DCS SERVICE ARRAY THEORY OF CHANGE



PROBLEM STATEMENT #1:

DCS contracts do not identify a required program model that prescribes essential elements and is evidence-informed or evidence-based. As a result, there is inconsistency in assessment, service planning, and interventions; and the Department is unable to monitor fidelity to a program model and evaluate service impact and effectiveness.

the project team will identify target populations of treatment need and demographic characteristic (including race and culture) by analyzing data (administrative data, provider generated data, and information from service providers and other stakeholders)

- AND -

identify programs designed for the target populations by reviewing programs rated by evidence-based rating organizations

- AND -

assess the fit and feasibility of the identified programs in the following dimensions: fit with target populations, alignment with practice framework, ability to staff, training capacity, cost, ease of implementation, ability to monitor fidelity and outcomes, and evidence-base

- AND -

select the program(s) that have the greatest fit and feasibility for Arizona

- AND -

work with the selected program's developers and internal and external stakeholders to create Arizona-specific program manuals that prescribe required assessment instruments, service planning processes, evidence-supported interventions, a parenting skills curriculum, fidelity monitoring tools, and evaluation plans

– AND –

DCS contracts will require that all providers deliver the same programs, with fidelity to the program model as described in the program manual

- SO THAT -

the FCS Unit has the ability to measure and hold provider agencies accountable to practice fidelity

- AND -

the Department and provider agencies are able to measure program effectiveness and make data driven service design improvements

– SO THAT –

parents and children have the opportunity to participate in services that are the best fit for their target needs and most effective

PROBLEM STATEMENT #2:

Families experiencing service duplication, referrals to service before they are ready to benefit, and lack of service sequencing. As a result, families can become overwhelmed or feel unsuccessful, which affects engagement and service completion rates.



DCS Family Connections (FC) and AFF contracts will include that providers obtain information about the family's other agency involvement, service plans, and appointments.

- AND -

FC and AFF providers will be trained in assessing readiness for change and strategies to move an individual through the stages of change

- AND -

FC and AFF providers will use standardized assessment instruments and processes

- AND -

DCS policy and procedure will delineate between the roles and responsibilities of the DCS specialist (safety assessment and planning) and the case coordinator (needs assessment and service planning)

- SO THAT -

the service provider has the information and accountability for developing a service plan that addresses the family's unique needs, avoids duplication and unnecessary services, properly sequences services, and considers the family members' readiness for change

- AND -

the service provider has the information and accountability to communicate and advocate with DCS and other family serving agencies to resolve and duplicative, missing or conflicting service recommendations

- SO THAT -

families have individualized and single service plans that provide the best services to meet their needs, at the right time

– SO THAT –

families are more likely to remain engaged and motivated in services

can disrupt family progress.

DCS contracted services will have target populations of family need substance use disorder, parent skill building, family stress, etc.)

PROBLEM STATEMENT #3:

DCS services are currently

designed around DCS case type

(no DCS oversight, in-home,

reunification transition, out-

of-home) rather than target

populations of family needs (such

as parent skill building), which causes provider changes when a family changes case status, and

- AND -

DCS contracted services will
be able to target populations
regardless of DCS case type, and
without termination or transfer to
nother service when the DCS case
type changes

- AND -

DCS will revise payment and contracting mechanism to support the seamless delivery of services

- SO THAT -

families can participate in seamless services without disruption

- SO THAT -

families are more likely to remain engaged and motivated in services

SO THAT

parents have a greater liklihood of meeting conditions for return, making positive behavioral changes, enhancing protective capacities, and strengthening protective factors

– SO THAT –

children are more likely to reside safely at home with a parent

- SO THAT -

Arizona's entry rate per 1,000 children is reduced, children who enter care have higher rates of reunification, and length of stay in out-of-home care is shorter - without an increase in re-report or re-entry rates.

CSO-2486 Infographic Revised 1-21



DCS SERVICE ARRAY THEORY OF CHANGE WORKSHEET

A SERVICE ARRAY THAT IS:

- 1. Individualized to family need, culture, and readiness for change
 - Most likely to be successful in change when their basic needs are met and they are contemplating change
- 2. Based on family need not case status (in-home or out-of-home)
 - To avoid disruption of service and build new relationships at critical points, such as removal or reunification
- 3. Coordinated with other family-serving agencies
 - · To receive the right services at the right time, without duplication and without overwhelming a family
- 4. Separates Safety Assessment & Planning from Needs Assessment & Service Planning
 - Clear role delineation with DCS as the safety experts and Service providers as the family needs experts
- 5. Naturally fits with Arizona's Safety and Risk Assessment models
 - Services strengthen Protective Factors and enhance Caregiver Protective Capacities so children are safe
- 6. Consistent across providers and regions
 - Everyone is speaking the same language and receives the same training
- 7. Science-based
- Evidence the service will be effective and fidelity can be assessed Individualized Relevant Engaging Coordinated Consistent Effective

ASSUMPTIONS

- Well-defined evidence-based programs that meet Arizona's needs related to fit and feasibility exist.
- Training is effective in developing practitioner ability to deliver programs with fidelity.
- Family-serving systems effectively collaborate with one another, provide requested information, and respond to advocacy by the FC Consultant.
- DCS Specialists conduct comprehensive and accurate impending danger assessment to identify dangers, diminished caregiver protective capacities, behavior change goals, and conditions for return.
- DCS Specialists communicate the results and conclusions of the impending danger assessment to the service provider, including UBSMART behavior change goals.
- With efficiency and accountability in the use of funds to meet the targeted needs of families, sufficiently funding exists to serve eligible families without waitlists.
- Provider agencies will be able to serve the full range of acuity (from moderate risk to unsafe with out-of-home care) with minimal case transfer.