



June 19, 2015

Debra K. Davenport  
Auditor General  
2910 North 44th Street, Suite 410  
Phoenix, Arizona 85018

Re: Chapin Hall Independent Review

Dear Ms. Davenport:

The Arizona Department of Child Safety (hereafter referred to as DCS or the Department) has reviewed the full review entitled *Arizona Department of Child Safety: Independent Review* conducted by Chapin Hall Center for Children, University of Chicago. The following constitutes the Department's response to each recommendation and its intent to implement the recommendations and/or to clarify any efforts already underway to address the issues identified in the recommendations.

**RECOMMENDATION 1:**

*"Establish and use clear safety assessment protocols and better standardize processes at the hotline and investigations. Examine available child safety risk assessment protocols and consider reverting back to the standardized form that was previously in use OR implement a new, standardized safety assessment protocol selected from one of the many models in place in other jurisdictions. The safety assessment selected should include standardized items, yield quantifiable data, and direct decisions clearly and transparently. Workers and supervisors should receive significant support and oversight during its implementation to ensure that the protocol is being administered with fidelity and that the results of the assessment are being used to inform decision-making.*

*To address the backlog of cases that has accumulated at the front door of the system, consider implementing multiple strategies. In the short term, these may include the engagement of community providers, retired case workers, or private companies to provide the capacity to conduct a large number of investigations and disposition cases in a timely manner. This must happen in conjunction with clear and consistent decision-making protocols and available service pathways for different levels of need (as described elsewhere in the report). In the long term, the state should consider the regular engagement of providers in a performance based contracting arrangement that is geared toward focusing agencies on achieving desired outcomes and incentivizing best practice and outcomes through contractual agreements."*

**DCS Response:**

The Department agrees with this recommendation. DCS utilizes a Child Safety Assessment model designed by Action for Child Protection. The Department is contemplating reverting back to a previously utilized, standardized assessment documentation form, which will make the protocol more clear to staff and produce quantifiable data. DCS leadership will oversee the redeployment to the standardized assessment form. This oversight will include utilization of a more precise means by which Child Safety Specialists document safety and risk factors, and the documentation form will allow for a more concise means to collect data. The Practice Improvement Unit (PIU) and Child Welfare Training Institute (CWTI) can work together to provide coaching and guidance during the redeployment of the standard assessment form.

In regard to the "backlog", the volume of DCS reports exceeds the capacity to respond, complete comprehensive investigations, initiate services quickly, and close or transfer cases within required timeframes. Because the number of new reports received has been greater than the number closed for several years, the Department has a large backlog of reports that have been open more than 60 days. Existing staff do not have the capacity to investigate and close all new reports within 60 days, and have no capacity to follow-up on the backlog. This capacity issue affects our ability to retain staff and leads to poor safety outcomes, such as repeat maltreatment and repeat reporting. DCS has outlined several interventions to address the backlog:

1. Clarify Hotline standards for categorizing information as reports, and improve application of the standards to increase consistency of decision-making.
2. Use evidence to identify the predictive characteristics of reports that do not receive substantiation, services, removal and have a low rate of re-report; and revise report definitions, Hotline prioritization procedures, and investigation procedures to better align the use of agency resources with family risk level.
3. Identify communities and locations with a high volume of reports, and collaborate with community partners to provide prevention services and community interventions to address risks before a report to DCS is needed.
4. Improve investigation processes in (1) the transfer of dependency cases to ongoing caseworkers, (2) use of case aides to complete administrative tasks, and (3) documentation.
5. Categorize the existing backlog of reports based on risk level and investigation completion stage, identify assessment and closure procedures for each category, and mobilize new personnel resources to implement the procedures and close reports.
6. DCS will provide ongoing training and support to field supervisors and Assistant Program Managers (APMs) in an effort to increase the use of the dashboard. The data is currently available to the supervisors and APMs; however, it is underutilized due to a lack of understanding for the use of the tool. The dashboard provides information regarding reports that remain open on a particular Specialist's directory. With this knowledge, the supervisors and APMs will be further equipped to clinically discuss barriers to closing the investigations. The dashboard can also be used to track key performance indicators such as timeliness of initial response to reports; timeliness of investigation finding data entry; the number of open and closed initial assessments;

in-person contacts with the children, parents, and out-of-home care providers; child removals and returns; time to reunification; and time to adoption.

7. A Request for Information (RFI) was issued in an effort to understand what community and private services exist to build statewide and regional capacity to respond to the DCS in-active cases. The responses are in the process of being reviewed.

DCS believes a multi-pronged approach concurrently addressing practice, policy, and legislative change, informed by data and guided by the goal of increased safety for children at risk of abuse or neglect, will reduce the current backlog while addressing the institutional barriers that have led to the lack of timely investigations.

### **RECOMMENDATION 2:**

*"Using services to reduce pressures at the system's front door will require a thoughtful, resourced answer. At the current pace, over the longer term, Arizona could expand in-home services and pay for the expansion with savings that accrue from reductions in foster care caseloads. To do that it will need a clear plan negotiated with the Department's stakeholders. Healthy Families Arizona should continue to receive support, and other in-home services should be installed to meet the needs of families that come to the Department's attention but do not require a removal. Monitoring the use of prevention dollars, streamlining pathways for referral and receipt of services, and clearly articulating eligibility criteria will be important to address this deficit."*

### **DCS Response:**

The Department agrees with this recommendation. The Department is already considering the re-implementation of the Family Builders program. Once the Department has investigated the report and determines that it meets the criteria for potential to low risk, the family may be referred to Family Builders, who will provide the family with ongoing services and supports. The anticipated outcomes are that 99% of families that receive services will have a reduction of risk at time of case closure on at least one risk scale, and less than 5% of the families that receive services will be re-referred to DCS with a similar substantiated report within a six month period after case closure.

The Department's title IV-E waiver application was approved and is intended to provide improved family engagement by way of Motivational Interviewing and Peer Parent Support Programs. In addition, trauma focused therapies and trauma informed care services will be developed. These interventions will be provided to families throughout the life of the case, but especially at the onset of the case. The anticipated outcomes of these interventions will be a reduction in the number of children in out-of-home care and an overall reduction of involvement with the child welfare system. Savings from reductions in out-of-home care will be invested in additional in-home services and supports.

In April 2015, the Department's Office of Prevention and Family Support facilitated a productive workgroup with Central and Southwestern Regional staff and providers about the Parent Aide and In-Home Services programs in order to develop a consensus proposal to reduce and ultimately eliminate the waitlist. Several objectives were identified to eliminate the wait list for these services: 1) regularly conduct collaborative meetings with providers, 2) continuously assess agency capacity and share updated data routinely with providers, 3) hire additional staff within the provider agencies, 4) ensure that Regional referral units maintain an up-to-date tracking system, and 5) continuously evaluate families who have been on the waitlist for more than three weeks to assess ongoing need for services. The Department recognizes that it will need to develop a clear and well defined plan with providers to reduce the number of families involved with DCS and to prevent removals.

### **RECOMMENDATION 3:**

*"Develop strategies in collaboration with county courts to both increase the number of attorneys and examine the payment strategies to re-align incentives and improve legal representation. Work with the local courts to build the capacity to conduct ongoing monitoring of attorney caseloads and the timely and accurate submission of information to the courts. An electronic, statewide court-based management information is used in some state to track court processes. Given the large number of cases on the court dockets, an investment in management information would pay for itself in a few short years.*

### **DCS Response:**

The Department agrees there is a need for more attorneys to represent families and children and supports efforts to re-align incentives and improve legal representation. While the authority to implement different payment strategies does not fall within the Department's purview, DCS does support improvements to these incentives. The Department with the support of Casey Family Programs has been involved in the Safe Reduction Initiative that began in October 2014 and is spearheaded by DCS and the Maricopa County Juvenile Court. The purpose of the initiative is to collaboratively address issues facing the County and impacting children and families involved with DCS and the Court. The initiative is structured into three workgroups: a multi-system stakeholder workgroup involving 35 public, private and community stakeholders; an attorney workgroup; and a judicial workgroup chaired by the presiding judge of the Maricopa County Juvenile Court. The multi-system stakeholder workgroup meets quarterly and has collectively decided on four focus group areas: family engagement, targeted services, consistent decision making, and community engagement.

The Arizona Administrative Office of the Courts, Court Improvement Program, conducts a Dependency User's Group (DUG) on a quarterly basis to discuss the data needs of dependency courts throughout the state. This group addresses issues with case processing standards. DUG meets with representatives from the courts in all 15 counties in Arizona. Casey Family Program's Judicial Engagement Team has been working with Maricopa County providing

technical assistance with real-time distribution of Judicial Orders and collaborating with the Clerk of the Court to improve calendaring.

**RECOMMENDATION 4:**

*"Continue to increase the size of the work force to bring staffing ratios back to pre-2009 levels, if not above those levels given the number of children now in out-of-home care. While resources have been allocated to increasing the work force, there have been barriers to expanding capacity, including the time it takes to adequately train new staff and delays in hiring. Ideal caseload sizes should be calculated (using the information provided in this report and other jurisdictions as a reference point) and funding should aim to stabilize caseload sizes for both investigations and placement workers at levels that will allow adequate attention to the needs of families, including sibling and parent visitation (which is now occurring at far below the rates specified in policy).*

*Decision-making has to become more efficient without being rushed, or vulnerable to the pressures of fear and reactivity. The workforce hired by the Department has to be distributed wisely along the continuum of care if the value of adding workers is to be realized. The Department should address the needs of the growing number of children in substitute care by reducing entries and decreasing time until permanency. This will involve taking a broader view of the Department's purpose and function, developing a Theory of Change that identifies key decision points and levers for changing growth trends, and implementing and supporting Evidence-Based Practices. To meet these needs, the Department should proceed with and reinforce steps it has taken, including: the Safe Reduction Workgroup and Permanency Roundtables."*

**DCS Response:**

The Department agrees with the recommendation to bring staffing ratios back to pre-2009 ratios. We recognize that the increase of children in foster care has created overwhelming caseloads. To address this need, the Department is actively strengthening case worker recruitment, retention, and training. In 2014, Arizona's legislature allocated funding, which increased the number of Child Safety Specialist positions by 212. The Department has been able to hire all of these positions. Additionally, the funding allowed for the creation of 36 additional supervisor positions, and those positions have been filled. This will assist in reducing caseworker to supervisor ratios and improve supervisor's availability for clinical supervision. The Department is also seeking to improve retention by improving resources and supports for Child Safety Specialists. For example, the Department has already begun providing caseworkers with laptops that have wireless capability. DCS was authorized to provide incentive bonuses for Child Safety Specialists who remain employed with the Department for a period of time. Funding additional contracted services for parent-child visitation allows caseworkers to focus on other core job functions, including case manager contacts with children and parents. This was deemed critical when the Department observed that due to high demand for parent-child visitation services,

Child Safety Specialists would often facilitate and supervise the visits, a task that can fill at least eight hours each week.

The Department is piloting a Talent Science software program to recruit top performers and develop current employees into top performers. The anticipated outcome is that the current turnover rate of 27.1% will be reduced by 25%. This product works by first developing a customized performance profile for case aides, specialists, and supervisors. These performance profiles are tied to the key performance indicators. Then, when candidates apply for a job, a report is generated that explains how the candidate differs from the ideal behaviors for the role. These reports also include a breakdown of overall fit compared to competency groups and key behaviors for the specific performance profile. The report compares fit to current positions and future roles to assess growth potential and career path. Finally, it guides role-specific customized insight for interviews, onboarding, coaching, and employee development.

To help improve decision-making at key points, reduce the number of children entering care, and decrease time spent in care, the Department is exploring the expanded use of Team Decision-Making (TDM) and other types of team meetings. By utilizing these mechanisms more efficiently and streamlining the various meetings Child Safety Specialists attend, the Department anticipates reducing children's time in care as well as Specialist's work load so more time can be spent on other value added duties. This will include conducting case reviews for children ages six to eleven years with a case plan goal of reunification who have been in care for a period of six to nine months. DCS would then identify which of these youth can be safely reunified with their parents/guardians. Additionally, the Department is considering the increased utilization of Permanency TDMs, incorporating effective processes from best practices such as Permanency Roundtables, and utilizing the existing facilitators to more efficiently implement the process. A key element to the success of these meetings is to continue meeting with team members to ensure follow-through on identified tasks and services, assess the ongoing need to modify services and supports, and determine whether the desired outcome is being achieved.

#### **RECOMMENDATION 5:**

*"Refine and build on current improvements so that the CFSR, OAG reports, and Department-generated reports provide useful information at regular intervals. Build upon existing CQI capacity by developing enhanced reports (data presented herein can provide a beginning template) and producing them regularly to inform ongoing improvements. Develop baselines and targets for key outcomes to focus attention on improvement in the areas identified, and key reporting metrics to these outcomes. Content and frequency of reports should be refined, and transparency enhanced by developing a regular schedule of reports for use by internal and external stakeholders, allowing the federal CFSR, OAG reports, and Department-generated reports to provide useful information at regular intervals. With respect to outside reviews, integrating the CFSR and OAG oversight with a rigorous, well supported CQI process ought to provide the transparency stakeholders need in order to rebuild trust. The CQI structure can be mobilized to improve data compliance by providing regular internal submission reports to staff so that they can see whether the data reflect their work, and correct it accordingly. Additional*

*assessment tools that collect data on child wellbeing should be incorporated so that this information can be a part of future reports."*

**DCS Response:**

The Department agrees with this recommendation. DCS is already engaged in the development of a continuous quality improvement structure, including enhanced reports and better integration of external reports into CQI processes. DCS is developing enhanced reports that include data similar to the Chapin Hall Independent Review, such as the report created by the Office of Quality Improvement for the state legislature's Child Safety Oversight Committee. The Child and Family Services Review process and its measures of safety and permanency outcomes are also well integrated into the new Office of Quality Improvement's structure. In addition, the Department, in conjunction with various legislative bodies, must make recommendation for the consolidation of child welfare reporting requirements into one comprehensive report. The Department currently generates numerous reports that are required by statute, accreditation standards, or upon request. While many of these reports generate data, they are not always meaningful as they do not focus on outcomes nor do they help drive policy. The Department is currently identifying key outcomes and measures to gather and report. DCS has received useful guidance and instruction on the development of meaningful data and a CQI structure from Chapin Hall in the past, and looks forward to additional support from Chapin Hall as we continue this work

**RECOMMENDATION 6:**

*"Develop partnerships with academic and other institutions to support the ongoing exploration, and then implementation, of evidence-based practices. The development of a Theory of Change, the refinement of Target Populations, the selection of Evidence-Based Practices, and the ongoing monitoring of the implementation of these practices will need to be informed by additional empirical data analyses, some of which may be beyond the Department's current capacity. These analyses would ideally be performed in collaboration with an academic partner that can apply statistical expertise to understanding the needs of children at greatest risk for poor outcomes."*

**DCS Response:**

The Department agrees with this recommendation. The Department acknowledges the challenges it faces to identify and implement evidence-based practices and to consistently and effectively monitor their ongoing implementation. DCS has already begun to implement practices to address the concerns noted. To this point, the DCS Office of Quality Improvement was established and is partnering with Arizona State University. DCS and ASU will develop and implement evidence-based practices and use implementation science to understand problems and sustain improvement. Additionally, ASU assists CWTI to develop training to improve the quality of our workforce.

**RECOMMENDATION 7:**

*"Develop the infrastructure to promote regular communication and engagement of stakeholders among the foster parent, birth parent, foster youth, and advocacy communities that involve regular meetings, communication strategies (regular reporting or newsletters) and forums for the exchange of ideas."*

**DCS Response:**

The Department agrees with this recommendation. DCS recognizes that the Department's success will require the combined understanding and alignment of multiple stakeholders. DCS and stakeholders have identified transparency as a key value. To achieve this, DCS, in partnership with Casey Family Programs and The Clarus Consulting Group, is developing a strategic plan that will serve as the framework for this communication. To help the Department communicate its goals, challenges, and progress in a manner that allows stakeholders to understand context, priorities, and data, Clarus and DCS have identified three tasks: 1) Development of a Strategic Communication Plan and DCS Message Encyclopedia, 2) Communication Coaching Sessions, and 3) Targeted Communication Support.

Additionally, the Department has identified the members of the Community Advisory Committee (CAC) and will coordinate the initiation of the Committee's work. The CAC provides an opportunity for the Department and community stakeholders to collaborate so Arizona can accomplish the mission of protecting vulnerable children and helping families at risk.

On May 27, 2015, the Department announced the commissioning of a multidisciplinary group of volunteers to reshape Arizona's foster care system. The Fostering Inclusion Respect Support Trust (FIRST) Advisory Commission consists of professionals and community partners with a depth of experience with Arizona's foster care system. The team will work with Director Greg McKay to use data-driven interventions that improve the consistency of quality when foster parents interact with the system, ensuring that foster families feel respected, trusted, and empowered. By anticipating the needs of foster families over time in multiple interactions, the agency can rebuild trust with foster families and increase the number of children in family environments. This will both provide better outcomes to children in foster care and potentially reduce taxpayer expenses.

**RECOMMENDATION 8:**

*"Because criminal behavior requires a criminal justice response, close collaboration requires a thoughtful and strategic approach, so that the involvement of law enforcement can be (1) targeted toward the highest risk situations in which criminal wrongdoing is a concern; (2) informed and sensitive to the impact of trauma and the manner in which cases should be handled to minimize further trauma; and (3) employed in a way that incentives are aligned to identify family needs without criminalizing parents in need of assistance."*



**DCS Response:**

The Department agrees with this recommendation. The Office of Child Welfare Investigations (OCWI) was established following the enactment of Arizona House Bill 2721, and derives its statutory authority from A.R.S. § 8-471. OCWI is charged with investigating DCS reports containing criminal conduct allegations of child abuse with the appropriate local law enforcement agency. The principal goal of OCWI is to protect children by conducting uniform investigations into allegations of criminal conduct child abuse. OCWI enhances the quality and efficiency of investigations by maximizing resources through a joint investigative process.

A.R.S. § 8-817 requires the Department to develop, establish and implement initial screening and safety assessment protocols in consultation with the Arizona Attorney General's office, county attorneys, local law enforcement agencies, medical experts, victims' rights advocates, domestic violence victim advocates and mandatory reporters. Each county has a multi-disciplinary protocol that governs and guides investigations involving both law enforcement and DCS. The protocols serve to ensure children are treated with dignity and respect, are protected from harassment, intimidation and/or abuse, and to minimize secondary trauma that can accompany criminal conduct investigations. OCWI developed a Criminal Conduct Screening Tool that is aligned with statutory definitions of crime, which garners greater law enforcement participation in joint investigations. This tool is utilized by the Arizona Child Abuse Hotline to help identify reports potentially involving criminal conduct.

OCWI's philosophy involving criminal conduct investigations is to ultimately ensure child safety and minimize any further trauma to child victims. OCWI works collaboratively with law enforcement while creating a sensitive team atmosphere with the family to identify any outstanding concerns that may need to be addressed through ongoing services.

Although DCS has no authority to enforce the police department's practice, the Department does agree with a close collaboration with law enforcement, taking a trauma-informed approach and targeting high risk situations for reports involving criminal conduct.

Sincerely,



Gregory McKay  
Director

cc: Shalom Jacobs, Deputy Director of Field Operations, DCS  
Katherine Guffey, Chief Quality Improvement Officer, DCS  
Dana A. Weiner, Policy Fellow, Chapin Hall Center for Children, University of Chicago