



Child and Family Services Review – Program Improvement Plan First Quarter Report

IV. PIP Matrix

State: Arizona

Type of Report: PIP: Quarterly Report: (Quarter: 1)

Date Initially Submitted: February 19, 2008

Date Revised Submitted: November 18, 2008

Part A: Strategy Measurement Plan and Quarterly Status Report

Primary Strategy: 1. Implement Cornerstones for Kids’ Workforce Planning Initiative to strengthen staff recruitment, retention, training, and supports			Applicable CFSR Outcomes or Systemic Factors: Safety Outcomes 1 and 2 Well-Being Outcome 1 Case Review System		
Goal: Develop a quality front line workforce that is prepared for the work of child welfare and supported to do their jobs			Applicable CFSR Items: 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		See action step 2.1.
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		
Renegotiated Action Steps and Benchmarks					

Primary Strategy: 2. Align Division management, policy, practice, and training to strengthen the statewide DCYF Quality Improvement System			Applicable CFSR Outcomes or Systemic Factors: Safety Outcomes 1 and 2 Permanency Outcomes 1 and 2 Well-Being Outcomes 1, 2, and 3 Case Review System		
Goal: Maintain Division-wide accountability to clearly defined safety, permanency, and well-being goals and practice standards			Applicable CFSR Items: Items 1, 3, 4, 6, 7, 8, 9, 10, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 28, 29		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
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		This Manual has been produced and distributed statewide. <i>This benchmark is complete.</i>
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		The Initial Assessment PICR Instrument has been revised, and reviews using the new instrument began in October 2007. The In-Home and Out-of-Home PICR Instrument has also been revised and reviews using this new instrument will begin in March 2009. The two instruments have been provided as evidence. <i>This benchmark is complete.</i>

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		The Professional Skill Building process and template have been created and are being used in all districts. The QI Manual has been provided as evidence. This manual includes the Professional Skill Building Plan template, as an appendix. <i>This benchmark is complete.</i>

<p>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</p>	<p>Katherine Guffey</p>	<p>Two consecutive reports produced</p>	<p>Q2</p>		<p>Quarterly QI Activity Reports have been published and distributed, beginning in April 2008. The July and October 2008 reports have been provided as evidence. <i>This benchmark is complete.</i></p>
<p>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</p>	<p>Katherine Guffey Holli Sanger Linda Johnson Jacob Schmitt</p>	<p>Participant signature sheet from two meetings in which the QI report was discussed</p>	<p>Q2</p>		<p>These meetings are held monthly. The signature sheet from the December 2008 meeting, during which a quarterly Self-evaluation and Quality Improvement Report was discussed, has been provided as evidence. The next QI report will be discussed at the February 2009 meeting. <i>This benchmark will be completed in Q2.</i></p>
<p>2.2 Implement the Family-to-Family core strategy of Self-Evaluation</p>	<p>DCYF Family-to-Family Manager</p>	<p>Evidence of completion of benchmarks 2.2 (A) through (C)</p>	<p>Q2</p>		
<p>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</p>	<p>Nick Espadas</p>	<p>One data report produced</p>	<p>Q1</p>		<p>Semi-annual data reports on the nine Family to Family outcomes are being produced for Maricopa County, Arizona's Family to Family Anchor Site. The July 2008 report has been provided as evidence. <i>This benchmark is complete.</i></p>

<p>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</p>	<p>Family to Family Manager and District Program Managers</p>	<p>Minutes from two consecutive quarterly SET meetings in each district</p>	<p>Q2</p>	<p>District 1 holds monthly SET meetings. Evidence is provided from the October and November 2008 meetings. (This evidence is included within a report on additional topics. Information that is not relevant to this action step has been blacked out.) District 2 began holding SET meetings in September 2007. Evidence is provided from the November 2008 meeting. The next District 2 SET meeting is scheduled for March 3, 2009. District 3 held a SET meeting in December 2008, and the next is scheduled for March 2009. The December meeting notes have been provided. District 4 held their first SET meeting in November 2008. The next meeting is scheduled in February 2009. The November meeting notes have been provided. District 5 held a Family to Family all strategy meeting in November 2008. The minutes of this meeting are provided as evidence. The District is in the early stages of Family to Family implementation and is developing data, particularly TDM data, to be reviewed in SET meetings. The next SET meeting will be held in February 2009. District 6 held a SET meeting on December 15, 2008. The minutes from this meeting have been provided. The next meeting is scheduled in March 2009. <i>This benchmark is complete for District 1 and will be completed for Districts 2 through 6 in Q2.</i></p>
---	---	---	-----------	---

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		<p>District 1 has developed a thorough Family to Family Anchor Site Plan. The October 2008 version of this plan is being provided as evidence.</p> <p>The initial District 2 SET Strategic Plan was developed in September 2007. The most recent update to this plan, dated April 2008, has been provided.</p> <p>District 6 held a SET meeting on December 15, 2008, in which an action plan was developed. The meeting minutes, which include the action plan, have been provided as evidence.</p> <p><i>This benchmark has been completed by Districts 1 and 2, and will be completed in Q2 by Districts 3, 4, and 5.</i></p>
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		<p>The CFSR Manager attended a meeting of the AEST in early 2008 and discussed the PICR Instrument. Input from this meeting was considered when revising the PICR Instrument item on Educational Needs of Children. The revised instrument has been provided as evidence. <i>This benchmark is complete.</i></p>

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		
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	Kathy Taylor-Laws - CMDP Program Administrator Susan Stephens, MD - CMDP Medical Director Katherine Guffey	Evidence of completion of benchmarks 2.4 (A) through (F)	Q4		
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	Same as action step 2.4	Roster of CMDP QM/PI Committee Members and copy of two meeting's minutes	Q1		The CMDP QM/PI Committee meets quarterly, and includes members from the Central Office Policy and Practice Improvement sections. The member roster (committee sign in sheet) has been provided as evidence, along with minutes from the April, July and October 2008 meetings. <i>This benchmark is complete.</i>

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)	Same as action step 2.4	Excerpt of report with population and service information	Q2		This report was compiled in November 2008. The Excel spreadsheet listing the entire population has been provided as evidence. <i>This benchmark is complete.</i>
2.4 (C)	Research the situation of children in the initial target population to identify system trends and case specific needs	Same as action step 2.4	Report summarizing the findings	Q3		The research was conducted and a report has been written. This report has been provided as evidence. <i>This benchmark is complete.</i>
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		The evaluation report was submitted to DCYF leadership. The report has been provided as evidence. <i>This benchmark is complete.</i>
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		The baseline for this measure is 56.6%, for the period of FFY 2008. This data has been provided by e-mail to Debra Samples and is provided in Part C of this report. <i>This benchmark is complete.</i>
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		The CFSR Manager obtained input from the DCYF Policy Specialist, CPS field staff from three districts who have experience working with young adults, and the district PI Specialists to revise the PICR Instrument item on Independent Living services. The revised instrument has been provided as evidence. <i>This benchmark is complete.</i>
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		
Renegotiated Action Steps and Benchmarks					

<p>Primary Strategy: 3. Align Child Abuse Hotline report acceptance and prioritization procedures with the Division's CSA and SRA tools and decision-making processes</p>	<p>Applicable CFSR Outcomes or Systemic Factors: Safety Outcome 1 Safety Outcome 2</p>
<p>Goal: 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</p>	<p>Applicable CFSR Items: Items 1, 3 and 4</p>

Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
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		The request for TA was sent to Debra Samples on December 30, 2008. A copy of the e-mail has been provided as evidence. <i>This benchmark is complete.</i>
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		

Renegotiated Action Steps and Benchmarks					

Primary Strategy: 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			Applicable CFSR Outcomes or Systemic Factors: Safety Outcome 2 Permanency Outcomes 1 and 2 Well-Being Outcomes 1, 2 and 3 Case Review System Service Array		
Goal: Improve the accuracy, consistency, and documentation of decisions related to safety, risk, safety planning, and behavior-based case planning			Applicable CFSR Items: Items 3, 4, 6, 7, 8, 9, 10, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23, 25, 28, 35, 36		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
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		Benchmarks 4.1 (A) through (D) have been completed. <i>This action step is complete.</i>
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		A full time Assessment and Case Planning Specialist was hired in October 2007. The position description and the telephone directory listing the name of the employee initially hired into this position (Michelle Parker, Assessment and Case Planning Specialist) have been provided as evidence. <i>This benchmark is complete.</i>

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		This e-mail address has been functional since spring 2007. An example e-mail has been provided as evidence. <i>This benchmark is complete.</i>
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		Three Q & A documents on the CSA-SRA-Case Plan process have been published. The most recent document incorporates the two prior documents, provides additional and updated information, and was e-mailed to all Division employees in November 2008. The Q & A document is accessible to all DCYF employees in Public Folders. The most recent Q&A and one prior Q & A have been provided as evidence. <i>This benchmark is complete.</i>
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		Meetings that include the District Practice Improvement Specialists, the Child Welfare Training Institute Administrator and/or designee, and the Policy Section Managers and/or designees are held monthly. Signature sheets from the December and October 2008 meetings have been provided as evidence. <i>This benchmark is complete.</i>
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		See Action Step 2.1 (A) through (G).

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		<p>CWTI and CHILDS trainers have provided CSA-SRA-Case Plan trainings. Over 550 staff participated in a group CSA-SRA-CP training or one to one “field support” training during 2008, some more than once. The training agenda, some announcements of the training availability, and a complete list of the 2008 training dates and attendee names have been provided as evidence.</p> <p>In addition, 51 staff attended behavioral case planning refresher courses in District 3. The trainer’s agenda and notes, and two e-mails offering the training, have been provided as evidence.</p> <p>The Assessment and Case Planning Specialist also provided group and individual CSA-SRA-CP refresher training, as needed or requested, to staff in all districts. A list of these trainings – including the date, location and number of trainees – has been provided for the period of November 2007 through September 2008. <i>This benchmark is complete.</i></p>

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		CSA-SRA-Case Plan clarifications are published periodically. Clarifications from December 2007 and June 2008 have been provided as evidence. <i>This benchmark is complete.</i>
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		The three modules of advanced supervisory skills training were held between February and August 2008. Supervisors, Assistance Program Managers, and Program Managers from all districts were required to attend. Approximately 265 trainees attended each of the three training modules. Announcements for the trainings sessions and the full PowerPoint presentation for each of the three modules have been provided as evidence. <i>This benchmark is complete.</i>
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		This training was provided in all districts from March through November 2008. The agenda and some training announcements have been provided as evidence, including the announcement for the training kick-off/train the trainer sessions in March 2008. 701 staff were trained. Trainings in September through November were shortened to one day at the recommendation of the trainers and earlier trainees. 458 staff received the two day training and 243 received the one day training. <i>This benchmark is complete.</i>
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		This content is now included in supervisory core training. The PowerPoint presentation from this training, including the training agenda, has been provided as evidence. <i>This benchmark is complete.</i>

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		
Renegotiated Action Steps and Benchmarks					

Primary Strategy: 5. Implement the Family to Family strategy of Recruitment, Development, and Support of Resource Families			Applicable CFSR Outcomes or Systemic Factors: Permanency Outcomes 1 and 2 Well-Being Outcome 1		
Goal: 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			Applicable CFSR Items: Items 6, 13, 14, 15, 16, 17		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
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		A meeting was held with the HRSS Statewide Partnership in November 2008 to discuss the final HRSS outcome definitions. The meeting agenda and HRSS Outcome Definitions have been provided as evidence. <i>This benchmark is complete.</i>
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		Benchmarks 5.2 (A) through (D) have been completed. <i>This action step is complete.</i>

5.2 (A) Develop internal campaign materials (posters, fliers, and e-mails) to promote the philosophy	Roxann Miller	Examples of campaign materials produced	Q1		Posters have been developed to communicate the philosophy to staff, and an e-mail was sent from the acting Deputy Director to all DCYF staff. The December 2008 e-mail to all DCYF staff, the attached What's Happening newsletter, and examples of the posters have been provided as evidence. <i>This benchmark is complete.</i>
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		This request was made via the newsletter sent to approximately 7,500 foster and adoptive parents in Arizona and neighboring states. The March and May 2008 newsletters have been provided as evidence. <i>This benchmark is complete.</i>
5.2 (C) Hold the Children Need Homes Conference themed "Embracing, caring, and supporting: It's everyone's business"	Roxann Miller	Conference agenda	Q3		The Children Need Homes Conference was held in late September 2008. The conference agenda has been provided as evidence. <i>This benchmark is complete.</i>
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		The name of each staff person identified by a resource family as excelling in promotion of the agency philosophy was included in the nominations for the Children Needs Homes Annual Recognition Awards. Two, Norma Allmon and Charlotte Smith, both of Phoenix, were honored at the conference. The conference agenda and the December 2008 <i>Arizona Statewide</i> newsletter with an article about the awards have been provided as evidence. <i>This benchmark is complete.</i>

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		The Resource Family Advocate was hired in 2007. The position description and a telephone directory with the employee's name and title (Christina Saunders, Foster Family Advocate) have been provided as evidence. <i>This benchmark is complete.</i>
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		The Resource Family Advocate maintains a database of all calls received and the resolution to each. A monthly summary report is sent to designated Central Office managers. Excerpts from the database and the November 2008 summary report have been provided as evidence. <i>This benchmark is complete.</i>
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		The Resource Family Advocate responds to the individual families' questions and concerns, and identifies systemic needs. Excerpts from the database and the November 2008 summary report have been provided as evidence. <i>This benchmark is complete.</i>

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		This system has been in place since early 2008. Staff responsible for this call center made 1,047 follow-up calls to interested families in October through December 2008. A database of calls and other information is maintained. There were issues obtaining summary data from this database that were recently resolved. The Recruitment Specialist has written a report to summarize activity from October through December, which has been provided as evidence. Now that the database issues are resolved, the Recruitment Specialist will write monthly summary reports to supplement the monthly detailed data reports. <i>This benchmark is complete.</i>
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		
Renegotiated Action Steps and Benchmarks					

<p>Primary Strategy:</p> <p>6. Expand and strengthen the use of family team meetings, particularly the Family to Family strategy of Team Decision Making</p>	<p>Applicable CFSR Outcomes or Systemic Factors:</p> <p>Permanency Outcomes 1 and 2 Well-Being Outcome 1</p>
---	---

Goal: 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			Applicable CFSR Items: Items 6, 13, 14, 15, 16, 17, 18		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
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		District 3 is holding TDMs for removals and considered removals in all counties. District 4 has ten trained facilitators and is holding TDMs in Mohave, La Paz, and Yuma Counties. The cities of Yuma, Kingman and Bullhead have rolled out Team Decision Making for Removals/Considered Removals. Parker and Lake Havasu will begin holding TDMs in February 2009. District 5 has rolled out TDMs in all communities but Apache Junction, which will be added in February 2009. District 6 has implemented TDMs in Sierra Vista (Cochise County). The TDM operating procedures from Districts 3, 4, 5 and 6 have been provided as evidence. <i>This benchmark is complete.</i>

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		<p>In District 1 the TDM Assistant Program Manager monitors this data monthly. This area is addressed in District 1's Family to Family 2009 Anchor Site Plan and development of strategies to address this are assigned to the TDM Strategy Work Group. The October 2008 update of District 1's Anchor Site Plan has been provided as evidence.</p> <p>In District 2, discussion of TDM data is on the agenda for each of the TDM Strategy Committee meetings. The January 2009 TDM Strategy Committee meeting agenda has been provided as evidence.</p> <p><i>This benchmark is complete for Districts 1 and 2. Districts 3, 4, 5, and 6 will complete this benchmark in future PIP quarters.</i></p>
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		<p>District 1 is holding TDMs for unplanned placement changes. The District 1 Operating Procedure has been provided as evidence. District 2 began holding Change of Placement TDM meetings in some locations in June 2008, expanded availability to another unit in November 2008, and is working toward district-wide roll out in early 2009. The District 2 Operating Procedure has been provided as evidence. <i>This benchmark is complete.</i></p>

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		

<p>6.3 (A) Identify a baseline for the number of fathers attending initial TDM meetings in Districts 1 and 2</p>	<p>Gene Burns Lillian Downing</p>	<p>E-mail from District 1 and 2 PMs identifying baseline data</p>	<p>Q2</p>	<p>District 1 tracks this via a monthly report prepared by the TDM Assistant Program Manager and sent to the District Program Manager. The baseline in CY 2006 was 35.77%. An e-mail from the District 1 Program Manager, with a spreadsheet of the data from 2006 through 2008, has been provided as evidence.</p> <p>District 2's third quarter 2008 report indicates that fathers attended 54% of the TDM meetings, up from 53% in the second quarter and 49% in the first quarter baseline period. Progress is monitored in the End of the Month reports as well as in the quarterly TDM reports. An e-mail from the District 2 Program Manager, with attachments providing baseline and progress data, has been provided as evidence. <i>This benchmark is complete.</i></p>
--	---------------------------------------	---	-----------	---

<p>6.3 (B) Provide data on father attendance to the TDM and self-evaluation strategy teams for analysis and identification of improvement activities</p>	<p>Gene Burns Lillian Downing</p>	<p>Meeting minutes or action plans addressing father attendance at TDMs</p>	<p>Q2</p>		<p>In District 1, discussion of this data occurs in TDM Strategy, SET, and the Investigative Supervisor’s meetings. District 1 already has many activities underway to improve father attendance at TDMs, and is developing an action plan for further activity. In District 2, information on father attendance is regularly given to the Self Evaluation and TDM Strategic Work Groups. Minutes from the November 2008 SET meeting in which data on father attendance was discussed, and minutes from the January 2009 TDM Strategy Committee meeting in which action steps to improve attendance were identified, have been provided as evidence. <i>This benchmark is complete for District 2 and evidence of completion in District 1 will be provided in the Q2 report.</i></p>
<p>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</p>	<p>Katherine Guffey</p>	<p>Quarterly PIP report providing baseline data to DHHS</p>	<p>Q3</p>		
<p>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</p>	<p>Katherine Guffey</p>	<p>First Self-Evaluation and QI Activity Report with this data</p>	<p>Q3</p>		

<p>6.3 (E) Send eight Division staff to the National Fatherhood and Families Conference</p>	<p>Holli Sanger</p>	<p>Conference agenda and Purchase Order listing Division attendee names</p>	<p>Q1</p>	<p>CPS staff attended Fatherhood and Families Conferences in March and July 2008. The agenda and a purchase order for the March 2008 conference have been provided as evidence, showing that the Division had 10 staff registered to attend. It was learned after PIP approval that this PO does not list the names of attendees. Mr. James Rodriguez, CEO/President of the Fathers and Families Coalition, Inc., provided to the Division a spreadsheet listing the names of all Arizona attendees of the March and July 2008 conferences. DCYF Executive Staff Assistant, Connie Lopez, contacted the listed Division staff to confirm their attendance at the conferences. The spreadsheet of attendees has been provided as evidence. The names of Division staff have been highlighted, and a column has been added to indicate if each individual confirmed attendance or not. Ms. Lopez was able to confirm attendance by five Division employees in March 2008 and three in July 2008, for a total of eight. More staff attended than the number confirmed. Some attendees are no longer with the agency and were therefore unable to be contacted to confirm their attendance. Some staff attended in place of a registered staff person who was unable to attend, but the Division does not have these names. <i>This benchmark is complete.</i></p>
---	---------------------	---	-----------	--

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		This training has been developed and the full PowerPoint presentation has been provided as evidence. Beginning in January 2009, this approximately one hour of content has been added to CPS Specialist core training. <i>This benchmark is complete.</i>
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		District 1 published their operating procedures in June 2007. District 2 finalized their draft procedures in January 2009. Both procedures have been provided as evidence. <i>This benchmark is complete.</i>

<p>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</p>	<p>Gene Burns</p>	<p>Report of review findings</p>	<p>Q1</p>	<p>The District 1 TDM Assistant Program Managers (APMs) reviewed 100% of removal TDM Summaries from the last quarter of 2008 to ascertain whether an icebreaker should have been scheduled. Once the cases were identified, the TDM APMs reviewed case notes to determine if an icebreaker was scheduled and conducted. The review brought two issues to the forefront: (1) there is not an easy way to determine whether the icebreaker brochure was distributed, and (2) there is no standardization of location or terminology to document that an ice breaker has been done, making it difficult to confirm an icebreaker has occurred. A checkbox has now been added to the TDM Summary document to indicate whether a brochure was given out at the meeting. District 1 will conduct a second review on cases with a TDM held after the icebreaker brochure checkbox was added. <i>The review was completed, but did not produce the expected information. Therefore, a second review will occur in PIP Q2 and the required evidence will be provided in the Q2 report.</i></p>
<p>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</p>	<p>Gene Burns</p>	<p>Report of findings indicating high performance; or memo from District 1 describing improvement strategies</p>	<p>Q2</p>	

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 (District 2)	Meeting minutes or district procedures describing the monitoring process	Q4		
Renegotiated Action Steps and Benchmarks					

Primary Strategy: 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			Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 1		
Goal: Reduce time to permanency and the number of placement changes for children in out-of-home care			Applicable CFSR Items: Items 6, 7, 8, 9		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
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		This meeting was held in January 2008. The meeting invitation, agenda and attendee signature sheet have been provided as evidence. <i>This benchmark is complete.</i>
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		The three subcommittees have been formed and have held their first meetings. E-mail announcements for each meeting, which include the meeting agendas, have been provided as evidence. <i>This benchmark is complete.</i>
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		The Concurrent Planning policy and the Reunification Prognosis Checklist have been revised. An e-mail with the new policy and checklist was sent to all Division staff on January 20, 2009. The final revised documents have been provided as evidence. <i>This benchmark is complete.</i>

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		All three of the concurrent planning subcommittees have developed and updated their work plans. The infrastructure subcommittee's work plan identifies activities to address systemic barriers to implementation of concurrent planning. This work plan has been provided as evidence. <i>This benchmark is complete.</i>
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		
Renegotiated Action Steps and Benchmarks					

Primary Strategy: 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			Applicable CFSR Outcomes or Systemic Factors: Well-Being Outcome 3		
Goal: Increase the number and percentage of children that receive adequate physical and dental health services			Applicable CFSR Items: Items 22		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
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	EPSDT reminder cards are mailed monthly. A mailing list is generated and standardized reminder cards are mailed to each caregiver on the list. The complete mailing lists from September and December have been provided, along with a copy of the standardized reminder card. Hard copies of ten reminder cards from the September and December mailings, with the mailing label affixed, can be provided if required. <i>This benchmark is complete.</i>
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	Dental reminder cards are mailed monthly. A mailing list is generated and standardized reminder cards are mailed to each caregiver on the list. The complete mailing lists from September and December have been provided, along with a copy of the standardized reminder card. Hard copies of ten standardized reminder cards from the September and December mailings, with the mailing label affixed, can be provided if required. <i>This benchmark is complete.</i>
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	A mailing list is generated and standardized reminder cards are mailed to each caregiver on the list. The complete mailing lists from the first and second quarters of 2008 have been provided, along with a copy of the standardized reminder card. Hard copies of ten reminder cards from these mailings, with the mailing label affixed, can be provided if required. <i>This benchmark is complete.</i>

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		
Renegotiated Action Steps and Benchmarks					

Primary Strategy: 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			Applicable CFSR Outcomes or Systemic Factors: Safety Outcome 2 Well-Being Outcome 3 Service Array		
Goal: Increase opportunities for behavioral health providers to understand the unique needs of children in the child welfare system.			Applicable CFSR Items: Items 3, 4, 23, 35, 36		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
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		Benchmarks 9.1 (A) through (C) have been completed. <i>This action step is complete.</i>

9.1 (A) Provide ADHS with feedback on the proposed CASII implementation	Mark Ewy	DCYF feedback to ADHS on the proposed CASII implementation	Q1		The Division provided this feedback to the Arizona Department of Health Services in November 2007. A copy of the feedback document has been provided as evidence. <i>This benchmark is complete.</i>
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		An update on the roll out of the CASII was obtained at the December 3, 2008, Strategic Planning meeting. The minutes from this meeting have been provided as evidence. The CASII was rolled out statewide in July 2008. <i>This benchmark is complete.</i>
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		An update about provider training on use of the CASII was obtained at the December 3, 2008, Strategic Planning meeting. The minutes from this meeting have been provided as evidence. The Division of Behavioral health Services is providing training and technical assistance to providers as needed. <i>This benchmark is complete.</i>
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		DCYF staff have been trained as Unique Needs Training co-facilitators. A list of trained DCYF co-facilitators has been provided as evidence. <i>This benchmark is complete.</i>

<p>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</p>	<p>Mark Ewy Mike Carr Steve Lazere</p>	<p>Strategic Planning Meeting Minutes</p>	<p>Q1</p>		<p>Strategic Planning meetings began in October 2007, and were held monthly from October 2007 through February 2008. Meetings were also held in May, July, August, October, and December 2008. Minutes from the 10-29-08 and 12-3-08 meetings have been provided as evidence. The benchmark of monthly meetings was met in the first six months of these meetings. This frequency of meetings is no longer needed. Meetings will continue to be held every six to eight weeks. <i>This benchmark is complete.</i></p>
<p>9.2 (C) Obtain from ADHS a list of providers who have completed the Unique Needs Training</p>	<p>Mark Ewy Mike Carr Steve Lazere</p>	<p>List of providers trained</p>	<p>Q4</p>		
<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"> • Training Subcommittee • Clinical Subcommittees • Family Involvement Subcommittee • Adolescent Substance Abuse Treatment Subcommittee 	<p>Mark Ewy Mike Carr</p>	<p>Evidence of completion of benchmarks 9.3 (A) and (B)</p>	<p>Q4</p>		

9.3 (A) In collaboration with the Arizona Children’s Executive Committee, identify training topics consistent with the ADHS Network Development Plan	Mike Carr Mark Ewy	List of training topics identified in committee minutes	Q2		The Arizona Children’s Executive Committee (ACEC) has identified training topics to educate clinical staff across systems to better understand and treat “Specialty Populations.” The ACEC Strategic Plan and the December 2007 ACEC meeting minutes have been provided as evidence. <i>This benchmark is complete.</i>
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	Mike Carr Mark Ewy	Committee Meeting Minutes	Q4		
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	Mike Carr	Evidence of completion of benchmarks 9.4 (A) through (C)	Q4		Benchmarks 9.4 (A) through (C) have been completed. <i>This action step is complete.</i>
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		In February 2008 the Division provided feedback to ADHS about the proposed protocol. A copy of this feedback document has been provided as evidence. <i>This benchmark is complete.</i>

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		DCYF staff have been participating in this Steering Committee since 2007. The minutes from the July and October 2008 meetings have been provided as evidence. <i>This benchmark is complete.</i>
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		The "Meet Me Where I Am" Campaign Year One Annual Report was published in November 2008. This report has been provided as evidence. The meeting minutes provided for 9.4 (B) also provide evidence for this benchmark. <i>This benchmark is complete.</i>
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		
Renegotiated Action Steps and Benchmarks					

<p>Primary Strategy:</p> <p>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</p>	<p>Applicable CFSR Outcomes or Systemic Factors:</p> <p>Safety Outcome 2 Well-Being Outcome 3 Service Array</p>
---	--

Goal: 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			Applicable CFSR Items: Items 3, 4, 23, 35, 36		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
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		Strategic Planning meetings began in October 2007, and were held monthly from October 2007 through February 2008. Meetings were also held in May, July, August, October, and December 2008. Minutes from the 10-29-08 and 12-3-08 meetings have been provided as evidence. The benchmark of monthly meetings was met in the first six months of these meetings. This frequency of meetings is no longer needed. Meetings will continue to be held every six to eight weeks. <i>This benchmark is complete.</i>
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		The Quarterly Systems of Care Performance Outcome Measure Report from the fourth quarter of SFY 2008 has been provided as evidence. <i>This benchmark is complete.</i>
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		
Renegotiated Action Steps and Benchmarks					

Primary Strategy: 11. Carry out Executive Order 2008-01: <i>Enhanced Availability of Substance Abuse Treatment Services for Families Involved with Child Protective Services</i>			Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 1 Well-Being Outcome 1 Service Array		
Goal: Increase the availability of substance abuse treatment services for families involved with CPS			Applicable CFSR Items: Items 8, 17, 35 and 36		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
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		Benchmarks 11.1 (A) and 11.1 (B) have been completed. <i>This action step is complete.</i>
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		A workgroup was formed in February 2008 to discuss policy and data issues related to Executive Order 2008-01. The agenda of the March 10 and March 26, 2008 meetings have been provided as evidence. <i>This benchmark is complete.</i>

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		In December 2008 a modification was made to CHILDS to collect additional data about substance abuse treatment and service capacity needs. Because the modifications have been completed and data collection mechanisms are no longer in the planning stage, an e-mail sent to all Division staff announcing the modifications has been provided as evidence. <i>This benchmark is complete.</i>
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		The Substance Abuse Treatment Services Capacity Report was written by the Division of Children, Youth and Families; the Governor's Office for Children, Youth and Families; the Arizona Substance Abuse Epidemiology Workgroup, and the Arizona Department of Health Services. The report was published and provided to the Governor in April 2008. This report has been provided as evidence. <i>This benchmark is complete.</i>
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		The agencies named above submitted one combined report to the Governor. A progress report was also published by these agencies, jointly. The April 2008 report to the Governor has been provided as evidence [see evidence for 11.2 (A)]. The multi-agency progress report from September 2008 has also been provided. <i>This benchmark is complete.</i>

<p>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</p>	<p>Aimee Amado</p>	<p>Report to ASAP</p>	<p>Q2</p>		<p>This report was given to the ASAP in June 2008. The report has been provided as evidence. <i>This benchmark is complete.</i></p>
<p>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</p>	<p>Aimee Amado</p>	<p>Arizona Substance Abuse Partnership's report</p>	<p>Q3</p>		<p>After this PIP was approved, it was decided that the involved agencies would write one combined report to the Governor. This report has been provided as evidence for benchmark 11.2 (A). Because a combined report was submitted to the Governor, the ASAP did not need to submit a report to compile the reports of the agencies. The Arizona Substance Abuse Epidemiology Workgroup was involved in writing this report, and is a sub-group of the ASAP. <i>This benchmark is complete.</i></p>
<p>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</p>	<p>Aimee Amado</p>	<p>Report specifications and/or screen prints of CHILDS windows used for data collection</p>	<p>Q6</p>		<p>This benchmark was completed ahead of schedule. See the evidence for benchmark 11.1 (B). <i>This benchmark is complete.</i></p>
<p>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</p>	<p>Aimee Amado</p>	<p>First annual re-evaluation report on substance abuse treatment capacity</p>	<p>Q6</p>		

Renegotiated Action Steps and Benchmarks					

Primary Strategy: 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			Applicable CFSR Outcomes or Systemic Factors: Permanency Outcome 1 Well-Being Outcome 1 Service Array		
Goal: 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			Applicable CFSR Items: 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		Benchmarks 12.1 (A) through 12.1 (C) have been completed. <i>This action step is complete.</i>
12.1 (A) Secure contracts with Terros and Arizona State University for implementation and evaluation	Esther Kappas Aimee Amado	Contracts	Q1		Contracts with Terros and the Arizona State University Center for Applied Behavioral Health Policy became effective in January and April 2008, respectively. The substantive portion of these contracts, providing the service requirements, has been provided as evidence. <i>This benchmark is complete.</i>

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		The training has been developed and implemented. The training curriculum outline and schedule has been provided as evidence. Also see the evidence provided for benchmark 12.1 (C). This training included eight components, and filled 43 days. <i>This benchmark is complete.</i>
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		Ron Carpio, Vice President of Families F.I.R.S.T., TERROS Inc., provided a list of Recover Coaches who received training between March and December 2008, and the total number of hours trained. There are five Recovery Coach positions. The fifth person on the list vacated his position before he completed the training. The sixth person on the list was hired to fill this position and is currently being trained. <i>This benchmark is complete.</i>
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		This form has been developed and has been provided as evidence. <i>This benchmark is complete.</i>

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		Program procedures and a Recovery Plan template have been developed. These have been provided as evidence. <i>This benchmark is complete.</i>
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		
Renegotiated Action Steps and Benchmarks					

Primary Strategy: 13. Implement new Juvenile Court rule on notice to caregivers			Applicable CFSR Outcomes or Systemic Factors: Case Review System		
Goal: Increase the percentage of out-of-home caregivers who receive notification of any court hearing with respect to a child in their care			Applicable CFSR Items: Item 29		
Action Steps and Benchmarks	Person Responsible	Evidence of Completion	Qtr Due	Qtr Done	Quarterly Update
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		Benchmarks 13.1 (A) through (C) have been completed. <i>This action step is complete.</i>

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: http://www.supreme.state.az.us/rules/rajuvct.htm .	Q1		This rule is in effect. The link to the rule has been provided as evidence. <i>This benchmark is complete.</i>
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		This topic is now covered within <i>Dependency 101</i> training for new judges. The training agenda has been provided as evidence. The topic is covered in the <i>Dependency Process</i> section of the training. <i>This benchmark is complete.</i>
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		This best practice instruction was published in June 2008. This best practice instruction has been provided as evidence. <i>This benchmark is complete.</i>
Renegotiated Action Steps and Benchmarks					

Part B: National Standards Measurement Plan and Quarterly Status Report

The Q1 data is from FFY 2008, Q2 is CY 2008, Q3 is from the twelve months ending March 2009, and so forth.

Permanency Outcome 1: Timeliness and Permanency of Reunification												
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		102.7 (AFCARS 2007b2008a 10-24-08 profile)										
Negotiated Improvement Goal		105.7 (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
	95.9											

Permanency Outcome 1: Placement Stability												
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		93.8 (AFCARS 2007b2008a 10-24-08 profile)										
Negotiated Improvement Goal		96.6 (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
	95.9											

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

The Q1 data is from FFY 2008, Q2 is CY 2008, Q3 is from the twelve months ending March 2009, and so forth.

Safety Outcome 1 Item 1 – Timeliness of response												
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
	72.62%*											

*Q1 data obtained from the Business Intelligence Dashboard on January 28, 2009.

Permanency Outcome 1 Item 9 – Adoption												
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		35.6% 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: October 24, 2008, produced by DHHS)										
Negotiated Improvement Goal		37.3% 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
	39.1%											

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	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, 56.6% have received or are receiving independent living skills training (857 of 1,513 children) (Report 46, FFY 2008, run date 1-28-09)											
Negotiated Improvement Goal	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, 59.1% 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
	56.6%											

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	<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 include the child(ren)'s father in TDM and CFT meetings held during the period under review.</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 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
	N/A											

Well-Being Outcome 1 Item 18 – Child and family involvement in case planning												
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		<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 actively involve the child in the case planning process										
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 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).										
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
	N/A											

Well-Being Outcome 1 Item 20 – Caseworker visits with parents												
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
	N/A											