DEPARTMENT OF CHILD SAFETY
STATE OF ARIZONA

Arizona Department of Child Safety

Douglas A. Ducey
Governor

Gregory McKay
Director

September 30, 2016

The Honorable Justin Olson
Chairman, House Appropriates Committee
Arizona House of Representatives
1700 West Washington
Phoenix, Arizona 85007

Re: Joint Legislative Budget Committee Auditor General Report No. 15-118

Dear Representative Olson:

Pursuant to Laws 2016, Second Regular Session, Chapter 117, the Department of Child Safety is required to report to the Joint Legislative Budget Committee its progress on implementing the Office of the Auditor General's (OAG) recommendations on Child Safety, Removal and Risk Assessment Practices Report (No. 15-118).

Enclosed is the Department's response in relation to the recommendations that were made. If you have any questions, please contact me at (602) 255-2500.

Sincerely,

Gregory McKay
Director

Enclosure

cc: Senator Don Shooter, Chairman, Senate Appropriations Committee
Richard Stavneak, Director, Joint Legislative Budget Committee
Lorenzo Romero, Director, Governor's Office and Strategic Planning and Budget
Patrick Moran, Joint Legislative Budget Committee
Laura Johnson, Governor's Office and Strategic Planning and Budget

DEPARTMENT OF CHILD SAFETY

REPORT TO THE JOINT LEGISLATIVE BUDGET
COMMITTEE AUDITOR GENERAL REPORT No. 15-118
September 2016

Laws 2016, Second Regular Session, Chapter 117, requires the Department of Child Safety (DCS) to report to the Joint Legislative Budget Committee (JLBC) the progress made to implement the recommendations of the Auditor General's Report No. *15-118* (*Arizona Department of Child Safety - Child Safety, Removal, and Risk Assessment Practices*). The Department submitted its initial follow-up report to the Auditor General on report No 15-118 in July 2016. The Office of the Auditor General will conduct an 18-month follow-up on the status of those recommendations that have not yet been fully implemented.

The Department remains committed to child safety, removal, and risk assessment practices. The Auditor General's report noted action already being taken by the Department to implement the recommendations. There are five recommendations in the process of being implemented; two that have not yet been implemented; and, two that are not yet applicable.

RECOMMENDATIONS

2.1 The Auditor General recommended the Department should review the efforts that other child welfare agencies have taken, including those agencies that participated in the BSC and Vermont's revised training program, to improve their child safety and risk assessment practices and determine whether similar actions would improve the Department's child safety and risk assessment practices.

Department Response: Implementation in process. The Department has completed a review of the Breakthrough Series Collaborative (BSC) and the Vermont Assessment of Safety Decision Making. The Department agrees with both reports that good safety decision-making is not achieved by implementing a specific assessment model. Rather, the focus is on training staff and providing them the time and guidance to conduct thorough assessments and to "go beyond the tool" when making decisions about safety and risk. Both reports provide valuable information about how other jurisdictions have introduced changes to their child safety assessment practices.

As the Department moves forward with the child safety and risk assessment process improvements, information from the above mentioned reports will be considered.

2.2 The Auditor General recommended the Department should continue its efforts to modify or replace its safety and risk assessment tool and should ensure the new tool effectively facilitates and guides caseworker safety and risk assessments and decision making

through the use of a structured approach, standardizes information collected and reported by caseworkers, and results in usable data that the Department can analyze to assess its decision-making system and make informed changes for improvement. In developing a new safety and risk assessment tool, the Department should consider the following:

- *Using automated and standardized checkboxes and/or prompts to ensure the appropriate level of detail, consistency, accuracy, and usefulness of safety and risk assessment data, and supplementing these checkboxes and/or prompts with narrative fields within the tool as necessary for caseworker use;*

- *Bulleting out the specific risk factors, safety threats, and safety criteria within the tool to help guide caseworkers' decision making by allowing them to go step-by-step through the assessment process and increase consistency in information gathering; and*

- *Including specific instructions and parameters within the tool itself on what type of information and level of detail is needed for areas where a narrative response would provide additional helpful information.*

Department Response: Implementation in process. The Department will continue to utilize the SAFE Model designed by Action for Child Protection for the assessment of child safety and risk.

The Department continues efforts to replace the current automated child welfare information system. Modification of the existing Child Safety and Risk Assessment (CSRA) tool in the Childs Information Library and Date Source (CHILDS) will not occur so that the Department can direct its resources toward the development of the new information system. The new CHILDS replacement system which is slated for late FY17 or early FY18, will support risk and safety assessments in mobility i.e., via a tablet or phone component. The Department recently issued the Request for Proposal to acquire and deploy the mobile software solution to improve our case manager's activities in the field, improve their overall productivity and efficiencies while running concurrently with CHILDS. The Department expects to award that contract in the near future.

The Department is currently updating its policies, procedures and decision-making guides. The decision-making guides will direct DCS Specialists' decision making, step by step. The decision-making guides will be rolled out for statewide use in hard copy format and will be integrated into the new information system as the Department's safety assessment documentation tool upon system development.

The Department continues to utilize the SAFE Model, a child safety assessment model designed by Action for Child Protection. In August 2016, the Department began receiving technical assistance from Action for Child Protection to update Arizona's

SAFE Model. The first component of this work includes revising the Department's policies, procedures, and decision-making guides. Subsequent components will also improve standardization of process by addressing training and coaching, integration into the automated information system, and application of the safety assessment model within the judicial review process and service provision.

2.3 The Auditor General recommended the Department should develop and implement policies and procedures that would direct and guide an analysis of safety and risk assessment data to identify trends, assess the appropriateness and results of decisions, and then revise any relevant child safety and risk assessment processes and protocols accordingly.

Department Response: Implementation in process. In July 2015, a Multidisciplinary Review Team (MDRT) was established to support the Department's vision. The MDRT reviews cases involving a fatality or near fatality with the objective to identify practice and system improvements based on identified trends. The Department has created an annual report of the data for assessment in collaboration with key community stakeholders. The annual report will be published in October 2016. The annual data analysis will help to identify trends, assess the results of decisions and revise processes and protocols, as needed. At this time the Department intends to collect and analyze data on fatality and near fatality cases only; however, the Department anticipates that the lessons learned will apply to many more cases.

In February 2016, key department staff attended the Safety Champions Institute to learn new ways to assess the influences that contribute to child fatalities and near fatalities through the use of Safety Science. A Safety Science approach identifies new ways to identify trends, assess the results of decisions and revise processed and protocols with the collection of safety and risk assessment data.

Safety Science represents a paradigm shift in practice from blaming accidents or bad outcomes on "human error" or "bad apples" to a view that errors are the result of a system failure. The foundation of the theory is that no one comes to work on a given day to do a bad job. When there is a bad outcome, the decisions made by an individual made sense to them at the time under the circumstances they faced. This approach addresses accountability from the perspective of letting people tell their own story of what happened in a safe and non-judgmental environment. The stories are then "mapped" to determine the influences within and outside the system that contributed to the decisions made that may have produced the bad outcome. This storytelling process in a safe environment leads to the identification of larger systemic trends that are then turned into process improvement opportunities. When trends that contributed to bad outcomes are identified, policy and practice protocols are adjusted. Historically, systems often modified policies in response to a single incident even though there was no direct evidence that the change would positively influence safety in the future.

The Department is in the early implementation phase of applying the Safety Science

model to fatality and near fatality reviews. The Department will gather information and conduct a thoughtful analysis of these cases on an ongoing basis. When trends that contribute to undesired outcomes are identified, policy and practice protocols may be adjusted. However, there is no assumption that a change to policy or procedure will be needed, and therefore no target timeframe for revisions has been set. Historically, child welfare systems have modified policies in response to each single incident, even when there was no direct evidence that the change would positively influence safety in the future. Using a Safety Science approach, the Department will not react to a single incident, but will continuously gather and analyze information; and will identify improvements to policy, procedure, practice, training, interfaces with other agencies, or other systemic factors when a systemic improvement need is identified.

2.4 The Department should reduce the waitlists for in-home services in order to improve safety planning by analyzing the availability of funding for in-home services, assessing whether it has contracted with sufficient providers, and conducting a gap assessment to determine the level of services available and the level of services still needed, and identifying available funding and/or resources to address this gap.

Department Response: Implementation in process. The Department's Program Development Unit implemented a waitlist reduction plan for in-home services. The Program Development Unit is tracking and monitoring weekly referral numbers submitted by contracted providers.

The Department continues to engage with service providers for Parent Aide, Supervised Visitation Only (SVO), and in-home services, but it is now managed at the region level. The original plan was implemented in November 2014. The waitlist tracking and resolution has been given to the regions so that each region's needs can be assessed and addressed specific to their needs.

The Department has engaged in system improvements for service referrals for children in out-of-home care and their families. This work has resulted in the development of a Services Matrix Tool to assist DCS Specialists and their supervisors with identifying the right services to meet the family's needs. These new processes for accessing out-of-home services was implemented on March 25, 2016. It is expected to have an impact on the waitlist because referrals will reflect improved fit and appropriateness to the family's readiness.

Practice guidelines for drug testing were completed in February 2016 and parenting time guidelines were completed in May 2016. Practice Guidelines on Parent Aide and Supervised Visits Only, Services for Reunification, and Psychological Evaluations are nearing completion.

The Department will apply the lessons learned from this process and apply it to the referral process for in-home services. It has been determined that having more effective systems in place to assess which services will best meet the family's needs

prior to making a referral for in-home services will result in more effective service delivery.

The Department has recently issued contracts to five different in-home providers to increase capacity for all in-home services. Providers require up to 90 days to increase staffing levels to support the demand and are nearing the completion of this launch phase. Additionally, the Department has begun similar efforts on reunification service capacity constraints as the data indicates that additional capacity is required in that service area as well.

2.5 In addition to its initial staff training, the Department should develop and implement continual training on TDMs for all relevant department staff, including caseworkers, supervisors, and TDM facilitators to ensure that department staff are consistently and appropriately using TDMs. The continual training should reemphasize the core purpose of TDMs as a collaborative process to reach critical decisions regarding child safety, placement, and services.

Department Response: Implementation in process. In February 2016, the Department established an advanced training academy for DCS Specialists who oversee ongoing cases, which includes advanced training related to Team Decision Making (TDM) meetings. The Department also provides TDM facilitators with initial training related to their roles in TDM meetings. In addition, based on a review of department documentation, the Department is in the early stages of developing training for supervisors which will reemphasize the core purpose of TDM meetings.

The Child Welfare Training Institute (CWTI) held the first advanced training academy for DCS Ongoing Specialists on February 2-4, 2016. Advanced training on Team Decision Making (TDM) was a part of the curriculum.

On the eighth day of the three-week core training, all Child Safety Specialists attend a module on Team Decision Making (TDM) Meetings. Training focuses on preparing for and participating in TDM meetings. Core training is held continuously to meet the demand of hiring.

Ongoing Child Safety Specialists receive an additional four hours of training on TDM process in the Ongoing Academy. The Ongoing Academy is currently scheduled four times per year.

Child Safety Specialist also receive additional information on the TDM process from TDM Facilitators during regional, section and unit meetings.

The Department is in the early stages of developing a plan for supervisory training that will re-emphasize the core purpose of TDM meetings as a collaborative process to reach critical decisions regarding child safety, placement and services. The Child Welfare Training Institute (CWTI) has begun the development of a training

curriculum about TDM for supervisors. CWTI has begun discussions with Arizona State University (ASU) regarding final development and delivery of the training. There is currently no specified timeframe for beginning the delivery of this training.

TDM facilitators receive five days of training when they are hired. There is currently no advanced training available; however, some facilitators find it helpful to return to the five-day training to enhance and refresh their skills.

In April 2016, a Values/Awareness Session, presented by the Seneca Family of Agencies, was provided to a wide variety of individuals within the Department and external stakeholders. A few TDM Facilitators attended this training. This session included an overview of the Family Finding intervention. The participants worked in small and large groups to identify collective goals and methods to address institutional boundaries that interfere with the attainment of permanency.

There is a Family Engagement training that Seneca Family of Agencies will be providing to all of the TDM Facilitators and the Practice Improvement Specialists on October 17-18, 2016 . This course description is:

> *Improving Relationships with Those We Serve (2 full day sessions): This training is geared to further the engagement and relationship development skills of child welfare professionals and volunteers. The training combines effective practices/techniques selected from Narrative and Family Finding approaches, that when utilized will lead to more authentic engagement and trusting relationships with children and adults. Participants will practice and learn how to better position and situate themselves to be more welcoming of family, to better know people outside of their problems, and understand who truly matters (and how they matter) to the people they work with in order to form more satisfying and productive relationships.*

The Department, in collaboration with ASU, has completed a draft of the TDM training curriculum for supervisors. The draft is now in the review process. The date for implementation is to be determined.

The Department held a Kaizen event in April 2016 to evaluate the current TDM process. The objective were to refine and create a more efficient, sustainable process; thereby, utilizing TDM meetings more consistently and appropriately.

A Kaizen event for TDM was held April 5-7, 2016. The outcomes of the Kaizen included the revision of TDM forms including the TDM Summary reports and the TDM referral. Additionally, there was the development of a TDM Standard Work Process that has given structure to the TDM program statewide. With regard to staffing structure, the Kaizen also resulted in the appointments of TDM regional leads who provide onsite technical assistance, coaching, mentoring, and in some regions the direct supervision of TDM facilitators.

2.6 The Department should ensure that caseworkers and supervisors receive sufficient training related to assessing child safety and risk by:

a. Developing and implementing a plan that ensures new staff have access to mentors and are able to complete all of their training requirements, including those mentoring and coaching requirements indicated as part of field training, prior to conducting safety and risk assessments unsupervised;.

Department Response: Implementation in Process. The Department has implemented a plan for new DCS Specialists to be assigned a navigator (mentor) who will assure the new hire is set up with several on-the-job activities as listed in the Field Exercise Checklist. The navigator serves as a go-to person to discuss cases, answer questions and work cases together. A new DCS Specialist is considered as "in training" status for 22 weeks following the date of hire. The DCS Specialist can begin to work alone, including completing child safety and risk assessments, at week 13, if deemed ready by the supervisor and mentor. However, the DCS Specialist continues to receive frequent supervision and regular mentoring through week 22.

b. Augmenting its training curriculum for supervisors by incorporating a field training component to allow for mentoring and shadowing opportunities for new supervisors regarding child safety and risk assessment;

Department Response: Implementation in Process. The Department has not yet augmented its training curriculum for supervisors to allow for mentoring and shadowing opportunities regarding child safety and risk assessment. However, the Department is currently assessing effective ways to implement this recommendation.

c. Developing training on the new safety and risk assessment tool, once it is developed and implemented, to ensure that the tool is used correctly and consistently across the State; and

Department Response: Not yet applicable The Department has not completed the development of a modified child safety and risk assessment tool, and therefore has not yet developed training on the modified tool (see explanation for Recommendation 2.2).

d. Ensuring that all relevant staff, such as caseworkers and supervisors, receive the new or revised training.

Department Response: Not yet applicable. The Department has not completed the development of a modified child safety and risk assessment tool, and therefore has not yet developed training on the modified tool (see explanation for Recommendation 2.2).