

2014 Arizona Citizen Review Panels

Annual Report and Recommendations



Prepared for the
Department of Child Safety

by Arizona State University
School of Social Work
Center for Applied Behavioral
Health Policy

"Each of our children represents either a potential addition to the productive capacity and the enlightened citizenship of the nation or if allowed to suffer from neglect, a potential addition to the destructive forces of the community."

—Theodore Roosevelt

ASU Center for Applied
Behavioral Health Policy

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A Message from the Arizona Citizen Review Panel Program Coordinator

I wish to thank the members of the Arizona Citizen Review Panel Program (CRP) and staff of the Department of Child Safety (DCS) for their continued commitment to work together with community partners to improve and reform the child welfare system in Arizona.

On May 29, 2014, Governor Brewer authorized legislation establishing the Department of Child Safety (DCS) and appointed Charles Flanagan as Director. The DCS Child and Family Service Plan 2015-2019 submitted by DCS to the U.S. Department of Health and Human Services (HHS) declares that the primary purpose of DCS is to protect children. The following DCS vision and mission are embedded into the goals and activities of the Department.

Vision: To keep Arizona's children safe through timely and appropriate intervention, strong families, and engaged communities.

Mission: To ensure the safety of children, first and foremost, to engage in prevention and early intervention services, to preserve and unify families when the safety of the child is not at risk, to remove and achieve permanency for children who have been harmed and cannot be safely returned to their family.¹

As DCS creates the roadmap to accomplish their vision and mission, the CRPs have aligned their own purpose to support the key mission of DCS. Arizona's CRPs offer a unique mechanism for community partners to share with DCS in the responsibility to improve outcomes for the most vulnerable children in the state. The CRPs recognize and value the input DCS has offered to enhance the citizen review process. DCS has provided insight, context, and expert advice and has openly shared its knowledge of child welfare operations and practices. As a result, the CRPs are better able to place the issues and concerns of citizens in the context of meaningful, reasonable, and actionable recommendations. DCS and CRPs together can better perform their mandated roles and execute their responsibilities.

Through enhanced legislation, policy changes, improving professional training, and promoting and implementing evidence-informed practice along with better system integration, DCS has taken critical steps to meet its core mission and promote its vision statewide. However, more can be done to bridge the gap between DCS' efforts at the organizational and system levels and "front-line" practices. Several systematic issues warrant the Department's attention and action. Although not easily resolved, we feel confident these issues will be addressed going forward, in keeping with the Department's core values, vision, and mission.

This is a public report summarizing the activities and recommendations of the Arizona CRPs during the 2014 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 build services for children and families in need throughout Arizona.



Sandra Lescoe, MSW
Arizona Citizen Review Panel Program Coordinator

¹The Arizona Department of Child Safety Child and Family Services Plan Fiscal Years 2015-2019

Description of Legislative Mandate and Citizen Review Panel Program in Arizona

The Child Abuse Prevention and Treatment Act (CAPTA) was the first major federal legislation enacted to address child abuse and neglect. CAPTA provides federal funding to states in support of prevention, assessment, investigation, prosecution, and treatment activities. It also provides grants to public agencies and nonprofit organizations, including Indian tribes and tribal organizations, for demonstration programs and projects. The CAPTA Reauthorization of 1996 required states to establish and maintain a minimum of three CRPs.² This provided citizens the opportunity to assist their states to meet goals for protecting children from abuse and neglect. See APPENDIX A for the full text of CAPTA legislation.

Arizona Citizen Review Panel Program

The Arizona Citizen Review Panel Program (Arizona CRP) was established in 1999 in response to the 1996 amendment to CAPTA. Arizona has three fully operational regional panels that meet each quarter. The central panel convenes in Phoenix, the southern panel in Tucson, and the northern panel in Flagstaff. The panel members are committed volunteers comprised of private citizens and professionals who take an active role in helping influence, support, and advocate for children and families.

Through an interagency service agreement with DCS, Arizona State University's Center for Applied Behavioral Health Policy (CABHP) provides administrative support and oversees the operation of the Arizona CRP. Through the direction of Dr. Judy Krysik, Principal Investigator, CABHP works in conjunction with DCS to complete all federal requirements identified in CAPTA regarding the CRPs. As part of the interagency service agreement, CABHP provides a CRP Program Coordinator who works directly with a DCS liaison.

The CRP Program Coordinator assists in developing quarterly topics, encouraging a better understanding of child welfare issues, increasing access to educational materials, integrating expert advice on child welfare, and selecting cases for review. The case review and educational material presented at each meeting is designed to illustrate issues and help the members better understand the nuances of the issues as they manifest in a specific case. The quarterly meetings also include presentations from DCS, community providers or other child welfare partners to provide panel members with a working knowledge of child welfare and the complexities of the child protection service system.

The CRP Program Coordinator is also charged with recruiting panel members. There is a continual focus on ensuring active membership that includes community representation and diversity (see Table 1 for current panel member representation). As a group, the panel members review and discuss confidential information about DCS cases, policies, procedures, practice,

TABLE 1
Arizona Citizen Review Panel
Participant Representation and Areas of Expertise

Central Panel 25 Citizens	Northern Panel 11 Citizens	Southern Panel 11 Citizens
Prevention	Prevention	Prevention
Social Services	Social Services	Social Services
Child and Family Advocacy	Child and Family Advocacy	Child and Family Advocacy
Adult Probation	Adult and Juvenile Probation	Adult and Juvenile Probation
Legal Systems	Legal Systems	Legal Systems
CASA	Foster/Kinship Care	CASA
Tribes and American Indian Services	Adoption	Tribes and American Indian Services
Ombudsman	Domestic Violence	Education
Education	Behavioral Health Care	Foster/Kinship Care
Foster/Kinship Care	Medical Health Care	Adoption
Foster Care Alumni	Developmental Disabilities	Behavioral Health Care
Residential Placement	University Child Welfare Instruction	Medical Health Care
Adoption	Civilians	Civilians
Domestic Violence	Foster Care Alumni	
Behavioral Health Care		
Medical Health Care		
Hospice		
Developmental Disabilities		
Young Adult Programs		
Civilians		

²http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=70 Child



and data analysis. From these discussions, the members of each of the three panels develop specific recommendations for improvement of the child welfare system. Consensus is required by all panel members to formulate and approve the final recommendations to be included in the annual report.

The Department's Practice Improvement Specialists and other agency representatives attend region specific CRP meetings and use the information garnered from the meetings to improve practice in their locations. These representatives provide clarification and help facilitate an opportunity for open dialogue between DCS and the panel members.

Case Record Reviews

Cases which are reviewed by the CRPs are not meant to be representative of all DCS cases, but rather are a method used to examine and review the specific steps and decisions made during the life of a case. The case reviews assist panel members in identifying issues and concerns which they believe may result in poor outcomes for children and families.

The cases are selected with the help of a DCS Liaison. A total of 12 cases were selected for the panel members to review in 2014. The Program Coordinator received the DCS case records to compile into cohesive summaries. The cases were reviewed and documented following the Child and Family Service Review (CFSR) format which is detailed below. The Practice Improvement Case Review instrument (PICR) is utilized to complete case summaries. The PICR information is gathered by reviewing investigation, in-home, and out-of-home care cases using an instrument that measures performance in many of the same practice areas evaluated during the CFSRs. The CFSR facilitates review of state child welfare systems to achieve three goals: to ensure conformity with federal child welfare requirements, to determine what is actually happening to children and families as they are engaged in child welfare services, and to assist states in helping children and families achieve positive outcomes. The CFSR assesses on seven outcomes and seven systemic factors. The seven outcomes focus on key items measuring safety, permanency, and well-being. The seven systemic factors focus on key state plan requirements of Titles IV-B and IV-E that provide a foundation for child outcomes.

There are a variety of other sources that are considered for the case summaries and development of the annual report. These other sources include:

- Expert opinion of members and meetings with qualified stakeholders;
- Data from CHILDS (the Statewide Automated Casework Information System or SACWIS) or Adoption and Foster Care Analysis and Reporting System (AFCARS);
- Reports published by the Department, Child and Family Services Review (CFSR) Data Profiles supplied by the U.S. Department of Health and Human Services (DHHS) The data profiles provided to the state by DHHS following the state's semi-annual AFCARS submissions are considered the official data for determining substantial conformity with the CFSR national standards on safety and permanency;
- Reports produced by the Department, internal data reports, policies, procedures and other case reviews.
- Child Welfare Reporting Requirements Semi-Annual Report – this report is published twice yearly by the Department as required by Arizona statute for the periods of October through March and April through September. Data are primarily extracted from CHILDS as close as possible to the date of report publication.



Planning for the Future

Since 1999, the Arizona CRP Program has worked to provide recommendations to the DCS intended to improve practice, services, and outcomes for children and families involved in the child welfare system. The actual impact Arizona's CRP has had on DCS has yet to be measured in a way that would help determine how to improve its effectiveness in the future. An evaluation is being designed by CABHP and will be completed in the spring of 2015. The evaluation will include the following components:

1. An extensive review of existing child welfare specific oversight programs currently in place in Arizona. This review will be focused on identifying the overlap and gaps in the duties and recommendations among these programs.
2. A review of CRP recommendations and DCS responses from the past five years.
3. A survey of the panel members focused on identifying the panel members' motivations for joining CRP and understanding of the purpose and goals of CRP.
4. Structured interviews with past and present panel members and DCS leadership to assess their knowledge of the CRP process and purpose.

Activities of CRP in 2014

The section below provides a summary of the activities CRP members participated in for 2014.

CRP Regional Meetings

In 2014, the three regional panels each participated in four three-hour meetings. The structure of the meetings included: the review of the previous minutes, CRP Program Coordinator updates, DCS updates, presentations, case summary review, and other information the panel members wanted to discuss. The final meeting was a highpoint of the year as it was an arranged forum between the CRPs and DCS Director Charles Flanagan.

Changes within the DCS structure in 2014 brought new opportunities to CRP as well as a strengthening of the relationship with DCS. In July 2014, Director Flanagan and Deputy Director of Operations, Chad Campbell, met with DCS Specialists and Supervisors and CABHP staff to discuss the CRP Program and plan how the partnership could work most effectively. Director Flanagan attended three separate CRP forums for the fourth quarter to meet with panel members. His willingness to attend and participate in the meetings illustrated the continued commitment of DCS to the partnership and to the work of the CRPs. His attendance also provided an opportunity for improved communication. During Director Flanagan's visits, each panel member was provided the opportunity to share his/her background, purpose for participating in the CRP, experiences, and

vision for the CRP Program. Director Flanagan shared his vision for improving DCS, and for how DCS and the CRP Program might work together. Panels were challenged to devise other possible avenues outside of case reviews to inform DCS.

Community Presentations and Public Outreach

On February 28, 2014, Karin Kline, CABHP Child Welfare Initiatives Program Manager provided testimony about the CRP to the CPS Reform Workgroup and on March 7, 2014, Sandra Lescoe, CRP Program Coordinator, testified to the Health and Human Services Committee.

On July 17, 2014, Gary Brennan, CRP member and Sandra Lescoe, CRP Program Coordinator, conducted a presentation, "How Arizona Citizen Review Panels Enhance and Impact the Child Welfare System" at the 15th Annual CABHP Summer Institute Conference.



On July 18, 2014, Gary Brennan and Sandra Lescoe gave the above mentioned presentation at the Child Abuse and Prevention Conference in Phoenix, Arizona. The conference presentations provided an opportunity for Arizona CRP work to be shared with communities across the state. The conferences were attended by hundreds of community professional and advocates from child welfare, foster care, behavioral health, early intervention, family support, early childhood, public health, law enforcement, criminal justice, the judicial system, education, Court Appointed Special Advocates (CASAs), and youth servicing organizations. The presentations helped educate participants about the CRP, why they were established, why citizen participation and support is important to public child welfare, and how community members can take an active role in helping influence, support, and advocate for children and families.

Panel Project

The Central Region panel took on a project to improve visitation rooms for children and youth visiting at a DCS office in Phoenix. The panel members partnered with Church for the Nations who provided some of the materials and their time and labor to renovate two of the existing visitation rooms at the office.



2014 National CRP Conference

In May 2014 the Arizona CRPs were represented by panel members Yvonne Fortier and Stephanie Willis; the CRP Program Coordinator, Sandra Lescoe; and the CRP/DCS Liaison, Andrew Marioni at the National CRP Conference in Atlanta. This conference provided the opportunity for CRPs throughout the United States to come together to share ideas and learn information from subject matter experts.

Stephanie Willis, panel member provided the following summary:

It was an honor and privilege to be selected to attend the National Citizen Review Panel Conference in Atlanta, Georgia. There were over a hundred representatives from other panels throughout the nation with the four of us representing Arizona. We convened for three days to discuss the status of child welfare across the nation and the successes and challenges that CRPs face. The conference was an excellent opportunity to receive professional development around the federal laws pertaining to child welfare and the implications to the local Citizens Review Panel. My overall impression was that our Arizona panels could do so much more to impact the Arizona child welfare system. CAPTA grants a considerable amount of authority to the local panels and we have only scratched the surface. I found this fact incredibly inspiring! I would like to see us replicate the successes of other states as they have partnered with their child protection agencies. I hope the Arizona CRPs can collaborate with the Department of Child Safety to improve the child welfare systems so that we can realize better outcomes for children and families. By attending the National CRP Conference I not only felt so privileged to be a part of Arizona's CRP but also part of a national cohort of volunteers committed to the care and safety of our most vulnerable children.

Yvonne Fortier provided a summary of her experience at the conference.

The conference experience was an opportunity for panels to learn and share common values, practices, trends, and programs across the landscape of child welfare. The Conference began with a comprehensive overview of the trauma-informed care, focusing on the impact of removal and complex trauma on the child. The interactive breakout session on Diversity and Culture Competence provided an overview of competencies to improve work with diverse communities by learning and practicing internal self-awareness. The advocacy breakout session was packed with practical information to assist Panel members in understanding legislative processes and in developing and implementing advocacy strategies. Research for community allies, assessing risk and solutions, and effective messaging are ways our Panels can take action. This conference provided many opportunities for State Panels to learn from each other, to learn from experts and to celebrate the messages of hope from foster/transition-aged youth.



Stephanie Willis, *CRP Member*, Howard Davidson, *ABA Center on Children and the Law*, Yvonne Fortier, *CRP Member* and Andrew Marioni, *DCS Liaison*



Sandra Lescoe, *Program Coordinator* and Andrew Marioni, *DCS Liaison*

2014 Panel Recommendations

The Arizona Citizen Review Panels respectfully submit the following recommendations:

1

The Citizen Review Panels recommend DCS continue to collaborate with tribal partners to maintain, cultivate, and strengthen the partnership. It is also recommended that DCS ensure DCS Specialists and Supervisors are skilled and culturally cognizant of Indian Child Welfare Act (ICWA) policy so practice is aligned with ICWA mandates and demonstrated into consistent practice (statewide) when working with American Indian families.

The following actions are suggested:

Training and Professional Practice

- Provide training to all staff which includes the purpose of ICWA, ICWA mandates, and cultural competency when working with American Indian families.

Collaboration

- Create opportunities for DCS Supervisors and Specialists that enhance relationships with tribal partners.
- Collaborate with tribal partners to discuss the possibility of serving as CASA volunteers for American Indian children.
- Obtain input from tribal partners to evaluate whether the services which American Indian families are referred to are culturally relevant and effective (e.g., Arizona Families F.I.R.S.T.).
- Obtain input from tribal partners to improve placement processes and permanency planning.

Quality Assurance

- Develop an evaluation process to assess staff awareness and knowledge of ICWA requirements and assure cultural proficiency when working with American Indian families and tribal partners (engagement, collaboration with tribes, and implementation of ICWA policies and procedures in the life of a case).
- Develop employee improvement plans when staff evaluation identifies areas for improvement.

2

The Citizen Review Panels recommend DCS, in collaboration with child welfare partners, review practices concerning children who have not achieved permanency and who are approaching emancipation. DCS and other child welfare partners should also examine existing practice and other evidence based practice models to explore if there are other methods to provide support, permanency and better outcomes for these children.

The following actions are suggested:

Training and Professional Practice

- Utilize interventions and services that comprehensively address the needs of children who have not achieved permanency and prepare them for adulthood.
- Provide new employee training and on-going refresher trainings to ensure DCS Supervisors and Specialists understand the importance of maintaining case history, throughout the life of a case including family and kinship connections.

- Provide DCS Supervisors and Specialists with access to professionals who are able to understand evaluation findings and recommendations completed by other system partners (psychiatric, psychological, behavioral health services, individual education plans, etc.) to ensure that needed interventions and services are provided to the parents and children in care.

Collaboration and Capacity Building

- Work with the behavioral health system to provide timely, comprehensive, evidence-based screening and assessments for children and families.
- Work with behavioral health system to ensure children with behavioral health needs have access to timely, evidence-based, treatment and services. Also ensure the children are placed with a caregiver who can meet their needs.
- Review or evaluate the effectiveness and/or efficiency of the Child and Family Team (CFT) process and service planning with system partners.
- Work with licensing agencies and caregivers to provide relatives, foster, and adoptive parents who are caring for children with emotional and behavioral health issues, with timely, evidence-based, and coordinated services as well as with adequate support, including on-going financial support and services pre and post adoption.
- Identify and partner “bridge” families who can offer stability and support to children who are in out of home placements.
- Partner with community stakeholders to establish and maintain mentor programs to support older youth.

Quality Assurance

- Ensure youth with behavioral and mental health needs who are approaching emancipation have transition plans to assist them in establishing meaningful connections, self-sufficiency, and access to resources, when they become adults.
- Perform a comprehensive review to determine mechanisms other states use to screen, train, support, and retain caregivers for children with high level needs.
- Focus less on identifying a “forever family” than on finding a placement who will commit to caring for a child as long as needed, and may be “forever” so that children who have experienced multiple disruptions are not frightened or traumatized if the placement does not work out.

3

The Citizen Review Panels recommend DCS review, evaluate, and update as needed existing employee training (new employee, on-going, and refresher) as well as collaboration and engagement practices with case partners regarding: 1. Prenatal Substance Exposure, 2. Substance Exposed Newborns (SEN), and 3. Medically Assisted Treatment (MAT) for parents abusing substances (e.g., Methadone).

The following actions are suggested:

Training and Professional Practice

- Develop or enhance training opportunities for DCS Supervisors and Specialists on evidence-based engagement strategies when working with families who have substance abuse issues.
- Develop and implement training and explore community partnerships to educate DCS Specialists and Supervisors on the impact and long term effects of alcohol, opiate and prenatal substance exposure on child development, child behavior, and potential treatment modalities for substance-exposed children.

- Provide continuing education to DCS Supervisors to strengthen clinical supervision skills, including how to document evidence of clinical supervision in the case record and what should be included in this documentation provided to DCS Specialists.
- Increase the opportunities for training and transfer of learning in clinical supervision provided to DCS Supervisors.

Collaboration

- Arrange cross-training and/or formal case study opportunities between DCS Supervisors/Specialists, Substance Abuse Treatment Providers (especially those that provide MAT, methadone, etc.) and the court system to encourage collaboration when working with parents who have substance abuse problems as well as keeping each other informed about current practice, policy, and procedures.
- Clarify standards with system partners who work with this population to improve best practice, ensure there is effective collaboration, behavioral case planning, and outcomes.
- Assess screening protocols and compliance with mandatory reporting in the cases of prenatal substance abuse and SEN.
- Collaborate with child welfare partners and service providers to utilize trauma informed assessments and provide trauma informed interventions and treatment.

Quality Assurance

- Verify and monitor parent and caretaker engagement in treatment before closing a case to ensure the parent has followed through with services.
- Develop after care plans with families that identify ongoing support services and continue to monitor child and family needs for a prescribed time after a dependency case is dismissed in order to reduce risk of re-entry into the foster care system.

4

The Citizen Review Panel recommends DCS institute a workgroup to examine best practice when working with medically complex children. This workgroup should work with system partners to review, develop or enhance existing protocols, policies and procedures for children with medically complex issues who are transitioning out of the hospital, transitioning to a different placement or returning home after being in out of home care. This is to ensure that children with medically complex needs are with caregivers who meet their needs and that they receive the continuous, comprehensive, and essential care they require. In addition, DCS should develop a method that ensures protocols, policies, and procedures are performed in a consistent manner by DCS Specialists handling these cases.

The following actions are suggested:

Training and Professional Practice

- Develop or enhance training opportunities for DCS Supervisors and Specialists on evidence-based engagement strategies when working with families of medically fragile children.
- Develop or enhance training for DCS Supervisors and Specialists in order to build proficiency in working with medically fragile children, to include:
 - Consistent and comprehensive CSRAs and CCSRAs (e.g., gathering, assessing and documenting key medical information; identification of high risk medical conditions and identifying needed services; accessing

consultation from the Comprehensive Medical and Dental Program (CMDP); meeting expectations for service coordination with medical providers including Children's Rehabilitation Services; and providing clinical supervision to staff working with medically fragile children),

- Necessary intervention and referrals,
 - Development of behavioral case plans, and
 - Collaboration and coordination of services with treatment providers, child welfare partners, and families.
- Develop and/or enhance training opportunities for caregivers of medically fragile children.

Collaboration

- Provide a universal definition and develop guidance as to what constitutes medical neglect in Arizona. The definition should be applied to all cases and in particular those cases that involve medically complex children.
- Cases involving children/youth with medically complex issues and/or behavioral health issues should be handled by a specialty unit and/or more experienced DCS Supervisors and Specialists.
- Collaboration with system partners and medical providers to identify and understand high risk medical conditions in order to interpret records and determine needed services.

Quality Assurance

- Ensure that DCS formulates a workgroup designed to review, develop or enhance policies, procedures, and practices for children with medically complex needs.
- Evaluate workgroup recommendations, whether they were implemented, and whether there was improved service delivery and outcomes for these children.

5

The Citizen Review Panels recommend DCS improve and strengthen the professional development of child welfare workers employed by DCS statewide by advancing their knowledge and expertise in evidence-based practices to enhance outcomes for the safety, permanency, and well-being of children. DCS should develop a method to ensure the delivery of best practices are demonstrated with families and performed by all DCS Supervisors and Specialists in a consistent manner.

The following actions are suggested:

Training and Professional Practice

- Develop or enhance training, including transfer of learning plans for DCS Supervisors and Specialists in order to build proficiency in:
 - Consistent and comprehensive CSRAs and CCSRAs,
 - Necessary interventions and referrals,
 - Development of behavioral case plans,
 - Collaboration and coordination of services with treatment providers, child welfare partners, and families.

- Provide new employee training and on-going refresher training to ensure that DCS Supervisors and Specialists are completing timely and comprehensive Child Safety and Risk Assessments (CSRA) as well as Continuous Child Safety and Risk Assessments (CCSRA).
- Increase the number of children and families who receive timely and comprehensive safety and risk assessments and interventions for reported cases of child abuse and neglect.

Quality Assurance

- Develop or enhance Quality Assurance Reviews which ensure policies and procedures are translated into practice with families and executed by DCS Specialists in a consistent manner statewide.
- Develop mechanisms to assure staff and supervisors conduct and document all components of the safety model including thorough safety and risk assessments, referral, intervention and treatment decisions, case planning, case management, and permanency decisions.
- Develop professional development strategies to illuminate ongoing best practice and assure a consistent system of clinical supervision is implemented to assure that review and approval processes are aligned (court reports, assessments, placements, case plans, etc.).
- Review substantiation data, identify trends, develop a plan and reinforce DCS Supervisors and Specialists who are consistently implementing the substantiation policy in the DCS policy manual.

Findings from Quarterly Meetings

1

Working with American Indian Families and Compliance with the ICWA

The first quarter theme focused on working with American Indian Families and compliance with the ICWA. The DCS Indian Child Welfare (ICW) Specialist presented important information to the panel members that focused on the ICWA federal mandate, DCS policies, DCS procedures, provision of services, and the Department's ICWA related objectives and activities regarding ICWA compliance and Indian child welfare related issues. The ICW Specialist informed the panel members that the ICWA of 1978 (25 USCA §1901 et seq.) requires states to adhere to certain standards and procedures when Indian children are involved in involuntary child custody proceedings in state court. An involuntary proceeding includes the removal of an Indian child from the child's parent, guardian or Indian custodian, or an action for foster care placement of or the termination of parental rights to an Indian child. Since American Indians are citizens of the state in which they reside, local government agencies and entities have the responsibility to serve the American Indian population that resides in their city, county, or state. The Department receives and responds to reports of maltreatment involving American Indian children residing off their tribal lands, and provides assessment and intervention services in the same manner as provided to non-Indian families. American Indian children and families living off their tribal lands are able to access the same prevention, reunification, and permanency services as any family residing in Arizona. When removal or court intervention occurs, the family's tribe is notified and may request transfer of jurisdiction to the tribal court or provide services to the family in conjunction with the Department. American Indian families residing on tribal lands are served by the tribal social service agency. The Department is responsible for providing protection for American Indian children who are under the care and responsibility of the state, and has procedures in place to comply with the ICWA.

The CRP members expressed that federal requirements presented to them were complex and may cause challenges for DCS Specialists and Supervisors who are required to implement them. The panels were concerned that there may be instances where DCS Specialists and Supervisors may not understand or consistently apply ICWA and other associated policies and procedures. In addition, cultural sensitivity when working with American Indian families and tribal partners may not always be consistent. Some of the concerns expressed by the CRPs include:

Training and Professional Practice

- In one of the three cases there was no documentation or other documents in the case record which indicated the DCS Specialist made efforts to identify whether or not the child or the parent(s) were American Indian. When the child was placed in out-of-home care, there was no documentation or documents which indicated the proper notification was given to the tribe as required by ICWA.
- In two of the cases there was no documentation or documents in the case record which indicated the DCS Specialist made efforts to locate the father's and/or paternal kinship providers who may have been American Indian.
- In one of the cases, there was insufficient information in the case record which indicated efforts to notify and engage the tribe were made, although the mother reported she belonged to the Pascua Yaqui Tribe.
- In one case the Qualified Expert Witness (QEW) was not utilized as required by DCS policy and practice to support conclusions about temporary custody. In two of the cases, the QEW was unable to answer questions at the severance and adoption hearings as the QEW reported the Department did not demonstrate 'active efforts' under ICWA guidelines for cases of child abuse and neglect involving individuals with American Indian and/or Alaskan Native heritage, and permanency was delayed.
- It was the opinion of the panel members and DCS staff who attended the meetings, that permanency guidelines outlined in ICWA and ASFA seem inconsistent and confusing although they are both federal mandates. Existing training may not sufficiently prepare DCS Supervisors, and Specialists to reinforce ICWA policies and procedures.

Collaboration

- In one of the cases, although the mother reported she belonged to the Pascua Yaqui Tribe, there was insufficient documentation to indicate DCS made efforts to notify and engage the tribe.
- In one of the cases the QEW was not utilized to support conclusions about temporary custody. In another case, the QEW attended a severance and adoption hearing but was unable to answer questions due to untimely involvement and insufficient case management thus delaying permanency.
- The social worker representing the Navajo Nation did not appear to be engaged in the beginning of the case based on case documentation, which may have delayed permanency.
- In one case American Indian placements were not sought until the case plan was changed to severance and adoption and permanent placements had already been established for the children (children had been in stable placements for approximately two years).
- Obtaining records from some of the tribes is reportedly very difficult.
- In one case, there were six families who declined to complete the best interest assessments for the children because it was an ICWA involved case and they felt the risk of the tribe intervening was too high a risk.
- In two of the cases, the siblings were in different placements due to licensing barriers and due to the ages of the children (challenges in reconciling two federal laws).
- In one case, the foster care and adoption placement preference provisions required by ICWA were pursued; however, the child was placed with an unsuitable family caregiver (placement policy not followed) for an extended period of time but later removed due to safety concerns.

- An American Indian panel member suggested that the services provided to American Indian parents may not be congruent with their core beliefs and understanding as Arizona Family FIRST services sometimes may present as punitive to American Indian families.
- American Indian children involved in the child welfare system regardless of their background are hindered in their development when safety, permanency, and well-being are compromised or delayed due to a lack of collaboration or lack understanding and execution of ICWA policies and procedures.
- Placing siblings together is important to child well-being yet there continues to be barriers when trying to locate a single placement for sibling groups of various ages and gender (specifically a lack of adequate American Indian placement options).

Quality Assurance

- In two cases there did not appear to be an evaluation process in place that assessed staff awareness and knowledge of ICWA requirements and assured cultural proficiency when working with American Indian families and tribal partners (engagement, collaboration with tribe and ICWA policies and procedures in the life of a case). One of the cases was assigned to a DCS Specialist and case managed in an ICWA Specialty unit which are intended to have more expertise in ICWA mandates.

Strengths in Practice:

- A DCS Specialist did a good job at documenting her efforts to engage the tribe, reasonable efforts to reunite the family, service planning, providing updates to the court, and advocating for the children.
- DCS representatives and partners expressed they felt they had a positive working relationship with the Navajo and Yavapai Tribes.
- In two of three cases, the DCS Specialist requested, identified and documented American Indian heritage and tribal affiliation for the parent(s) and child(ren) as required by policy. In both cases DCS documented their efforts to notify the tribe in all the court proceedings when the children were placed in out-of-home care.
- In two of the three cases the DCS Specialist documented his/her contacts and efforts with the Indian child's tribe to determine the tribe's ability to assume custodial care, and offer services and placement assistance for the child.

2

Arizona Heart Gallery

“Time to listen and learn how to address childrens real needs.”

–Panel Member

The second quarter meetings highlighted adoption, specifically the Arizona Heart Gallery (HG). Education about the HG adoption process was presented at the three panel meetings by the DCS HG Coordinators. The HG features Arizona children who are free for adoption and face the greatest challenges in finding a permanent placement. The Department has established contracts with providers to recruit child specific placements. The HG began in 2012 as community collaboration led by the Department and Arizona SERVES. Professional photos are taken of the children and displayed in a gallery setting. The use of each HG location is donated, as well as the food, games, and other activities. There are approximately 250 volunteers including biographers, hair stylists, and photographers. In Arizona 143 children have been photographed and 38 of those children have been placed in adoptive homes.

The HG Coordinators stated barriers to finding homes for these children include: lack of media release from the court for child to be displayed in gallery, length of time or number of disruptions the child has had while he or she has been in out-of-home care, lack of consistent case management and preparation in implementation of the adoption plan, and a lack of prospective adoptive placements for older children.

The CRPs key concerns and considerations revealed in the case reviews were that thorough assessments, intervention, and treatment may not be timely and appropriate for these children (extensive behavioral and mental health needs) when they first come to the attention of DCS. Their behavioral and mental health issues may be compounded by ongoing maltreatment and exposure to traumatic events. When maltreatment results in removal and the child does not receive comprehensive assessments, effective intervention, effective treatment or placement stability, the CRPs suggested that the long term mental and behavioral health issues which are documented in the life of the case may create a label for the child which makes it difficult to find a permanent placement because foster/adoptive caregivers may be fearful or apprehensive to care for children with these types of needs. The CRPs expressed the following concerns:

Training and Professional Practice

In all three cases the CSRA appeared to be missing critical background information. The records (e.g. social family history, psychological evaluations, behavioral health records, prior service provider assessments, etc.) are required by DCS policy to ensure children and families receive timely intervention and comprehensive services to meet their needs.

- These records were not included when the case file was transferred to a different DCS Specialist and Supervisors.
- There was documentation that suggested a psychological evaluation was completed for a child but there was no record of the evaluation or whether the information was considered in service planning
- It was a missed opportunity that a child's low IQ and cognitive levels were not identified earlier as treatment could have focused on these issues.
- The children in all three cases were described as "healthy" in the case notes and in court reports submitted to the court, despite conflicting documentation about their numerous physical, behavioral, and mental health needs. This could misrepresent the child's real needs to the court and other service providers which may impact the accuracy of services planning (safety, permanency and wellbeing) for the child.
- There appears to be inconsistency with reviewing and utilizing prior case history. The panel members expressed this may impede whether timely, comprehensive screening and assessments are completed for children and parents with untreated trauma and co-occurring disorders. In addition, the evidenced-based interventions and services being provided may not be accurately addressing their needs. For example:
 - When a child's case is reassigned to multiple DCS Specialists and Supervisors;
 - When the child has extensive behavioral, educational, physical records;
 - When the child has been in out-of-home placement for many years and permanency has not been established.
- Foster/adopt caregivers, kinship and other caregivers may not receive adequate training or understand the high level of skill and patience required to care for children with extensive behavioral health and mental health needs.

Collaboration and Capacity Building

- DCS has an archaic computer system which may affect the quality of information gathering, collaboration, and coordination with service providers.
- In all three cases, the children had a CFT and had been receiving extensive services for many years. However, the CRPs expressed concern that the children all appeared to be overmedicated over the course of time and the assessments, interventions, service planning, placement providers, and resources which are being provided to these children may not be effective or meeting their complex needs.
- Financial responsibilities for these children such as long term mental health care, college and ongoing support, are systemic challenges to families who would like to adopt children with special needs. Foster/Adoptive parents may not be able or willing to fulfill the permanency goal (adoption) determined in the case plan for children with extensive mental health or other special needs due to the loss of financial resources once they adopt the child.

- The children in all three cases had been placed in multiple homes in an effort to establish permanency. However, the panel members questioned whether DCS and service providers' placement decisions were in the best interests of these children. For example:
 - A child with violent behaviors was repeatedly put in homes where other children resided even though his psychiatrist had noted that this was not in the child's or other children's best interests. It was unclear as to whether or not the placement decisions were an issue of availability.
 - In one case, a child who had returned to a familiar group home setting expressed his desire to remain there. His behavior became manageable and improved in this setting, but the service team would not consider this as an option for permanency. Panel members expressed it should be acknowledged that some children do better in this environment and their case plan should be amended accordingly because the child viewed the group home provided him with safety, structure and daily routines that were predictable for him.
 - In two of the cases the children expressed that they no longer wished to be adopted, as they were approaching age 18. However, they were both placed in prospective adoptive placements which opted out of adoption due to the children's extensive behavioral and mental health issues.
- In all three cases it was the opinion of the CRPs that the service team members should have prioritized independent living skills and focused on successful transition out of foster care versus locating a prospective adoptive placement.

Quality Assurance

- Although the children all were identified to have extensive behavioral and mental health issues, the panel members raised concerns regarding the amount of medications prescribed for the children and if DCS has processes to monitor or provide oversight to ensure children are not being overmedicated.
- The panel members found that constant disruptions, inappropriate placements, ongoing rejection may not have been in this child's best interest even though Long Term Foster Care (LTFC) is not seen as permanency. For example:
 - In one of the cases the Foster Care Review Board (FCRB) and CASA for the children were not in agreement with the DCS placement recommendations as they felt DCS was pressuring a family member to become permanent home for the child although they had clearly stated, they did not want to care for youth.
 - In another case the FCRB was not in agreement with DCS reconsideration of a caregiver who had previously requested the child be removed from her care and then years later expressed interest in becoming the caregiver for the child but kept wavering in her decision which had negative impact on the child.
 - Other mentorships and supports did not appear to be pursued can be provided by other adults without pressuring them to commit to being an adoptive home for a youth.
 - Foster/Adopt homes may burn out or may feel trapped when they lack options to meet the needs of the child/youth they are caring for.

Strengths in Practice:

- Child Safety Specialist made diligent effort to establish permanency for the child.

3

Parental Substance Abuse, Substance Exposed Newborns, and Medically Assisted Treatment

“Parents who have chronic substance abuse issues are expected to subscribe to a timeframe and level of treatment imposed on them versus treatment that meets their individual needs and addresses the underlying issues which are a barrier to their sobriety.”

–Panel Member

The third quarter meetings spotlighted cases that involved all of the following: parental substance abuse, substance exposed newborns (SEN), and medically assisted treatment (MAT). In Arizona parental substance abuse has been found to be a major

factor contributing to child abuse and neglect. Sixty-one percent of infants and 41 percent of older children in out of home care are from families with active substance abuse.³

The presentation given to the CRPs by the DCS Office of Prevention and Family Support (OPFS) educated the panels about the service array provided by OPFS and referral process, specifically the program "Arizona Families F.I.R.S.T." which focuses on providing community-based substance abuse treatment to parents involved with DCS. They stated there is a number of programs and services that strengthen communities and families facing a wide variety of needs. The parent's involvement in these programs may be voluntary or as a result of a referral from DCS. The goal of OPFS is to help parents create safe, stable and nurturing home environments that promote the safety of all family members and healthy child development.

In addition, a licensed substance abuse counselor provided a presentation to the CRPs regarding the complexities of substance abuse treatment options (including MAT), and the stigma associated with it, and the importance of a coordinated service plan. The counselor shared their knowledge about working at a clinic that provided MAT. Information was shared about the operation of clinics that provide MAT, controversy around MAT, and importance of improved communication with DCS and other community providers to improve understanding and services. In recent years, MAT has been gaining increased attention to help combat substance abuse, pre-natal substance abuse and the steady growth of prescription drug abuse.

The inclusion of MAT in treatment planning for parents and pregnant women with opioid dependencies can create complicated dynamics between the treatment providers, dependency courts and child welfare partners. These dynamics require greater awareness, education, coordination and ongoing communication regarding policy and practice in working with these families.

Prenatal substance abuse outlined in the third quarter case reviews and identified in previous case reviews posed some daunting concerns for the panels. Maternal drug and alcohol use during pregnancy have been associated with premature birth, low birth weight, slowed growth and a variety of physical, emotional, behavioral, and cognitive problems.⁴ The panels felt the impact of prenatal substance abuse needs to be understood by the following: DCS Supervisors, Specialists, service providers and other child welfare partners. The panels' desire is that awareness and education on this issue will translate into advocacy for prevention, early intervention, identification, and assessment of substance exposed children.

The key concerns revealed in the case reviews included: a lack of understanding, consistency and/or practice associated with policies and procedure regarding the assessment, intervention and treatment of parental substance abuse, prenatal substance abuse, co-occurring disorders, SEN, and MAT. The CRPs expressed the following concerns:

Training and Professional Practice

- CSRAs and CCSRAs were not comprehensive or consistent in cases involving: parental substance abuse, prenatal substance abuse, co-occurring disorders, SEN, and MAT (e.g., methadone), etc. For example in all three cases:
 - Cases were missing information or did not document the application of information required by DCS policy (background information, history of substance abuse, history of SEN, parenting ability, etc.).
 - It was unclear how the information about the substance exposure in utero or prior substance abuse was considered a potential safety threat or risk factor in the assessment completed by DCS. Although, all of the children remained in the special care nursery at birth due to drug exposure and the parents' long term substance abuse history.
 - There is inconsistency in making referrals, determining interventions, and identifying treatment for parents who were reported or self-reported engaging in substance abuse, prenatal substance abuse or who indicate current substance use. For example,
 - In two of the cases, AFF referrals were made for mothers who had prior histories with DCS and had previously had SEN but their cases were closed without any monitoring or verification they had engaged in treatment or followed through with referrals which were made for their children.

³National Survey of Child and Adolescent Well-Being National Institute on Drug Abuse

⁴National Institute on Drug Abuse

- Behavioral case planning was not observed in all three cases as they included an extensive list of tasks which were too long, unrealistic and duplicated.
- Case records such as court reports, assessments, and case plans continue to be cut and pasted from previous case information or reports. The integrity of the information and case management is compromised as it was unclear what information was current regarding assessment and provided to the court.
- There are no clear standards of practice provided to parents whose substance abuse treatment plan includes MAT. According to DCS staff and treatment providers, there are vast variations in case management and decision making by different DCS Supervisors, DCS Specialists, and the court system. For example:
 - In one case, a DCS Specialist and their Supervisor questioned the use of MAT indicating that MAT would preclude reunification. Upon follow up with DCS, this view was not supported by policy but panel members believed that this view may be more widespread than indicated by a few files. Panel members felt DCS Specialists, Supervisors and child welfare partners need to increase their understanding about MAT.
- In all three cases, policy and procedures related to kinship care did not appear to be adhered to. For example:
 - Background checks were not completed for grandparents as required by policy before a mother moved into their home with her infant after being released from the hospital. It was later revealed the grandparents had a long history of substance abuse that resulted in criminal involvement.
 - The home study completed by a separate agency for a kinship placement was denied based on heavy use of prescribed narcotics and disclosure regarding history of generational child abuse and substance abuse. However, the infant was still placed in their care.
 - There did not appear to be any supports in place for kinship providers and they did not appear capable of recognizing the child's needs. There were discrepancies in what the caregiver was reporting regarding child development and what the developmental assessment providers reported.

Collaboration

- Panel members made the observation that there are significant discrepancies among partners working with this population on best practice, effective collaboration, and case planning. When efforts are not coordinated, it hinders the ability of child welfare, substance abuse treatment, and family/dependency court systems to support these families and effectively address their complex needs, improve outcomes, and ensure safety.
- Concern that hospital mandated reporters may not be reporting substance exposed newborns.
- Consistency was not demonstrated in coordination and collaborations between child welfare, local treatment programs, the court system, and other services systems. For example:
 - DCS was requesting the treatment facility to provide services in the parent's case plan which the treatment facility did not have or require in their treatment program (facility also has no contract with DCS and cannot require parent to engage in service they do not provide).
 - All three case reviews revealed the parent(s) had suffered from past maltreatment and trauma. However, there was no clear case information that suggested the service providers completing assessments, linking substance abuse with trauma and provided trauma-informed substance abuse treatment services.

Quality Assurance

- Although, the Department utilizes quality assurance methods, there continues to be a lack of proficiency in completing CSRA/CCSRA and case management. Intervention and treatment decisions, case planning and collaboration with service providers requires additional oversight to ensure policy and practice is being executed by DCS Supervisors and Specialists who are working with substance abusing parents and prenatal drug exposure.

4

Medically Complex Children

“There is too much disparity in how child safety assessments and decisions are made by different DSC staff”

–Panel Member

The final quarter meeting spotlighted Medically Complex Children involved with DCS. The issues presented included the inconsistencies in CSRAs, insufficient collaboration, varying professional opinions of what constitutes medical neglect of children who have medically complex issues. This results in potential safety threats to the child, and poorly managed and coordinated care plans during transition from one placement to another. These issues result in service gaps which may not be in their best interest and may further complicate their medical issues.

The panel members attributed the problem in part to a lack of experience working with infants and children with special needs, including: premature infants, children with chronic illnesses, and mental or physical disabilities. The panel members expressed an increased skill level is necessary to make decisions involving children with medically complex issues and/or behavioral health issues. The CRPs expressed the following concerns:

Training and Professional Practice

- Medical neglect is interpreted broadly by DCS Supervisors and Specialists, medical providers, mental health providers and caregivers. State law is interpreted via professional opinions which also vary case by case. There is a lack of guidance for those providing care to medically complex children that may create additional barriers and interfere in decisions that are made in the best interest of the child. For example:
 - A family had received eight DCS reports before the children were removed. All the prior reports indicated that one of the children had a serious medical condition, however, the safety, risk and medical needs of the child were not addressed until he had to be removed. Medical records were not obtained prior to removal.
 - In two cases, the children were returned to their mother’s care although the underlying cause of neglect was not determined or whether mother was capable of meeting the medical and behavioral health needs of all her children.
- DCS Supervisors and Specialists and service providers show considerable subjectivity when making decisions regarding the physical, medical, cognitive, and emotional functioning of children. For example,
 - In all three cases, the children were described as a “healthy child” despite having serious medical issues which could result in death.
 - In one case, an infant left the hospital as “showing no medical concerns” although they had developmental delays and needed ongoing medical treatment.
- One child’s physical and mental state appeared to deteriorate over time while he/she was in out of home care. For example, the child was put in placements that were not authorized or skilled to meet his/her diabetic needs. The child had been in 12 placements, experienced 12 disruptions, and was hospitalized numerous times for diabetic management issues. The mismanagement of her medical needs have undermined her ability to live independently and exacerbated her mental health issues. To date, the child has spent 1 1/2 years in a Residential Treatment Center.

- Drug exposed infants who are born with complex medical issues are not consistently referred and monitored to ensure they are receiving early and adequate intervention and medical care.
- DCS Supervisors and Specialists who are familiar in working with older youth may not be as skilled in identifying developmental delays for infants and toddlers. For example,
 - In two of the cases, multiple DCS Specialists were assigned to the case and there was no documentation or indication they recognized the child's delays or understanding of the child's medical needs which delayed intervention and services.
 - A DCS Specialist appeared to focus on the parent's desire to keep their child who had medically complex needs despite the detriment to the child's health if left in the parents care. The child had suffered several strokes because of the parents' inability to manage his medical needs and make sure he received required blood transfusions.

Collaboration

- In all three cases, Team Decision Making (TDM) appeared to be underutilized or occurred only after repeated placement disruptions.
- In all three cases, there appeared to be a lack of collaboration between DCS and service providers regarding the exchange of medical records, coordination of medical services, appropriate placements, and case planning.

Quality Assurance

- Although, the Department utilizes quality assurance methods, there continues to be a lack of proficiency in completing CSRA/CCSRA and case management. Intervention and treatment decisions, case planning and collaboration with service providers require additional skills when working with children who have medically complex needs.



APPENDIX A

Child Welfare Information Gateway Fact Sheet. Major Federal Legislation Concerned with Child Protection, Child Welfare, and Adoption (April 2012)

The U.S. Congress created CRPs through a CAPTA amendment to increase transparency, accountability, and to facilitate citizen participation and provide opportunities for members of the community to play an integral role in ensuring that federal, state, and county child protection systems protect children from abuse and neglect and meet the permanency needs of children.

The fundamental role of the CRP Pursuant to sections is to evaluate the extent to which the State and local child protection system agencies are effectively discharging their child protection responsibilities in accordance with the state's CAPTA plan, child protection standards set forth [in law], any other criteria the members consider important to ensuring the protection of children including:

- Examining different portions of the State's policies, procedures and practices relating to child abuse and neglect, and review of relevant cases, as determined appropriate by the panel, to determine the extent to which the agency is discharging its child protection responsibilities under its CAPTA State plan;
- Reviewing the extent to which the State CPS system is coordinated with the foster each review the extent to which the CPS system is coordinated with different portions of foster care and adoption programs under title IV-E of the Social Security Act;
- Conducting reviews of child fatalities and near fatalities occurring in different regions of the State based on the findings and recommendations of a standing child fatality panel.⁵

In order to assess the impact of current procedures and practices upon children and families in the community and fulfill the above requirements, the statute also requires CRPs to be:

- Composed of volunteers who are broadly representative of the community in which they are operating and include members who have expertise in the prevention and treatment of child abuse and neglect and may include adult former victims of child abuse or neglect;
- Meet no less frequently than every three months;
- Bound by the confidentiality restrictions in section. Specifically, members and staff of a panel may not disclose identifying information about any specific child protection case to any person or government official, and may not make public other information unless authorized by State statute to do so;
- Provide for public outreach and comment;
- Develop an annual report that summarizes the activities of the panel and makes recommendations to improve the CPS system at the State and local levels, and submit it to the State and the public;
- Reports should be completed no later than 90 days after the end of the Federal fiscal year (December 31st of each year).⁶

The federal statute requires states to:

- Establish civil sanctions for violations of these confidentiality restrictions in section provide each CRP with access to information on cases that the panel chooses to review if the information is necessary for the panel to carry out its functions under CAPTA;
- Provide staff assistance to the CRPs for the performance of their duties, upon request of the panel;
- Submit a written response, no later than six months after receiving the panel's recommendations, to the CRPs that describes whether or how the state will incorporate, where appropriate, panel recommendations;
- Include CRP annual report with their Annual Progress and Services Reports that are due to the Federal Regional Office by June 30th of each year and include information on the progress States are making in implementing the recommendations of the panels.⁷

⁵http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=70

⁶http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=70

⁷http://www.acf.hhs.gov/cwpm/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=70

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We are looking to add to our CRP volunteers and are specifically look for in need of representation from parents, adults with personal experience with the child welfare system, juvenile justice personnel, law enforcement, American Indian and faith based community members. For more information on the Arizona Citizen Review Panel Program, please visit <https://cabhp.asu.edu> or contact Sandra Lescoe. Email: Sandra.Lescoe@asu.edu ▪ Phone: (602) 496-1487



Northern Panel

- Apache
- Coconino
- La Paz
- Mohave
- Navajo
- Yavapai
- Yuma

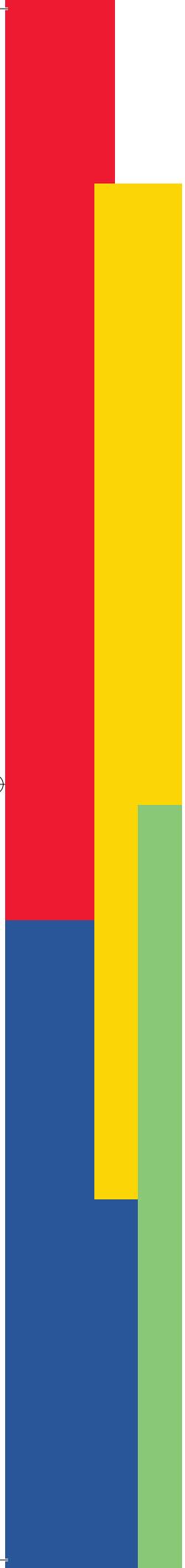
Southern Panel

- Cochise
- Greenlee
- Gila
- Graham
- Pima
- Pinal
- Santa Cruz

Central Panel

- Maricopa

Points of view in this report are those of the Arizona Citizen Review Panels and do not represent the official position or policies of the DSC.



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