AZ CRP

Arizona Citizen Review Panel
Working Collaboratively for Children and Families

2015 Annual Report and Recommendations

Prepared for the
Department of Child Safety

by Arizona State University School of Social Work
Center for Child Well-Being

ASU School of Social Work
ARIZONA STATE UNIVERSITY

Message from the CRP Program Coordinator

One of the pleasures of preparing the annual report is the opportunity it provides to highlight the many positive attributes of the Arizona Citizen Review Panel Program (CRP) and to showcase the CRPs successful collaboration with the state child welfare agency.

I wish to express my sincere appreciation to the members of the CRP and to the staff of the Department of Child Safety (DCS) for their continued commitment to improve the child welfare system. I also want to acknowledge and thank all of the other community partners for their work and dedication to the children and families of Arizona.

Arizona's CRPs provide private citizens the opportunity to collaborate and partner with DCS and other community partners to improve outcomes for the most vulnerable children in our state. CRP members come from diverse backgrounds and provide different perspectives that reflect their individual strengths, passions, and independent voices. The CRPs will continue to align their function and dedicate their work to supporting DCS in achieving its stated mission to: "Successfully engage children and families to ensure safety, strengthen families, and achieve permanency."

When children and families become involved in the "child welfare system," they do not enter a single system, but rather multiple systems. These systems may include state and local child welfare agencies, courts, private service providers, and public agencies that oversee other government programs such as public assistance, mental health counseling, and substance abuse treatment. All play critical roles in providing supports and services to children and families involved in child welfare. DCS **cannot** do its job in isolation. System issues continue to warrant the attention and action of DCS and child welfare system partners including the CRPs.

This is a public report summarizing the activities and recommendations of the Arizona CRPs during the 2015 calendar year. Please share it with anyone who has an interest in child welfare. Hopefully the topics raised will become part of the larger conversation about what each of us can do to protect and serve children and families in need throughout Arizona.

This report is respectfully submitted on behalf of the Arizona Citizen Review Panels,

Sandra Lescoe, MSW
CRP Program Coordinator

Arizona Citizen Review Panel Program Description

The Arizona Citizen Review Panel Program was established in 1999 in response to a 1996 amendment to the federal Child Abuse Prevention and Treatment Act (CAPTA) (Children's Bureau, 2015) that required states receiving basic state grants to establish a minimum of three Citizen Review Panels (panels) to:

- work in accordance with the CAPTA state plan
- examine state and local policies and procedures
- review specific cases when appropriate
- review other criteria the panel determines important to the protection of children including:
  - review of the extent to which the State CPS system is coordinated with the Title IV-E foster care and adoption assistance programs, and
  - review of child fatalities and near fatalities.

The establishment of panels was a movement to promote citizen involvement in ensuring that states were meeting their goals of protecting children from abuse and neglect and providing services (Children's Bureau, 2015). CAPTA defines the primary purpose of panels as being to assess the child protection system (CPS) through evaluation, collaboration, public outreach, and to develop recommendations to improve the CPS at the state and local levels. In addition, the panels provide citizens an opportunity to have a voice in decisions that affect their lives and communities (Children's Bureau, 2015).

The demand for citizen participation has grown over the years. Citizen participation in government is an accepted foundation of democracy, and is intended to foster legitimacy, transparency, accountability, and other democratic values (Nabatchi, 2012). There are three regional panels in Arizona (Central, Northern, and Southern) that represent all 15 counties. The CRP members are community volunteers who are private citizens, professionals, and adult former victims of child abuse and neglect. The panel members are selected through a formal application process.

To meet their mandate and fulfill their CAPTA responsibilities, each panel meets quarterly for three hours to engage in an array of review, evaluation, and educational activities. An agenda is sent out to panel members before each meeting. Conference calls and Go to Meeting capabilities are also used as a means to increase panel member participation. Minutes are taken at each meeting and provided to DCS and panel members.

Through an interagency service agreement, Arizona State University, Center for Child Well-Being provides administrative support. Dr. Judy Krysik is principal investigator, and Sandra Lescoe is the program coordinator. The program coordinator's responsibilities include logistical support, assistance in the implementation of CAPTA requirements, strategic planning, and public awareness. MSW intern, Nicole McCallister assists the Program Coordinator.

For a National Perspective on Citizen Review Panels please visit: http://www.uky.edu/SocialWork/crp/

Overview of Panel Public Outreach Activities

In 2015 the CRP program coordinator and panel members attended local meetings and conferences to represent the CRP, educate the public, publicize CRP efforts, and garner community support and involvement in improving the child welfare system. Highlights of the 2015 outreach activities are presented below.

Child Abuse Prevention Kickoff

In April, Jenna Shroyer, DCS Manager for the Office of Prevention and Family Support (OPFS) hosted the Child Abuse Prevention and Awareness Month kickoff. Sandra Lescoe, CRP program coordinator; Cyleer Love and Hillary Brown, MSW student interns; and Yvonne Fortier, CRP member, hosted a table at this public event. They met with community stakeholders and citizens and handed out information and answered questions about the CRP.

2015 National CRP Conference – Oregon

In May, Becky Ruffner and Kirk Grugel Short, CRP members; the CRP program coordinator and one staff member represented Arizona at the National CRP Conference in Portland, Oregon. The conference sessions included presentations by nationally recognized experts on topics that provided insight and resources to assist with common challenges facing CRPs and state child welfare agencies.

Left to Right: Jenna Shroyer, DCS; Sandra Lescoe, CRP Program Coordinator; Yvonne Fortier, CRP; Cyleer Love, MSW Intern; Hillary Brown, MSW Intern

Shalom Jacobs, DCS Deputy Director; Jenna Shroyer, DCS Prevention Manager

Amy Ashley, ASU; Sandra Lescoe, CRP Program Coordinator

Amy Ashley, ASU; Kirk Grugel, CRP

Becky Ruffner, CRP

Amy Ashley, ASU; Blake Jones, National CRP Program Coordinator

USOA Board with Senator Barto, *middle*; Joanne MacDonell, CRP member, *second from right*

Left to right: Janet Cornell, CRP; Sandra Lescoe, CRP Coordinator; Lois Sayrs, ASU Research Director; Cyleer Love, MSW Intern

2015 Child Abuse Prevention Conference

On July 21, 2015, Janet Cornell, CRP member; Sandra Lescoe, CRP program coordinator, Lois Sayers, Director of research and evaluation; and Cyleer Love, MSW student intern, presented, "Arizona Citizen Review Panel: Impact and Influence on Child Welfare Policy, Practice, and Systems" at the annual state child abuse and prevention conference. The presentation covered the structure and purpose of the CRP and how it is working to impact the child welfare system.

2015 United States Ombudsman Association (USOA) Conference

In October, 2015, Joanne MacDonnell, CRP member; and Sandra Lescoe, CRP program coordinator, attended the USOA 36th Annual Ombudsmen Conference "Confronting the Prickly Issues." Joanne MacDonnell is Deputy Ombudsman for the Arizona Ombudsman Office and was elected Chair of the Children & Families Chapter which is a specialty chapter that networks and organizes presentations, training, and other activities.

Wicked Problems and Grand Challenges of Child Welfare

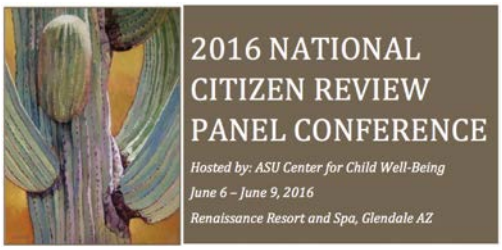
On October 21–22, 2015 Sandra Lescoe, CRP program coordinator represented the CRP at the 5th annual Wicked Problems Institute in Chicago. The opening presentations were, "Building the 21st Century Child Welfare System" by Mark Testa, Spears-Turner Distinguished Professor, UNC-CH School of Social Work, and "Preventing Child Maltreatment", by David Sanders, Chair, Commission to Eliminate Child Abuse and Neglect Fatalities. Other presentations focused on four of the seven grand challenges: preventing child maltreatment and reversing its adverse effects on brain development; sustaining family continuity after legal permanence; strengthening the voice and agency of youth in the child welfare system; and attracting private investments and using performance contracts to improve services.

Highlights

First Annual Statewide Meeting

On November 30, 2015 ASU hosted the first annual statewide CRP meeting and appreciation luncheon. In attendance were members of the three regional panels, DCS representatives, ASU staff, and members of the DCS Community Advisory Committee. The purpose of the event was to thank the CRP members for their contribution and to celebrate the accomplishments of the past year. It also was an occasion to develop relationships and promote partnership among citizens, DCS, and community members.

Planning Committee for the National Conference



Arizona has been named the host city for the 2016 National Citizen Review Panel Conference. The conference is scheduled for June 6-9 at the Glendale Renaissance Resort and Spa in Glendale, AZ. A planning committee of panel members, ASU staff, and School of Social Work interns are working to develop the agenda, identify speakers, and recruit presenters. Now in its 15th year, the National Citizen Review Panel Conference brings together administrators and volunteers from the 50 state panels for networking and education on how to improve panel effectiveness and discover resources for optimizing functioning in child welfare services. The 2016 conference will consist of 2.5 days of nationally known child welfare speakers and 20 breakout sessions.

Other Public Outreach

Throughout the year the CRP program coordinator and CRP members also made presentations about the CRP around the state. These presentations help educate the public about the CRP and why citizen participation is important to public child welfare. Locations included:

- Best for Babies, Prescott, AZ
- Council of Human Service Providers, Phoenix, AZ
- Mohave County Childrens' Action Team, Kingman, AZ

In 2015 ASU conducted an evaluation to examine citizen participation in public policy and oversight, and to review the CRP Program. The evaluation addressed three main questions:

- Do panel members perceive their role is aligned to CAPTA mandates?
- Do panel members perceive these mandated activities as impactful?
- What has been the impact of the CRP panel recommendations?

Employing mixed-methods to capture quantitative as well as qualitative data, evaluators developed a survey for panel members. Using a 10-point Likert scale, panel members were asked to rate themselves and their own panel's work relative to CAPTA core mandates and activities. Specifically, panel members were asked to rate how important they perceived CAPTA core values such as transparency, accountability, public awareness, and public participation. They were also asked to rate their perceptions of the impact their panel's activities had on the well-being of Arizona children. Finally, a content analysis was performed on panel recommendations made from 2007–2014.

Conclusions from the evaluation include:

- panel members understand and value their core CAPTA responsibilities. Panel members view some of their activities as critical (meetings and recommendations) and others not as critical
- panel members consider their activities as having impact on some child welfare issues
- panel members have tended to make procedural recommendations that have not always been specific, attainable, or realistic from an implementation perspective

Operational Changes

The evaluation revealed the need for strategic planning and operational changes to improve the CRP Program structure and effectiveness. Suggestions for future consideration included:

- forging a stronger partnership with DCS to set meaningful recommendations
- developing a longer issue review window so panel members can more thoroughly understand and investigate issues
- implementing a more comprehensive methodology of review that employs varied mechanisms and does not rely as heavily on case reviews
- reconfiguring panel composition to better reflect the diversity in child welfare and engage those most affected by child welfare policies and procedures
- balancing recommendations to more equitably address issues of policy, procedure, and practice
- making recommendations more measurable and time-specific

The evaluation and dialogue with CRP members included a review and discussion of 2007–2014 CRP recommendations and responses from DCS. Each year DCS is required to submit a written response that describes whether or how the State will incorporate the recommendations, to make measurable progress in improving the State and local child protective system (United States Government Printing Office, 2015, Section 106 (c) (6)).

In 2015, the CRPs conducted a review of their organizational structure resulting in a number of reforms. The evaluation of prior activities and recommendations revealed ways to focus their energy on working to increase effectiveness and impact. Branding products were created to project a more unified and independent identity separate from ASU. This included the creation of by-laws, a logo, and tag line as illustrated on the front of the report.

In addition, the CRP created vision, mission, and values statements.

Vision: To be a catalyst for positive change in the Arizona child welfare system through citizen participation.

Mission: To improve the child welfare system and outcomes for Arizona children and families through the provision of oversight, promotion of public awareness, advocacy and support for children and families currently involved in child welfare, and partnership with members of the child welfare community.

Values: Transparency, Accountability, Public Awareness, and Public Participation

The panel members also pledged to develop resources for the support and training of new members, and to conduct recruitment efforts for new members that would maximize diversity in experience, age, and professional alignment.

Overview of Panel Review Activities

In previous years, case reviews were discussed and recommendations were drafted completely within the time allotted for the quarterly meetings. In 2015, a broader, more subject-specific approach was undertaken. All three of the panels formed at least one subcommittee and held conference calls outside of the normal in-person quarterly meetings in order to maximize resources and discuss challenges. This led to the creation of work plans specific to the intended year-end goals of each regional panel. The work plans consisted of a timeline and prescribed tasks that continue the review and recommendation process into 2016.

The first quarter meeting of each panel consisted of an introduction to the new CRP structure and recruitment of a regional panel chairperson/co-chairs to lead the efforts. The strategic planning process began in the second quarter meeting along with brainstorming and refining the selected problem issue for the year's focus. The third and fourth quarter meetings involved development of a work plan, and discussion and summary of initial review activities.

An important consideration in adopting a topic was whether or not the CRP inquiry would overlap the work of another external or internal oversight group, task force, or committee. To aide in this determination, ASU created a document that examines the current landscape of child protection agencies and organizations, their purpose, responsibility, and structure. The document serves as a resource for panel activities by including a list of federal and state mandates, data systems, funding sources, and federal/state oversight groups and other accountability mechanisms established within the child welfare system. The document also included existing child welfare-related federal and state laws.

Report of the Southern Panel

Panel Members: The panel is comprised of dedicated and dynamic members from myriad of life and professional experiences. The membership includes: Jessica Brisson, Co-Chair; Kirk Grugel Short, Co-Chair; Karen Harper, Jan Ott, Martha McKibben, Jeff McCabe, Terri Freed, Pat Pierce, and Robin Gerard.

DCS Representatives: Andrew Marioni, DCS Liaison; Carolyn Berg, Practice Improvement; Christie Kroger, Assistant Practice Improvement Administrator

2015 Meeting Dates: February 24, May 12, June 23, and August 17. Additional meetings and conference calls were held with smaller groups of panel members to work on projects and in subcommittees.

Acknowledgements: The Southern Citizen Review Panel would like to recognize the DCS representatives who attend the CRP meetings and thank them for their continued commitment and assistance in educating, clarifying, and fostering a spirit of partnership. Thank you to Leslie Gross, Program Specialist, who provided an overview of various workgroups and their activities related to parent child visitation. Also acknowledged is La Paloma Family Services, and First Things First, for generously providing meeting space for the Southern Panel.

Issue Statement: Provision of timely and quality parent-child visitation to improve child well-being and promote permanency is not consistently occurring for all young children in out of home care

Topic Selection: The Southern Panel explored issues of concern to child welfare stakeholders in the seven counties comprising the southern region. Parent child visitation for children in the foster care system and its impact on child well-being emerged as the issue most concerning. Panel members considered parent-child visitation as a critical component of child well-being because visitation helps maintain parent-child attachment. The Panel wants to ascertain how quality visitation and well-being are best defined and measured.

They chose to focus on children birth to three years of age who are placed in non-relative foster care as their starting point. The panel members believe that there may be additional challenges for arranging visits for these children compared to children who are placed with kin.

Current Situation: When a child is removed from his or her home due to safety concerns, he or she may be placed in a non-relative foster home, with relatives, in a therapeutic or treatment foster care home, or in some form of congregate care institution such as a group home. A child will remain in out-of-home care until he or she can be safely returned to the care of a parent or until another permanency option can be achieved. There is public concern regarding the number of children in out of home care in Arizona and whether or not they are consistently receiving the quality and quantity of services they need to achieve permanency and well-being. According to the DCS website, there are approximately 19,000 children in out-of-home care statewide (Arizona Department of Child Safety, 2015). According to the most recently published Kids Count data, infants and toddlers represent the largest proportion of children in out of home care in Arizona, and are at high risk of maltreatment due to their vulnerability (Annie E. Casey Foundation, 2015).

Panel members who work directly with the foster care system questioned whether or not the needs of children are being met as the child welfare system is struggling with high caseloads and employee turnover. Panel members plan to review how visitation is arranged, timeframes for arranging the first parent-child visit and ongoing visits, how visitation is structured and assessed, qualifications and responsibility of persons supervising visits, and any other guidelines which provide information about visitation The Southern CRP's interest in parent child visitation is supported by research that shows children who have regular, frequent contact with their family members while in foster care experience:

- A greater likelihood of reunification (Child Welfare Information Gateway, 2011)
- Shorter stays in out-of-home care (White et al., 2015)
- Increased chances that the reunification will be lasting (Child Information Gateway, 2011)
- Overall improved emotional well- being and positive adjustment to placement (Weintraub, 2008)

In addition, research specific to this age group shows that when there is a significant absence of contact with the primary caregiver, children are more likely to have impaired development (National Scientific Council on the Developing Child, 2012). For these and other reasons, the panel members plan to comprehensively examine the capacity of DCS to provide adequate and quality visitation for young children in non-relative foster care.

Goal and Desired Outcome: The Panel plans to gain a greater understanding of current parent- child visitation policies, procedures, practices, training, and systemic issues (e.g., transportation and supervision resources, impact of court orders, barriers for parents who are incarcerated, scope of work for providers who are providing services, and resources for parent coaching services, etc.). The Southern CRP members will determine whether or not visitation practices are

achieving federal outcome-related goals and align with best practices.

Summary of the Panels' Initial Review of Information: The Southern CRP's full review and examination of this topic will continue into 2016. Appendix A contains a list of the information reviewed by the Panel to date.

A child's right to maintain contact with his or her parents while in out-of-home care, unless the court determines that the contact is not in the child's best interests, is noted in federal and state law. According to DCS policy, procedures, and regulations, DCS is required to facilitate visitation and ongoing contact between a child and his or her parents to preserve and enhance relationships with, and attachments to, the family of origin including incarcerated parents (Arizona Department of Child Safety, 2015). In addition, policy states that a contact and visitation plan is to be included in the family's case plan, detailing the visit frequency, length, locations, supervision (if required) (Arizona Department of Child Safety, 2015). It also indicates that specific documentation of how the family and other team members actively participated in the development of the plan, or why contact and visitation is contrary to the child's safety and well-being should be documented in the family's case record and case plan. In addition frequency, duration, location, and structure of contact and visits should be determined based upon the child's need for safety and family contact, with safety being the paramount concern (Arizona Department of Child Safety, 2015).

According to DCS policy, another proceeding requiring the discussion and documentation of parent child visitation are Team Decision Making (TDM) meetings (Arizona Department of Child Safety, 2015). The TDM summary report, which documents the discussion and decisions made at these meetings, is to include the level of authorized contact and visitation between child and parent, and the child and any siblings in out-of-home care. Additionally, DCS Specialists are required to submit court reports before various scheduled court hearings. Court reports are required to include a description of what child-parent visits have occurred since the child was removed, or from the last scheduled hearing. The court report also makes a notation that the visitation and contact plan should be included in the case plan.

In the information reviewed, the definition, purpose, reason for visitation, and requirements were considered clearly specified. Descriptions, protocols, policies, and procedures that addressed safety, permanency, and well-being specific to infants, toddlers, and their families could not yet be located. Panel members noted that the DCS policy includes factors that should be considered when a DCS Specialist is determining the type, frequency, duration, and location of contact and visitation. Consideration of whether or not DCS Specialists would benefit from clearer and more concrete guidance for how the presence or absence of these factors should impact visitation-related decisions will continue into 2016.

The DCS Child Welfare Training Institute provided a copy of training materials that are utilized for DCS Specialist visitation training. DCS Specialists receive a one-day training that provides a high level overview of child development. Panel members noted that although there are a number of community trainings that are specific to the unique needs of infants and

toddlers, not all DCS Specialists have the opportunity to attend external trainings and at this time there is no mechanism or capacity which requires refresher or advanced training related to child development and other related topics to enhance their professional growth.

The panel members gave special attention the Arizona DCS Independent Review Chapin Hall Report (Chapin Hall Center for Children, 2015), and the Arizona DCS Strategic Plan: State Fiscal Year 2016 (Arizona Department of Child Safety, 2015). The panel members noted and discussed key points that were identified as "high degrees of risk" within Chapin Hall's report (2015) which they also believe to be barriers to the issue of child/family visitation:

- High caseloads and turnover of DCS Specialists
- Need for sound assessment and decision-making processes to provide services that meet the needs of children and families.
- Utilization of evidence based interventions and supportive data systems to reduce length of stay in foster care and increase permanency.
- The need for an increased focus on expanding the capacity of and investment in the workforce, capacity to produce accurate data on system performance, and include efforts to gain a deeper understanding of children's social and emotional well-being and functioning.

The Panel sought to contextualize the topic of parent child visitation specific to infants and toddlers by conducting their own research and literature review relevant to parent child visitation. Nationwide, children who enter foster care are disproportionally toddlers and infants (Nesmith, 2014). According to the National KIDS COUNT of 2014, 47% of all children entering the foster care system in 2012 were five years of age or younger (Annie E. Casey Foundation, 2015). In Arizona, the statistics are similar. Given the high proportion of young children who are in out-of-home care, the Southern Panel conducted a review of best practices for parent child visitation specific to this age group. The Southern CRP's intent was to encourage and support DCS to examine current visitation practices within Arizona and to identify where there is, or can be, alignment with evidence based practices.

The literature review indicated an area of opportunity for ensuring the developmental and social-emotional needs of young children are met is by offering comprehensive and quality visitation time. Parental visitation with children who are removed from their families and placed in out of home care through the child welfare system is considered the primary intervention for maintaining the parent-child relationship. The following key elements should be considered:

a. **Terminology.** Terminology should be changed from "visitation" to "family time."

b. **Timely first visits.** When possible, the first visit after a child is removed from the home should occur within 48 hours of the initial removal. Research indicates that delaying visits is harmful emotionally to the child and alienates parents, reducing the likelihood that they will trust the caseworker or participate in services. The more timely the initial visit, the sooner individualized visit supports can be developed. Siblings should be included in as many visits as possible.

c. **Consistency and frequency of visits.** Consistent visitation between the child and his or her parents is considered one of the most important aspects of family preservation and of developing and maintaining attachment within the parent-child relationship (McWey et al., 2010). Visitation is a key variable in determining a timeframe for reunification between a young child and his or her parent, and

can also help gauge if the parent understands positive parenting skills and communication. The younger the child and longer the period of uncertainty and separation from the primary caregiver, the greater the risk of harm. In addition to the child's feelings of security and support, the parent also benefits from frequent and consistent visitation, making the parent feel more positive about successful reunification, increase understanding and confidence in parenting skills, and to demonstrate to the court commitment to the child (Smariga, 2007).

d. **Maximizing visitation time.** While families work toward reunification the individual who is overseeing the visit can serve as a source of support and coaching, making visitation time an ideal opportunity for families to learn and apply positive parenting and bonding techniques. Because so many adults involved in the child welfare system may not understand or may never have had the opportunity to learn positive, engaging experiences to help build strong connections with their children, a visit coach or visit supervisor may help facilitate these types of positive interactions. Evidence based visit coaching can integrate visitation time with learning and modeling opportunities. Zero to Three (n.d.), a widely recognized leader in early childhood development and education, speaks to the importance of leveraging opportunities for visitation.

Recommendations

1. The Southern Citizen Review panel respectfully recommends the CRP in collaboration with DCS identify research and examples from other states to create a comprehensive parent child visitation guide that provides structure, continuity, and steps for decision making.
2. The Southern Citizen Review panel respectfully recommends DCS examine existing policies and procedures related to parent child visitation to enhance and ensure information is consistent, updated, and in alignment with DCS Specialist training, and specific guidance which includes how and where to document frequency, duration, location, and structure of contact and visitation.
3. The Southern Citizen Review panel respectfully recommends DCS collaborate with the CRP and community partners in 2016 to examine best practices that could be considered for implementation and which would support quality parent child visitation (e.g. family time, parent coaching services).

Report of the Northern Panel

Panel Members: The panel is comprised of dedicated and dynamic members from a myriad of life and professional experiences. The membership includes: Rebecca Ruffner, Chairman, Elaine Grissom, Jeanine Diaz, Judy Gideon, Julie Armstrong, Kim Chappelear, Susan Lacher, and Trish Riner.

DCS Representatives: Andrew Marioni, DCS Liaison; Dawn Kimsey, Supervisor, and Dani O'Connell, Practice Improvement Specialist.

2015 Meeting Dates: March 5, May 28, July 30, and September 10. Smaller groups of panel members participated in conference calls and subcommittee meetings to work on projects.

Acknowledgements: The Northern Citizen Review Panel Program would like to recognize and express their appreciation to the DCS representatives who attend the CRP meetings and for their continued commitment and assistance in educating, clarifying, and fostering a spirit of partnership between DCS and the panel members. Thank you to Dawn Kimsey, Investigation Supervisor, who provided a detailed overview of the Child and Safety Risk Assessment and SEN policies and procedures. Thank you also to the United Way of Northern Arizona for generously providing meeting space for the Northern Panel.

Issue Statement: Substance Exposed Newborns (SEN) who come to the attention of DCS require thorough child safety and risk assessments, and timely interventions to ensure their safety and well-being, and to prevent future maltreatment.

Topic Selection: In 2014, the third quarter CRP meeting highlighted cases that involved the following: SEN, parental substance abuse, and medically assisted treatment (MAT). Panel members reported there were existing efforts to implement a specialized in-home Substance Exposed Newborn Safe Environment (SENSE) program in the Northern Region. The primary goal of the program is to ensure that vulnerable infants and their families are provided a coordinated and comprehensive array of services to address identified safety and risk factors. The CRPs have reviewed and made prior recommendations in reference to SEN cases in 2007, 2010, 2011, and in 2014. The panel members determined that due to the high number of infants in foster care and the vulnerability of SENs, they will continue to examine whether there are systemic changes required to improve frontline practice and interventions.

Current Situation: In May 2015, child fatalities of children who were born drug exposed were highlighted by the media. The panel members voiced concern that further exploration is needed to determine whether or not SENs who come to the attention of DCS are receiving thorough and adequate child safety and risk assessments and timely interventions to ensure their safety and well-being. It was the opinion of panel members who have been caregivers for these infants and who are currently involved in some capacity with this population that the federal/state laws, policies, and procedures and services that are in place to respond to the needs of SENs and their parents may not be universally understood or implemented. The Panel desires to conduct a more thorough review to determine if there are practices or systemic issues that could be strengthened to reduce the risk of future maltreatment and fatality among these infants.

Goal and Desired Outcome: The Panel will learn and enhance their understanding of the reports and case management involving substance exposed newborns through a review of system policies, procedures, and practice. In addition, the Panel will utilize conclusions and findings from this process to develop recommendations to improve and support the Arizona child welfare system's response to DCS reports and case management activities involving SENs. Panel members also expressed that due to the vulnerability of these infants, it is vital DCS Specialists and the child welfare partners

who work with these children and families have a working knowledge, understanding, and assessment skills related to SENs.

Summary of Panels' Initial Review of Information: The Northern CRP's full review and examination of SEN will continue into 2016. Appendix A contains a listing of the information reviewed by the panel. The following information was highlighted in their review.

In response to concerns about prenatal drug exposure, the federal government passed the Keeping Children and Families Safe Act in 2003 (Children's Bureau, 2015). This law required states to include the following assurances in order to maintain their CAPTA grant funding:

1. Develop policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants, except that such notification shall not be construed to establish a definition under Federal law of:
   - what constitutes child abuse or require prosecution for any illegal action;
   - a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms;
   - procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports.
2. Establish procedures to refer children younger than 3 years who have substantiated cases of child abuse or neglect to early intervention services. (p. 32).

The Early Intervention Program for Infants and Toddlers with Disabilities, Individuals with Disabilities Education Act (IDEA) (Children's Bureau, 2015), requires services for all children who have been maltreated or exposed to domestic violence and illegal prenatal substances. To better address the unique needs of these infants and toddlers, states' early intervention programs must ensure training for their early intervention professionals in the special needs of these children and their families including the effects of trauma, unmet mental health needs, and needs related to drug and alcohol use (Children's Bureau, 2015).

The panel members review of information also included Guidelines for Identifying Substance-Exposed Newborns (Arizona Department of Economic Security, Division of Children, Youth and Families, 2008). These guidelines guide DCS in receiving reports, hotline procedures, and investigation of SEN reports, services, and determination of findings which fulfill CAPTA mandates.

A review of Arizona statute 13-3620 (Arizona State Legislature, 2015) requires mandated reporters to report to DCS when there is a:

- Determination made by a health professional or other individual that a newborn infant was exposed prenatally to a drug or substance that was not the result of medical treatment based on one or more of the following:
  - Clinical indicators in the prenatal period including maternal and newborn presentation
  - History of substance use or abuse
  - Medical history

- Results of a toxicology or other laboratory test on the mother or the newborn infant; and when

- Diagnosis by a health professional of an infant under one year of age with clinical findings consistent with fetal alcohol syndrome or fetal alcohol effects who has been prenatally exposed to alcohol, drugs, or a non-prescribed controlled substance or is demonstrating withdrawal symptoms resulting from prenatal drug exposure is considered at high risk of abuse or neglect (para. D).

Arizona has no statutory requirement to test all newborns for substance exposure. The mother may be tested at the hospital, and a report made if she and/or her baby test positive for substances. There is, however, no consistent approach utilized by hospitals for testing newborns.

Panel members who work in the hospital setting or provide services to these mothers and infants reported there is no method of testing that will determine the frequency or the extent of the drugs or alcohol used during pregnancy. If not self-reported, exposure is identified at birth by meconium testing, discussions with the mother, or structured interviews by DCS or other professionals. However, they felt there needs to be a clearer distinction when applying assessments and sanctions to some women who find themselves unexpectedly pregnant after recreationally using substances versus women who suffer from addiction.

According to DCS policies (Arizona Department of Child Safety, 2015), information received at the Hotline that meets the criteria for a SEN report is coded as Priority 1 (high risk neglect) and assigned to the field for investigation and requires a two hour response time unless it can be mitigated per policy guidelines. This category includes prenatal SEN or infant (from birth up to one year of age) who is adversely affected by the mother's use of a dangerous drug, a narcotic drug or alcohol during pregnancy. In addition, there is a specific DCS policy focused on SEN investigations involving a SEN and supplemental documents to support decision making. One of these documents is a risk matrix which identifies low, moderate, and high risk factors specific to SEN; however it is unclear if DSC Specialists are referencing these documents when completing their assessments. There also is uncertainty about the application of policies and practice when a mother and/or her infant test positive for marijuana and requires further exploration. These areas will be assessed by the CRP in 2016.

A high level child safety and risk assessment (CSRA) presentation was provided to the panel members by a DCS representative. They were given an overview about how risk and safety was quantified. Panel members were advised it was the totality of circumstances and responsibility of the Supervisor to provide clinical supervision to all their DCS staff to oversee decision making. It was stated, a substance screen is not rigorous enough to identify all substance abuse and that it is important to have staff with adequate time and skills to complete the child safety and risk assessment.

The CRP Program Coordinator participated in a phone conference with The National Center on Substance Abuse and Child Welfare, Children and Family Futures to obtain and discuss current literature and best practice related to SEN. Results of this conference were shared with the Northern CRP. They provided a number of documents that the panel will review in 2016. Additional conference calls have been scheduled with panel members, DCS, and other internal and external child welfare partners to identify if there are workgroups or initiatives that are focused on this common topic. There will be continued outreach in 2016 to collaborate with other groups with common goals so there is not a duplication of work.

In addition, the panel members reviewed prior annual reports and the 2014 recommendations, which suggested enhancing training, collaboration, and quality

assurance specific to assessment and interventions that focus on SEN, parental substance abuse, and Medically Assisted Treatment (MAT). The panel also gave attention to the Arizona Department of Child Safety Independent Review (Chapin Hall Center for Children, 2015), and the Arizona Department of Child Safety Strategic Plan: State Fiscal Year 2016. There are goals and strategies identified in the plan to improve decision making at the Hotline (Arizona Department of Child Safety, 2015).

The 2015 Chapin Hall report included key findings and areas of improvement which were supported by the panel members. They are:

- ✓ The core mission of DCS is child safety and decision making protocols, failure to assess the risk of maltreatment accurately leads to a misalignment between the services offered and needs of children and families.
- ✓ Removal of the automation for the child safety and risk assessment allowed implementation drift which has reportedly contributed to ambiguity around decision making during investigations and levels of risk poorly defined.
- ✓ High caseloads and lack of resources has been universally recognized as contributing to problems. High turnover and shift toward filling new positions with less highly qualified staff and ambiguity about investigation decision making is an area of high risk.
- ✓ High functioning feedback does not exist between RBHA and DCS. Such feedback would contribute to an understanding of whether or not progress is being made by those receiving services and would guide decision making.
- ✓ The use of performance based contracting to make expectations clear and measurable increases accountability across the entire system.

The panel conducted their own literature review to identify-best practices and successful interventions that are trending nationwide. Research indicates that each domain of developmental functioning is affected by the early experience of maltreatment (American Humane Association et al., 2011). Negative foster care experiences may extend and compound these developmental impairments. Infants and toddlers come into the child welfare system at the most vulnerable and the most opportune time of development.

During the literature review, a considerable amount of information was revealed regarding Neonatal Abstinence Syndrome (NAS) which is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mother's womb. The significant increase in NAS nationally and in Arizona has caused concern about the use of opioids during pregnancy. An analysis conducted by the Arizona Department of Health Services (2014) demonstrated a 205% increase in the rate of infants born exposed to narcotics between 2008 and 2013. Newborns with NAS require specialized care–often in a neonatal intensive care unit–which results in longer hospital stays and increased costs. Another study found that treatment costs for newborns with NAS are, on average, more than five times the costs of treating other newborns at birth (Patrick et al., 2012)

Based on their preliminary review of information detailed above, the panel members identified the following issues which they will continue to explore in 2016, and which will form the basis for recommendations or potential projects:

- Clarity in the definition or what constitutes a plan of safe care for the infants born affected by illegal substance or withdrawal symptoms.
- Updating the Guidelines for Identifying Substance-Exposed Newborns (2008) to reflect the advancements which have been made in infant maltreatment.

Report of the Central Panel

- Development of recommend Hotline questions and child safety and risk assessment questions to reflect the assessment structure and needs of SEN.
- Suggest improvements in decision-making and understanding the role of removals based on active safety threats. This includes evaluating training to ensure it is understood and can be applied.
- Develop a reference to NAS for the DCS Policy Manual, guidance for DCS Specialists on assessing safety and the risks associated with these children, and information to be included in training.
- Understanding how SEN reports are categorized and what information exists on services.

Recommendations

1. The Northern Citizen Review Panel will examine potential changes to guide child safety and risk assessment, training, and supervision related to SEN.
2. The Northern Citizen Review Panel will explore sources of expert training on SEN.
3. The Northern Citizen Review Panel will provide DCS information on existing practices of testing for substance exposure and yearly certification of assessment skills specific to SEN.
4. The Northern Citizen Review Panel respectfully recommends their recommendation from 2014 regarding training to ensure the workforce is educated in early childhood development, child safety and risk assessments, and MAT be considered.

Panel Members: The panel is comprised of dedicated and dynamic members from a myriad of life and professional experiences. The membership includes: Allison Thompson, Carla Howard, Beth Rosenberg; Desaray Klimenko, Kara Hawkins, Gary Brennan, Janet Cornell, Joanne MacDonnell, Jo Fuhrmann, Marsha Stanton, Merri Tiseth, Pamela Fitzgerald, Paulet Green, Pam Ruzi, Princess Lucas Wilson, Rhonda Baldwin, Stephanie Zimmerman, TC Colla, Tracy Sloat, Esther Kappas, Mary Jo Whitfield, Yvonne Fortier, Elizabeth Ditterson Garman and Ron Carpio.

DCS Representatives: Andrew Marioni, DCS Liaison; Gaylene Morgan, Asst. AG; Rachel Metelis, Asst. AG

2015 Meeting Dates: March 10, June 9, July 28, and September 15. Additional meetings and conference calls were held with smaller groups or subcommittees of panel members to work on projects.

Acknowledgements: The Arizona Central Citizen Review Panel would like to recognize and express our appreciation to the DCS representatives who attend the CRP meetings for their continued commitment and assistance in educating, clarifying, and fostering a spirit of partnership between DCS and the panel members. Thank you to our guest speaker, Susan Blackburn-Love, DCS Program Development Administrator, who provided a detailed overview of Hotline procedures. We also want to acknowledge and thank the ASU College of Nursing and Health Innovation, Downtown Phoenix campus, for generously providing a meeting space for the Central Panel.

Issue Statement: Hotline reports and investigations regarding children who are medically neglected or medically complex involve unique risk. There is a concern that the Hotline may not have questions or procedures in place to gather sufficient information about a child's medical needs and to identify medical neglect.

Topic Selection: In 2014, the third quarter CRP meeting spotlighted medically complex children involved with DCS. The issues raised included inconsistencies in assessment of child safety and risk, inconsistent decision making, and a lack of collaboration. In addition there are contrasting professional opinions of what constitutes medical neglect and difficulty with the identification of children who have medically complex issues. The panel members want to examine the type of information that is gathered at the Hotline to identify children who have medically complex issues.

Goal and Desired Outcome: The panel's goal is to review current Hotline procedures and identify how medical neglect and medically complex children are identified in comparison to known or best practices. They will obtain and review relevant laws, policies, procedures, practice, training or other information to determine if there are areas for improvement to ensure safety and meet the needs of these children and families who are involved with the child welfare system.

Summary of Panels' Initial Review of Information: The Central CRP's full review and examination of this topic will continue into 2016. Appendix A contains a list of the information reviewed by the Panel to date. The following findings were derived from their review.

Federal law (CAPTA) Keeping Children and Families Safe Act in 2003(Children's Bureau, 2015) , requires the CRPs to review the policies and practices of state and local agencies in order to evaluate whether or not they are complying with the state CAPTA plan (including the state's assurances of compliance with federal requirements). One of the assurances requires states to have procedures for responding to the reporting of medical neglect procedures or programs, or both to provide for:

- coordination and consultation with individuals designated by and within appropriate health-care facilities;
- prompt notification by individuals designated by and within appropriate health-care facilities of cases of suspected medical neglect; and
- authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from infants with disabilities who have life-threatening conditions (p. 29).

CAPTA provides minimum federal standards for defining child physical abuse, neglect and sexual abuse that states must incorporate into their statutory definitions in order to receive federal funds. Under The Keeping Children and Families Safe Act (U.S. Department of Health and Human Services, 2003), child maltreatment is defined as "any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm which is noted in federal law. Arizona's definition of neglect is defined in state statute A.R.S. § 8-201(24) (Arizona State Legislature, 2015). However, there is no specific definition of medical neglect. In Arizona, medical neglect does not have its own classification and falls under the same category with other forms of neglect. Yet, the Casey Family State Child Welfare Policy Database shows that only 11 states specifically define medical neglect in statute (Casey Family Programs, 2015).

To enhance the panel members' understanding of the DCS Hotline, policies, procedures, and training information were reviewed to identify criteria for hotline calls and how a determination is made for medical neglect (see Appendix A). The Hotline is mandated to operate 24 hours a day, seven days a week, to protect children by receiving incoming communications of suspected child abuse or neglect. Incoming communications must

meet a required set of criteria to be taken as a report. In addition, a Hotline supervisor or designee is required to review all communications not classified as a report within 48 hours of receipt to verify that the communication was properly classified. To determine if information will be taken as a report, Hotline staff have a number of tools they utilize that include interview questions for mandated and non-mandated reporters, a safety assessment tool, and other tools to determine the type of maltreatment, if it meets the legal definition, and priority of response. These tools are in the process of revision.

Information detailing and summarizing the training procedures, support, and qualifications of DCS Hotline Specialists was provided to the panel members. Panel members also prepared questions to interview Hotline staff. These questions focus on staff qualifications, training, and professional development. The panel intends to schedule the interviews and complete a thorough review and analysis of training and qualifications of Hotline Specialists in 2016.

In addition, DCS provided a brief presentation on hotline procedures and answered panel members' questions regarding Hotline operations, practice, training and procedures for identifying medical neglect. Reportedly, there is little in the way Hotline calls are handled to signal clear indicators of a medical neglect situation, or to signal that the call is about a medically fragile child. Part of this can be attributed to the fact that Hotline training is specific to phone communication skills. Unless the caller identifies a medical issue during the course of the conversation, the Specialist is unlikely to consider it a factor. The flow of the conversation is guided by a structured assessment tool, the Hotline Safety Decision Tool, to ask certain questions and skip others, and information is entered directly into the computer record of the call. A direct line to a supervisor is available if consultation is needed. Reportedly, there is no decision tree for medical neglect, and no professional medical liaisons to call for support.

The panel members have sought to identify and will continue to create a list of internal and external groups, initiatives, and child welfare partners who are working on aspects related to this subject matter. The panel members will continue to find opportunities to collaborate with other groups in an effort to avoid duplication of labor or to determine if there are opportunities to partner and have collective impact. The panel members also gave special attention the Arizona DCS Independent Review Chapin Hall report (Chapin Hall Center for Children, 2015) and the Arizona DCS Strategic Plan: State Fiscal Year 2016 (Arizona Department of Child Safety, 2015).

The panel conducted their own literature review about medical neglect and how other states' Hotline departments' process and categorizes reports specific to medically complex children and medical neglect.Please see Appendix A for more information.

Based on their preliminary review of information detailed above, the panel members were able to identify the following issues they will continue to assess and consider in 2016:

- The purpose, intent, and requirements of the Hotline are clearly defined in statute and policy; however the current Hotline cue questions may not consistently identify information that constitutes a report of medical neglect or move Hotline staff to ask additional questions which accurately capture the priority or seriousness of the report.
- Neglect is broadly defined and information can be interpreted broadly by Hotline staff or in a subjective manner which may pose risk for those children who have medically complex needs that are not obvious to a lay person.
- There is some concern that Hotline reports made on behalf of or by physicians include complex medical terms that are not clearly understood by the Hotline staff. There was no process identified whereby staff

is required to obtain consultation to determine what level of risk or safety this poses to the child and what type of response is warranted.

- Reports that include allegations of domestic violence and substance abuse pose additional risk factors that require the ability and skill set to determine the appropriate priority of response, assessment, and intervention due to the complexity of these behaviors.
- The utilization of staff from temporary agencies and their qualifications for the Hotline warrants further review by the Panel.
- There is no formal process in which Hotline staff can receive back-up support to determine what level of priority a report is when it involves a medical situation. Knowledge of how to escalate a case may also be lacking. Tracking a sample of the medical neglect cases from the Hotline was suggested.
- There was no existing definition located in the policy manual which defines "medical neglect "or "medically fragile." There also was no specificity found regarding how and when those children who have medically complex needs will be identified and/or if they should always be identified when a report is made alleging medical neglect or other forms of maltreatment (which may not include a child who is or has medically complex needs).
- Reports involving failure to thrive are also of concern as they may generate confusion and disagreement regarding whether the information being provided constitutes a report even if the information is made by medical personnel.

Recommendations

1. The Central Citizen Review Panel respectfully recommends their review of this subject continue in collaboration with DCS to assess how medical neglect and medically complex are defined and identified beginning at the Hotline, and to determine if there are changes warranted that would improve the identification and response to vulnerable children who otherwise might not be identified.
2. The Central Citizen Review Panel respectfully recommends DCS in collaboration with medical partners (e.g., Phoenix Children's Hospital and entities who routinely work together) develop a means and process to cross train and provide ongoing training to staff on statutes, policies, and procedures in which they operate.
3. The Central Citizen Review Panel respectfully recommends DCS, with support from the CRP and ASU, develop a process for collecting and tracking medical-related reports that include allegations of domestic violence and substance abuse.

References

American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, Children's Defense Fund, and ZERO TO THREE. (2011). A call to action on behalf of maltreated infants and toddlers. Retrieved from http://www.zerotothree.org/public-policy/federal-policy/childwelfareweb.pdf

Annie E. Casey Foundation. (2015). Kids count data center: Arizona indicators. Retrieved from http://datacenter.kidscount.org/data#AZ/2/0

Arizona Alliance for Drug Endangered Children & the Governor's Office for Children, Youth and Families. (2013). Building a community response for kids endangered by drugs: Report of recommendations and findings.

Arizona Department of Child Safety. (2015). A new beginning for Arizona's abused and neglected children. Retrieved from https://dcs.az.gov/about

Arizona Department of Child Safety. (2015). Child welfare reporting requirements: Semi-annual report for the period of October 1, 2014 through March 31, 2015. Retrieved from https://dcs.az.gov/data/publications

Arizona Department of Child Safety. (2015). June 19, 2015 response to Chapin Hall independent review. Retrieved from https://dcs.az.gov/news/chapin-hall-report

Arizona Department of Child Safety. (2015). Policy and procedure manual. Retrieved from https://extranet.azdes.gov/dcyfpolicy/

Arizona Department of Child Safety. (2015) Proposed Family Assessment Response protocols: Arizona Department of Child Safety public meeting. Retrieved from https://dcs.az.gov/sites/default/files/media/Family-Assessment-Response-Proposed-Protocols_2015-05-04B.pdf

Arizona Department of Child Safety. (2015). Strategic plan: State fiscal year 2016. Retrieved from https://dcs.az.gov/news/dcs-strategic-plan

Arizona Department of Child Safety. (2015). Visitation Training: Leader's Guide

Arizona Department of Economic Security, Division of Children, Youth and Family Services. (2008). Guidelines for identifying substance-exposed newborns. Retrieved from https://www.azdes.gov/InternetFiles/Reports/pdf/sen_guidelines.pdf

Arizona Department of Health Services. (2014). Arizona Opioid prescribing guidelines. Retrieved from http://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/141121-opiod.pdf

Arizona State Legislature. (2015). State statute 13-3620. Retrieved from http://www.azleg.state.az.us/FormatDocument.asp?inDoc=/ars/13/03620.htm&Title=13&DocType=ARS

Arizona Statewide Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs. (2015). Strategic plan: 2015-2020

Beyer, M. (2008). Visit coaching: Building on family strengths to meet children's needs. Juvenile and Family Court Journal, 59(1), 47-60.

California Evidence-Based Clearinghouse for Child Welfare. (2015). Parent training programs. Retrieved from http://www.cebc4cw.org/topic/parent-training/

Casey Family Programs. (2015). State child welfare policy database. Retrieved from http://www.childwelfarepolicy.org/maps/single?id=144

Chapin Hall Center for Children. (2015). Arizona Department of Child Safety independent review. Retrieved from https://dcs.az.gov/news/chapin-hall-report

Child Welfare Information Gateway. (2011). Family reunification: What the evidence shows. Retrieved from: https://www.childwelfare.gov/pubPDFs/family_reunification.pdf

Children's Bureau. (2015). CAPTA: Citizen review panels. Retrieved from http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=70

Children's Bureau. (2015). CAPTA: Assurances and requirements, referrals to IDEA, part C. Rerived from https://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/searchResults.jsp

Edwards, L. P. (2003). Judicial oversight of parental visitation in family reunification cases. Juvenile and Family Court Journal, 54, 1-24.

Fostering Children's Rights Coalition. (2015). 10-Point reform plan for Arizona. Retrieved from http://www.fosteringrights.org/#!reform-proposals/ceu8

Lescoe, S. (2015). The child welfare system. Arizona State University.

McWey, L,. Acock, A., & Porter, B. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. Children and Youth Services Review, 32(10), 1338-1345.

Nabatchi, T. (2012). Fostering transparency and democracy series: A manager's guide to evaluating citizen participation. IBM Center for the Business of Government, Syracuse University.

National Scientific Council on the Developing Child. (2012). The science of neglect: The persistent absence of responsive care disrupts the developing brain. Working Paper No. 12. Retrieved from http://www.developingchild.harvard.edu

Nesmith, A. (2014). Factors influencing the regularity of parental visits with children in foster care. Child Adolescent Social Work, 32, 219-228.

Patrick, S.W. (2012). Neonatal abstinence syndrome and associated health care expenditures: United States 2000-2009. JAMA, 307(18), 1934-1940.

Perry, B. (1999). Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood. CTA Parent and Caregive Education Series, 1(3). Retrieved from https://childtrauma.org/wp-content/uploads/2013/11/Bonding_13.pdf

State of Arizona Office of the Auditor General. (2015). A special report of the Arizona Department of Child Safety – Child safety, removal, and risk assessment practices. Retrieved from http://www.azauditor.gov/sites/default/files/15-118_Report.pdf

Smariga, M. (2007). Visitation with infants and toddlers in foster care: What judges and attorneys need to know. Retrieved from http://www.americanbar.org/content/dam/aba/administrative/child_law/visitation_brief.authcheckdam.pdf

The Center for State Child Welfare Data. (2015). Infants in the child welfare system: Epidemiology and development. Retrieved from https://fcda.chapinhall.org/permanency/infants-child-welfare-system-epidemiology-development/

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect. (2003). The Keeping Children and Famlies Safe Act of 2003. Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/capta2003.pdf

Weintraub, A. (2008). Information packet on parent-child visiting. National Resource Center for Family-Centered Practice and Permanency Planning, Hunter College, NY.

White, M., Albers, E., & Bitonti, C. (2015). Factors in length of foster care: Worker activities and parent-child visitation. The Journal of Sociology & Social Welfare, 23(2) Article 5. Retrieved from: http://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=2330&context=jssw

Zero to Three. (n.d.). Safe babies, strong families, health communities: The safe babies court teams project. Retrieved from http://www.zerotothree.org/maltreatment/safe-babies-court-team/core-components-pdf-learn-more-document.pdf

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