

## **Arizona's PIP Strategies: Relationships to the State's Child Welfare Strategic Plan and Key CFSR Findings**

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Arizona's child welfare goals and strategic plan are closely aligned with the Child and Family Services Review (CFSR) outcomes and performance measures. As a result of Arizona's first round CFSR and ongoing monitoring of safety, permanency and well-being outcome data, the Arizona Division of Children, Youth and Families (the Division) developed several multifaceted statewide initiatives to produce positive change in multiple safety, permanency and well-being outcomes and systemic factors. These initiatives are long-term strategies to change fundamental practices and the culture of Arizona's child welfare system. They include:

- *The Family to Family initiative* - Family to Family defines four core strategies to achieve permanency outcomes: Team Decision Making (TDM); recruitment, development and support of resource families; building community partnerships; and self-evaluation. Arizona received assistance from the Annie E. Casey Foundation in 2005 to begin implementation of Family to Family in Maricopa County (District 1). Implementation of all four strategies has occurred in Districts 1 and 2, and is well underway in the remaining districts. PIP strategies and action steps focus on formation and support of active self evaluation teams in all districts, use of performance based contracting to promote resource family recruitment and shared parenting, and expansion of TDM meetings. Implementation of the Family to Family strategies will continue after PIP completion, until all are effectively functioning and integrated into statewide Division operations.
- *The integrated comprehensive family-centered CSA-SRA-Case planning process* - In conjunction with the National Resource Centers for Child Protective Services and Family Centered Practice and Permanency Planning, the Division developed an integrated child safety assessment (CSA), strengths and risk assessment (SRA), case planning and clinical supervision process. These improvements have an impact on achievement of all CFSR performance areas, most directly on prevention of repeat maltreatment; services to protect child(ren) in-home and to prevent removal and re-entry; quality of risk assessment and safety management; needs and services for children, parents and foster parents; and child and family involvement in case planning. In addition, individualized behavior based case planning will support appropriate assignment and timely achievement of permanency goals, and more comprehensive assessments will identify the child's important relationships and connections, and methods to maintain these relationships. The integrated CSA-SRA-case plan has been used statewide since June 2006. Action steps in the PIP include the Division's ongoing activities to support skilled use of the process, such as refresher and advanced trainings, and easy access to policy guidance. These supports are being integrated into ongoing Division operations and will continue after PIP completion.
- *The Quality Improvement System* – The Division developed its case review process and other components of the Quality Improvement System following the 2001 CFSR. This system has functioned continually since that time and will continue after PIP completion. Activities in the PIP include development of a Quality Improvement System Manual, revisions to the Division's Practice Improvement Case Review instruments, addition of worker/supervisor-centered skill building plans; and new data reports and meetings to

continuously review the child welfare system and develop methods to address identified needs.

- *The Cornerstones for Kid's Workforce Planning Initiative* – This initiative builds upon the earlier work of the Hire for Fit project to strengthen staff recruitment, training and supports. The PIP includes activities to implement the Division's competency model for CPS Specialists, including use of behavioral hiring interviews and update of Position Description Questionnaires and Performance Appraisal Documents to incorporate the competencies. A competency model for supervisors will also be developed. The products of these activities will be integrated into Division practice and used indefinitely after PIP completion.

Arizona's PIP includes thirteen primary strategies and more than thirty action steps to improve the safety, permanency and well-being outcomes and the systemic factors identified as requiring improvement in the *Final Report, Arizona Child and Family Services Review, February 2008*. All but one of the PIP strategies are initiatives that began prior to second round PIP development and most will continue implementation after the two year PIP has ended. Concurrent planning is the one strategy that did not begin before the second round PIP development. Arizona has had concurrent planning policies for years, but the current activities to clarify and promote the practice are a result of the second round CFSR findings.

Embedded in the thirteen PIP strategies are action steps and benchmarks that were developed specifically to address second round CFSR findings within the required two year timeframe. These action steps and benchmarks include the following:

- Compile identifying and service information on an initial target population (children that do not have evidence in the automated billing system of physical, dental or mental health services within 120 days of entering out-of-home care); research and address the situations of these children, and provide the findings to Division management. [Benchmarks 2.4 (B) through (D)]
- Gather, analyze, and monitor data on provision of independent living (IL) services to eligible youth, identify trends, and use the QI system to implement worker-specific and systemic improvements. (Action Step 2.5)
- Provide CPS staff with access to updated ADHS policies and procedures regarding informed consent and best practices for the use of psychotropic medication among children in out-of-home care. (Action Step 9.5)

The following is a brief description of the relationships between each of Arizona's CFSR PIP strategies and the State's broader goals and key second round CFSR findings.

### ***Cornerstones for Kids' Workforce Planning Initiative***

This initiative strengthens staff recruitment, retention, training and supports to develop a quality front line workforce that is prepared for the work of child welfare and supported to do their jobs. The initiative's focus on competency within recruitment, selection, staff-development, and performance management processes will support other PIP strategies to improve safety and risk assessments, service planning, and family engagement. Competency models for CPS Specialists

and Supervisors will clearly define the values, attitudes, and behaviors necessary for the positions. The competency model will form the basis for behavioral hiring interviews and performance evaluations; so that the right people are hired for the job and staff training and supports develop the required competencies. The Division will also improve the staff exit survey so the information obtained can more effectively direct retention activities. Reductions in vacancies and staff turnover will improve the agency's ability to respond timely to reports of maltreatment, and timeliness of case management activities such as filing TPR motions and completion of paper work. Development of staff competency will improve the quality of decisions around placement, permanency and visitation; and improve the Division's ability to hold high quality monthly in-person contacts with all children, parents and out-of-home caregivers. Skilled CPS Specialists can effectively use the CSA-SRA-Case planning process as a guide for gathering pertinent information during monthly contacts; to accurately identify needs, services, and supports to address risks and treat children's educational, physical health, and mental health needs.

### ***Strengthen the DCYF Quality Improvement System***

The Division's Quality Improvement (QI) System simultaneously addresses systemic improvement needs and provides feedback and support to individual staff to address their practice and competency needs. The Division is refining its QI System to more fully engage all staff in agency self-evaluation and practice improvement; foster an environment of continual learning and professional growth; and require improvement activities at the worker level. Existing self-evaluation activities such as case reviews and data report analysis are being used to develop individualized, worker-centered, outcome-focused, behavioral Professional Skill Building Plans. At the same time, aggregated performance data is monitored at least quarterly in district and Central Office Management meetings; district Family-to-Family Self-Evaluation Team meetings; meetings of Division practice improvement, training, and policy staff; and other committees. These forums provide an opportunity to identify systemic strengths and needs, develop improvement strategies, and monitor the effect of these strategies on key outcomes. Many of these committees include stakeholder representation. For example, the Family-to-Family Self-Evaluation Team meetings include a range of district-level stakeholders such as contracted providers, foster parents, parents, youth, and the courts; the Arizona Education Summit Team includes Presiding Juvenile Court Judges and representatives from Casey Family Programs and the Governor's Office for Children, Youth and Families; and the Comprehensive Medical and Dental Program's (CMDP) Quality Management/ Performance Improvement Committee includes medical providers and other stakeholders.

The QI System will target many of the areas of need identified during the CFSR. For example:

- The Division's Business Intelligence Dashboard includes worker, unit, district and state level performance data on timeliness of initial response and case manager contacts with children and parents. Supervisors and managers use this data to monitor individual staff performance, and may use the data as the basis for a Professional Skill Building Plan. District and statewide performance in these areas is included in the statewide and district quarterly QI reports, which are discussed during

Central Office and district management meetings to identify systemic improvement needs and strategies.

- The Division's Practice Improvement Case Review (PICR) instruments are being revised to more closely align with the practice standards described in Division policy, particularly the CSA-SRA-Case planning process, so that detailed practice feedback can be provided to CPS Specialists and their supervisors. The revised instruments will also allow the Division to monitor and understand performance in relation to other CFSR outcomes – particularly maintenance of family connections and well-being, which are not easily monitored through CHILDS data. For example, the revised in-home and out-of-home PICR instruments will gather information about engagement of fathers and youth in case planning, frequency and quality of contacts with parents and children, and application of concurrent planning practices.
- The quarterly QI reports will include the State's and districts' performance on the CFSR national standards, each composite's component measures, and all other measures included in the State's PIP. These reports are discussed during Central Office and district management meetings to identify systemic improvement needs and strategies.
- A data report is being revised to improve the Division's ability to monitor provision of independent living skills training to eligible youth. This report will be distributed to relevant district staff so they can ensure youth have received the service and that data has been correctly input into CHILDS. Central office staff will use the report to monitor performance and target training and support to districts, units and staff with low performance. The situations of a sample of children identified in the report will be researched to better understand data integrity and service provision needs, while ensuring the needs of the individual youth are met.
- The Division's PICR instruments will be revised to gather more specific information about children's educational needs and services. This information will be provided to the Arizona Education Summit Team, which will support local teams to improve educational services.
- The Division will conduct targeted case reviews of child populations who appear to have insufficient physical health services. This will give the Division an in-depth understanding of systemic factors affecting service provision or data entry, while addressing the needs of specific children with unmet medical or dental service needs. The Division will begin by researching the situation of children who have been in care for at least 120 days and have no record of physical health service claims in the Comprehensive Medical and Dental Program's (CMDP) automated system.
- Data analyzed within the Division's Quality Improvement System includes data on timely progress toward adoption. The Division will monitor data on length of time in care, timeliness of TPR, identification of and placement in an adoptive home, and

finalization of adoption to identify children who may not be meeting Adoption and Safe Family Act requirements.

***Align Hotline report acceptance and prioritization procedures with the CSA-SRA***

With the assistance of national experts, the Division will explore ways in which the CSA-SRA tools can improve the accuracy and consistency of Hotline decisions in response to communications about child safety and well-being, so that unsafe children receive an immediate and timely safety assessment and families are served in the least intrusive manner necessary to maintain child safety. For example, Hotline cue questions might be revised to elicit maximum information about the potential safety threats and risk factors listed in the CSA-SRA.

This strategy is expected to improve timeliness of report response by more accurately identifying reports that need a two hour response and those that do not. Staff have stated that reports currently identified as priority 1 often do not need an immediate response. By reserving immediate response for unsafe children, staff retain the flexibility to manage their workloads so that more reports receive an on-time response. This strategy is also expected to improve the quality of safety and risks assessments, and provision of services to prevent removal and re-entry. By maximizing relevant information gathered by the Hotline about family strengths, risks and safety threats; Division staff will be better able to discern whether safety threats or risks are present and determine whether the family would be best served by protective services or community services and supports.

***Provide training, targeted guidance and supervision to further implement the integrated CSA-SRA-Case Plan***

The Division is providing comprehensive support and information to quickly address any needs identified by staff as they continually improve their competency with the CSA-SRA-Case planning process. One-on-one support and education is available through a full time Assessment and Case Planning Specialist; the policy unit quickly responds to questions on the CSA-SRA-Case planning process sent to a designated e-mail address; and monthly meetings between policy, training and practice improvement staff ensure a coordinated and consistent response to staff training and policy clarification needs. Refresher trainings, e-mailed best-practice tips, and advanced worker and supervisory trainings will provide additional opportunities to build staff competency.

In addition to improving the quality of initial and ongoing safety and risk assessments, staff competency with the CSA-SRA-Case planning process includes development of behavior-based case plans that are directly linked to identified risks and protective capacities. This case planning process includes components to encourage identification of kin and other important connections for the child(ren). Comprehensive ongoing assessment and behavioral case planning is expected to improve the provision of services to parent, children, and caregivers – which in turn can improve placement stability and timely pursuit of permanency goals. These services include those that address children’s educational, physical health, and mental health needs. In addition, training and supports to improve staff competency with the case planning process

include activities to improve family-centered practice and family engagement skills, which will increase parent and youth involvement in case planning.

Competency with the CSA-SRA-Case planning process is intended to ensure the quality of services to families served in-home as well as those that must be served with children in out-of-home care. The CSA-SRA-case planning process requires a comprehensive assessment of safety and risk for all child victims and siblings in the home. Comprehensive initial assessments and safety planning will address the need to consistently ensure the safety of children that remain in the home. Competency with the CSA-SRA-Case planning process also includes initial and ongoing assessment of safety threats or risks stemming from the child's physical health needs. The CSA-SRA process requires that information be obtained about child functioning and special needs, including physical health. The new Practice Improvement Case Review Instrument evaluates whether sufficient information was gathered about these areas, and whether physical health records were reviewed when applicable to case circumstances. Therefore, the CSA-SRA-Case planning process is a strategy to improve physical health assessments and services to children served in out-of-home care and in-home.

### ***Recruitment, Development and Support of Resource Families***

One of four strategies of the Family to Family initiative, this strategy will potentially impact all permanency areas by seeking to place children with kin and within their home communities, thereby preserving connections to siblings, parents, extended family and school. Placement of children within their home communities and with siblings and kin also addresses parent-child and sibling visitation issues by providing natural opportunities for frequent contact and reducing the demand for transportation services; and reduces runaways by eliminating many of the reasons why youth run away. The Home Recruitment, Study and Supervision contract is an important component of this strategy, including incentive payments for achievement of 11 performance measures to promote shared parenting, sibling contact, placement stability, sibling group placements, placements within home neighborhoods, and resource family licensing and retention based upon the Family to Family values, principles and outcomes. Furthermore, the Division has hired staff and developed systems to receive and respond to systemic and case-specific needs identified by resource families. These additional supports, including the Central Office Resource Family Advocate, provide another avenue for resource families to receive information and assistance to obtain needed services. This strategy is being implemented with substantial involvement of stakeholders. Each district has a recruitment council of Division staff and community stakeholders that meets regularly to review GIS mapping and other relevant data, and strategizes to improve resource family recruitment and retention.

### ***Expand the use of family team meetings, particularly Team Decision Making***

During the on-site review, stakeholders repeatedly mentioned Team Decision Making meetings as a useful method for engaging parents and kin. This Family to Family strategy involves parents and extended family in decision making prior to or immediately following a child's removal, which can positively impact permanency outcomes such as reunification, prevention of re-entry, placement with siblings and kin, visitation, and preservation of connections. This is a primary strategy to improve location and engagement of fathers. The Division is also seeking to

expand TDM meetings to occur in some locations prior to unplanned placement changes, and is implementing Ice Breaker meetings in some locations. Ice Breaker meetings foster shared parenting between birth and resource families, which improves the ability of the team to maintain important connections for the child and achieve positive well-being outcomes. Increased use of TDMs is also one of the Division's strategies for preventing runaways. TDMs prior to unplanned placement changes provide opportunities to address emerging placement issues prior to runaway. Ice Breaker meetings and engagement of parents and youth in decision making also help to ensure important connections are maintained and address other issues to prevent runaway episodes. Stakeholders are supporting the success of this strategy by attending TDM meetings to offer information, services and supports. In some districts stakeholders also participate in TDM strategy committee meetings.

### ***Concurrent Planning***

Concurrent planning is the simultaneous pursuit of reunification and another permanency goal in cases where the prognosis of reunification within 12 months is poor. The family and service team work together to increase the chances of reunification while simultaneously identifying and readying a placement to be permanent if reunification is not successful. With assistance from a national expert, the Division will be pursuing methods to strengthen concurrent planning practices in Arizona. This strategy is expected to improve timely achievement of permanency, and may also improve placement stability. In addition, training and support to implement concurrent planning will include an emphasis on family-centered practice and family involvement in case planning. This strategy is being implemented with substantial stakeholder involvement. Tribal representatives, judges, attorneys, the Court Improvement Program (CIP) Coordinator and other stakeholders are actively participating in three concurrent planning subcommittees. The CIP is taking a lead role in training judges, attorneys and CASA's about concurrent planning.

### ***Intensify healthcare focused outreach***

CMDP will continue to deliver EPSDT, dental and immunization reminders to caregivers and CPS Specialists to improve rates of service provision. This has proven an effective strategy for achieving high rates of service to target populations, such as immunizations for young children. This outreach will include a focus on dental services, which was identified as a need in the CFSR On-site Review.

### ***Implement new tools, training, and practices to address the complex mental health needs of children in the child welfare system***

The Division is supporting the Arizona Department of Health Services' (ADHS) implementation of the CASII (Child and Adolescent Service Intensity Instrument) to identify children with complex needs in order to determine whether a behavioral health case manager is needed; training of providers on the unique needs of children in the child welfare system; and the "Meet Me Where I Am" campaign to expand the capacity and quality of wraparound services. Use of the CASII will help the Child and Family Team to focus on the primary needs of the child and the correct intensity and array of services. The CASII will identify children who require an

Intense Case Manager in the behavior health system to ensure that the services are implemented promptly. The Division is also adding to its own policy manual updated ADHS policy on informed consent and best practices for the use of psychotropic medication among children, so that CPS Specialists can more easily access and apply this policy. These activities will improve assessment of children's needs, and improve access to necessary mental health services. As observed during the CFSR On-site Review, better identification of behavioral health needs and provision of services to address needs can reduce foster care entry and re-entry, improve placement stability, support earlier reunification, and allow children to remain safely in-home. This strategy also addresses the need for more timely access to behavioral health services, which was a primary CFSR finding in the area of service array. These action steps are being implemented in cooperation with the many State agencies represented on the Children's Executive Committee, and with the Arizona Department of Health Services in the lead role.

***Gather and analyze data to identify systemic barriers and service gaps to improve the children's system of care***

The Division, ADHS, and other partners will monitor outcome data, conduct reviews of shared cases, and hold strategic planning meetings to form a shared factual understanding of the State's success meeting the complex mental health needs of children in the child welfare system, to guide collaborative program improvement. By jointly analyzing behavioral health outcome data, the participants will develop a shared understanding of strengths and needs, which is an important prerequisite for meaningful outcome focused collaboration. Continually analyzing data on indicators such as timely delivery of services will help the Division, ADHS and other partners to identify the delivery system components where delays occur and target interventions effectively.

***Carry out Executive Order 2008-01: Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services***

Arizona's Governor issued an Executive Order to require State agencies to assess substance abuse service capacity and to prioritize provision of substance abuse treatment services for families involved with Child Protective Services, toward a goal of increasing the availability of substance abuse treatment services for families involved with CPS. The Division and its partners have gathered and analyzed available data on substance abuse treatment needs and capacity and submitted the first report to the Governor. The Division and other agencies are working to improve the quality of this data and will produce annual reassessment reports. Inter-agency committees, particularly the Arizona Substance Abuse Partnership and its sub-committees, are using the report to identify gaps and strategies to improve service capacity.

***Implement the Parent to Parent Recovery Program in Maricopa County***

The Division is implementing a Parent to Parent Recovery Coach service component for targeted populations in Maricopa County (District 1) who are referred to or are in receipt of Arizona Families F.I.R.S.T. (AFF) comprehensive substance abuse treatment program services. Recovery Coaches (Peer Mentors) have prior personal experience with CPS and have been in recovery for at least one year. The priority target population is those parents with substance

abuse issues who become known to CPS, who have a substance exposed newborn, and who are referred to Maricopa County's project S.E.N.S.E. (Substance Exposed Newborns Safe Environment) Program. This program expands the availability of effective substance abuse treatment services to reduce foster care entry and re-entry and reduce time to reunification.

***Implement new Juvenile Court Rule on notice to caregivers***

The Administrative Office of the Courts will provide training and other guidance to Judges to stress the importance of caregiver notice and provide guidelines for ensuring caregivers have been notified.

## Children's Bureau Child and Family Services Reviews Program Improvement Plan

### I. PIP General Information

CB Region:	I	II	III	IV	V	VI	VII	VIII	IX	<input checked="" type="checkbox"/>	X
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State: Arizona

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\*List key individuals who are actually working on the PIP and not necessarily everyone who was consulted during the PIP development process.

## II. PIP Strategy Summary and TA Plan

**State:** Arizona

**Date Initially Submitted:** February 19, 2008

**Date Revised Submitted:**

Primary Strategies	Key Concerns	TA Resources Needed
<p>1. Implement Cornerstones for Kids' Workforce Planning Initiative to strengthen staff recruitment, retention, training, and supports</p>	<p>This strategy will potentially impact all the concerns identified in the CFSR Final Report. It is a primary strategy to address:</p> <ul style="list-style-type: none"> <li>• Timely response to CPS reports</li> <li>• Quality of initial and ongoing safety and risk assessments</li> <li>• Provision of services in-home to prevent removal and re-entry</li> <li>• Frequency and quality of monthly in-person contacts with children and parents</li> <li>• Staff experience and skill engaging parents and children in case plan development</li> </ul>	<p>Cornerstones for Kids</p>
<p>2. Align Division management, policy, practice, and training to strengthen the statewide DCYF Quality Improvement System</p>	<p>This strategy will potentially impact all the concerns identified in the CFSR Final Report. It is a primary strategy to address:</p> <ul style="list-style-type: none"> <li>• Timely response to CPS reports</li> <li>• Quality of initial and ongoing safety and risk assessments</li> <li>• Provision of services in-home to prevent removal and re-entry</li> <li>• Concerted efforts to identify, locate, and engage fathers</li> <li>• Frequency and quality of monthly in-person contacts with children and parents</li> <li>• Timely progress toward adoption (TPR, adoptive home identification and placement, finalization)</li> <li>• Assessment and service provision to meet children's educational and physical health needs</li> <li>• Provision of independent living services to eligible youth</li> </ul>	<p>None</p>

Primary Strategies	Key Concerns	TA Resources Needed
<p>3. Align Child Abuse Hotline report acceptance and prioritization procedures with the Division’s CSA and SRA tools and decision-making processes</p>	<p>This strategy will improve timeliness of response by correctly prioritizing reports of maltreatment so that reports indicating present or impending danger receive the fastest response. This strategy can also improve the Division’s success at protecting children in-home, preventing removal, and assessing risk of harm by gathering at the point of hotline communication more relevant and comprehensive information about family factors impacting safety and risk.</p>	<p>NRC for Child Protective Services (NRCCPS)</p>
<p>4. Provide training, targeted guidance, and supervision to increase staff skill in the application of the integrated Child safety Assessment (CSA)-Strengths and Risks Assessment (SRA)-Case Plan</p>	<p>This strategy will potentially impact all the concerns identified in the CFSR Final Report. Thorough assessment of safety and risk occurring throughout the life of each case will allow the agency to correctly identify children requiring protection and families requiring services to reduce risks. Development of behavior-based case plans that are directly linked to identified risks and protective capacities will improve timely pursuit of permanency goals and provision of services to parents, children, and caregivers. The CSA-SRA-case plan tools and process also provide a structure and cues for ongoing assessments during monthly in-person contacts, including progress toward permanency and child education, physical health, and mental health needs. Supervision processes are built within the tools and process to support family-centered practice and sound decision-making. This strategy is a primary strategy to address:</p> <ul style="list-style-type: none"> <li>• Initial and ongoing safety and risk assessments</li> <li>• Provision of services in-home to prevent removal and re-entry</li> <li>• Support to children and out-of-home caregivers to prevent runaways and placement disruptions</li> <li>• Timely assignment and pursuit of permanency goals and concurrent goals</li> <li>• Provision of adequate services to parents to promote reunification</li> <li>• Concerted efforts to identify, locate, and engage fathers</li> <li>• Services and supports for kinship caregivers</li> <li>• Quality of monthly in-person contacts with children and parents</li> <li>• Staff skill engaging parents and children in case plan development</li> <li>• Assessment and service provision to address children’s educational, physical health, and behavioral health needs</li> </ul>	<p>Annie E. Casey Foundation – Family to Family is providing the Engaging Families in Assessment training, which incorporates the CSA/SRA assessment process. Training of Division trainers will allow future training.</p>

Primary Strategies	Key Concerns	TA Resources Needed
<p>5. Implement the Family to Family strategy of Recruitment, Development and Support of Resource Families</p>	<p>This strategy will potentially impact all the permanency and well-being concerns identified in the CFSR Final Report. Placement of children with kin and within their home communities preserves connections. In addition, such placements can provide continuity of educational, physical health, and behavioral health services and reduce barriers to parent and sibling visitation. The HRSS contract includes 11 performance measures that promote shared parenting, sibling contact, placement stability, sibling group placements, placements within home neighborhoods, and resource family licensing and retention based upon the Family to Family values, principles, and outcomes. This strategy is a primary strategy to address:</p> <ul style="list-style-type: none"> <li>• Support to children and out-of-home caregivers to prevent runaways and placement disruptions</li> <li>• Support services for kinship caregivers</li> <li>• Concerted efforts to promote visits with the mother, father, and siblings</li> <li>• Concerted efforts to support the relationships with mother and father</li> <li>• Concerted efforts to maintain the child’s connections to extended family, religious and cultural heritage, school, and community</li> </ul>	<p>Annie E. Casey Foundation – Family to Family</p>
<p>6. Expand and strengthen the use of family team meetings, particularly the Family to Family strategy of Team Decision Making</p>	<p>This strategy will potentially impact all the permanency and well-being concerns identified in the CFSR Final Report. This is a primary strategy to address:</p> <ul style="list-style-type: none"> <li>• Services to protect children in-home and prevent removal or re-entry</li> <li>• Support to children and out-of-home caregivers to prevent runaways and placement disruptions</li> <li>• Support services for kinship caregivers</li> <li>• Diligent search for missing parents</li> <li>• Concerted efforts to identify, locate, and engage fathers in case planning and services</li> <li>• Concerted efforts to support the relationships with mother and father</li> <li>• Concerted efforts to promote visits with the mother, father, and siblings</li> <li>• Concerted efforts to maintain the child’s connections to extended family, religious and cultural heritage, school, and community</li> <li>• Concerted efforts to engage children in case planning</li> </ul>	<p>Annie E. Casey Foundation – Family to Family</p>

Primary Strategies	Key Concerns	TA Resources Needed
7. Involve birth families and resource families in early identification and pursuit of simultaneous (concurrent) permanency goals when the prognosis of reunification within 12 months of removal is poor	<ul style="list-style-type: none"> <li>• Prevent placement changes that are not planned by the agency to further attain the child’s permanency goal</li> <li>• Timely assignment and pursuit of permanency goals and concurrent goals</li> <li>• Concerted efforts to identify, locate, and engage fathers in case planning and services</li> <li>• Provision of adequate services to parents to promote reunification</li> <li>• Timely progress toward adoption (filing of TPR motions, identification of an adoptive home, placement in the adoptive home)</li> </ul>	NRC for Family-Centered Practice and Permanency Planning (NRCFCP)
8. Intensify healthcare focused outreach to increase CPS Specialist, out-of-home caregiver, and PCP awareness about the general and child-specific physical and dental healthcare needs of children in out-of-home care	<ul style="list-style-type: none"> <li>• Provision of initial and ongoing medical and dental assessments and services</li> </ul>	None
9. Collaborate with the Arizona Department of Health Services (ADHS) to implement new tools, training, and practices to address the complex mental health needs of children in the child welfare system	<ul style="list-style-type: none"> <li>• Services to protect children in-home and prevent removal or re-entry</li> <li>• Support to children and out-of-home caregivers to prevent runaways and placement disruptions</li> <li>• Support services for kinship caregivers</li> <li>• Provision and quality of assessment and treatment of child mental health needs</li> </ul>	None
10. In partnership with ADHS and other partners, develop a system to gather and analyze data to identify systemic barriers and service gaps to improve the children’s system of care	<ul style="list-style-type: none"> <li>• Services to protect children in-home and prevent removal or re-entry</li> <li>• Support to children and out-of-home caregivers to prevent runaways and placement disruptions</li> <li>• Support services for kinship caregivers</li> <li>• Provision and quality of assessment and treatment of child mental health needs</li> <li>• Availability of behavioral health services</li> </ul>	None

Primary Strategies	Key Concerns	TA Resources Needed
11. Carry out Executive Order 2008-01: <i>Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services</i>	<ul style="list-style-type: none"> <li>• Provision of services in-home to prevent removal and re-entry</li> <li>• Capacity of the behavioral health system to meet the treatment needs of parents with substance abuse problems</li> <li>• Availability of child and adult behavioral health services</li> </ul>	None
12. In collaboration with the agencies comprising the Arizona Families F.I.R.S.T.'s Maricopa Regional Partnership, implement the Parent to Parent Recovery Program in four Maricopa County communities, including assignment of trained Recovery Coaches and provision of comprehensive interventions conducted by well-informed and integrated service delivery teams, to engage and assist families with parental methamphetamine use and a child at risk of removal	<ul style="list-style-type: none"> <li>• Provision of services in-home to prevent removal and re-entry</li> <li>• Capacity of the behavioral health system to meet the treatment needs of parents with substance abuse problems</li> <li>• Availability of appropriate treatment to treat methamphetamine abuse and address relapse issues</li> <li>• Engagement of parents and children in case plan development</li> </ul>	
13. Implement new Juvenile Court Rule on notice to caregivers	<ul style="list-style-type: none"> <li>• Consistent notification of court hearings</li> </ul>	None

### III. Agreements and Amendments

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

\_\_\_\_\_  
 Name of State Executive Officer for Child Welfare Services                      Date

\_\_\_\_\_  
 Children's Bureau    Date

This following section should be completed only in the event of renegotiations regarding the content of the PIP, pursuant to 45 CFR 1355.35(e)(4). Copies of approved, renegotiated PIPs must be retained and distributed as noted above immediately upon completion of the renegotiation process.

The renegotiated content of the attached PIP, as summarized below, has been approved by State personnel and the Children's Bureau Regional Office with authority to negotiate such content and is approved by Federal and State officials:

Renegotiated Action Steps, Benchmarks or Improvement Goal	Date Renegotiated	Approval of State Executive Officer for Child Welfare Services
		Approval Children's Bureau

## IV. PIP Matrix

**State:** Arizona

**Type of Report:** PIP:  Quarterly Report:  (Quarter: )

**Date Initially Submitted:** February 19, 2008

**Date Revised Submitted:**

### Part A: Strategy Measurement Plan and Quarterly Status Report

<b>Primary Strategy:</b> 1. Implement Cornerstones for Kids' Workforce Planning Initiative to strengthen staff recruitment, retention, training, and supports			<b>Applicable CFSR Outcomes or Systemic Factors:</b> Safety Outcomes 1 and 2 Well-Being Outcome 1 Case Review System		
<b>Goal:</b> Develop a quality front line workforce that is prepared for the work of child welfare and supported to do their jobs			<b>Applicable CFSR Items:</b> Items 1, 3, 4, 17, 18, 19, 20, 25, 28		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
1.1 Implement a competency model for CPS Specialists that reflects Family to Family values and principles, including family-centered and community-based practice; and a plan for moving the DCYF workforce to that competency model within recruitment, selection, staff-development, and performance management	Suzanne Williams	Evidence of completion of benchmarks 1.1 (A) through (C)	Q4		

1.1 (A) Train CPS supervisors on the use of behavioral hiring interviews that are based on the competencies in the model	Terry Christopherson	Training curriculum and number of CPS supervisors trained	Q4		
1.1 (B) Update Position Description Questionnaires (PDQs) and Performance Appraisal for State Employees (PASE) to incorporate the competencies from the model	Terry Christopherson	New PDQs and PASE templates	Q2		
1.1 (C) Evaluate staff competency in critical practice areas through the Practice Improvement Case Review and provide feedback and support to increase staff competency through Professional Skill Building Plans, as described in action step 2.1.	Katherine Guffey	Evidence of completion of action step 2.1.	Q2		
1.2 Strengthen the role of the supervisor to improve CPS Specialist workforce stability and decrease turnover	Jakki Hillis	Evidence of completion of benchmarks 1.2 (A) and (B)	Q5		
1.2 (A) Develop a competency model for the CPS Unit Supervisor position that clearly defines the values, attitudes, and behaviors that supervisors should possess; and use of this model for recruitment, selection, staff-development, and performance management	Terry Christopherson	Official description of supervisor competency model	Q4		

1.2 (B) Identify training, tools, and other supports supervisors need in order to develop the competencies	Jakki Hillis	List of training, tool, and other needed supports	Q5		
1.3 Gather, analyze, and use data on staff turnover and retention to reduce turnover and improve competency ratings	Terry Christopherson	Evidence of completion of benchmarks 1.3 (A) through (C)	Q6		
1.3 (A) Improve the staff exit survey process	Terry Christopherson	Copy of revised exit survey	Q4		
1.3 (B) Identify critical factors for retention of competent CPS Specialists, Supervisors, and Program Specialists	Terry Christopherson	Summary of exit survey results, including a list of factors	Q6		
1.3 (C) Based on the data analysis, identify actions to improve retention	Terry Christopherson	List of actions	Q6		
<b>Renegotiated Action Steps and Benchmarks</b>					

<p><b>Primary Strategy:</b></p> <p>2. Align Division management, policy, practice, and training to strengthen the statewide DCYF Quality Improvement System</p>	<p><b>Applicable CFSR Outcomes or Systemic Factors:</b></p> <p>Safety Outcomes 1 and 2  Permanency Outcomes 1 and 2  Well-Being Outcomes 1, 2, and 3  Case Review System</p>
<p><b>Goal:</b> Maintain Division-wide accountability to clearly defined safety, permanency, and well-being goals and practice standards</p>	<p><b>Applicable CFSR Items:</b></p> <p>Items 1, 3, 4, 6, 7, 8, 9, 10, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 28, 29</p>

<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
2.1 Develop processes to increase CPS administrator, manager, supervisor, and worker involvement in self-evaluation and quality improvement activities	Katherine Guffey	Evidence of completion of benchmarks 2.1 (A) through (G)	Q6		
2.1 (A) Produce a comprehensive DCYF Quality Improvement System Manual	Katherine Guffey	QI System Manual	Q1		
2.1 (B) Revise the Practice Improvement Case Review (PICR) Instruments to prioritize skilled implementation of the CSA-SRA-Case Plan process, closely align with the practice standards described in DCYF policy relevant to CFSR performance areas, and generate data on the PIP measures for items 17, 18 and 20	Katherine Guffey	Revised instruments	Q1		
2.1 (C) Initiate PICR of initial assessment, in-home, and out-of-home cases, using the revised instruments	Katherine Guffey	First quarterly Self-evaluation and Quality Improvement Activity Report with results from initial assessment, in-home and out-of-home case reviews	Q2		

2.1 (D) Submit to DHHS baseline data for the PIP measures for items 17, 18 and 20	Katherine Guffey	Revised PIP including baseline data	Q6		
2.1 (E) Develop a process and template for Professional Skill Building Plans, to guide supervision and acquisition of critical practice skills (such as timely response, safety assessment, risk assessment, case planning, identification of fathers, family engagement, contacts with children and parents, and timely progress toward reunification or adoption)	Katherine Guffey	Professional Skill Development Plan template, and QI Manual describing use of the plans	Q1		
2.1 (F) Produce quarterly Self-evaluation and Quality Improvement Activity Reports (including PICR results, CFSR permanency national standard data, data on timeliness of initial response, and other PIP measure data) and provide the reports to Central Office leadership, District Program Managers (PMs), and the Division's Training and Policy Managers	Katherine Guffey	Two consecutive reports produced	Q2		

2.1 (G)	Review the Self-evaluation and Quality Improvement Reports at monthly meetings of training, policy, and practice improvement staff to identify needs for training, policy revisions, and other practice supports	Katherine Guffey Holli Sanger Linda Johnson Jacob Schmitt	Participant signature sheet from two meetings in which the QI report was discussed	Q2		
2.2	Implement the Family-to-Family core strategy of Self-Evaluation	DCYF Family-to-Family Manager	Evidence of completion of benchmarks 2.2 (A) through (C)	Q2		
2.2 (A)	Provide semi-annual data reports on the nine Family to Family outcomes, including cohort data, to field staff, community partners, and Family to Family strategy workgroups to monitor changes in outcome performance relative to the Family to Family key strategies	Nick Espadas	One data report produced	Q1		
2.2 (B)	Hold at least quarterly meetings of Family to Family Self-Evaluation Teams (SETs) in all districts, to review data on the nine outcomes of Family to Family and TDM data	Family to Family Manager and District Program Managers	Minutes from two consecutive quarterly SET meetings in each district	Q2		
2.2 (C)	Develop action plans to address needs identified through the review of Family to Family and TDM data	District SET Leads	Action plan from each district	Q2		

2.3 Use the PICR and statewide and local teams to gather and use data to monitor and improve educational program goals and outcomes	Katherine Guffey	Evidence of completion of benchmarks 2.3 (A) through (C)	Q4		
2.3 (A) In consultation with the multi-agency Arizona Education Summit Team (AEST), revise the PICR Instrument item to measure achievement of educational program goals and outcomes	Katherine Guffey	Review instrument	Q1		
2.3 (B) Provide the case review results to Central Office management, District PMs, the Division's Training and Policy Managers, the AEST, and local teams for worker-specific and systemic feedback and action planning	Katherine Guffey	First Self-Evaluation and QI Activity Report with this data	Q2		
2.3 (C) Provide technical assistance and financial support to local teams in Maricopa, Pima, and Yavapai Counties to achieve their local education plan objectives	Dennis Ichikawa - Casey Family Programs	Memo from Casey Family Programs summarizing support provided in 2008	Q4		

<p>2.4 Identify, analyze data about, and address the needs of out-of-home care populations who have not received timely physical, dental, and mental healthcare</p>	<p>Kathy Taylor-Laws - CMDP Program Administrator</p> <p>Susan Stephens, MD - CMDP Medical Director</p> <p>Katherine Guffey</p>	<p>Evidence of completion of benchmarks 2.4 (A) through (F)</p>	<p>Q4</p>		
<p>2.4 (A) Include DCYF Policy, Practice Improvement, and other staff in quarterly meetings of the CMDP Quality Management/ Performance Improvement Committee - to analyze, actively monitor, and address data on the CMDP population's needs</p>	<p>Same as action step 2.4</p>	<p>Roster of CMDP QM/PI Committee Members and copy of two meeting's minutes</p>	<p>Q1</p>		
<p>2.4 (B) Compile identifying and service information on an initial target population (children that do not have evidence in the automated billing system of physical, dental or mental health services within 120 days of entering out-of-home care)</p>	<p>Same as action step 2.4</p>	<p>Excerpt of report with population and service information</p>	<p>Q2</p>		
<p>2.4 (C) Research the situation of children in the initial target population to identify system trends and case specific needs</p>	<p>Same as action step 2.4</p>	<p>Report summarizing the findings</p>	<p>Q3</p>		

2.4 (D)	Provide to DCYF leadership a copy of the report describing the trends identified through step 2.4 (C), to address systemic improvement needs	Same as action step 2.4	Report describing trends	Q3		
2.4 (E)	Send letters to the out-of-home caregivers when service has not been delivered within 120 days after CMDP enrollment	Same as action step 2.4	Copy of outreach letter and total number of letters sent	Q3		
2.4 (F)	Conduct follow-up with caregivers, CPS Specialists, medical providers, and/or DCYF leadership to address child-specific needs identified through step 2.4 (C)	Same as action step 2.4	Report summarizing the findings and follow-up efforts	Q4		
2.5	Gather, analyze, and monitor data on provision of independent living (IL) services to eligible youth, identify trends, and use the QI system to implement worker-specific and systemic improvements	Katherine Guffey	Evidence of completion of benchmarks 2.5 (A) through (E)	Q3		
2.5 (A)	Produce baseline data on the percentage of youth in out-of-home care for 60 days or more, age 16 to 18, with a current permanency or concurrent goal of independent living or long-term foster care, who have received or are receiving IL skills training	Nicholas Espadas	Revised PIP including baseline data	Q1		

2.5 (B) Include in the quarterly Self-evaluation and Quality Improvement Activity Reports progress data on the measure cited in 2.5 (A)	Katherine Guffey	Two quarterly reports with this data	Q3		
2.5 (C) Review a random selection of eligible youth that have not received IL skills training, to identify data integrity issues, practice trends, and case specific needs	Katherine Guffey	Report summarizing the findings of this evaluation	Q2		
2.5 (D) In consultation with the DCYF IL Specialist and district CPS Specialists, develop a Practice Improvement Case Review Instrument item to measure achievement of IL outcomes and program goals in applicable cases from the monthly random PI Case Review sample	Katherine Guffey	Review instrument	Q1		
2.5 (E) Provide the case review results to Central Office leadership, District PMs, and the Division's Training and Policy Managers for worker-specific and systemic feedback and action planning, and to address case-specific IL needs	Katherine Guffey	First Self-Evaluation and QI Activity Report with this data	Q2		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 3. Align Child Abuse Hotline report acceptance and prioritization procedures with the Division’s CSA and SRA tools and decision-making processes			<b>Applicable CFSR Outcomes or Systemic Factors:</b> Safety Outcome 1 Safety Outcome 2		
<b>Goal:</b> Improve the accuracy and consistency of Hotline decisions in response to communications about child safety and well-being so that unsafe children receive a timely safety assessment and families are served in the least intrusive manner necessary to maintain child safety			<b>Applicable CFSR Items:</b> Items 1, 3 and 4		
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
3.1 With technical assistance from the NRC for Child Protective Services, adjust the Child Abuse Hotline’s report acceptance and prioritization procedures to align with the Division’s safety and risk assessment tools and procedures	Michelle Parker	Evidence of completion of benchmarks 3.1 (A) through (D)	Q5		
3.1 (A) Request from DHHS approval for technical assistance from the NRCCPS	Linda Johnson	Application for technical assistance	Q1		
3.1 (B) Evaluate hotline protocols and a sample of communications to understand the degree to which hotline protocols and decisions are consistent with DCYF safety and risk assessment procedures (for example, do the cue questions elicit maximum information about potential safety threats and risk factors as defined in the CSA-SRA)	Michelle Parker Rhonda Coates	Evaluation published by the NRCCPS	Q2		

3.1 (C) Within a workgroup of Division staff, review the evaluation findings and identify actions to improve hotline protocols, tools, or practices	Michelle Parker Rhonda Coates	Hotline action plan	Q2		
3.1 (D) Revise hotline protocols, tools, or practices to address the recommendations in the hotline evaluation	Michelle Parker Rhonda Coates	Revised protocols and/or tools	Q5		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b>		<b>Applicable CFSR Outcomes or Systemic Factors:</b>			
4. Provide training, targeted guidance, and supervision to increase staff skill in the application of the integrated Child safety Assessment (CSA)-Strengths and Risks Assessment (SRA)-Case Plan		Safety Outcome 2 Permanency Outcomes 1 and 2 Well-Being Outcomes 1, 2 and 3 Case Review System Service Array			
<b>Goal:</b> Improve the accuracy, consistency, and documentation of decisions related to safety, risk, safety planning, and behavior-based case planning		<b>Applicable CFSR Items:</b> Items 3, 4, 6, 7, 8, 9, 10, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 28, 35, 36			
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
4.1 Provide easy access to policy guidance on implementation of the CSA-SRA-case plan	Linda Johnson	Evidence of completion of benchmarks 4.1 (A) through (D)	Q1		

4.1 (A) Hire a full-time Assessment and Case Planning Specialist devoted to support and education of staff for implementation of the CSA-SRA-case plan process	Linda Johnson	Position Description and Central Office telephone directory listing the employee's name and title	Q1		
4.1 (B) Maintain an e-mail address designated to receive policy questions from DCYF staff on the CSA-SRA-case plan process	Jacob Schmitt	An e-mail and reply using this e-mail address	Q1		
4.1 (C) Publish periodic policy Question and Answer documents and maintain in an easily accessible location	Linda Johnson Jacob Schmitt	Two Q & A documents	Q1		
4.1 (D) Hold monthly meetings of training, policy, and practice improvement staff to discuss policy, practice, and training questions about the CSA-SRA-case plan process	Katherine Guffey Holli Sanger Linda Johnson Jacob Schmitt	Participant signature sheet from two meetings	Q1		
4.2 Employ the Quality Improvement System to gather data about implementation of the CSA-SRA-case plan process and design worker-centered and systemic improvement strategies	Katherine Guffey	Evidence of completion of benchmarks 2.1 (A) through (G)	Q6		

4.3	Provide an array of trainings to CPS Specialists, CPS Supervisors, and Assistant Program Managers on use of the CSA-SRA-case plan process and supervision of safety, risk, and case planning decisions	Holli Sanger	Evidence of completion of benchmarks 4.3 (A) through (F)	Q4		
4.3 (A)	Provide ongoing refresher trainings to CPS Specialists on the concepts and automation process of the CSA-SRA-Case Plan, statewide, as needed or requested	Holli Sanger	Training agenda and announcement, and number of CPS Specialists trained	Q1		
4.3 (B)	Publish clarifications on policy, best-practice, and automation of the CSA-SRA-Case Plan process, as needed	Linda Johnson Jacob Schmitt	Two clarifications	Q2		
4.3 (C)	Deliver a three module advanced supervisory skills training to all existing CPS unit supervisors and Assistant Program Managers, emphasizing supervision of safety, risk, and case planning decisions; and to model group and individual supervision skills	Holli Sanger	Training agenda and announcement	Q3		
4.3 (D)	Provide to existing CPS Specialists a two day training on Engaging and Assessing Families, including content on engagement within the CSA-SRA-Case Plan process	Holli Sanger Annie E. Casey Foundation	Training agenda and announcement	Q2		

4.3 (E) Incorporate content on supervision of the CSA-SRA-Case Planning process into Supervisory Core training	Holli Sanger	Training agenda or outline	Q1		
4.3 (F) Develop a schedule for ongoing delivery of advanced trainings on the CSA-SRA-Case Plan process, Behavioral Case-planning, and Clinical Supervision	Holli Sanger	Advanced training delivery plan	Q4		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 5. Implement the Family to Family strategy of Recruitment, Development, and Support of Resource Families			<b>Applicable CFSR Outcomes or Systemic Factors:</b> Permanency Outcomes 1 and 2 Well-Being Outcome 1		
<b>Goal:</b> Assure that children who cannot be protected in their own home will be placed with a safe and stable family member or with a family from their own community or neighborhood			<b>Applicable CFSR Items:</b> Items 6, 13, 14, 15, 16, 17		
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
5.1 Monitor data to support HRSS (Home Recruitment, Supervision and Support) contractor achievement of the contract's 11 performance measures and other contract requirements	District Recruitment Liaisons and PMs  Leah Wells - Home Recruitment Coordinator	Evidence of completion of benchmarks 5.1 (A) through (D)	Q4		

5.1 (A)	In collaboration with the HRSS providers, produce operational definitions of the contract's 11 performance measures	David Longo and Leah Wells	Provider meeting agenda; Document of operational definitions	Q2		
5.1 (B)	In collaboration with the HRSS providers, generate quarterly or semi-annual district and provider specific data on the contract's 11 performance measures	District Recruitment Liaisons and PMs	Excerpts of an HRSS performance measure data report	Q4		
5.1 (C)	Share with HRSS providers GIS mapping and other data on children entering care, to determine progress in recruiting culturally diverse resource families for children and their siblings, in the neighborhoods where the children reside	District Recruitment Liaisons and PMs  Leah Wells	E-mail or meeting agenda documenting distribution of data, and copy of data provided	Q3		
5.1 (D)	During agency and HRSS provider meetings in each district, discuss the data from 5.1 (B) and 5.1 (C) and identify strategies to address any low performance areas	District Recruitment Liaisons and PMs	HRSS provider meeting agenda or action plan on HRSS outcomes from each district	Q3		
5.2	Promote the agency philosophy of "support of resource families is everyone's business"	Roxann Miller	Evidence of completion of benchmarks 5.2 (A) through (D)	Q3		
5.2 (A)	Develop internal campaign materials (posters, fliers, and e-mails) to promote the philosophy	Roxann Miller	Examples of campaign materials produced	Q1		

5.2 (B)	In the <i>Arizona Statewide</i> newsletter, ask resource families to submit stories of ways they have been supported by DCYF staff	Roxann Miller	<i>Arizona Statewide</i> including request for stories	Q1		
5.2 (C)	Hold the Children Need Homes Conference themed “Embracing, caring, and supporting: It’s everyone’s business”	Roxann Miller	Conference agenda	Q3		
5.2 (D)	At the annual Children Need Homes conference, recognize DCYF staff identified by resource families as excelling in promotion of the agency philosophy of “support of resource families is everyone’s business”	Roxann Miller	Conference agenda	Q3		
5.3	Identify staff and systems to receive, respond to, and track issues, concerns, and questions about resource family licensure, certification, supervision, and support; and compile this information to guide systemic improvement	Pat Carey	Evidence of completion of benchmarks 5.3 (A) through (E)	Q3		
5.3 (A)	Hire a full time Central Office (CO) Resource Family Advocate	Pat Carey	Position description; CO telephone directory listing employee and title	Q1		

5.3 (B) Develop and maintain a database of constituent's concerns, issues, and questions about resource family licensure, certification, supervision, and support; and the resolutions to these	Christina Saunders	A monthly summary report describing the types of calls received and the systemic needs identified	Q1		
5.3 (C) Respond to the individual families' questions and concerns, and identify systemic improvement needs	Christina Saunders	A monthly summary report describing the types of calls received and the systemic needs identified	Q1		
5.3 (D) Implement a system to identify and follow-up with families who express an interest in becoming a resource parent, within 45 days of inquiry, to provide additional information and resolve barriers to licensure	Lynn Griffin	A monthly summary report describing the types of calls received and the systemic needs identified	Q1		
5.3 (E) Implement a system to identify and re-engage families who choose to leave foster parenting or decline license renewal	Christina Saunders	A monthly summary report describing the types of calls received systemic needs identified	Q3		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 6. Expand and strengthen the use of family team meetings, particularly the Family to Family strategy of Team Decision Making			<b>Applicable CFSR Outcomes or Systemic Factors:</b> Permanency Outcomes 1 and 2 Well-Being Outcome 1		
<b>Goal:</b> Involve birth families and community members, along with resource families, service providers, and agency staff, in all placement decisions, to ensure a network of support for the child and the adults who care for them			<b>Applicable CFSR Items:</b> Items 6, 13, 14, 15, 16, 17, 18		
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
6.1 Increase the percentage of children removed for which a TDM was held prior to the removal	District PMs	Evidence of completion of benchmarks 6.1 (A) and (B)	Q4		
6.1 (A) Implement TDMs prior to or immediately after removals in locations within Districts 3 through 6	Gary Arnold Sonya Toman Chris Taylor Debbie Nishikida	Districts' Operating Procedures on TDM	Q4		
6.1 (B) Within district TDM strategy committees, monitor and analyze district data on use of TDMs for new removals	District PMs  Family to Family Manager	Family to Family TDM strategy committee meeting agenda or action plan on TDM outcomes from each district	Q4		
6.2 Hold a TDM or CFT meeting prior to unplanned placement changes, in all districts	District PMs	Evidence of completion of benchmarks 6.2 (A) through (D)	Q5		

6.2 (A) Implement TDMs for unplanned placement changes in Districts 1 and 2	Gene Burns Lillian Downing	District Operating Procedures on TDMs	Q2		
6.2 (B) Implement TDMs for unplanned placement changes in locations within Districts 3 through 6	Gary Arnold Sonya Toman Chris Taylor Debbie Nishikida	District Operating Procedures on TDMs	Q5		
6.2 (C) Identify methods to monitor compliance with the HRSS contract requirement that a TDM or CFT meeting be requested by the HRSS contractor and/or CPS Specialist prior to any potential placement disruption	District PMs	District Operation Procedures and/or letter to providers describing monitoring method(s)	Q2		
6.2 (D) Monitor data on compliance with the HRSS contract requirement identified in 6.2(C)	District Recruitment Liaisons or PMs	Meeting agendas or e-mails from each district for two consecutive quarters identifying the dates and participants in data monitoring	Q4		
6.3 Increase father attendance at TDM and CFT meetings, when the father's attendance is not contrary to the child's safety or well-being	District PMs	Evidence of completion of benchmarks 6.3 (A) through (F)	Q2		
6.3 (A) Identify a baseline for the number of fathers attending initial TDM meetings in Districts 1 and 2	Gene Burns Lillian Downing	E-mail from District 1 and 2 PMs identifying baseline data	Q3		

6.3 (B)	Provide data on father attendance to the TDM and self-evaluation strategy teams for analysis and identification of improvement activities	Gene Burns Lillian Downing	Meeting minutes or action plans addressing father attendance at TDMs	Q2		
6.3 (C)	Produce Practice Improvement Case Review baseline data on the percentage of applicable cases in which the agency made concerted efforts to include the father in TDM and CFT meetings during the period under review	Katherine Guffey	Quarterly PIP report providing baseline data to DHHS	Q3		
6.3 (D)	Provide data on the measure cited in 6.3 (C) to Central Office leadership, District PMs, and the Division's Training and Policy Managers for worker-specific and systemic feedback and action planning, and to address case-specific needs	Katherine Guffey	First Self-Evaluation and QI Activity Report with this data	Q3		
6.3 (E)	Send eight Division staff to the National Fatherhood and Families Conference	Holli Sanger	Conference agenda and Purchase Order listing Division attendee names	Q1		
6.3 (F)	Add more content on father engagement to CPS Specialist core training, such as content on the potential benefits of identifying and locating fathers	Holli Sanger	Training outline or curriculum excerpts	Q2		

6.4	Implement Icebreaker meetings for children placed in out-of-home care in Districts 1 and 2	Gene Burns Lillian Downing	Evidence of completion of benchmarks 6.4 (A) through (D)	Q4		
6.4 (A)	Publish District Operating Procedures on use of Icebreaker Meetings	Gene Burns Lillian Downing	Districts' Operating Procedures on Icebreaker Meetings	Q3		
6.4 (B)	Review a 25% random sample of TDM Summary Reports in District 1 cases with a recommendation of out-of-home placement to ensure an Icebreaker brochure was provided to the parents	Gene Burns	Report of review findings	Q1		
6.4 (C)	Provide the results of 6.4 (B) to field section APMs and require any APM with low compliance rates to implement improvement strategies	Gene Burns	Report of findings indicating high performance; or memo from District 1 describing improvement strategies	Q2		
6.4 (D)	In conjunction with staff and stakeholders on the Resource Family Recruitment, Retention, and Support committee, identify a method to monitor use of Icebreaker meetings to ensure they are occurring as planned	Angela Martinez	Meeting minutes or district procedures describing the monitoring process	Q4		

<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 7. Involve birth families and resource families in early identification and pursuit of simultaneous (concurrent) permanency goals when the prognosis of reunification within 12 months of removal is poor			<b>Applicable CFSR Outcomes or Systemic Factors:</b> Permanency Outcome 1		
<b>Goal:</b> Reduce time to permanency and the number of placement changes for children in out-of-home care			<b>Applicable CFSR Items:</b> Items 6, 7, 8, 9		
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
7.1 Strengthen agency policies, practice, and implementation of concurrent planning, statewide	Linda Johnson	Evidence of completion of benchmarks 7.1 (A) through (J)	Q5		
7.1 (A) Hold a one day orientation and planning meeting (facilitated by NRC on Family-Centered Practice and Permanency Planning) of staff and stakeholders, including tribal, CIP/court, and other stakeholder representatives	Linda Johnson	Meeting agenda and invitation, and attendee signature sheet documenting attendance by CIP, courts, and other stakeholders	Q1		
7.1 (B) Form concurrent planning subcommittees on policy and procedures, infrastructure and systems, and stakeholder engagement	Sandra Lescoe	Agenda and invitation for the first meeting of each subcommittee	Q1		

7.1 (C)	In partnership with the Division and the NRC for Legal and Judicial Issues, arrange discussion / training regarding concurrent planning in Arizona	Rob Shelley – Court Improvement Coordinator (AOC)	Discussion meeting or training agenda, number and role of participants	Q4		
7.1 (D)	Review the data tools and process used by FCRB and CASA volunteers for review of dependency cases and update DCATS application to account for changes associated with concurrent planning needs	Rob Shelley – Court Improvement Coordinator (AOC)	Description of changes to DCATS	Q5		
7.1 (E)	Implement revised DCYF concurrent planning policy and Reunification Prognosis Checklist (policy and procedures subcommittee)	Sandra Lescoe	Revised policy	Q1		
7.1 (F)	Identify and act to eliminate systemic barriers to implementation of concurrent case planning in three primary areas of focus: court system, child welfare practice, and case planning	Sandra Lescoe	Work plan identifying specific tasks and completion date for the infrastructure subcommittee	Q1		
7.1 (G)	Develop a staff training plan and train CPS Specialists and CPS Unit Supervisors on concurrent planning	Holli Sanger	Training agenda and announcement of training dates, number of CPS Specialists and CPS Unit Supervisors trained	Q4		

7.1 (H) Develop opportunities for education and information sharing for key stakeholders on a community by community basis (CASA, FCRB, RBHA, attorneys, court personnel, probation, community partners, resource families) to communicate Concurrent Permanency Planning Policy and practices	Janice Mickens  District Program Managers	Announcement and invitation to opportunity or opportunities in each district	Q4		
7.1 (I) Develop an opportunity for education and information sharing for tribal partners	Lewis Lane, Regina Yazzie, Warren Koontz and Nancy Logan	Announcement and invitation to opportunity for tribal partners	Q4		
7.1 (J) Update the Practice Improvement Case Review Instrument to gather data on implementation of concurrent planning practices and provide the results to DCYF leadership in the quarterly Self-evaluation and Quality Improvement Activity Reports referenced in 2.1 (D)	Katherine Guffey	First report produced that includes this data	Q3		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 8. Intensify healthcare focused outreach to increase CPS Specialist, out-of-home caregiver, and PCP awareness about the general and child-specific physical and dental healthcare needs of children in out-of-home care			<b>Applicable CFSR Outcomes or Systemic Factors:</b> Well-Being Outcome 3		
<b>Goal:</b> Increase the number and percentage of children that receive adequate physical and dental health services			<b>Applicable CFSR Items:</b> Items 22		
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
8.1 Maintain a system of reminder notifications for EPSDT exams, dental exams, and immunizations	Kathy Taylor-Laws	Evidence of completion of benchmarks 8.1 (A) through (D)	Q2		
8.1 (A) Send bi-annual EPSDT reminder mailings to out-of-home caregivers	Kathy Taylor-Laws	Sample of ten reminder cards mailed, from two consecutive quarters	Q1		
8.1 (B) Send bi-annual dental reminder mailings to out-of-home caregivers	Kathy Taylor-Laws	Sample of ten reminder cards mailed, from two consecutive quarters	Q1		
8.1 (C) Send quarterly EPSDT and immunization reminders for out-of-home caregivers of children under 2 years of age	Kathy Taylor-Laws	Sample of ten reminder cards mailed, from two consecutive quarters	Q1		

8.1 (D) Initiate monthly contact with the CPS Specialist and PCP for all children at 12 and 18 months of age, regarding due or past due EPSDT visits and immunizations	Kathy Taylor-Laws	Sample of ten e-mails to CPS Specialists and ten faxes to PCPs, from two consecutive quarters	Q2		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 9. Collaborate with the Arizona Department of Health Services (ADHS) to implement new tools, training, and practices to address the complex mental health needs of children in the child welfare system			<b>Applicable CFSR Outcomes or Systemic Factors:</b> Safety Outcome 2 Well-Being Outcome 3 Service Array		
<b>Goal:</b> Increase opportunities for behavioral health providers to understand the unique needs of children in the child welfare system.			<b>Applicable CFSR Items:</b> Items 3, 4, 23, 35, 36		
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
9.1 Request updates from ADHS on implementation of CASII, of which Arizona's modified version will be used to identify children with complex needs in order to determine whether a behavioral health case manager is needed	Mark Ewy Mike Carr Steve Lazere	Evidence of completion of benchmarks 9.1 (A) through (C)	Q4		
9.1 (A) Provide ADHS with feedback on the proposed CASII implementation	Mark Ewy	DCYF feedback to ADHS on the proposed CASII implementation	Q1		

9.1 (B) Obtain from ADHS updates on the status of CASII training roll out	Mark Ewy Mike Carr Jytte Methman	Meeting minutes or e-mail from ADHS with CASII training roll-out update	Q3		
9.1 (C) Obtain updates from ADHS on provider training and use of CASII	Mark Ewy Mike Carr Steve Lazere	Meeting minutes or e-mail from ADHS with update information	Q4		
9.2 Continue to provide co-facilitated training to existing ADHS providers on the unique needs of children involved with CPS and incorporate this content into training for all newly hired providers	Mark Ewy Mike Carr	Evidence of completion of benchmarks 9.2 (A) through (C)	Q4		
9.2 (A) Identify DCYF personnel to co-facilitate Unique Needs training	Mark Ewy	List of DCYF staff trained as a co-facilitator	Q1		
9.2 (B) Continue to conduct monthly Strategic Planning meetings with ADHS to receive updates on initiatives related to children's behavioral health services and prioritize the behavioral health needs of children in the child welfare system	Mark Ewy Mike Carr Steve Lazere	Strategic Planning Meeting Minutes	Q1		
9.2 (C) Obtain from ADHS a list of providers who have completed the Unique Needs Training	Mark Ewy Mike Carr Steve Lazere	List of providers trained	Q4		

<p>9.3 Participate in the Arizona Children’s Executive Committee and the following subcommittees to provide recommendations for an improved children’s system of care:</p> <ul style="list-style-type: none"> <li>• Training Subcommittee</li> <li>• Clinical Subcommittees</li> <li>• Family Involvement Subcommittee</li> <li>• Adolescent Substance Abuse Treatment Subcommittee</li> </ul>	<p>Mark Ewy Mike Carr</p>	<p>Evidence of completion of benchmarks 9.3 (A) and (B)</p>	<p>Q4</p>		
<p>9.3 (A) In collaboration with the Arizona Childrens’ Executive Committee, identify training topics consistent with the ADHS Network Development Plan</p>	<p>Mike Carr Mark Ewy</p>	<p>List of training topics identified in committee minutes</p>	<p>Q2</p>		
<p>9.3 (B) In conjunction with the Arizona Children’s Executive Committee and its Training and Clinical Subcommittees, develop and implement plans and schedules for interagency cross-training</p>	<p>Mike Carr Mark Ewy</p>	<p>Committee Meeting Minutes</p>	<p>Q4</p>		
<p>9.4 Collaborate with ADHS in the “Meet Me Where I Am” campaign to expand the capacity and quality of wraparound services available through Support and Rehabilitation Services in demonstration sites within each behavioral health geographic region</p>	<p>Mike Carr</p>	<p>Evidence of completion of benchmarks 9.4 (A) and (C)</p>	<p>Q4</p>		

9.4 (A)	Provide ADHS with feedback and analysis of the proposed Support and Rehabilitation Practice Protocol	Mike Carr	DCYF response to the Support and Rehabilitation Practice Protocol	Q1		
9.4 (B)	Participate in ADHS' Support and Rehabilitation Services Steering Committee, to review and approve the Regional Behavioral Health Authority (RBHA) design plans to increase Support and Rehabilitation Services/wraparound services in their demonstration sites	Mike Carr Jyette Methman	Two quarterly Steering Committee meeting agendas or minutes	Q1		
9.4 (C)	Obtain updates from ADHS regarding the implementation of each Regional Behavioral Health Authority's plan for Support and Rehabilitation Services/wraparound services	Mike Carr	Meeting minutes or e-mails from ADHS providing updates	Q4		
9.5	Provide CPS staff with access to updated ADHS policies and procedures regarding informed consent and best practices for the use of psychotropic medication among children in out-of-home care	Mark Ewy Mike Carr Linda Johnson	Evidence of completion of benchmarks 9.5 (A) and (C)	Q4		
9.5 (A)	Work with ADHS to review and revise informed consent policies related to the use of psychotropic medication among children in out-of-home care	Mike Carr Mark Ewy	Copy of the revised policies	Q4		

9.5 (B) Add to the DCYF on-line policy manual an informational exhibit that explains informed consent and ADHS policies on the use of psychotropic medications	Mike Carr Mark Ewy Linda Johnson	Copy of Completed Psychotropic Medication Exhibit	Q4		
9.5 (C) Provide all current field staff the exhibit on informed consent and ADHS policies on the use of psychotropic medications	Mike Carr Mark Ewy Linda Johnson	Email distribution	Q4		
9.6 Develop and distribute to CPS field staff and out-of-home caregivers materials that provide questions to ask and other guidance for participation in CFT meetings when a child is prescribed a psychotropic medication	Mike Carr Mark Ewy	Evidence of completion of benchmarks 9.6 (A) and (B)	Q4		
9.6 (A) Obtain input and advice from behavioral health experts to define the materials to be produced, their content, and the best methods for distribution	Mike Carr Mark Ewy	Description of decisions reached about materials to be produced, type of content, and distribution methods	Q2		
9.6 (B) Produce and distribute guides to field staff and out-of-home caregivers	Mike Carr Mark Ewy	Copies of materials produced	Q4		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 10. In partnership with ADHS and other partners, develop a system to gather and analyze data to identify systemic barriers and service gaps to improve the children's system of care			<b>Applicable CFSR Outcomes or Systemic Factors:</b> Safety Outcome 2 Well-Being Outcome 3 Service Array		
<b>Goal:</b> Form a shared factual understanding of the State's success meeting the complex mental health needs of children in the child welfare system, to guide collaborative program improvement			<b>Applicable CFSR Items:</b> Items 3, 4, 23, 35, 36		
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
10.1 In collaboration with ADHS, identify the key child mental health service provision goals to be tracked utilizing existing data	Mark Ewy Mike Carr Steve Lazere Jennie Lagunas	Evidence of completion of benchmarks 10.1 (A) through (D)	Q4		
10.1 (A) Participate in monthly Strategic Planning Meetings to establish shared priorities and goals	Mark Ewy Mike Carr Steve Lazere Jennie Lagunas	Minutes from two Strategic Planning Meetings	Q4		
10.1 (B) Obtain information about WFAS reviews conducted on a sample of children with complex, multi-system needs	Mark Ewy Mike Carr Steve Lazere	System of Care Performance Outcome Measure Report	Q3		
10.1 (C) Initiate a system of joint reviews of a sample of cases served by CPS and ADHS	Mike Carr Mark Ewy ADHS staff person (TBD by ADHS)	Case Review Instrument	Q3		

10.1 (D) In collaboration with ADHS, identify and develop action plans to address service gaps, barriers, and strengths in the jointly reviewed cases	Mike Car Mark Ewy	Summary Report of Case Reviews	Q4		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 11. Carry out Executive Order 2008-01: <i>Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services</i>			<b>Applicable CFSR Outcomes or Systemic Factors:</b> Permanency Outcome 1 Well-Being Outcome 1 Service Array		
<b>Goal:</b> Increase the availability of substance abuse treatment services for families involved with CPS			<b>Applicable CFSR Items:</b> Items 8, 17, 35 and 36		
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
11.1 Identify mechanisms to collect data on substance abuse treatment needs and capacity	David Longo Aimee Amado	Evidence of completion of benchmarks 11.1 (A) and (B)	Q2		
11.1 (A) Form a committee of DCYF staff and others to explore data collection mechanisms to identify individuals involved with CPS who have substance issues	Aimee Amado	Meeting agenda	Q1		

11.1 (B) Identify CHILDS modifications and other activities necessary to allow data collection about substance abuse treatment needs and service capacity for families involved with CPS	David Longo Aimee Amado	Plan for developing the data collection mechanism	Q2		
11.2 Provide and review reports to the Governor on service capacity and prioritization of substance abuse services for families referred to CPS	Aimee Amado	Evidence of completion of benchmarks 11.2 (A) through (F)	Q6		
11.2 (A) Provide a report to Arizona Governor Napolitano on the Division's capacity to provide substance abuse treatment services to adults and youth statewide, including a breakdown of services by geographic region	Aimee Amado	Report to Governor Napolitano	Q1		
11.2 (B) Review the reports of the ADHS and other Executive Branch agencies submitted to the Governor in relation to the topic described in 11.2 (A), to identify needs and next steps	Aimee Amado	Other agency reports to Governor Napolitano	Q2		

11.2 (C)	Provide a report to the Arizona Substance Abuse Partnership (ASAP) describing actions taken pursuant to Executive Order 2008-01, including prioritization of substance abuse service delivery to families referred to CPS and use of federal and state funding	Aimee Amado	Report to ASAP	Q2		
11.2 (D)	Review the ASAP's report compiling the reports of all Executive Branch agencies that administer substance abuse prevention and treatment services, to identify needs and next steps	Aimee Amado	Arizona Substance Abuse Partnership's report	Q3		
11.2 (E)	Establish a data collection mechanism to gather data on prevalence of substance abuse and substance abuse service provision among individuals involved with CPS	Aimee Amado	Report specifications and/or screen prints of CHILDS windows used for data collection	Q6		
11.2 (F)	Produce an annual re-evaluation report to assess changes in the State's capacity to provide substance abuse treatment services and gaps in service capacity in each county	Aimee Amado	First annual re-evaluation report on substance abuse treatment capacity	Q6		
<b>Renegotiated Action Steps and Benchmarks</b>						

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<b>Primary Strategy:</b> 12. In collaboration with the agencies comprising the Arizona Families F.I.R.S.T.'s Maricopa Regional Partnership, implement the Parent to Parent Recovery Program in four Maricopa County communities, including assignment of trained Recovery Coaches and provision of comprehensive interventions conducted by well-informed and integrated service delivery teams, to engage and assist families with parental methamphetamine use and a child at risk of removal			<b>Applicable CFSR Outcomes or Systemic Factors:</b> Permanency Outcome 1 Well-Being Outcome 1 Service Array		
<b>Goal:</b> Reduce repeat maltreatment and child removal or re-entry by increasing methamphetamine-using parents' motivation to engage and continue in substance abuse treatment services and to use family, social, and community supports			<b>Applicable CFSR Items:</b> Items 8, 17, 35 and 36		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
12.1 Develop structural program components for implementation of the Parent to Parent model	Esther Kappas Aimee Amado	Evidence of completion of benchmarks 12.1 (A) through (C)	Q2		
12.1 (A) Secure contracts with Terros and Arizona State University for implementation and evaluation	Esther Kappas Aimee Amado	Contracts	Q1		
12.1 (B) In collaboration with a committee of staff and stakeholders, design and implement Parent to Parent program staff training	Tony Morgan - Terros Esther Kappas Aimee Amado	Training schedule and curriculum	Q1		

12.1 (C) Hire and train staff for the Parent to Parent program	Karen Bulkeley Aimee Amado Ron Carpio - Terros Tony Morgan – Terros-	Training schedule and rosters	Q2		
12.2 Initiate elements of the Parent to Parent model in collaboration with involved stakeholders	Esther Kappas Aimee Amado Ron Carpio - Terros Tony Morgan - Terros	Evidence of completion of benchmarks 12.2 (A) through (C)	Q4		
12.2 (A) In coordination with Terros, develop the initial program referral form	Esther Kappas Aimee Amado Tony Morgan - Terros	Referral form	Q1		
12.2 (B) Develop program procedures for family engagement and team coordination of service plan development	Katy McGinty - Terros Recovery Coach Specialist - Terros	Service plan	Q2		
12.2 (C) In cooperation with stakeholders and the regional partnership, monitor and evaluate overall program progress and successes	Esther Kappas	First quarterly evaluation report	Q4		
<b>Renegotiated Action Steps and Benchmarks</b>					

<b>Primary Strategy:</b> 13. Implement new Juvenile Court rule on notice to caregivers			<b>Applicable CFSR Outcomes or Systemic Factors:</b> Case Review System		
<b>Goal:</b> Increase the percentage of out-of-home caregivers who receive notification of any court hearing with respect to a child in their care			<b>Applicable CFSR Items:</b> Item 29		
<b>Action Steps and Benchmarks</b>	<b>Person Responsible</b>	<b>Evidence of Completion</b>	<b>Qtr Due</b>	<b>Qtr Done</b>	<b>Quarterly Update</b>
13.1 Implement and support a juvenile court rule of caregiver notification of hearings	Robert Shelley - AOC	Evidence of completion of benchmarks 13.1 (A) through (C)	Q2		
13.1 (A) Make effective a Juvenile Court rule that requires all foster parents, pre-adoptive parents, and relative caregivers be provided notice of and the right to be heard in <i>all</i> dependency proceedings with respect to a child in their care	Robert Shelley	Rule R06-0036 viewable on-line at: <a href="http://www.supreme.state.az.us/rules/rajuvct.htm">http://www.supreme.state.az.us/rules/rajuvct.htm</a> .	Q1		
13.1 (B) During <i>Dependency 101</i> training for Judges new to the dependency bench, inform all new judges of the notice requirements of federal law and state rule and recommend that Judges ask at the start of each hearing about notification to caregivers not present	Robert Shelley	Training agenda	Q1		

13.1 (C) In consultation with the Court Improvement Advisory Workgroup and the Committee on Juvenile Courts (COJC), publish a best practice instruction on notification of hearings to out-of-home caregivers	Robert Shelley	Published best practice instruction	Q2		
<b>Renegotiated Action Steps and Benchmarks</b>					

**Part B: National Standards Measurement Plan and Quarterly Status Report**

<b>Permanency Outcome 1: Timeliness and Permanency of Reunification</b>													
National Standard		122.6											
Performance as Measured in Final Report/Source Data Period		104.3 (AFCARS 2005b2006a)											
Performance as Measured in Baseline/Source Data Period		103.6 (AFCARS 2007b2008a) - Baseline to be re-determined following resubmission of the AFCARS data for the period of 2007b2008a											
Negotiated Improvement Goal		To be determined following resubmission of the AFCARS data (goal achieved in any 12 month period, advancing by quarters, during the PIP and non-overlapping year – AFCARS data)											
Renegotiated Improvement Goal		None											
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

<b>Permanency Outcome 1: Placement Stability</b>													
National Standard		101.5											
Performance as Measured in Final Report/Source Data Period		90.5 (AFCARS 2005b2006a)											
Performance as Measured in Baseline/Source Data Period		94.2 (AFCARS 2007b2008a) - Baseline to be re-determined following resubmission of the AFCARS data for the period of 2007b2008a											
Negotiated Improvement Goal		To be determined following resubmission of the AFCARS data (goal achieved in any 12 month period, advancing by quarters, during the PIP and non-overlapping year – AFCARS data)											
Renegotiated Improvement Goal		None											
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	

**Part C: Item-Specific and Quantitative Measurement Plan and Quarterly Status Report**

<b>Safety Outcome 1 Item 1 – Timeliness of response</b>												
Performance as Measured in Final Report	In 78% of the applicable cases, the agency had initiated an investigation of a maltreatment report in accordance with required timeframes.											
Performance as Measured in Baseline/Source Data Period	80.9% of reports received for investigation in calendar year 2007 received a timely response (28,495 of 35,242 reports) (Business Intelligence Dashboard, data current as of 7-12-08)											
Negotiated Improvement Goal	81.31% of reports received for investigation during the year will receive a timely response (goal achieved in any 12 month period, advancing by quarters, during the PIP and non-overlapping year)											
Method of Measuring Improvement	Statewide CHILDS data on timeliness of initial response to all reports for investigative assessment received during the year, as reported on the Business Intelligence Dashboard											
Renegotiated Improvement Goal	None											
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

<b>Permanency Outcome 1 Item 9 – Adoption</b>	
Performance as Measured in Final Report	DCYF had made diligent efforts to achieve adoptions in a timely manner in 37.5% of the applicable cases.
Performance as Measured in Baseline/Source Data Period	36.5% of all children who exited to adoption in 2007b2008a discharged in less than 24 months from the date of the latest removal (CFSR Measure C2-1: Exits to adoption in less than 24 months) (Arizona CFSR Profile: July 15, 2008, produced by DHHS) Baseline to be re-determined following resubmission of the AFCARS data for the period of 2007b2008a
Negotiated Improvement Goal	To be determined following resubmission of AFCARS data from 2007b2008a. X% of all children who exited to adoption in the year will discharge in less than 24 months from the date of the latest removal (goal achieved in any 12 month period, advancing by quarters, during the PIP or non-overlapping year)
Method of Measuring Improvement	Statewide CHILDS data on children who exit to adoption
Renegotiated Improvement Goal	None

Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

**Permanency Outcome 1 Item 10 – Other planned permanent living arrangement**

Performance as Measured in Final Report	In 36% of the applicable cases, the goal of other planned living arrangement was being addressed in an appropriate way.											
Performance as Measured in Baseline/Source Data Period	<i>Baseline data to be extracted from CHILDS upon completion of report revisions. The State will submit baseline data no later than Q1 of the PIP.</i> Of youth age 16 to 18 who had been in out-of-home care for at least 60 days and had a most recent permanency or concurrent permanency goal of independent living or long-term foster care, X% have received or are receiving independent living skills training.											
Negotiated Improvement Goal	<i>The improvement goal will be determined following submission of the baseline data.</i> Of youth age 16 to 18 who had been in out-of-home care for at least 60 days and had a most recent permanency or concurrent permanency goal of independent living or long-term foster care, X% will have received or will be receiving independent living skills training (goal achieved in any 12 month period, advancing by quarters, during the PIP or non-overlapping year)											
Method of Measuring Improvement	Statewide CHILDS data											
Renegotiated Improvement Goal	None											
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

**Well-Being Outcome 1 Item 17 – Needs and services of child, parents, foster parents**

Performance as Measured in Final Report	In 46% of the cases, reviewers determined that the State had adequately assessed and addressed the service needs of children and parents. Foster parent’s needs were assessed and met in 75% of cases. Mother’s needs were assessed and met in 73% of cases. Children’s needs were assessed and met in 72% of cases. Father’s need were assessed and met in 42% of the applicable cases.											
Performance as Measured in Baseline/Source Data Period	<i>Baseline data will be generated through the Practice Improvement Case Review. The State will submit baseline data no later than Q5 of the PIP.</i>											

	X% of the applicable cases reviewed during the year were rated strength on concerted efforts to include the child(ren)'s father in TDM and CFT meetings held during the period under review.											
Negotiated Improvement Goal	<p><i>The improvement goal will be determined following submission of the baseline data.</i></p> <p>X% of the applicable cases reviewed will be rated strength on concerted efforts to include the child(ren)'s father in TDM and CFT meetings held during the period under review (goal achieved in any 12 month period, advancing by quarters, during the PIP or non-overlapping year).</p>											
Method of Measuring Improvement	Statewide Practice Improvement Case Review data on concerted efforts to include the child(ren)'s father in TDM and CFT meetings held during the period under review.											
Renegotiated Improvement Goal	None											
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

<b>Well-Being Outcome 1      Item 18 – Child and family involvement in case planning</b>	
Performance as Measured in Final Report	In 52% of the applicable cases the agency had made diligent efforts to involve parents and/or children in the case planning process. In 75% of cases the agency made diligent efforts to involve the mother in case planning. In 44% of cases the agency made diligent efforts to involve the father in case planning. In 69% of applicable cases the agency made diligent efforts to include the child(ren) in case planning.
Performance as Measured in Baseline/Source Data Period	<p><i>Baseline data will be generated through the Practice Improvement Case Review. The State will submit baseline data no later than Q5 of the PIP.</i></p> <p>X% of the applicable cases reviewed during the year were rated strength on concerted efforts to actively involve the child in the case planning process</p>
Negotiated Improvement Goal	<p><i>The improvement goal will be determined following submission of the baseline data.</i></p> <p>X% of the applicable cases reviewed will be rated strength on concerted efforts to actively involve the child in the case planning process (goal achieved in any 12 month period, advancing by quarters, during the PIP or non-overlapping year).</p>
Method of Measuring Improvement	Statewide Practice Improvement Case Review data on concerted efforts to actively involve the child in the case planning process.
Renegotiated Improvement Goal	None

Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

<b>Well-Being Outcome 1      Item 20 – Caseworker visits with parents</b>												
Performance as Measured in Final Report	In 43% of the applicable cases the frequency and quality of caseworker visits with parents were sufficient to monitor the safety and well-being of the child or promote attainment of case goals.											
Performance as Measured in Baseline/Source Data Period	<i>Baseline data will be generated through the Practice Improvement Case Review. The State will submit baseline data no later than Q5 of the PIP.</i> X% of the applicable cases reviewed during the year were rated strength on frequency and quality of caseworker visits with parents											
Negotiated Improvement Goal	<i>The improvement goal will be determined following submission of the baseline data.</i> X% of the applicable cases reviewed will be rated strength on frequency and quality of caseworker visits with parents (goal achieved in any 12 month period, advancing by quarters, during the PIP or non-overlapping year).											
Method of Measuring Improvement	Statewide Practice Improvement Case Review data on face-to-face contact with parents of children in out-of-home care and parents of children served in-home.											
Renegotiated Improvement Goal	None											
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12