (AHCCCS) delivers care via a managed care network of providers)
- General Assistance to individuals without children
- Jobs Program to eliminate barriers to employment
- Vocational Rehabilitation Program
- Child Care Subsidies
- Child Support Services
- Job Service Program
- Assistance for Individuals with Developmental Disabilities
- Shelter Services for Homeless Individuals
- Child and Adult Protective Services
- Assistance to Domestic Violence Victims
- Assistance to Refugees

DES has a staff of 10,000, with nine divisions serving categorically separate populations, such as individuals with developmental disabilities, the aging community and children. Service integration is about blurring these division lines and providing an array of services based on client needs. One of the

most challenging, but necessary, components of service integration is for employees to embrace this change in service structure and delivery. This is accomplished in two ways: leadership from the top down and innovation from the bottom up.

Director Dave Berns provides clear direction for service integration. The DES vision—that every child, adult and family will be safe and economically secure—is critical to this change process. Consistently, Director Berns has communicated this message to community partners and internal staff. This leadership is supported by enthusiastic, experienced and knowledgeable Deputy and Assistant Directors.

Early in this change process, DES participated in a National Governors Association (NGA) Policy Academy on Cross-System Innovation to improve outcomes for low-income families and children. DES sought to comprehensively engage in departmentwide service integration and gain a common understanding among executive staff about what service integration is, how it compares to current service delivery and what changes are necessary to achieve efficient and effective implementation. The grant provided technical assistance on expanding service integration concepts and philosophies. Through this assistance, DES refined goals and strategies that align with the Mission and Vision. To achieve this vision of safe and secure children and families, DES will:

- Reduce TANF involvement by promoting self-sufficiency. Reducing barriers such as substance abuse and domestic violence, helping adults find employment more quickly, and increasing work supports like child care will reduce the need for families to access cash benefits.
- Safely reduce the number of children in out-of-home care by strengthening families. Supporting at-risk families, implementing strategies to keep children

safe at home and involving communities in supporting abused and neglected children will reduce the number of children in foster care.

- Reduce the use of institutional placements for children and adults by developing the capacity of extended families and communities. Increasing the services and supports for extended family members and community care centers, recruiting more foster, adoptive and respite homes, and implementing strategies to keep children and adults safe when they leave out-of-home placements will reduce the number of children and adults living in institutional and congregate care.

The largest challenge identified through this effort is that DES must change its mind-set and environment to operate as a nimble organization, transforming itself to meet the current needs of client families and stakeholders from many different local communities.

Senior management is focused on service integration as the new way of doing business at the DES. The Executive Team continues to provide leadership and discuss progress on service integration efforts at regular meetings. A Service Integration Core Team has been established to provide technical assistance and philosophical guidance to local communities.

Change from the bottom up has been much more challenging. Efforts to shift the way DES does business, in order to be sustainable, must be identified by staff having direct contact with families and must be based on the needs of the local community. Anecdotal reports of culture change from community partners, including client families, have identified more involvement and understanding about the changes being made at DES. While this culture shift has been slow, it has also been deliberate. The following is a description of many of the new strategies to continue service integration.

# A NEW VISION

## *Ending Poverty and Family Violence*

**F**or many low-income families, work alone does not lead to financial self-sufficiency. A single parent with two children in Arizona working full time, making minimum wage, earns well below the poverty line. Families can turn to human services programs for help in addressing basic needs such as food, clothing, shelter and health care, but often face significant obstacles in accessing these services. Obstacles include income and eligibility restrictions, complicated application procedures and lack of awareness about services and how to apply. Additionally, these programs may not coordinate with opportunities for employment. The delivery of these human services consists of a patchwork of programs and services from different funding streams, service delivery sites, administering agencies, levels of government and private and non-profit providers. This service delivery mechanism and the financing that accompanies it has let many families fall through the cracks.

Service integration improves outcomes for children and families through a more coordinated, holistic approach. The individuals and families who are helped most by this approach are those defined as “high need.” They may be high users of services or access multiple services, potentially through different providers. Poverty is an overriding factor for many of these clients.

In Arizona, approximately 42% (618,560) of children live in low-income families compared to a national average of 38%. Nearly 20% (284,406) live in poor families with incomes less than 100% of Federal Poverty Level, compared to a national

average of 17%. Families in poverty are more likely to experience food insecurity, inadequate or unstable housing, lack of health care coverage, or other economic hardships, such as a lack of work experience or lack of transportation. Poverty is associated with negative outcomes for children including an impeded cognitive development and ability to learn that contributes to behavioral, social and emotional problems and poor health. Families in poverty may encounter increased stress, increased family violence and increased substance abuse.

Victims of domestic violence and the homeless may also need to access multiple systems to meet their needs. Victims of domestic violence typically fall into one of several categories: not ready to leave an abusive relationship; in the planning stages of leaving an abusive relationship; in crisis; or in transition and trying to achieve stability. Services to this population need to be flexible to respond to the level of need at the time.

Victims often require a variety of services from DES and other community providers,



which must be provided in a manner that maintains the victim's safety and supports the victim in achieving self-sufficiency. A service team could provide a victim with the support necessary to ascertain what is necessary to exit the situation and maintain a safe environment. Because the co-occurrence of child abuse and domestic violence is very high, services to victims should have as a goal safety for both the victim and children. Service teams could include a child welfare specialist and a domestic violence advocate.

Many very poor families and individuals experience homelessness at some time during their lives. Causes of homelessness include unemployment or an unexpected expense like health care, domestic violence and displacement. For these people, short-term crisis intervention such as utility and rent assistance (including deposits) and housing placement is needed. For other families and individuals, homelessness is pervasive, and the issues that cause homelessness are complicated. Research and established practice demonstrate that homelessness can be ended for even the most difficult to serve. Service integration has proven successful in addressing the variety of needs identified by these persons, including housing assistance, mental health and substance abuse counseling, employment, income support, education, child care and physical and behavioral health care.

Service integration is also critical to serving families in crisis. Families may ask for help with immediate needs or they may experience crisis sometime during service delivery. Even families in crisis that may only utilize human services as a safety net (i.e.,



between jobs, temporary loss of health care, to supplement income), benefit from service integration. Help can be tailored to their specific needs and available to respond immediately.

Research has shown a link between poverty and child maltreatment. Studies indicate that children whose families earn less than \$15,000 are 22 times more likely to be abused or neglected than children whose families earn \$30,000 per year or more.<sup>1</sup> Nationally, approximately 60% of children in foster care<sup>2</sup> and 70-90 percent of the children who are involved with Child Protective Services (CPS) but remain in their homes come from families who are receiving cash assistance.<sup>3</sup> Families living in poverty and families who are unable to appropriately care for their children often face the same challenges that affect their employment and parenting abilities.

In Arizona, more than 3,100 children are placed with kin by CPS. Of these, nearly 50% are placed with grandparents. These

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1 Sedlak, A.J., & Broadhurst, D.D. (1996). *Third national incidence study of child abuse and neglect, final report*. Washington, DC: U.S. Department of Health and Human Services.

2 Goerge, R. M., Lee, B.J., Reidy, M., Needell, B., Brookhart, A., Duncan, D., & Usher, L. (2000). *Dynamics of children's movement among the AFDC, Medicaid and foster care programs prior to welfare reform: 1995-1996*, Washington, DC: U.S. Department of Health and Human Services.

3 Geen, R., Fender, L., Leos-Urbel, J., & Markowitz, T. (2001). *Welfare reform's effect on child welfare caseloads*. Washington, DC: The Urban Institute.

caregivers often do not have adequate support services to raise their grandchildren, are not aware of community resources and may have difficulty navigating public agency systems. Most are not familiar with the child welfare system and lack an understanding of permanency planning. Placement of grandchildren with them may also compound troubled relationships with their own children.

Grandparents' unique needs require that:

- Services be expedited and coordinated among and between DES divisions and community providers;
- Community and peer supports be available to better ensure that grandparents receive the assistance and emotional support that they need;
- Services be available for their grandchildren to meet their needs and provide for placement stability;
- Housing, transportation, child care, and other assistance be available to assist with financial needs as grandparents may be on fixed incomes;
- Education and training about child welfare, permanency planning, and parenting grandchildren be provided;
- Case management and after-care services be available to assist grandparents who continue to care for their grandchildren through subsidized guardianship or adoption to better ensure that placements remain stable and that grandparents have access to services when needed.



Approaches for Maricopa County—or even portions of the county—are not likely to work in other parts of the state. Because of these differences, prior efforts have capitalized on the opportunities, interests and strengths as presented by geographic communities and communities with similar interests, local DES offices and staff. Community Network Teams focusing on the identification of local resources have taken the lead and forged new ways of doing business in their areas. Some commun-

ities and offices now serve as models for other locations. It is time to build on these initial successes, share lessons learned and take this model to new heights.

Many staff and communities may be waiting for a comprehensive and detailed plan from the state to tell them how to integrate their services and to provide wraparound services in a holistic manner. Although much can be done to set the stage centrally, success depends on local relationships, effort and leadership.

Studies have shown that service integration is not just co-location, blended funding, common data elements or integrated policies and procedures. While all of these are important and useful in serving clients, none of them are sufficient. Attempts to integrate all of these strategies have not been successful. Others who did not implement these approaches still made great advances in their outcomes. The most important ingredient in any successful service integration model is the relationship that develops between members of the team.

Author Steven Covey notes in his book, *The 8<sup>th</sup> Habit*, "When a team of people builds on

Service integration uses a locally driven approach to meeting the needs of the families above. The great diversity in Arizona and the opportunities and strategies for services integration vary throughout the state.



each individual's strengths and organizes to make individual weaknesses irrelevant, you have true power in an organization." DES has a complex array of services and strengths. Child welfare staff understand safety issues, attachment and bonding, substance abuse treatment and mental health concerns. Family Assistance Administration and the Division of Rehabilitative Services (DERS) employees deal with issues of poverty. They have resources to address nutrition, housing, transportation, medical care, child care, employment and training . Service integration involves connecting the staff in these various positions to information and resources. It does not require everyone to know everything but uses the strengths already available in other parts of the organization.

Sharing of these strengths is often accomplished between staff willing to take the initiative. Sometimes a resource is not available or a service cannot be provided because these opportunities are not located near or known to an individual staff member. When employees from various parts of the organization interact with each other and the community, it is often found that resources are available or could have been created through local ingenuity. This has been demonstrated in numerous case examples, and in the flexible, creative and highly effective system developed to serve the Hurricane Katrina evacuees (described later). If service integration can be done in some

instances, it likely can be routinely done statewide.

Covey suggests that we can help staff and community partners to become creative forces in their own lives and to choose approaches that will increase their influence and to become leaders for system reform. He writes, "I believe there are numerous potential trim-tabbers (change agents or leaders) in every organization—business, government, schools, families, nonprofit and community organizations—which can lead and spread their influence no matter what position they hold. They can move themselves and their team or department in such a way that it positively affects the entire organization." It has been difficult to unleash this leadership potential throughout the state. Permission has been granted and success in other areas has been shared but many are still waiting for additional guidance.

In 2000, Casey Family Programs joined the Institute for Healthcare Improvement (IHI) and Associates in Process Improvement (API) to learn a new quality improvement method to be used in the child welfare field. The Breakthrough Series Collaborative (BSC) is a strategy for unleashing potential and for spreading success across systems. The process begins by helping groups to define problems, opportunities and outcomes. Groups with similar interests are brought together for technical assistance and guidance. Tools for moving forward are provided and explained. Groups return to their communities to plan small pilot projects and strategies involving only two or three partners or families. The results are studied and modified. Those that do not work are disregarded. Those with potential are refined and implemented on a much broader scale.

With strategies like the Breakthrough Series Collaborative and tools like the Community Network Teams, service integration has the ingredients for success.

# PROMISING PRACTICES

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Efforts to improve human services delivery in Arizona have had mixed results. Attempts to co-locate services, involve families in services or partner with community agencies have been successful, but each of these efforts have also encountered difficulties. Some have been framed as a special project or have been time limited. Service integration at DES is about changing the way staff think about doing their jobs. It is about the relationships forged at the local level to improve outcomes for children and families.

Since August 2003, DES has been changing the way it does business. Service integration restructures how services and programs are organized to work together more effectively. This includes increased collaboration between employment and other support services, improved service coordination and involvement of community and other stakeholder groups. The following are some examples of service integration efforts to date.

## **Multiservice Centers**

Multiservice centers were developed to encourage field offices that housed multiple programs to improve service coordination at the local level. Several solutions to accomplish this task were identified:

### ■ **Holistic needs assessment**

A comprehensive assessment of a client's total needs is performed at the point of initial contact. This assessment is based on the needs identified by the customer and is tailored to his or her unique culture and language. Once this critical information is gathered, there must be mechanisms to share the information to all service areas. A team of employees from the

Department's office on Irvington Road in Tucson developed and implemented an integrated services system that included a comprehensive intake and assessment, same-day employment services for TANF clients, and training for all office staff that improved ongoing internal communication. Staff hosted a series of information fairs, including community partners located in the immediate area, to ensure that all local service providers are aware of all services. These integration efforts resulted in an increased focus on prevention and its incorporation into traditional human services.

### ■ **Co-location of human services**

Co-location of human services is essential to achieving an integrated model for service delivery. It is not merely the physical location of the service that is essential to this model, but rather the environment that facilitates communication and collaboration among service providers and clients to create solutions. For example, in the rural towns of Prescott and Prescott Valley, there are currently eight DES programs working out of seven separate locations. DES is working to co-locate as many of these programs as possible to ensure that location issues do not prohibit customers from receiving all necessary services to promote economic self-sufficiency. Co-location can also help ensure that the customer's cultural needs, such as Spanish-speaking assistance, will be met by analyzing the demographics surrounding the service site.

At the South Central DES office in Phoenix, child welfare staff from the Administration for Children, Youth and Families is co-located with the Family

Assistance Administration, Job Service, Jobs, and child care services. This office is located on Central Avenue near the City of Phoenix Local Workforce Investment Area One-Stop, and stronger ties have been developed with the One-Stop as part of this office integration.

At the Craycroft and 22nd Street DES office in Tucson, the floor plan presents particular challenges to service integration, since several DES offices exist in separate spaces in a strip mall. Local employees are installing an integrated intake and assessment area. Jobs, Job Service, child care subsidy, Family Connections staff (discussed later) and the Family Assistance Administration will be linked to this common intake.

***Prior to the improvements*** to the Jobs Program, approximately 13,000 clients were placed on a waiting list before receiving services. The length of time a client spent waiting on this list before October 2003 was about four months. This has been drastically improved to an average of 1,100 clients who wait less than a month.

■ **Timely access to Jobs and Job Service programs**

The Department has identified the need to improve the availability and accessibility to many of its employment services. In many areas of Arizona, there are delays before a TANF cash assistance customer is enrolled in employment services programs. Eligibility and employment-related assessment, case management and provision of services are completed by separate staff. The reformed intake process integrates these functions, allowing a client to have an eligibility interview, an in-depth assessment conducted and immediate referral to

services to address issues of urgent need during the initial visit. Employment efforts begin the same day they apply for cash assistance, rather than receiving TANF assistance for several months prior to being added to the Jobs caseload. Reducing unemployment will lessen the demands on other human services programs, thereby easing budget constraints in other programs and increasing client self-sufficiency.

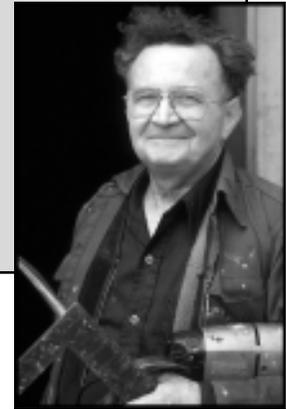
■ **Integrated Information Systems**

DES is pursuing creative means of providing comprehensive interfaces and Web-enabled, streamlined processes to enable staff members to enter and access the information needed to perform integrated program functions. This information currently resides in separate systems on the DES mainframe. DES is constantly reviewing systems developed in other states that have taken an integrated approach to service delivery, to determine best practice models, and continually building on an existing capability that coordinates information about clients across programmatic systems in the DES mainframe.

**TANF Jobs Program Privatization Project**

In 2002, the Arizona State Legislature passed legislation requiring DES to contract with private for-profit, private non-profit, local government or tribal entities to provide case management and employment services for clients participating in the Temporary Assistance for Needy Families (TANF) Jobs Program. Implementation of this legislation was delayed pending action from Congress on federal TANF reauthorization, as this could have a significant impact on the privatization effort. This federal legislation is still pending, but the Arizona State Legislature has moved forward, passing a bill requiring that contracts be in place for the privatization of the Arizona TANF Jobs

**Mr. Anderson has been a client of DES** services for many years, fluctuating between short and long-term cash benefits. In September 2005, he was interviewed, and options for employment were discussed. In October, he was given short-term cash benefits to help him pay his monthly bills. In early November, Mr. Anderson received intensive job search services. Later that month he was hired at \$10 an hour. He continues to receive Jobs Program assistance with tools required by his employer and is eligible for other supportive services like transitional food stamps, medical support and employment support services.



Program by July 1, 2006. Solicitation proposals are currently being reviewed.

All adults receiving TANF cash assistance are required to gain employment and participate in the Jobs Program as a condition of their TANF eligibility. The Jobs Program provides assessment, case management and a variety of support services and payment vouchers to clients in support of their individual employment goals. Jobs case managers assist clients in strengthening job readiness, education, training, workplace skills and financial stability, while reducing barriers to employment such as inadequate transportation, domestic violence and substance abuse. Child care is provided to clients while they participate in activities to further employment goals. The Jobs Program develops relationships with employers to enhance placement of clients in jobs that are career-oriented and provide adequate wages and employee benefits.

In developing the Request for Proposal (RFP) for contracted case management and employment services, DES designed a flexible program for contractor innovation. The performance measures are designed to steer contractors toward positive client outcomes of improved self-sufficiency and poverty reduction. Specifically, incentive and/or penalty payments for contracts are tied to contractor performance in the following areas:

- Meeting the federally-required work participation rate.
- Engaging clients in activities that advance their employment goals, including barrier reduction activities (not only activities that “count” toward the work participation rate).
- Reducing the TANF caseload due to permanent employment of clients.
- Reducing client recidivism to the TANF program within a 12-month period.

The principles behind the program design in the Jobs Program RFP are consistent with the principles of service integration. Specifically, the RFP requires contractors to:

■ **Focus on the Family as the Client**

Contractors are required to work with clients to address all issues the family encounters that create barriers to employment. For example, if the health problems of a child make it difficult for the parent to sustain employment because of a need to stay home and care for the child, the contractor will work with the family to connect the child to health services and the appropriate type of care needed to allow the parent to work.

■ **Integrate Case Management**

Contractors are required to use a holistic case management approach, and manage

to one case plan for clients in both the CPS system and the Jobs Program. This will maximize resources for the family and ensure that the family's case management goals are coherent and not in conflict between systems. Contractors will be encouraged to coordinate with other case managers serving the client and manage to one case plan for clients in multiple DES programs and/or the behavioral health system.

■ **Provide Services in the Community**

Contractors are required to provide an extensive network of appropriate and accessible support and employment services tailored to the unique needs of the local community. Contractors are required to provide services at a community level and to link with community partners (nonprofit, faith-based and local government) in addressing the needs of the family. Co-location of services and other "one-stop" approaches are encouraged.

**TANF Service Coordinators**

DES is redesigning the intake and eligibility process to better assess and help address the immediate short-term needs of families that have requested financial assistance. The goal of this process is to provide alternatives to the traditional TANF cash assistance path to

clients who are at-risk of welfare dependency. The result is a reduction in the TANF caseload, a primary goal of DES. The TANF Service Coordinator (TSC) works with the client to explore TANF grant diversion and other options for addressing the client's immediate needs, with the goal of eliminating the family's need for long-term TANF cash assistance.

The TSC, a highly skilled employee trained in eligibility, case management, employment assistance and social work competencies, completes the following tasks as appropriate:

1. Conducts the initial eligibility interview for TANF cash assistance, Food Stamps and Medical Assistance (AHCCCS).
2. Provides an in-depth assessment of the client's employment readiness, self-sufficiency level and emergent needs.
3. Assists the client in overcoming any barriers that hinder employment, enabling the client to return to the work force and avoid becoming a long-term TANF recipient.
4. Refers the client to other appropriate DES or community-based services to address other urgent needs and barriers to self-sufficiency such as family violence or substance abuse.

***I love my job.*** As a TANF service coordinator, I can give people services at a faster pace. Many folks need assistance right away and I can help them get rid of barriers. I can also help them find jobs faster. Some families have lots of needs and I can help direct them to the right path.

With one family I helped, the dad lost his job and his baby needed surgery. He gave me his resume and I helped link him to an interview over the phone while he was with the baby at a Tucson hospital. He was hired and now makes \$12.50 an hour. He could have ended up being in the system longer, but now job referrals are so much quicker.

*April Aguilar, Sierra Vista  
TANF Service Coordinator*

5. Upon approval of TANF eligibility, refers the client to the Jobs Program for case management and employment services, particularly those that need more extensive support services to overcome barriers to employment.

Key service integration principles built into this new intake and eligibility design are the coordinated intake process and timely access to employment services, a holistic focus on the family for crisis intervention and prevention, integrated case management that helps partners—both internal and external— manage to one comprehensive case plan, and local identification and delivery of support services. Critical to the success of this service integration effort is cross-program planning and management. This concept ensures that the positive work toward addressing urgent needs and employment that is initiated by the TSC during the intake process continues with the client long after the client's case has been transferred to the contracted Jobs case manager.

### **Blueprint for Arizona's Child Welfare System**

The DES Division of Children, Youth and Families (DCYF) published *Strengthening Families: A Blueprint for Realigning Arizona's Child Welfare System* in September 2005. This plan outlines the next phase of CPS reform efforts. It focuses on expanding options for keeping kids safe by enhancing support services aimed at keeping families together, and building family- and community-based foster care when out-of-home care is the most appropriate option.

The specific strategies outlined in the *Blueprint* include providing intensive in-home and family reunification services, recruitment and retention of resource families in all communities, building the system's capacity to use family centered practices, enhanced training and integration of services. These nationally recognized



methods are tailored to meet the unique needs and characteristics of Arizona's families. At the heart of these strategies is a focus on improved engagement and support of families.

As a result of the strategies identified in the *Blueprint*, DCYF/DES expects to achieve significant outcomes including:

- A 5% reduction in the number of children in out-of-home care by June 2006.
- A 10% reduction in the number of foster children placed in group homes and shelters by June 2006.
- A reduction in the length of time any child in foster care stays in a shelter to less than 21 days by June 2006.
- Eliminating the use of group homes and shelters to house very young children by July 2006. Exceptions include efforts to keep large sibling groups together.

To achieve these outcomes, DCYF is implementing strategies that will prevent the need for children to enter foster care, reduce the number of children living in group homes and shelters and increase the number of children who achieve permanency more quickly. In addition to statewide practices, the *Blueprint* provides locally specific plans tailored to meet the unique needs of communities. The *Blueprint* also includes strategies for monitoring performance at the local level.

Collaboration among DCYF, other DES divisions, community social service agencies, family support programs and faith-based organizations is essential for improving outcomes for Arizona's children and families. Integration of these services is a critical component of nearly every strategy outlined in the *Blueprint*. By collectively focusing on neighborhood family support, increasing the array and intensity of services provided to families in their own homes, and investing in the success of family-focused foster care when children cannot remain in their homes, Arizona has the opportunity to take its child welfare system to a whole new level of improved safety, permanency and well-being for its children. The *Blueprint* represents the framework for getting there.

### **Kinship Care Breakthrough Series Collaborative**

The DES Division for Children, Youth and Families (DCYF) within DES has been engaged in a project to achieve system change for supporting kinship care families. Specifically, this Breakthrough Series Collaborative (BSC) seeks change in all components of child welfare practice, including:

- The identification, exploration and pursuit of birth family relationships with kin at the initial point of contact and throughout involvement with the child welfare system as a resource to help meet child and family needs.
- The ability to maintain, strengthen and support connections between birth parents, children, youth, their siblings and their kin.
- The implementation of inclusive planning that results in the provision of culturally relevant, kinship competent services for birth parents, children and extended family throughout their involvement with the child welfare system.
- The active engagement of birth parents, children, youth and their kin as true

***The BSC provided the impetus*** for us to meet and talk with kinship caregivers and kinship kids in our own state with whom we otherwise would likely not have had contact and that has been a great benefit to us. Likewise, it has enabled kinship caregivers and kinship kids to get to know us, join in our efforts, and see us as people who care.

Most of all, we did not know what could be accomplished here. We really can make a difference, especially when we come together with a common cause and unified purpose, with a willingness to take risks and perseverance to keep focused.

*BSC Team, District II*

partners in designing the system of kinship care services and supports.

- The collaboration with community, other public agencies and families to effectively meet the needs of birth parents, children, youth and their kin by building on community leadership and strengths.
- The facilitation of kinship families' connections with one another in ways that promote self-help, mutual support, leadership, shared resources, and advocacy.
- The training and support of child welfare staff in specific skills and competencies required to effectively work with birth parents, children, youth and their kin.

The BSC kinship care process has achieved significant progress. Kinship caregivers have been educated about permanency planning and what resources are available to them. Youth have participated in their own case planning during the initial stages of the permanency planning process. More kinship caregivers have been identified early in the placement process. Changes to the DCYF policy manual have incorporated proven kinship supportive practices. The BSC process is expected to improve training to CPS staff and their partners supporting kinship caregivers, and help guide placement plans that utilize kinship resources in an effort to keep siblings together and provide greater stability to the child. Over the next 12 months, these successes and new ideas for kinship care improvements will spread to additional areas of the state, tailored to fit the local community.



violence who are in the shelter system have a difficult time dealing with the economic and emotional effects, which makes finding and maintaining permanent housing without additional supports extremely difficult.

The mission of Family Connections is to promote and empower safe, healthy families by connecting them to suitable community resources that will assist them in achieving their highest potential. Services are family-focused, strength-based, voluntary, and coordinated. The teams are

***Family Connections is still at its developmental stage.***

I have put hard work and heart into it, and I want to see it through. I feel that I can only go forward at this point and grow with this unit. I have never been happier doing a job that I love.

Teresa Osuna  
Family Connections team member

### **Family Connections**

Studies have demonstrated a high correlation between poverty and involvement in the child welfare system. Family Connections was developed to address the needs of TANF-dependent families that are at risk of involvement in the child welfare system.

Families that come in contact with DES are often struggling with issues of domestic violence and poverty. A review of 20 research studies of domestic violence and welfare reform found that between 40% and 75% of female welfare recipients have experienced domestic violence at some time in their lives.<sup>1</sup> Studies show that homeless families dealing with domestic violence have an increased risk of cycling in and out of shelters. Women experiencing domestic

multidisciplinary, composed of a team lead, Child Protective Services, program eligibility, and Jobs Program staff. Some teams include a domestic violence advocate.

The key to success is connecting families with community supports that include access to counseling, initiating relationships with schools and faith communities, and achieving a livable wage and life skills. In addition, teams may have access to TANF funds through the DES Community Services Administration (CSA) that could be used to

<sup>1</sup> Tolman, R.M., and Raphael, J. (April 1999). *A Review of Research on Welfare and Domestic Violence*. Journal of Social Issues.

**The Gonzales family** was referred to Family Connections by the school counselor. The father suffers from heart complications, gout, post traumatic stress disorder and a recent diagnosis of lung cancer. He served sixteen years in the military, receiving two purple hearts. He had previously been denied for social security disability. The mother and her brother also have overwhelming medical needs that impede regular employment.

Family Connections assisted the family with short-term cash assistance and advocated with the Veterans Administration to secure the father's pension of \$848. They assisted the mother in getting regular transportation to medical appointments. Family Connections helped the family to receive more than \$2,700 a month in disability payments.

The Gonzales family is grateful to Family Connections for helping them meet their basic needs and to cope with the multiple challenges they face.

offer a variety of support services, including housing relocation assistance (rent, utilities, and security deposits) for the initial months of stabilization.

Initially, single Family Connections teams were established in Maricopa and Pima counties to serve families receiving public assistance or at high risk for receiving such benefits. In 2005, four new Family Connections teams were established to work with victims of domestic violence exiting shelters in these counties. These teams are housed at DES sites and are co-located at shelters part-time. Shelter clients are introduced to Family Connections team members prior to their exit from the shelter. Family Connections team members provide wraparound services to families entering permanent housing.

An additional four sites are expected to become operational during state fiscal year 2006, bringing the total number of Family

Connections teams to ten statewide. These sites will focus on increased collaboration in serving those families at risk for child welfare involvement.



### **Community Network Teams**

As part of recent Child Protective Services reform efforts, Community Network Teams (CNT) were created from the existing network of DES Advisory Councils throughout the state. These teams are developing plans identifying existing services, resources and family supports within their local communities (including all gaps in services) and describing how the community proposes to deliver improved services and better support for children, including protocols for increased collaboration. There are currently 18 CNTs in Arizona.

Several communities have utilized Asset-Based Community Development (ABCD) processes to develop a plan to increase the well-being of children and families. The key

to the asset-based approach is to recognize and build on the strengths and assets of local residents and their associations. Effective communities have:

- Looked first within their boundaries to solve problems
- Recognized relationships as power
- Had a good sense of assets and capacities, not just needs
- Recognized that leaders open doors
- Involved citizens
- Encouraged people to take responsibility.

The ABCD process is based on the belief that every individual in a community has something to contribute to the good of the community and that these contributions, along with the resources of community groups, non-profit organizations, businesses and government, can be mobilized to build a better community. This process is designed as a first step in unleashing the power of a community, its families, children, associations and institutions to work together to increase the well-being of all residents. To ensure the success of these efforts, it is critical that the CNT be composed of individuals who represent diverse sectors, including DES clients for whom the community decisions will have an impact.

Effective support of communities requires government to shift its role from defining problems and creating solutions to following community definitions and investing in community solutions. The goal in promoting



community change is to develop self-reliant, self-sustaining community organizations to mobilize local, state and federal resources for improving the quality of life for individuals, children and families. This includes improved community service delivery, development of policies supportive of children and families and full participation in the life of a community that nurtures and values all of its members. Each community becomes aware of unique resources and issues affecting its members and works toward improving the system of care within the community. The community itself is strengthened by recognizing and building on local community capacities to care for each other and the quality of life is enhanced for all citizens of the community.

Part of the ongoing dynamic of the Community Network Teams is cross-systems education between DES staff and community providers. This education highlights the need for seamless referrals to systems of care irrespective of which provider was accessed first. Several efforts are underway in local communities to establish a referral system that will allow a person to be “triaged” for all available services and then referred to those services.

When asked what they feel is the most beneficial part of participating in a



Community Network Team, members statewide overwhelmingly reply, “It is the relations that have grown and the connections made.”

### **Family Leadership**

An important component of service integration is that of engaging community members who have navigated the maze of services to meet a particular need. DES seeks to work hand in hand with families to develop and enhance self-reliant, self-sustaining communities and to move from serving needs to developing individual capabilities—in essence, helping families and communities help themselves. Introducing and refining integrated family-centered programs in DES that recognize the strengths and build capacities of individuals and families will result in stronger Arizona families.

The Community Development/Family Leadership (CDFL) workgroup was formed to provide direct input from families formerly or currently involved with DES services. A core team of family involvement professionals, families and representatives of each of the major program

areas of DES is working to build a system of engaging families in all aspects of service integration. The core team and its subcommittees focus on:

- The establishment of qualified family leaders that consult on DES policies and procedures and work closely with DES management.
- The establishment of a mechanism for engaging other state agencies to eliminate duplication in accessing multiagency assistance.
- Planning a combined summit with DES, Community Network Teams and family leaders from local communities to discuss necessary steps for institutionalizing family involvement.
- Parents training other families and parents in self-advocacy and understanding systems to inform change.
- The creation of a protocol for compensating family members who serve in a leadership role with DES central office, local offices or local community groups. Future steps will include protocols for compensation consistent across all state agencies.

### **How service integration has helped homeless families**

Multidisciplinary service integration teams have successfully engaged long-term homeless families and individuals, resulting in housing permanency. In this model, team members serve a variety of functions and meet families and individuals where they are. For example, Assertive Community Treatment (ACT) teams that include outreach workers, mental and physical health professionals and substance abuse specialists, have successfully engaged chronically homeless, mentally ill individuals resulting in a high rate (85%) of engagement in permanent housing and services.

Alternatively, services can also be provided in One-Stop Centers featuring co-location of services. The Day Resource Center (DRC) of the Human Services Campus in downtown Phoenix is an excellent example of this model. Homeless individuals have access to mental health services, health care services, substance abuse counselors, DES eligibility intake workers, and a housing specialist. The DRC provides comprehensive services similar to those offered serving Hurricane Katrina evacuees at the Coliseum. Opened June 2004, the DRC has housed 209 individuals with a 90% success rate—these individuals still reside in permanent housing. The success of this model has been astounding, and similar models operating throughout the U.S. have yielded similar results.

The current CDFL workgroup membership is 30, of which 15 members represent consumer families.

### **Faith-Based Partnerships**

Faith In Kids is a collaborative venture of Arizona's faith-based community and DES. This non-profit organization formed by a committee working on foster home recruitment and retention, is formalizing outreach, recruitment and service activities for foster and adoptive parents through faith-based organizations. In April 2004, Faith In Kids hosted a luncheon inviting commitment from faith-based leaders across the state to support children in the foster care system. Nearly 100 leaders from faith-based organizations attended this inaugural event.

Approximately 30 families have begun the licensing and certification process. Faith In Kids has also begun a network program, "Circles of Support," that engages current foster and adoptive parents in the recruitment of families from their respective congregations. This effort further emphasizes the involvement of the faith-based organization in providing additional supports necessary to meet the needs of foster families and the children in their care. Supports could include temporary respite care, transportation, clothing, food, etc.

Faith In Kids is also joining with DES in the Annie E. Casey "Family to Family" initiative. The recruitment efforts of Faith In Kids assists DES in finding foster and adoptive families from a child's community of origin.

DES also benefits from contractual agreements with private agencies with faith-based affiliations. These agencies include Catholic Social Services, Christian Family Care and Jewish Family and Children's Services. These contracts provide for the recruitment, training and supervision of foster and adoptive families.

### ***Pima County Community Network Team***

With a membership of approximately 200 members from community-based organizations, faith-based organizations, DES staff and residents, the Pima County Community Network Team identifies weaknesses and strengths in the child welfare system and makes recommendations aimed at reforming Arizona's Child Protective Services. The team represents an unprecedented coming together of mothers who had been involved with CPS caseworkers and other professionals.

The Pima County CNT focuses on eight primary areas:

- Information Access and Advocacy
- Respect
- Comprehensive Support Services
- Engagement of Family Support Systems
- Poverty
- Domestic Violence
- Substance Abuse
- Out-of-Home Placement of Children

The Pima County CNT was highlighted in a recent *Tucson Citizen* article, "Former Addicts Become Leaders." The article focused on two mothers who had previous involvement with CPS due to their addiction to methamphetamine. Now clean and sober, the moms have their children back and wanted to bring about change to the system. Caraleen Fawcett has testified before the Arizona Legislature about her experiences. She has also made presentations to new CPS caseworkers, offering a parent's perspective of the system.

# HURRICANE KATRINA

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## *Affirms Arizona's Integration Efforts*

Following Hurricane Katrina in the Gulf Coast, approximately 2,300 evacuee households relocated to Arizona. Nearly 650 evacuees were sheltered at Veterans Memorial Coliseum in Phoenix and the Tucson Convention Center. DES took the lead in establishing fully integrated Family Transition Assistance Centers for evacuees at both locations. These sites presented an opportunity to test an expanded version of service integration efforts for a high-risk client population. Although the needs of the evacuees were similar in many respects to many of the clients that DES serves every day, their experience and the state's response to it was unique in the urgency, extreme need and the significant trauma that the evacuees experienced before coming to Arizona.

Family Transition Staffing Teams (FTST) at these shelters completed needs assessments with the evacuees to determine appropriate services. The FTST included DES, the educational and faith-based communities and medical assistance. Special transition staffing teams focused on individuals with disabilities and the elderly. In addition to disaster response services provided by the Red Cross and the Federal Emergency Management Agency (FEMA), FTST partnered with state and local agencies to provide nearly 20 critical services including food stamps, cash assistance, housing, AHCCCS health insurance, transportation, employment services, child care, mental health services, veterans services, nutrition for women, infants and children (WIC), Social Security, felon resource information and legal assistance. All of these services were immediately available on-site at the Coliseum and Convention Center locations. If one avenue of support was not available

to a family, the team was able to immediately adjust its planning.

A job fair was successful at employing more than 120 evacuees at the Coliseum. Based on the number of individuals who were sheltered at the facility, this represents a significant number of those who were able to work. Coordination between the state agencies and the local Workforce Investment Areas was critical to this success. A quick response was needed to coordinate employer tables, provide resume assistance, lap tops for job search activities, transportation to employers for interviews and follow-up. A tremendous outpouring of support from the employer community with job opportunities also helped clients on the path to self-sufficiency.

When the shelters closed, there was a need to transition ongoing support to the evacuees. On September 22, 2005, a new full-service assistance center opened in Phoenix. The Arizona Katrina Assistance Center used a similar process to coordinate disaster and social services with evacuees across multiple organizations. This service center served the urgent needs of evacuees for a short duration, but it was not suitable for a long-term service integration. In December 2005, DES transitioned evacuees to another local office in central Phoenix. This office has space available to add a case management/Family Connections component, including on-site employment service assistance and links to appropriate partner agency services like child care, housing, FEMA, Red Cross, St. Vincent de Paul, veterans services, legal assistance, etc. These links include both on-site and off-site collaboration.

# LESSONS LEARNED

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## *Applying The Experience*

Information gleaned from both the Family Transition Assistance Centers and the Arizona Katrina Assistance Center provides valuable lessons that will enhance the Department's current and future efforts around service integration.

- **Leadership:** The experience at the Coliseum spoke very clearly to the strength of decisive leadership. Governor Janet Napolitano issued a clear and straightforward command: the shelter is a temporary place of transition to housing, and DES is responsible for all human services needs of evacuees. This set a tone of urgency and clear accountability for both DES and other providers. It required DES to stretch beyond its current boundaries and assume a leadership role for both agency-provided services and DES-brokered services within the community.
- **Empowerment:** Empowered staff and managers within the Department and in external service providers are key to successful service integration. The Coliseum experience was a great demonstration of the will of staff to find a way to solve problems and look beyond the immediate boundaries of the organization (law, rule, funding source or other perceived limitation). Staff at the Family Assistance Transition Center at the Coliseum were able to meet the needs of the evacuees not because they ignored the rules but because they recognized the legitimate boundaries and moved in new directions to reach solutions. As they made decisions without seeking permission, and realized their judgments were supported, the better their decision-making abilities became.
- **Client Focus:** Clients must be engaged in the provision of services and services must be client-centered. Focus on the client first and the plant layout second will be more successful. Clients understand most what they need, and services must be provided in a manner flexible enough to support the varying needs of clients. Co-location supports and enhances a holistic, multifaceted client-centered approach, but it should not be confused with service integration. DES has had multiservice and co-located offices in the past, but many remained siloed and treated clients in a fragmented approach. This recent effort emphasized the purpose of integration—to better serve the client and improve outcomes.
- **Beyond Co-Location:** Models of service integration must be adjusted to the specific client population being served. The co-located models at the Coliseum, Convention Center and Arizona Katrina Assistance Center were necessary and important for a target population, but they are not the only models that allow service integration to work for Arizona. The evacuees are what DES terms “high need” clients, or clients with severe and multiple challenges. The integrated, full-service, co-located model worked best for these clients but may not be necessary for every client that DES serves.
- **Flexibility:** Flexible service delivery is key in two ways. The Department must be positioned to adapt practices in response to conditions. Local control and ability to make informed decisions quickly are critical to this flexibility. Immediate access to financial support and flexible funding for services is necessary to support the

Department's ability to remain nimble. Second, this flexibility provides families with the ability to make informed choices about their lives. They are not hastened or directed by what is available at the time.

- **Coordination:** Co-location, coordination and information sharing are critical to maintaining client progress. Stand-alone or sequential service delivery is duplicative, cumbersome and frustrating for the customer. In the Coliseum, communication was facilitated by open space that enabled an easy flow of clients to service providers, the ability to redirect client flow at a glance, the ability to target clients for services (i.e., evacuees not engaging in services, wheelchair-bound, etc.) and the rapid exchange of information between agencies. An unintended consequence was the ease with which one could ascertain the workings of a partnering agency simply by observing their activity. Easy, ongoing communication facilitates provision of services to clients and strengthens relationships between service providers. Conversely, barriers to communication reduce the potential for successful client outcomes and service integration. At the Coliseum daily meetings between providers were necessary to identify resources and avoid duplication of services. These meetings also served to focus all providers on the same goal of helping evacuees become self-sufficient.
- **Holistic Assessment:** Comprehensive assessment provides a holistic look into a

client's life allowing information to be collected and stored in one central location, accessible to a multitude of service providers. It eliminates the need for clients to share the same personal information with a variety of case managers. As the client is the primary informant to this assessment, consent and release requirements can be captured early on so as not to present as a barrier during treatment and/or service delivery.

- **Relationships:** Service integration fosters and is strengthened by personal and professional relationships among staff from many providers at the local level. The result is the service delivery system becomes a network of formal (contracted) and informal (personal) linkages that creates a system in which "the whole is greater than the sum of its parts." Recognition of each others' strengths allows systems to fill in the gaps in their own service delivery systems. The clients are the beneficiaries of this collaboration. The presence and support of the faith based organizations following Hurricane Katrina were critical in addressing the emotional issues families face in a severe crisis, especially loss and grief. Some of these families will require long-term support and assistance to once again become safe and self-sufficient. The faith-based organizations in Arizona have committed to sponsoring families, sometimes providing housing, employment, furniture, etc., to meet this long-term need.

# MOVING FORWARD

## *Advancing The Experience*

Service integration is a culture change that has been occurring in DES since 2003. Before the Katrina experience, DES management saw a siloed service delivery system and initiated changes. The lessons learned from previous and current service integration experiences helped DES be successful in the Katrina experience. The lessons learned from Katrina will, in turn, inform DES on the next steps, the short-, mid- and long-term strategies to move forward.

### **Corrections, Reentry and Service Integration - December 2005, ongoing**

The Council of State Governments, in conjunction with the Association of Public Human Services Administrators, the Center for Law and Social Policy, Family Justice, the Child Welfare League of America and the Alliance for Children and Families, is seeking to improve outcomes for people released from prison and jail. Arizona was chosen to receive technical assistance in providing more integrated services to adults returning to the community and their families.

In March 2004, the office of Governor Napolitano commissioned the University of Arizona to conduct a study of the prevalence and needs of children of parents incarcerated by the Arizona Department of Corrections (ADC). They found that 73% of ADC inmates have children. There are between 38,366 and 56,769 children in Arizona who have at least one parent in prison and the average age of these children is ten. Sixty percent reside in Maricopa or Pima counties, and nearly 25% are currently living with a grandparent.

In June 2005, DES Director Dave Berns was part of a small planning group discussion of the state's need for technical assistance around service integration and corrections.

This group expressed the need for strong outreach to both the human services and corrections systems to improve interagency action on reentry issues. The group agreed that a collaboration tool would be helpful to examine the current level of cooperation between ADC and DES in the areas of mission, governance, data and programming.

In December 2005, members of the Arizona core team traveled to San Diego to learn more about reentry strategies and to develop a work plan for improving outcomes for offenders reentering the community and their families. Specific areas defined for improvement are: increased collaboration between child support enforcement and offender reentry, including "real time" data sharing; increased involvement of offenders during incarceration and reentry in case planning for their children; and increased links between offenders and employers. Once data can be consistently shared between ADC and DES, small geographic projects utilizing the Plan, Do, Study, Act model will begin to improve service delivery for offenders.

### **Family Connections Partner Expansion December 2005**

In the coming months, DES will identify partners and invite them to join Family Connections teams. Past efforts to engage ValueOptions, the Maricopa County Regional Behavioral Health Authority, in providing mental health services at the Glenrosa office have been successful in providing a foundation for future Family Connections partnerships. Family Connections has worked with Vocational Rehabilitation staff in the completion of an

academic study for the University of San Diego. The focus of the study was to develop a centralized process for intake and assessment for joint Family Connections and Vocational Rehabilitation cases. The collaboration included work with clients who have suffered head trauma as a result of battering and/or abuse. Family Connections staff plans on expanding this partnership to the newly established domestic violence teams.

In Tucson, Family Connections has met with a neighborhood organization that intends to open a neighborhood center. Family Connections has been asked to house the team at the center. This pending offer is a strong opportunity for a Family Connections team because the locale has a high incidence of child abuse, domestic violence and substance abuse.

The Child Welfare League of America (CWLA) has approached DES about developing Family Connections teams in Maricopa County to focus on improved housing outcomes for families involved with Child Protective Services (CPS). Initial training will focus on enhancing partnerships between child protection staff and homeless services staff. Participants will collaborate on service planning with families to intervene effectively and prevent escalating problems. CPS staff and those that provide direct services to the homeless and the precariously housed will understand the link between housing issues and child protection and safety concerns, and their effects on family well-being. At the end of the session, participants will develop both an individual and a team action plan with their cross-systems team. Training will be completed in March 2006.

#### **Arizona's Children's Cabinet - Ongoing**

Arizona is fortunate that Governor Janet Napolitano supports the principles of service integration. She established the Children's Cabinet to promote better collaboration and coordinated policies for children to ensure

that the best interests of children are considered at the highest levels of state government. This cabinet comprises all state agencies serving children, including the Department of Education, representatives from the courts and departments within the Governor's Office responsible for awarding grants to organizations serving children. This group has identified itself as the "barrier busters," responsible for resolving collaboration and coordination issues across multiple agencies.

In November 2005, DES presented information to the Children's Cabinet to gain support for its service integration efforts that involve cooperation across departments including service integration and offender reentry, child and family teams serving children in the child welfare system, and developing protocols for county probation, juvenile corrections and child welfare programs that assist dually adjudicated youth. A result of this presentation is a new partnership with the Government Information Technology Agency (GITA) to match offender release information with child support enforcement data as part of the corrections, reentry and service integration efforts.

#### **Casey Family Programs Breakthrough Series - January 2006**

Efforts to develop a new Breakthrough Series Collaborative in all 15 counties in Arizona have begun. Maricopa County, because of its size, may have as many as three teams. Tribes, especially those operating their own TANF and child welfare programs, will be invited to form their own teams. Although the structure is subject to change, teams may include six DES staff, six community partners (mental health, substance abuse treatment, domestic violence, faith-based programs, youth corrections, other government agencies or other community-based providers) and six service consumers representing major target groups. Issues of diversity would be addressed in the final composition of the teams.



The goal is implementation of service integration in every part of the state. Given differences in geography and resources, the models would be adjusted for each locality. The commonality is the ability of customers to access what they need when they need it without bureaucratic barriers. New partnerships and relationships will be forged. A system for implementing continuous improvement will be in place throughout the state.

Casey Family Programs recently granted permission for DES to use this model. A principal organizer has been identified to determine who will be the DES or tribal participants at each site. One lead coordinator from each site, a consumer representative and a community partner will compose the executive team at each site.

In January 2006, training in BSC principles began for key staff, consumers and community partners. Casey Family Programs will provide guidance and teaching for this "train the trainers" approach. Future training sessions will be conducted for local DES staff, tribal participants and some central office administrators in how to engage and work with consumer leadership. The training agenda is under development with parent leaders from the Department of Health Services (DHS). In March 2006, the local leads will convene their teams for an orientation and explanation of what they are going to accomplish, what methods they will employ and what commitments will be required from each team member. This will be done in conjunction with Community Network Teams whenever possible.

Beginning in April, teams will identify six to nine core members for participation in BSC model training sessions. The core will consist of equal numbers of DES/tribal staff, community partners and consumers. At these sessions, additional information on the processes and goals will be developed and shared. The teams will return to their communities to train other members. Each community will have identified and implemented several strategies that improve outcomes in their communities through enhanced partnerships and service integration.

#### **Train More Family Leaders to Guide Service Integration - January 2006**

When the Department began engaging family leaders to participate in service integration efforts, it was imperative that they have training and the tools necessary to work hand in hand with DES. This training was provided by parent leaders from the Department of Health Services, Office of Children with Special Health Care Needs (OCSHCN).

DES has developed an excellent working relationship with OCSHCN, which has agreed to provide customized Family Involvement Training to both DES staff and client families. The Family Involvement Center in Phoenix has also agreed to assist in developing and providing training for client families.

The Community Development/Family Leadership workgroup will determine what training is required based on the level of involvement. Client families working in their communities will need basic training to

## Operations Support of Service Integration

### Existing Office Space and Lease

**Agreements** — DES is assessing its existing offices and buildings in Maricopa County to ensure they are conducive to the principles of service integration. DES continually reviews its existing lease

*If you don't serve the client, you should be serving someone who does...*

agreements for potential space consolidation opportunities to negotiate more favorable lease rates or to develop a new service sites to meet the needs of the community. In 2005, DES was granted statutory authority to lease and sublease its vacant office space. This provides DES the ability to co-locate partners with similar DES services and furthers service integration. Co-location projects will be further strengthened through the standardization of Intergovernmental Agreements (IGAs) and mini-leases for nongovernment entities.

DES collapsed two existing service locations into one multiservice center in Avondale. Lease agreements were about to expire, setting the stage for reviewing options for service integration in that community. This site will now provide both employment and other human services. Local program staff identified the need to co-locate in the Glendale community as existing leases expired. In October 2005, a new Glendale office opened to provide Jobs, eligibility for cash assistance, Food Stamps, Medicaid and other services in a one-stop shop atmosphere. This office space was uniquely configured to facilitate one central intake process, streamlined client flow between services and enhanced communication among providers. Similar to the sites in Avondale and Glendale, DES is committed to new multiservice locations in Surprise and Gilbert and is assessing options for a new facility in Buckeye.

**Human Services Campuses** — DES is exploring an opportunity to co-locate in a social services complex in Prescott Valley with community partners such as Prevent Child Abuse Arizona, Arizona's Children's Association, adult probation, early Head Start, and the West Yavapai Guidance Clinic. The philosophy behind this one-of-a-kind complex is to facilitate healthy families and divert them from CPS and law

enforcement intervention. The DES vision for Family Connections is consistent with this planned center. The Yavapai Family Advocacy Center is located at the existing site and DES has CPS staff on location. This facility would function as a regional training and conference center. The proposed target date for construction is 2006. DES will relocate existing staff in Prescott Valley to this location in late 2007. Efforts to co-locate all state agencies and some DES community partners into a multiservice center in Flagstaff are also underway.

**Financing Service Integration** — The Division of Business and Finance (DBF) is responsible for managing DES finances and allocating both federal and state funding. The Department uses approved cost allocation and direct charging as appropriate and uses savings resulting from improved efficiencies to reinvest in service integration.

**Technology Initiatives** — The Department will be partnering with an outside vendor to create a web-based application. DES staff working directly with families will use the application on initial visits from potential clients to assess and refer the individuals to strength-based services, provided by DES and entities outside of the agency. This database will allow DES to communicate information about common families shared across divisions and local offices can track the status of referrals to external services.

ensure that they are comfortable with the process. All training will be provided by family leaders to ensure that family involvement is being modeled. DES is in the process of establishing a mechanism of compensation for family leaders. In an effort to strengthen the leadership skills of family leaders, DES is committed to providing continuing education.

### **Train Staff and Partners in Service Integration - Ongoing**

A variety of mechanisms have been developed to ensure DES employees and partners have information about the vision of service integration, can explore their ideas and potential actions and have the means to execute their jobs.

To introduce employees to service integration, a video containing the vision was distributed to all DES employees in March 2005. Facilitated discussions were held to gather feedback on the vision and potential obstacles. A Service Integration Framework containing concepts, parameters and strategies was released in August 2005.

A facilitated discussion methodology and accompanying materials are being developed to augment DES employees' ability to implement this vision and to create synergistic opportunities with partners. A facilitator certification course is being developed that will train individuals in conducting general creative brainstorming sessions that include discussions of what service integration is, what it might look like on a large or small scale and potential action planning by participants on how to enact service integration in their own areas.

For redesigned positions, internal and external training teams and business partners have worked together to identify required competencies based on an integrated service approach. Candidates are evaluated by hiring managers and panels composed of a diverse group of internal and external experts using a competency-based behavior interviewing methodology. New

staff would go through a structured developmental series designed to address areas that need strengthening. This developmental series will be evaluated for effectiveness.

To share the innovative ways that DES staff is implementing service integration, an intranet Web site was established in October 2005. This site provides employees an avenue to share challenges and successes on the path to service integration. It also provides employees with valuable information about service integration, including background and research, information about current service integration strategies at DES, resources to help develop and implement local strategies and contact information for those who can help along the way. When issues or questions arise that cannot be answered or resolved at a local level, DES has developed the "SI Help" electronic mailbox. Employees can e-mail successes and concerns to this address, which is monitored by the service integration core team.

### **Informing Best Practices: A University and Human Services Partnership 2006 – 2007**

Arizona State University (ASU) is in the process of moving four of its colleges to a new campus in central Phoenix. Part of their vision is to provide the best learning experience for students by offering realistic, hands-on learning opportunities in community-based settings. The university has a mission to serve the community by offering the latest research in best practice skills training for practitioners and service consumers. ASU also seeks opportunities to engage in relevant evaluation and research that will guide professionals and inform scholars on state-of-the-art practice.

Moving to the downtown campus are the College of Public Programs, the College of Nursing, the College of Journalism and Mass Communications and University College. All four of the colleges have significant connections to human services and

individual development. The College of Public Programs is involved with the Department of Economic Security, especially through its School of Social Work, its Department of Public Administration and the Morrison Institute for Public Policy.

The DES director has discussed with ASU Provost Mernoy Harrison the opportunity for developing a Human Services Center as part of, or close to, the new downtown campus. The center would house all of the major services offered by DES including child welfare, TANF, Food Stamps, Medicaid eligibility, developmental disability services, child care subsidy eligibility, employment, vocational rehabilitation, child support services and community-based programs. Other related federal, state, city and county human service, health service and employment programs would be encouraged to co-locate some of their services into the center. Community-based organizations, including faith-based groups, would be encouraged to share space and to integrate their approaches into a one-stop human services center. Following are some of the possibilities and opportunities that may result from this approach:

- Clients could obtain a variety of services from many state agencies at one location.
- Services would be provided in an enhanced environment where clients receive what they need to be safe, healthy, educated and economically secure. Service delivery and eligibility would focus on helping families to self-sufficiency, not on stringent eligibility criteria and documentation.
- Common intake and reception could reduce overhead and expenses.
- New collaboration and integration approaches would be facilitated, including enhanced communication between DES divisions, other state agencies, local governments, community-based providers and the university.
- Students from the various colleges and programs could do internships and field

placements at the center. Mentoring opportunities would match students with staff experienced in their field of interest.

- Training and educational facilities could be blended for students and staff.
- University faculty could help guide practices and be involved in expanded evaluation and research opportunities.
- Staff from the various programs would have access to the latest research and methods in the field.
- Staff could more easily participate in classes and degree programs offered by the university.
- University professors would benefit from current real-world contact with clients and staff.
- University students could better understand the nature of human services work and make more realistic decisions on their employment goals and opportunities.
- More opportunities would exist to blend students' career interests with needs of employers and direction of the economy (growth of the next workforce to replace the "baby boomers").
- New training opportunities for staff and clients could be offered in conjunction with the university.

This is just a sampling of the opportunities and synergy that will develop with this integrated approach. This-state-of-the-art model will be the first of its kind in the nation. Approximately 480 DES staff serve more than 10,000 clients in this geographic area and are dispersed into a variety of offices often not co-located with other programs. Under this proposal, about 200 staff would be located in the campus office.

It is estimated that other government and community-based partners not yet identified would have personnel and space needs nearly equal to those of the DES programs. The total number of staff to be located in the new center would be about 400.

# MEASURING SUCCESS

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During the past two years, DES has moved from a service delivery model of short-term, fragmented programs delivered to clients to a more holistic, coordinated, client-driven model. This process involves all DES staff, community partners and service consumers. Anecdotal reports of successes and staff satisfaction have been provided throughout this report, but quantitative measures have also been developed to evaluate successful service integration activities. Each of these measures supports the three DES goals to (1) reduce the TANF adult caseload by promoting self-sufficiency, (2) safely reduce the number of children in out-of-home care by strengthening families, and (3) safely reduce the number of children and adults in group homes, shelters and institutional placements by developing the capacity of extended families and communities.

Baselines and timeframes are being developed to evaluate progress toward achieving the outcomes outlined below. Some outcomes will have activities specific to local communities, while others are statewide measures.

1. Increase child support collections paid to custodial parents to help provide for their children.
2. Develop safe alternatives that result in fewer children in out-of-home care.
3. Reduce the number of children served in institutional, shelter or group care.
4. Serve all children ages 0-6 in their own homes or through kinship or foster care without the need to use group homes.
5. Reduce the length of stay for children in shelters to 21 days or less.

6. Increase the number of adoptions finalized each year.
7. Increase the number of kinship caregivers (those caring for youth in out-of-home placements) who receive TANF benefits to support the child.
8. Increase the number of TANF clients placed in job assignments within DES and through external partners.
9. Shorten the length of time required to become fully licensed for foster care.
10. Increase the number of TANF clients engaged in employment-related activities that lead to permanent unsubsidized employment, above minimum wage.
11. Assure that all eligible TANF clients engaged in employment receive



transition services including education and training opportunities that support job retention.

12. Refer all TANF clients to subsidized child care to ensure full participation in employment-related activities.
13. Increase the number of certified family child care providers so parents have more child care options.
14. Increase the number of individuals with disabilities successfully placed in meaningful work.
15. Maintain the percentage of rehabilitated individuals working in competitive employment settings.
16. Increase the number of individuals who report monthly wages as the primary source of income.

17. Reduce the average length of time families receive TANF cash assistance.

18. Assist families in securing gainful employment.

Service integration engages staff, community providers, consumers and other partners in a deliberate change process. Critical to this process are the relationships developed to support clients on the path to self-sufficiency. Not all partners are fully engaged in service integration efforts. Some do not understand their role in service integration, some are not supportive of its concepts, and others have not yet heard the message. All partners are invited to learn more about service integration, to evaluate how programs fit this new way of doing business, and most importantly, to determine how to become involved in improving outcomes for children and families.



## **Additional Information on Service Integration**

Performance Audit Conducted by Arizona's Office of the Auditor General, July 2005  
[www.auditorgen.state.az.us/Reports/State\\_Agencies/Agencies/  
Economic%20Security,%20Department%20of/Performance/05-05/05-05.pdf](http://www.auditorgen.state.az.us/Reports/State_Agencies/Agencies/Economic%20Security,%20Department%20of/Performance/05-05/05-05.pdf)

*Keeping Families Together and Safe*, Child Welfare League of America [http://www.cwla.org/  
programs/childprotection/childprotectionhousing.pdf](http://www.cwla.org/programs/childprotection/childprotectionhousing.pdf)

*Service Integration in Wisconsin- Racine and Kenosha Counties*, Report by the Rockefeller Institute of Government for the Casey Strategic Consulting Group, August 2002  
[http://www.rockinst.org/quick\\_tour/federalism/Wisconsin5.pdf](http://www.rockinst.org/quick_tour/federalism/Wisconsin5.pdf)

*Service Integration in Colorado: Connecting Programs to Provide Better Services in Mesa and El Paso Counties*, Report by the Rockefeller Institute of Government for the Casey Strategic Consulting Group, November 2002  
[http://www.rockinst.org/publications/federalism/Ragan\\_Colorado.pdf](http://www.rockinst.org/publications/federalism/Ragan_Colorado.pdf)

*A Vision for Eliminating Poverty and Family Violence: Transforming Child Welfare and TANF in El Paso County, Colorado*. Center for Law and Social Policy, January 2003  
[http://www.clasp.org/publications/El\\_Paso\\_report.pdf.1](http://www.clasp.org/publications/El_Paso_report.pdf.1)

Other Reports from the Center for Law and Social Policy on Service Integration  
[www.clasp.org/](http://www.clasp.org/)

*Uniting Welfare and Child Welfare: The El Paso County Department of Human Services*, Kennedy School of Government Case Program: Harvard University, 2003

Other Reports from the Kennedy School of Government on Service Integration  
[www.ksgcase.harvard.edu](http://www.ksgcase.harvard.edu)

## Acronyms and Definitions

**ABCD - Asset-Based Community Development** This process is based on the belief that every individual in a community has something to contribute to the good of the community. These contributions, with the resources of community groups, non-profit organizations, businesses and government, can be mobilized to build a better community.

**ACT - Assertive Community Treatment** A team that includes outreach workers, mental and physical health professionals and substance abuse specialists who have successfully engaged chronically homeless, mentally ill individuals resulting in a high rate (85%) of engagement in permanent housing services.

**ADC - Arizona Department of Corrections** ADC serves and protects the people of the State by incarcerating offenders in its correctional facilities and supervising released offenders in the community. ADC periodically assesses the offender's needs and risks to provide commensurate levels of supervision and program services that promote literacy, employability, sobriety and accountability to crime victims. The goal is to reduce the incidence of relapse, revocation and recidivism and increase the likelihood the felon population will be law-abiding, productive citizens when they are released.

**AHCCCS - Arizona Health Care Cost Containment System** Arizona's Medicaid program and program for persons who do not qualify for Medicaid. AHCCCS contracts with health plans and other program contractors, paying them a monthly "capitation" amount prospectively for each enrolled member.

**AKSC - Arizona Katrina Service Center** A one-stop resource center set up to meet the short-term needs of the evacuees of Hurricanes Katrina, Wilma, and Rita. Services provided at the AKSC included short-term cash assistance, Food Stamps, housing, AHCCCS health insurance, transportation, employment services, child care, mental health services, veterans services, nutrition for women, infants and children, Social Security, felon resource information and legal services.

**ASU - Arizona State University at the Downtown Phoenix Campus** Scheduled to open in August 2006, this campus will include the College of Public Programs, the College of Nursing, the College of Journalism and Mass Communications and University College. These four colleges have significant connections to human services and individual development and are integrally involved with ADES.

**BSC - Breakthrough Series Collaborative** A team that consists of DES staff, consumers, and community partners such as mental health, substance abuse treatment, domestic violence, faith-based programs, youth corrections, other government agencies and other community-based providers. The team's main responsibility is the implementation of service integration throughout Arizona.

**CDFL - Workgroup Community Development/Family Leadership Workgroup** Formed to accept direct input from families formerly or currently involved with DES services, this team's primary focus is engaging families in all aspects of service integration.

**CNT - Community Network Team** A community team created from the existing network of Advisory Councils throughout the State. They are responsible for developing plans that identify existing services, resources, and family supports within their local communities. They also describe how the community proposes to deliver improved services and better support for children, including protocols for increased collaboration.

- CPS - Child Protective Services** Part of the DES Division of Children, Youth and Families (DCYF) that works on behalf of children and families of Arizona. The role of CPS is to ensure the safety of children while maintaining the integrity of the family.
- CSA- Community Services Administration-** Part of the DES Division for Aging and Community Services (DACS), CSA develops, funds, and implements programs, services, and projects that help at-risk individuals and families by utilizing provider partnerships and networks. CSA coordinates with a variety of statewide networks, (i.e., hunger, homeless, domestic violence, utility assistance, community action, and refugee resettlement) to ensure integrated services.
- DCYF - Division for Youth and Family Services** A division within DES dedicated to achieving safety, well-being and permanency for children, youth and families through leadership and the provision of quality services in partnership with communities.
- DERS - Division of Employment and Rehabilitation Services** A division within DES that is responsible for the Unemployment Insurance and Job Service programs for the State of Arizona.
- DES - Arizona Department of Economic Security** The largest state agency in Arizona, DES has a staff of approximately 10,000 across nine divisions serving categorically separate populations including individuals with developmental disabilities, the aging community, and children.
- DHS - Arizona Department of Health Services** The state’s public health agency, responsible for protecting, maintaining and improving the health of all Arizonans. DHS contracts for behavioral health services with five Regional Behavioral Health Authorities (RBHAs) and provides services for WIC, tobacco education and prevention and immunizations.
- DOA - Arizona Department of Administration** This agency provides support services for all state employees. These supports include accounting services, human resource services including the administration of the state’s health insurance program, telecommunication and mainframe services, security for the Phoenix Capitol Mall and Tucson Office complex, management of the state’s transportation fleet and the administration of the state’s property and liability self-insurance program.
- DRC - Day Resource Center** Located in downtown Phoenix, this center offers homeless individuals one-stop access to mental health services, health care services, substance abuse counselors, DES eligibility workers and a housing specialist.
- FAA - Family Assistance Administration** The FAA assists individuals and families by providing a variety of services aimed at meeting their basic needs and promoting self sufficiency. Program services offered by FAA include cash assistance, Food Stamps, medical assistance and state public assistance.
- FCT - Family Connections Team** A team of both DES employees and community providers that address the needs of families, either at risk of involvement in the child welfare system and/or receiving TANF benefits.
- FEMA - Federal Emergency Management Assistance** An agency of the U.S. Department of Homeland Security that is responsible for response, planning, recovery and mitigation of disasters.
- GITA - Government Information Technology Agency** The state agency responsible for information technology (IT) planning, coordinating and consulting.
- NGA - National Governors Association-** A public policy organization that provides governors and their senior staff members with information on key federal issues and policy reports.

**OCSHCN - Office of Children with Special Health Care Needs** Part of the Arizona Department of Health Services (DHS) that focuses on developing a system for change for children with special health care needs. It is now necessary to view services in a more holistic manner so that the children and youth who have special health care needs can achieve their full potential as members of the community.

**RFP - Request for Proposal** A competitive bidding process of the state for purchasing goods and services. In Arizona, this is used when the contract will exceed \$50,000.

**SI - Service Integration** A concept created to improve client outcomes by better integrating the programs and services of DES and by partnering more effectively with client families, community-based organizations, faith-based communities, other state agencies, local governments, and service providers. Service integration increases the likelihood that families and individuals will benefit when services are delivered in a more cohesive and coordinated manner.

**TANF - Temporary Assistance for Needy Families** TANF is a block grant program to help move recipients into work and turn welfare into a program of temporary assistance. Under the welfare reform legislation of 1996, TANF replaced the old welfare programs known as Aid to Families with Dependent Children (AFDC), the Job Opportunities and Basic Skills Training (JOBS) program and the Emergency Assistance (EA) program. The law ended federal entitlement to assistance and instead created TANF as a block grant that provides federal funds to states and tribes each year. These funds cover benefits, administrative expenses, and services targeted to needy families.

**TSC - TANF Service Coordinator** This person works with clients in exploring TANF grant diversion options or the provision of other short-term services that will help address the client's immediate needs, with the goal of eliminating the need for long-term TANF cash assistance.

**WIC - Women, Infants, and Children** A federal grant program where participants receive supplemental nutritious foods, nutrition education and counseling at WIC clinics. Participants can also receive screening and referrals to other health, welfare, and social services.



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