



CHILD AND FAMILY SERVICES REVIEW
Program Improvement Plan

Department of Child Safety

STATE OF ARIZONA

Submitted to:

**U.S. Department of Health and Human Services
Administration for Children and Families**

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The Child and Family Services Reviews (CFSRs) are a federal-state collaborative effort designed to help ensure that quality services are provided to children and families through state child welfare systems. The Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, has administered the CFSRs since 2000. The CFSRs evaluate state child welfare systems to identify strengths and challenges, focusing on safety, permanency, and well-being outcomes for children and families. The reviews work in tandem with other state and federal frameworks for system planning, reform, and effective implementation, such as the Child and Family Services Plan and a well-functioning continuous quality improvement system.¹

Arizona began its third CFSR cycle in March 2015. The Department coordinated with the Children's Bureau to conduct case reviews and stakeholder interviews between April and September 2015. Arizona's CFSR Final Report was published by the Children's Bureau in January 2016. The Department reviewed the Final Report, consulted with child welfare system partners, and received guidance and direction from the Children's Bureau to develop this Program Improvement Plan, which will be implemented over two years, following approval by the Children's Bureau.

The Department developed this Program Improvement Plan by considering the continuous quality improvement process stages described in *A Guide to Build Capacity for Child Welfare Using the CQI Process* (American Public Human Services Association, 2014), which include: 1.) Define the Problem – "What is our current performance?," 2.) Understand Underlying Conditions – "What underlying conditions contribute to current performance?," 3.) Identify a Solution and Plan for Implementation – "Given the conditions underlying current performance, what can we do to improve the outcome?," 4.) Implement the Solution – "How do we ensure fidelity to the implementation plan?," and 5.) Test the Solution and Revise Approach as Needed – "Did the solution lead to the desired change? What strategic decisions should we make in light of the results?"

What is our current performance?

The CFSR Final Report issued January 2016 provides Arizona's third round CFSR findings. Arizona was evaluated in relation to seven data indicators, seven outcomes, and seven systemic factors. Information was gathered through an evaluative statewide assessment, stakeholder interviews, and review of 65 in-home and out-of-home service cases from Maricopa, Pinal, and Yuma Counties. Four themes for program improvement were identified: child safety assessment, family engagement, quality needs assessment, and permanency planning. Complete information about the state's performance during the CFSR period under review is available in the CFSR Final Report.

¹ Title IV-B Child and Family Service Plan (ACYF-CB-PI-14-03), Mar. 5, 2014, <http://www.acf.hhs.gov/sites/default/files/cb/pi1403.pdf>; Continuous Quality Improvement in Title IV-B and IV-E Programs (ACYF-CB-IM-12-07), Aug. 27, 2012, <http://www.acf.hhs.gov/sites/default/files/cb/im1207.pdf>

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Improvements to Current Performance in SFY 2016

The Arizona Department of Child Safety and its partners have implemented strategies and made meaningful and observable progress since the CFSR period under review. The CFSR on-site review was conducted from April through September 2015. Stakeholder interviews occurred in the first part of that period. The case period under review was April 2014 through September 2015, and the sampling methodology weighted cases toward the earlier part of that period. Therefore, for the development of this Program Improvement Plan (PIP), DCS and its partners reviewed recent data in order to gauge the current status and evaluate whether the Department's current improvement strategies are having the desired effect. The Department's recent data includes the following:

- The volume of DCS Hotline reports received is no longer growing.
 - Compared to the same months a year earlier, the total number of reports received has been lower in each month from September 2015 through March 2016.
 - Comparing September 2014 through March 2015 to September 2015 through March 2016, there was a 3.7% decrease in total reports received.

- The investigation backlog, and therefore total investigation caseload, has steadily declined over the past year.
 - The Department has completed and closed more reports than it has received in 12 of the past 14 months, leading to a reduction in the total number of open reports for investigation. The total number of open reports is the Department's total investigation caseload.
 - Since the total number of open reports peaked in April 2015, there has been a 36% reduction in the total number of open reports.
 - The Department is 57% of the way to reaching the goal of having no more than 12,500 open reports (approximately 90 days of investigation workload).
 - Net reduction has been higher in the most recent six months, suggesting that the goal will be reached by the end of 2016.

- There is early indication that the growth in out-of-home care is slowing.
 - When exits are more than 100% of entries, the number of children in out-of-home care will decrease. Comparing 2014 to 2015, this percentage increased from 84% (84 exits for every 100 entries) to 88% (88 exits for every 100 entries).

- The number of referrals on the service waitlist has declined from 1,112 in July 2015 to 291 in April 2016 – a 74% reduction. This waitlist data includes referrals to in-home services, parent aide services, and supervised visit only services.

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What underlying conditions contribute to current performance?

Underlying conditions that contribute to performance were identified through case reviews and stakeholder interviews, and have been described in the CFSR Final Report and other communication from the Children's Bureau. The underlying conditions pertaining to each of the four program improvement themes are presented below.

1. Child Safety Assessment

- The state's policy does not include a specific time frame for *completing* face-to-face contact with children who are the subject of a report of child maltreatment (it does set a specific timeframe for the initial response, which requires an attempt to see the child).
- Children are staying overnight in DCS offices due to a lack of licensed caregivers.
- The state's process for determining when in-home services should be provided or when safety concerns require removal is not clear.
- Insufficient resources are available to support in-home services.
- The Children's Bureau identified key issues for program improvement, including:
 - address high caseworker caseloads;
 - monitor risk and safety for children staying in offices;
 - strengthen policy guidance on the time frame for initial face-to-face contact with children during investigations; and
 - expand the number and quality of foster homes to eliminate the need for children to stay overnight in offices.

2. Family Engagement

- Relevant parents and caregivers are not always engaged in casework efforts, which is critical to maintaining safety, achieving permanency, helping the child maintain connections, and promoting well-being.
- There are connections between the state's challenges in making concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his/her parents; assessing the needs of parents and providing appropriate services; involving parents in the case planning process; and ensuring that the frequency and quality of visits between caseworkers and parents are sufficient to meet the family needs.
- Stakeholders confirmed that parents are not consistently involved in case plan development, and although some parents receive a copy of the completed plan, written case plans for children in foster care are not routinely presented to the court for review. Some stakeholders suggested that high caseworker caseloads and turnover prevent the agency from effectively engaging parents in case planning and developing written case plans timely.
- The Children's Bureau identified key issues for program improvement, including:
 - improve case planning and parent engagement;

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- address high caseworker caseloads; and
- strengthen standards for case planning, supporting visitation, and supporting the parent-child relationship.

3. Quality Needs Assessment

- The low percentage of children found to be in need of services other than behavioral health services (such as services to promote healthy social development) may reflect on the quality of the assessment.
- In several cases, caseworkers relied on informal observation or on children and parents to self-report their needs, rather than conducting independent needs assessments using professional judgment.
- Stakeholders interviewed confirmed that case plans offer insufficient individualization of services to address the needs of families, particularly the needs of youth and individuals requiring culturally or linguistically tailored services.
- Stakeholders suggested that barriers to tailoring services to the needs of families include resource constraints, an insufficient array of appropriate services and service providers, insufficient additional training for caseworkers in how to individualize services, and high caseworker caseloads.
- The Children's Bureau identified key issues for program improvement, including:
 - expand resources and services;
 - address high caseworker caseloads; and
 - strengthen standards for assessing risk, safety, and needs of children and families.

4. Permanency Planning

- The state did not meet the national standard related to achieving permanency in 12 months for children entering foster care.
- A significant barrier to achieving timely adoption included late filing of TPR motions.
- Stakeholders noted that barriers to timely filing practices include delays related to attorney or court requests for the agency to name grounds for termination, and the need to find a permanent home for the child before TPR proceedings are initiated.
- Some stakeholders suggested that high caseloads prevent caseworkers from preparing TPR petitions timely.
- Stakeholders interviewed confirmed that there were significant gaps in the service array and extensive waitlists for services due in part to significant budget constraints in recent years, the limited pool of qualified service providers across the state, and a complicated coordination and approval process with Regional Behavioral Health Administration offices.

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- The Children's Bureau identified key issues for program improvement, including:
 - improve court partnership to ensure timely TPR filing and notice to caregivers;
 - expand resources and services; and
 - address high caseworker caseloads.

The Department's Practice Improvement Case Review, ongoing conversations with stakeholders, and external evaluations of Arizona's child welfare system identified similar systemic needs, including:

- high investigation and ongoing caseloads;
- high rates of employee turnover;
- service waitlists;
- an insufficient number of foster homes to meet demand;
- insufficient juvenile court capacity (including insufficient number of attorneys);
- insufficient automation and written practice guidance to support consistent implementation of the child safety and risk assessment model; and
- unclear practice guidance to describe *how* we work with families (practice framework and skills to implement existing policy and procedural standards).

Given the conditions underlying current performance, what can we do to improve the outcome?

The strategies and key activities in this PIP will build upon the improvement activities that were implemented by the Department in the past year to achieve its strategic plan goals and positively influence safety, permanency, and child well-being outcomes. The *Arizona Department of Child Safety Strategic Plan, State Fiscal Year 2016* identified five goals that either resemble the themes for improvement that were identified through the CFSR, or address critical underlying conditions:

- Goal 1: Improve objective decision-making at the Hotline and investigations – This goal closely aligns with the child safety assessment theme, and addresses the need for standardized decision-making on when children can remain at home with a safety plan and when removal is necessary.
- Goal 2: Improve performance and quality of services through employee retention – This goal addresses the underlying conditions of caseload size and employee retention.
- Goal 3: Reduce length of stay for children in out-of-home care - This goal resembles the timely permanency theme.
- Goal 4: Reduce recurrence of maltreatment by improving service delivery – This goal aligns with the quality needs assessment theme and addresses the underlying condition of service availability.

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- Goal 5: Improve capacity to place children in family environments – This goal addresses the underlying condition of an insufficient number of kinship and foster homes.

As described previously, recent data indicates that the initiatives to achieve the goals in the *Arizona Department of Child Safety Strategic Plan, State Fiscal Year 2016* have resulted in important improvements to address the capacity issues of caseload size and service waitlists, which are prerequisites for the next phase of continuous improvement. In addition, the Department has completed many key activities during the past year to address the underlying conditions identified through the CFSR and other evaluations. The following are examples of recent accomplishments:

- A new Hotline decision-making tool was implemented February 1, 2016, to improve the accuracy of report screening and prioritization.
- New supervisory discussion guides and checklists for investigation and ongoing cases were implemented.
- New data dashboards were developed, to assist in workload management for investigations.
- An investigation documentation and field guide was developed to improve information collection and documentation during initial assessments.
- Dedicated teams of Department employees and community partners have been created to complete investigations, which has significantly reduced investigation caseload.
- Advanced training opportunities have increased, including a supervisor summit, expansion of the Certified Public Manager course, and other opportunities.
- The Building Resilient Families program was implemented to provide services for low to moderate risk families who do not need Department or court oversight.
- The SENSE in-home service program has been expanded to Mohave County, in the Northern Region.
- The Department has partnered with a faith-based resources website called The Care Portal Network, which provides tangible assistance to families such as beds, clothes, and housing repairs.
- Two placement centers have been created, one in Maricopa County and one in Pima County, where children can stay while waiting for a placement. The placement centers are equipped to meet children's needs and keep them comfortable, and are co-located with placement facilitators who expedite placement locating efforts. Dedicated staff are on-site to monitor and supervise the children at all times.

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- Department leaders continue to attend strategic workgroups with the agency's court partners, including the Safe Reduction Workgroup and the Court Improvement Advisory Workgroup. These workgroups develop and implement initiatives to improve services and outcomes, including notice of hearings and reviews to caregivers (CFSR Item 24).
- The Department has started the multi-year process to replace the current statewide information system (CHILDS). The new system will be able to identify children who are free for adoption with no identified adoptive home, so that cross-jurisdictional adoptive home recruitment resources are consistently used for these children (CFSR Item 36).

The activities listed in this Program Improvement Plan will define the Arizona Department of Child Safety Practice Framework and address systemic capacities that are necessary to the successful application of the practice framework. Child welfare practice frameworks (also known as practice models) "are the basic principles and approaches that guide an agency's work. The principles are descriptive enough to suggest the performance required to practice consistently; help shape the thinking and behavior of frontline child welfare workers to improve safety, permanency and well-being; and address organizational issues such as agency leadership, management, supervision and relationships with the community." Practice frameworks are developed in collaboration with agency stakeholders and include the agency's vision, values, and core intervention components/skills; setting standards for skills, behaviors, and actions of workers, supervisors, and managers.² The Department's vision and values have been confirmed through engagement with stakeholders, and are described in the *Arizona Department of Child Safety Strategic Plan, State Fiscal Year 2016*. During this PIP period, the Department will develop practice guidelines to describe current evidence-informed and best practice standards that will guide the work of Child Safety Specialists, supervisors, and managers; and will address underlying issues of caseload size, workforce capacity, and service accessibility in order to create an environment in which these guidelines can be successfully applied. The practice guidelines will direct the continuous improvement of policy, procedures, and training by describing the best known techniques and practices to implement the requirements of statute and rule. The practice guidelines, and Arizona Department of Child Safety Practice Framework, are part of the Department's continuous quality improvement effort to provide employees with the most current practice information, with an emphasis on consistency in safety assessment, family engagement, needs assessment, and permanency planning.

² McCarthy, Jan; *Guide for Developing and Implementing Child Welfare Practice Models*; October, 2012; National Child Welfare Resource Center for Organizational Improvement; University of Southern Maine, Muskie School of Public Service.

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PIP Goals, Strategies, and Key Activities

1. **Strategies and Key Activities to Improve Child Safety Assessment**

Safety Outcome 1; Safety Outcome 2; Systemic Factor-Service Array; Systemic Factor- Foster/Adopt Parent Licensing, Recruitment, and Retention

See strategy 3.1 for information on how the Department will refer families to the right services at the right time to help them succeed, so that waitlists are further reduced and services are available when needed to prevent removal and reentry.

1.1 Reduce average investigation caseload so that Child Safety Specialists have more time to complete comprehensive safety assessments

1.1.1 Continue to use a contracted staff augmentation model to complete and close investigations, so that the investigation backlog is reduced.

Projected Completion Date: January 31, 2017

1.1.2 Implement a data monitoring process that includes at least quarterly review of the total number of open reports for investigation, the percentage of reports that close within 60 days of receipt at the Hotline, and the percentage of reports that close within 90 days of receipt at the Hotline.

Projected Implementation Date: February 28, 2017 (two completed quarters)

1.1.3 Develop and implement a protocol on preparation and transfer of caseloads when a Child Safety Specialist separates from the Department, so that completed activity is documented and investigative work does not need to be redone.

Projected Implementation Date: September 30, 2016

1.1.4 Develop and implement procedures for assigning an ongoing caseworker at the time of the preliminary protective hearing in dependency cases, so that work related to case planning and placement stability is completed by the ongoing Child Safety Specialist rather than the investigating Child Safety Specialist, so that investigators are available to respond to new incoming Hotline reports.

Projected Completion Date: December 31, 2016

1.2 Implement a policy and/or procedure that defines a specific time frame for completing face-to-face contact with children who are the subject of a report of child abuse or neglect

1.2.1 Obtain information from the Capacity Building Center for States about best practices and common practices related to face-to-face contact timeframes during investigations.

Projected Completion Date: September 30, 2016

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1.2.2 Develop and review draft procedures with staff and stakeholders to gain consensus and support for the new procedures.

Projected Completion Date: February 28, 2017

1.2.3 Communicate the procedures through addition to the policy and procedures manual, discussion at supervisor meetings, and inclusion in supervisory case record review guides.

Projected Completion Date: March 31, 2017

1.3 Develop and implement practice guidelines, tools, and/or training to improve application of the Department's safety and risk assessment model, so that there is greater consistency in decisions about when in-home services can be provided and when safety threats require removal

1.3.1 Modify the state SACWIS/CCWIS data system to more thoroughly guide and document safety and risk assessments.

Projected Completion Date: July 31, 2017

1.3.2 Develop and implement standard procedures on when a Considered Removal (pre-removal) Team Decision-Making (TDM) meeting can be held rather than an Emergency (post-removal) TDM.

Projected Completion Date: June 30, 2017

1.3.3 Enhance and implement policy and procedure for the use of short-term protective action plans or safety plans as an option to control safety threats pending a Considered Removal TDM.

Projected Implementation Date: June 30, 2017

1.3.4 Update Arizona's safety assessment procedures, forms, supporting documents and initial core training using technical assistance from the Capacity Building Center for States, child welfare peers from other jurisdictions, and/or Action for Child Protection (for example, revise policy and procedure to better define present danger versus impending danger, and to better describe circumstances where an in-home safety plan is appropriate to control safety threats and prevent removal).

Projected Completion Date: September 30, 2017

1.3.5 Finalize and train staff on the *Child Safety Intervention Discussion Guide*, designed to lead the supervisory consultations about safety at key decision points during the life of the case.

Projected Completion Date: September 31, 2016

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1.3.6 Make available an advanced skill-based workshop/training for supervisors and APMs on conducting thorough safety and risk assessments.
Projected Completion Date: June 30, 2017

1.3.7 Implement coaching on safety assessment and safety intervention, for designated staff, to build a cadre of experts within DCS.
Projected Implementation Date: September 30, 2017

1.3.8 In consultation with court and legal system partners, develop and provide educational opportunities to judges and attorneys on the Department's safety and risk assessment model as it applies to removal, reunification, and other permanency decisions, so that Department employees, judges, and attorneys have a shared understanding of safety assessment and safety intervention (for example, definitions of unsafe, conditions for in-home safety interventions, and conditions for reunification).
Projected Completion Date: September 30, 2017

1.4 Implement improved and/or expanded kinship search and foster family recruitment processes, so that more children are placed immediately or quickly in kinship or foster homes, so that children do not stay in DCS placement centers

1.4.1 Implement a process to monitor statewide data on the number of children who stay in DCS placement centers or offices for more than 24 hours.
Projected Implementation Date: June 30, 2017 (two completed quarters)

1.4.2 Through support from Casey Family Programs, provide training and coaching on Family Finding to the Department's Family Engagement Specialists and others to be determined.
Projected Completion Date: September 30, 2016

1.4.3 Implement procedures for kinship search using Family Finding techniques, to be conducted by Family Engagement Specialists and others to be determined.
Projected Implementation Date: September 30, 2016

1.4.4 Implement Life Long Connections Team Decision Making meetings for children in shelter care and non-behavioral health group homes; so that children currently in shelter or group home placements move to a parent, kinship, or foster home; so that shelter and group home placements are available when children need them; so that children do not stay in DCS offices.
Projected Implementation Date: September 30, 2016

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- 1.4.5 Receive technical assistance from the National Resource Center for Diligent Recruitment on data tracking, market segmentation, geo-mapping, and foster family engagement to increase foster parent recruitment and retention, and implement at least one strategy recommended by the final report.

Projected Implementation Date: July 31, 2017

2. Strategies and Key Activities to Improve Family Engagement

Permanency Outcome 2, Well-being Outcome 1, Systemic Factor-Case Review System

In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that Child Safety Specialists have more time to spend with parents, children, and other family members to engage them in the planning and decision-making that affects them.

2.1 Develop and implement practice guidelines that describe family engagement techniques at key practice points from the first knock on the door through permanency, so that there is system-wide consensus on the practice standards, and written guidance for reference and training

- 2.1.1 Conduct research on evidence-based, evidence-informed, and best practices to improve family engagement in each of the areas listed in 2.1.3.

Projected Implementation Date: January 31, 2017

- 2.1.2 Engage with stakeholders to develop the practice guidelines listed in 2.1.3, so that there is a shared understanding of the practice guidelines among child welfare system partners (parents, youth, state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).

Projected Completion Date: February 28, 2017

- 2.1.3 Develop and distribute practice guidelines on the following topics: involving incarcerated parents, conducting quality contacts with parents, parenting time (parent-child visitation), preserving the child's connections, and maintaining the relationship of the child in care with his/her parents.

Projected Completion Date: April 30, 2017

- 2.1.4 Complete the first series of *Quality Conversations* webinars to review the practice guideline topics listed in 2.1.3 with staff, answer questions, and receive feedback to improve the practice guidelines documents.

Projected Completion Date: June 30, 2017

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2.1.5 Incorporate each of the practice guidelines listed in 2.1.3 into initial or advanced Child Safety Specialist training (which includes the family engagement training referenced in 2.2.1 and 2.2.2), and into Supervisory Case Progress Discussion Guides to an appropriate degree.

Projected Completion Date: June 30, 2017

2.1.6 Develop and distribute a practice guideline pertaining to initial assessments that includes family engagement techniques.

Projected Completion Date: December 31, 2017

2.2 Provide training on family engagement techniques to Child Safety Specialists

2.2.1 Continue to implement a full day family engagement training during the Ongoing Case Manager Academy.

Projected Completion Date: September 30, 2016 (Established for more than 6 months)

2.2.2 Expand the family engagement training to current ongoing and investigation field staff.

Projected Completion Date: March 30, 2017

2.2.3 Develop and provide training on case planning for ongoing Child Safety Specialist field staff, including how to engage parents and youth in the development of the case plan.

Projected Completion Date: December 31, 2017

2.3 Develop advanced family engagement skills among a cadre of employees that will include, at minimum, TDM Facilitators, Family Engagement Specialists, Placement Coordinators, Practice Improvement Specialists, and trainers; so that they can model and coach these skills for Child Safety Specialists, Supervisors, and other DCS employees

2.3.1 Through support from Casey Family Programs, provide training and/or coaching on family engagement (with parents, youth, and other family members) to the Department's Family Engagement Specialists, Placement Coordinators, Team Decision-Making Facilitators, Practice Improvement Specialists, and trainers.

Projected Completion Date: September 30, 2017

2.4 Implement procedures to 1) require that a TDM meeting is held for cases where a child's removal has occurred or is being considered, and 2) increase the percentage of considered removal (pre-removal) TDMs, so that parents are involved early in a meeting facilitated by a DCS employee who is trained in family engagement techniques, and family engagement practice is modeled for Child Safety Specialists

2.4.1 Implement new or updated procedures and standard processes for considered removal and emergency removal TDMs.

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Projected Implementation Date: January 31, 2017

- 2.4.2 Develop and implement a tracking mechanism to monitor the number and type of TDMs held.

Projected Implementation Date: December 31, 2016

- 2.4.3 Develop and implement methods to measure fidelity of TDM delivery to the established procedures and to measure family engagement outcomes such as family member attendance rates and family member satisfaction.

Projected Implementation Date: December 31, 2016

3. **Strategies and Key Activities to Improve Quality Assessment of Needs**

Well-Being Outcome 1, Well-Being Outcome 3, Systemic Factor – Service Array

In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that Child Safety Specialists have more time to spend with parents and children, to engage with them in a comprehensive assessment of needs.

See strategy 1.3 for information on how the Department will improve application of the Department's safety and risk assessment model, so that families' needs are accurately assessed, so that individualized case plans are developed based on the identified safety threats and risks.

3.1 **Develop and implement practice guidelines and service approval procedures so that families are referred to the right services at the right time to help them succeed, and so that waitlists are further reduced and services are available when needed to prevent removal and reentry**

- 3.1.1 Develop and implement service approval procedures for Supervisor, Assistant Program Manager, or Program Manger approval by service type, level, or timeframe.

Projected Completion Date: September 30, 2016

- 3.1.2 Conduct research on evidence-based, evidence-informed, and best practices to guide the most effective use of the services listed in 3.1.4.

Projected Completion Date: January 31, 2017

- 3.1.3 Engage with stakeholders to develop the service-related practice guidelines listed in 3.1.4, so that there is a shared understanding of the practice guidelines among child welfare system partners (state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).

Projected Completion Date: February 28, 2017

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3.1.4 Develop and distribute practice guidelines on the following topics, to describe standards for referring families to the right services at the right time and family engagement techniques to encourage parents' success: drug testing, parenting time (parent-child visitation), parent aide services, psychological evaluations, after-care planning, and parent readiness for change.

Projected Completion Date: April 30, 2017

3.1.5 Complete the first series of *Quality Conversations* webinars to review the practice guideline topics listed in 3.1.4 with staff, answer questions, and receive feedback to improve the practice guidelines documents.

Projected Completion Date: June 30, 2017

3.1.6 Incorporate each of the practice guidelines listed in 3.1.5 into initial or advanced Child Safety Specialist training and/or Supervisory Training, as appropriate to the topic.

Projected Completion Date: June 30, 2017

3.2 Develop practice guidelines related to Child Safety Specialists' evaluation of children's general needs

3.2.1 Conduct research on evidence-based, evidence-informed, or best practices to improve the evaluation of children's general needs.

Projected Completion Date: May 31, 2017

3.2.2 Engage with stakeholders to develop practice guidelines related to the evaluation of children's general needs.

Projected Completion Date: May 31, 2017

3.2.3 Develop and distribute practice guidelines on the evaluation of children's general needs.

Projected Completion Date: June 30, 2017

3.2.4 Incorporate the practice guidelines referenced in 3.2.2 into initial or advanced Child Safety Specialist training and/or Supervisory Training and/or Supervisory Case Progress Discussion Guides, as appropriate to the topic.

Projected Completion Date: July 31, 2017

3.3 Develop practice guidelines related to Child Safety Specialists' assessment and monitoring of medical needs and services for children in out-of-home care

3.3.1 Conduct research on evidence-based, evidence-informed, and best practices for Child Safety Specialist assessment and monitoring of children's medical needs and services, including prescription medications, annual medical exams, and semi-annual dental exams.

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Projected Completion Date: September 30, 2017

- 3.3.2 Engage with stakeholders to develop practice guidelines related to the assessment and monitoring of children's medical needs and services.

Projected Completion Date: September 30, 2017

- 3.3.3 Develop and distribute practice guidelines on Child Safety Specialist assessment and monitoring of children's medical needs and services.

Projected Completion Date: October 31, 2017

- 3.3.4 Update the monthly child contact field guide and documentation template to prompt Child Safety Specialists to ask about children's prescribed medications and oversight by a medical professional.

Projected Completion Date: January 31, 2016

4. Strategies and Key Activities to Improve Permanency Planning

Permanency Outcome 1, Statewide data indicator- Permanency in 12 months for children entering foster care, Systemic Factor – Case Review System

In addition to the strategies and key activities identified below, the Department is implementing strategies to reduce average investigation and ongoing caseloads so that Child Safety Specialists have more time to spend with parents, children, and other family members to engage them in permanency planning and decision-making that affects them; and so that Child Safety Specialists, Supervisors, and the court system are more able to be attentive to each child's progress toward timely permanency.

See the strategies and key activities in areas 1 and 2 for information on how the Department will improve safety assessment, safety intervention, and family engagement, so that accurate safety assessments are made and applied to permanency planning decisions, and so that family members are engaged in permanency planning and the decision-making that affects them, so that safe permanency is achieved more quickly.

See strategy 3.1 for information on how the Department will refer families to the right services at the right time to help them succeed, so that waitlists are further reduced, so that services are immediately available to families, so that permanency is achieved more quickly.

4.1 Develop and implement practice guidelines related to timely filing of Termination of Parent Rights (TPR) motions and compelling reason assessment and documentation

- 4.1.1 Engage with stakeholders to develop the practice guidelines listed in 4.1.2, so that there is a shared understanding of the practice guidelines among child welfare system

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partners (state agency, courts, attorneys, contracted provider agencies, foster parents, etc.).

Projected Completion Date: March 31, 2017

- 4.1.2 Develop and distribute practice guidelines on timely filing of TPR motions and compelling reason assessment and documentation.

Projected Completion Date: April 30, 2017

- 4.1.3 Hold a *Quality Conversations* webinar related to timely filing of TPR motions and compelling reasons assessment and documentation, to review the practice guidelines with staff, answer questions, and receive feedback to improve the practice guidelines documents.

Projected Completion Date: May 31, 2017

- 4.1.4 Incorporate the practice guidelines referenced in 4.1.2 into initial or advanced Child Safety Specialist training and/or Supervisory Training and/or Supervisory Case Progress Discussion Guides.

Projected Completion Date: June 30, 2017

4.2 Implement case review processes to develop action plans to achieve permanency as quickly and safely possible

- 4.2.1 Review ongoing caseloads to identify cases where the children can return home now, cases that would benefit from a targeted permanency staffing (see 4.2.2), and cases with complex issues that are delaying permanency.

Projected Completion Date: December 31, 2016

- 4.2.2 Hold targeted permanency staffings for children in out-of-home care who are identified through the case review described in 4.2.1 as likely to benefit from this staffing, to develop action plans to achieve reunification or another permanency plan as quickly as safely possible.

Projected Completion Date: September 30, 2017 (practice established for more than six months)

- 4.2.3 Employ a permanency expert to review cases with complex issues that are delaying permanency, develop plans to achieve permanency in these cases, and identify systemic barriers to timely permanency.

Projected Completion Date: September 30, 2016 (employment established for more than three months)

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How do we ensure fidelity to the implementation plan? Did the solution lead to the desired change? What strategic decisions should we make in light of the results?

Fidelity to the implementation plan and observation of whether the desired change occurred will be conducted through quality control processes at the supervisor and Assistant Program Manager (APM) level, program fidelity and outcome monitoring at the Central Office level, the statewide Practice Improvement Case Review process, routine monitoring of administrative data on relevant processes and outcomes, and development of regional plans and weekly data reviews on the highest priority areas (such as the safe reduction of investigation and ongoing caseloads).

Quality Control Processes at the Supervisor and APM level

The Department implemented new forms for Administrative Case Record Review and Supervisory Case Progress Review in October 2015, along with procedures that describe a schedule for these supervisory reviews. These forms and procedures provide a structured quality control process for every investigation and ongoing services case, at the field unit level.

- The Administrative Case Record Review forms are checklists for the supervisor to use at case closure or transfer, to ensure that required procedures have been followed and properly documented in the case record.
- The Supervisory Case Progress Review forms are completed at key decision points in the life of an investigation or ongoing case, and at specific intervals in ongoing cases. These forms provide discussion areas and exploratory questions to facilitate a thorough discussion of case progress; efforts to achieve safety, permanency, and well-being outcomes; and actions required in order to achieve timely positive outcomes.

The forms described above include prompts to discuss and/or evaluate practice areas addressed in this PIP, such as comprehensive safety and risk assessment, removal and safety planning decisions, caseworker contacts with parents and children, engagement of parents and children in case planning, requirements for Team Decision-Making meetings, assessment of child connections, service provision, and many others. As the Department creates new practice guidelines, information will be added to these supervisory forms as appropriate to the topic area.

The Department is designing a procedure for Assistant Program Managers to conduct an Administrative Case Record Review of a random sample of cases, in order to monitor the completion and accuracy of supervisory case record reviews. The Department is also designing methods to monitor fidelity to Supervisory Case Progress Review requirements in ongoing services cases, so that timely completion of case progress discussions can be observed by regional and Central Office managers.

Program Fidelity and Outcome Monitoring at the Central Office Level

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The Department's Program Development Unit is responsible for monitoring fidelity and measuring outcomes of contracted service programs and Team Decision Making. The Program Development team is receiving training and technical assistance on fidelity and outcome measurement from Arizona State University, to support the design of fidelity and outcome measures and measurement processes. The Program Development Unit has already designed processes to monitor fidelity to the Department's TDM procedures, and is in the process of designing quality and outcome measures.

The Practice Improvement Case Review

Practice Improvement Case Reviews (PICRs) are completed throughout the year in each region. Randomly selected investigation, in-home, and out-of-home cases are reviewed by trained reviewers with child welfare experience. Feedback on the review results is provided to field staff and aggregate results are reviewed with management. The Practice Improvement Case Review Instrument – Investigations evaluates the same areas that are included in the Administrative Case Record Review form for investigations, with additional questions to evaluate accuracy of decision-making. The Practice Improvement Case Review Instrument – In-Home and Out-of-Home evaluates the same areas evaluated through the CFSR and is very similar to the federal CFSR On-Site Review Instrument.

Routine Monitoring of Administrative Data

The Department has developed a visual data monitoring system to increase awareness and accountability related to key performance and process areas. This system includes data charts that are displayed in offices across the state, with the expectation that the data is updated and reviewed frequently. The data elements include a wide variety of topics, such as case counts, number of open investigations, timeliness to permanency, and timeliness of case transfers.

The Department will generate and monitor the following administrative data and provide it to the Children's Bureau quarterly throughout the PIP implementation period:

- The statewide number of children who ended their placement at a DCS placement center or office two or more calendar days after the day of arrival at the placement center or office. For example, if a child arrived at an office on January 1, 2017, and exited on January 3, 2017, the child would be counted.
- The total number of reports for investigation that are open at the end of each quarter, the percentage of reports received within each quarter that closed within 60 days of receipt at the Hotline, and the percentage of reports received within each quarter that closed within 90 days of receipt at the Hotline.

Regional Plans and Weekly Leadership Data Reviews

Regional plans and weekly data reviews are instituted to maintain sharp and persistent focus on the Department's highest priority goals. The Department's Deputy Director of Field Operations and Chief

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Quality Improvement Officer hold weekly teleconferences with the regional Program Managers to review performance and progress related to the highest priority goals. Statewide and regional data is reviewed, successes are celebrated, effective tactics are shared, and barriers are challenged and addressed. Currently, weekly teleconferences are occurring on investigation backlog reduction and safe reduction of the out-of-home care population.