



Arizona Citizen Review Panel Annual Report 2016



ARIZONA CITIZEN REVIEW PANEL PROGRAM

WORKING COLLABORATIVELY FOR CHILDREN AND FAMILIES

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Vision- The vision of the CRP is to be a catalyst for positive change in the Arizona child welfare system through citizen participation.

Mission- The mission of the CRP is to improve the Arizona 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 involved in child welfare; and
- Partnering with members of the child welfare community to improve outcomes for children and families in Arizona

Values- Our work is guided by our values and commitment to Transparency, Accountability, Public Awareness, and Public Participation.





Two thousand and sixteen was an eventful and productive year for the Arizona Citizen Review Panel (CRP) Program. It was filled with transitions, challenges, and exciting opportunities. Notably, Arizona hosted the largest attended National CRP Conference in 2016. This is an annual marquee event for CRPs across the nation and is summarized in the Highlights section of this report.

The CRPs have remained focused on issues affecting the safety, permanency, and well-being of children served by the Arizona Department of Child Safety (DCS). The CRP members have continued to advance their work strategies to ensure they have the tools and information necessary to contribute viable recommendation to improve the child welfare system.

Panel members were cognizant of the ongoing changes and the heavy demands placed on the child welfare system. They recognized the need to strengthen the relationship with DCS and child welfare partners to improve communication and collaboration. Enhancing collaboration with stakeholders also serves to reinforce the shared responsibility between government, private citizens, and the community for child protection and well-being of children and families.

This is a public report summarizing the responsibilities, activities, and recommendations of the three regional panels during the 2016 calendar year. We hope that this information is informative and welcome your input and involvement in this important statewide program.

A handwritten signature in black ink that reads "Sandra Lescoe". The script is cursive and fluid.

Sandra Lescoe, MSW
Arizona Citizen Review Panel Program Coordinator

A Message from the Arizona Citizen Review Panel Program Coordinator

OVERVIEW OF CRP

Background

Citizen participation in public child welfare has evolved over the years in response to a changing child welfare environment and increasing public awareness of child maltreatment and other challenges facing today's families. Citizen participation in government is an accepted foundation of democracy and is intended to foster legitimacy, transparency, accountability, and other democratic values (Nabatchi, 2012).

The federal government's motivation for mandating citizen involvement in the child welfare system was to, "provide new opportunities for citizens to play an integral role in ensuring that States are meeting their goals of protecting children from abuse and neglect." Congressional Record, House (September 25, 1996) 1149. Establishing various oversight groups was also a movement to:

- Promote transparency and accountability in the child welfare system;
- Impart new ideas into the child welfare system, especially child protection; and
- Foster community engagement involvement at the regional level, where people can conveniently participate and influence decisions in their community (Collins, 1998).

Child Abuse Prevention and Treatment Act (CAPTA) and CRP Mandate

Originally enacted in 1974, Congress amended the Child Abuse Prevention and Treatment Act (CAPTA) in 1996 requiring each state receiving basic state grant funding to establish no less than three CRPs. In 2003 and 2010, CAPTA was reauthorized and additional responsibilities were assigned to CRPs and state agencies. The federal law directs the CRPs to evaluate the extent to which the state is effectively fulfilling its child protection responsibilities and child protection standards in accordance with the state CAPTA Plan by:

- Examining policies, procedures, and practices of state and local child protection agencies;
- Reviewing the extent to which the state is coordinating with state's Child and Family Service IV-B (Child Welfare Services) Plan and Title IV-E (Foster Care and Adoptions) assistance programs;

- Examining specific cases where appropriate, including child fatalities and near fatalities occurring in different regions of the state; or
- Other criteria the CRP consider important to ensuring the protection of children (Children's Bureau, 2016).

Additional requirements of CAPTA pertaining to CRPs include:

- Each panel must meet at least every three months;
- Panel members are to be volunteers broadly representative of the community in which the panel is established 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;
- Panels are to provide for public outreach and comment to assess the impact of current procedures and practices upon children and families in the community;
- Panels are bound by confidentiality restrictions;
- States are to provide panel members access to case information if such information is necessary for the panel to carry out its functions;
- States are to provide staff assistance to a panel if the panel requests assistance with performing its duties;
- Panels are required to prepare an annual report containing a summary of the activities and recommendations to improve the child protective services system and make the report available to the public;
- Not later than six months after the date on which a report is submitted by the panel to the state, the appropriate state agency shall submit a written response to state and local child protection systems and the citizen review panel that describes whether or how the state will incorporate the recommendations of such panel (where appropriate) to make measurable progress in improving the state and local child protective system; and
- States are to submit CRP reports to the U.S. Department of Health and Human Services (DHHS) annually (Children's Bureau, 2016).



Arizona Citizen Review Panel Program Description

The Arizona CRP Program was established in 1999 in response to the 1996 CAPTA mandate. Arizona has three regional panels (Central, Northern, and Southern) that represent all 15 counties. The CRP members are community volunteers and include private citizens, professionals, and adult former victims of child abuse and neglect. The CRP members are selected through a formal application process. Each regional panel has a designated Chair or Co-Chairs who facilitate panel meetings and who perform other leadership responsibilities. The panel members participate in quarterly three-hour meetings to engage in an array of review, evaluation, and educational activities.

DCS is the state administered government agency in Arizona responsible for the provision of child protection services. The Center for Child Well-Being (CCWB) at Arizona State University, through an interagency service agreement with DCS, serves as the coordinating center providing administrative and technical support for the CRP. Dr. Judy Krysik is the principal investigator, and Sandra Lescoe is the program coordinator.

The CCWB works with DCS to meet all federal requirements specified in CAPTA regarding CRPs. To support the panels, DCS appoints a statewide Liaison and a local Practice Improvement (PI) Specialist to serve on each panel. Both the local PI Specialist and

statewide DCS Liaison attend the panel meetings to share Department updates and assist with case reviews, data collection, collaboration, or other identified needs. The DCS representatives respond to questions, provide data, and work closely with the panels to ensure they have the information needed to accomplish their mandate. Other DCS representatives may also attend scheduled meetings to give presentations or deliver other information requested by the panel.

For more information on CRPs or CAPTA, please visit the National Child Abuse and Neglect Technical Assistance and Strategic Dissemination, National Citizens Review Panels Virtual Community at: <http://www.cantasd.org/crp.html>

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

Margaret Mead

2016 HIGHLIGHTS

The activities of the past year were unprecedented in Arizona CRP history. The panels selected three of the most salient 2016 activities to highlight in this report.

National Citizen Review Panel Conference

The National Conference was a major accomplishment for the Arizona CRP. The Arizona CRP and the ASU CCWB hosted the 15th NCRP Conference on June 6 - 9, 2016. This was the first NCRP conference that has been held in Arizona and continued the thoughtful deliberations that originated from the first NCRP in 2002. The conference is hosted by a different state each year and is a venue in which CRP Coordinators and committed members come together to have a national dialogue about how citizen involvement can make a difference in the lives of children, families, and the child welfare system. The 2016 conference theme was *"Achieving Meaningful Impact: Citizen Involvement in Child Welfare."*

There were approximately 180 individuals representing 27 states who attended the national conference in Glendale, Arizona. The conference featured eight national experts who provided keynote addresses. There were 16 breakout sessions covering four tracks: 1) Building Citizen Review Panels, 2) Child Welfare Topics, 3) Collaboration for Change, and

4) Other Assets for Citizen Review Panels. In addition, attendees participated in World Café sessions designed to encourage discussion and support efforts with regard to the challenges, opportunities, and effective solutions related to CRP work.

Participants had the opportunity to participate in a number of informal networking sessions, including a welcome reception held the evening before the official conference opening. The southwestern dinner and cultural celebration were highlights of the conference and the pageantry of this event was enjoyed by all. Over \$1,000 was raised at the annual silent auction. These funds will provide registration scholarships for the 2017 CRP conference to be held in Anchorage, Alaska.

Arizona had a record breaking heat wave, but this did not impede the success of the conference or the time shared with CRP colleagues and child welfare partners. Arizona CRP members provided presentations, served on the planning committee, and served in other capacities to contribute to the success of the conference. The Arizona CRP appreciates the efforts of the planning committee, presenters, sponsors, and attendees who made the conference a successful event. Conference materials, photographs, and other details regarding the conference can be found at: <https://sites.google.com/site/arizonacitizenreviewpanels/2016-Conference>



Enhanced Communication with DCS

CRP members reviewed their previous performance and concluded that there was room for improvement in both internal and external functioning and in their relationship with DCS. In an effort to enhance efficiency and productivity, the Co-Chairs of the three CRPs, along with the Program Coordinator, met with senior DCS leadership in order to identify concerns and develop strategies for improving communication and collaboration between the CRPs and DCS. As a result of the meetings, the following agreement will be put into place:

- The CRP and DCS will meet to discuss the work plan at the beginning of each year;
- CRP Co-Chairs and DCS Administration will meet on a quarterly basis;
- The CRP and DCS will develop and establish a Memorandum of Understanding or other type of agreement, which will provide mutually agreed upon roles and responsibilities for all the parties involved in the CRP; and
- The CRP Program Coordinator will meet regularly with the DCS Policy Administrator and Liaison.

CRP Operations and Infrastructure

In addition to focusing on their relationship with DCS, the CRPs also worked diligently to strengthen the organizational structure and functioning of the panels to ensure that they carry out their responsibilities in a meaningful and effective manner. In 2016, the panels developed and implemented an inclusive planning process and dialogue that utilizes the input and strengths of all panel members and external partners. The panels also concluded that ongoing review and monitoring is necessary to maintain a consistent and productive infrastructure. Some of the actions taken toward this end were:

- Co-Chairs assisted in creating meeting agenda items;
- Co-Chairs facilitated CRP meetings;
- Panels developed and utilized a uniform format for their meeting agendas and minutes;
- Panels reviewed and updated the CRP by-laws; and
- Six new CRP members were recruited.



CRP ACTIVITIES

In 2015 the CRP created their vision, mission, and values statements to define the CRPs overarching aspirations, clarify their purpose and operational priorities, and to pronounce their shared values. Over the course of 2016, the CRPs participated in a number of activities that align with their vision, mission, and values as outlined below.

Promotion of Public Awareness

During the past year, the CRP members and Program Coordinator participated in local and national conferences, engaged in educational opportunities, networked with child welfare partners, conducted public outreach, and promoted public awareness to support the CRP mission.

Child Abuse Prevention Conference

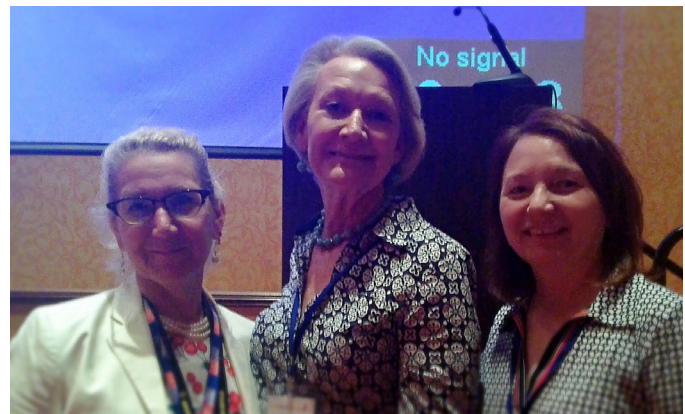
The conference theme was Building Community and Building Hope for all Our Children and Families. In July 2016, Janet Cornell, CRP member; Sandra Lescoe, Program Coordinator; and Lois Sayrs, Director of Research and Evaluation for the CCWB gave a presentation titled "Citizen Involvement and Impact in Child Welfare." Given the CRPs interest in expanding membership, it was gratifying that following the presentation three attendees expressed an interest in becoming members of the CRP.



Left to right - VP Community Service, ASU Kappa Delta; Janet Cornell, Central CRP Co-Chair; Dr. Lois Sayrs, CCWB Research Director; Sandra Lescoe, CRP Program Coordinator

Arizona Court Teams for Infants and Toddlers

Best for Babies/Court Teams convened a full-day meeting in July 2016. This project is a statewide juvenile court initiative to improve permanency and well-being outcomes for children birth to three years of age. Becky Ruffner, Director of Prevent Child Abuse Arizona and Northern CRP Chair, hosted the meeting and Kim Chappelle, Mohave Superior Court Team Coordinator and CRP member was also in attendance; Dr. Judy Krysik, Director of CCWB; and Dr. Lois Sayrs, Director of Research and Evaluation of CCWB presented a description of the Best for Babies Court Team Project and the results of an evaluation of this program. Given the Northern Panel's focus on Substance Exposed Newborns and the Southern Panel's focus on parent-child visitation, these presentations provided an opportunity to educate attendees about the importance of early intervention and the benefits of the Best for Babies court team initiative and other promising practices.



Left to right - Dr. Lois Sayrs, Research Director, Center for Child Well-Being; Rebecca Ruffner, Director, Prevent Child Abuse Arizona; Dr. Judy Krysik, Director, Center for Child Well-Being



Left to right - Kim Chappelle, Northern CRP member; Honorable Richard Weiss, Judge Lawrence King; Amber Hurley



Other Educational Opportunities

Panel members took advantage of opportunities to gain an increased understanding of the complexities of the child welfare system and the rights of families to raise their children. The CRP Program Coordinator provided the panel members with educational resources such as articles, policy updates, and reports related to child welfare issues, including resources that touch on the efforts and responsibility of community members in ensuring the safety, permanency, and well-being of children and families. Additionally, the Program Coordinator attended the National Child Welfare League of America (CWLA) conference, which focused on Advancing Excellence in Practice and Policy for Families Affected by Substance Abuse. The information obtained at the conference was brought back to support the work of the panels.

Advocacy and Support for Children and Families

The CRPs advocate and demonstrate their support for children and families by providing information and requesting resources that are critical to strengthening DCS and improving the child welfare system.

Panel activities included:

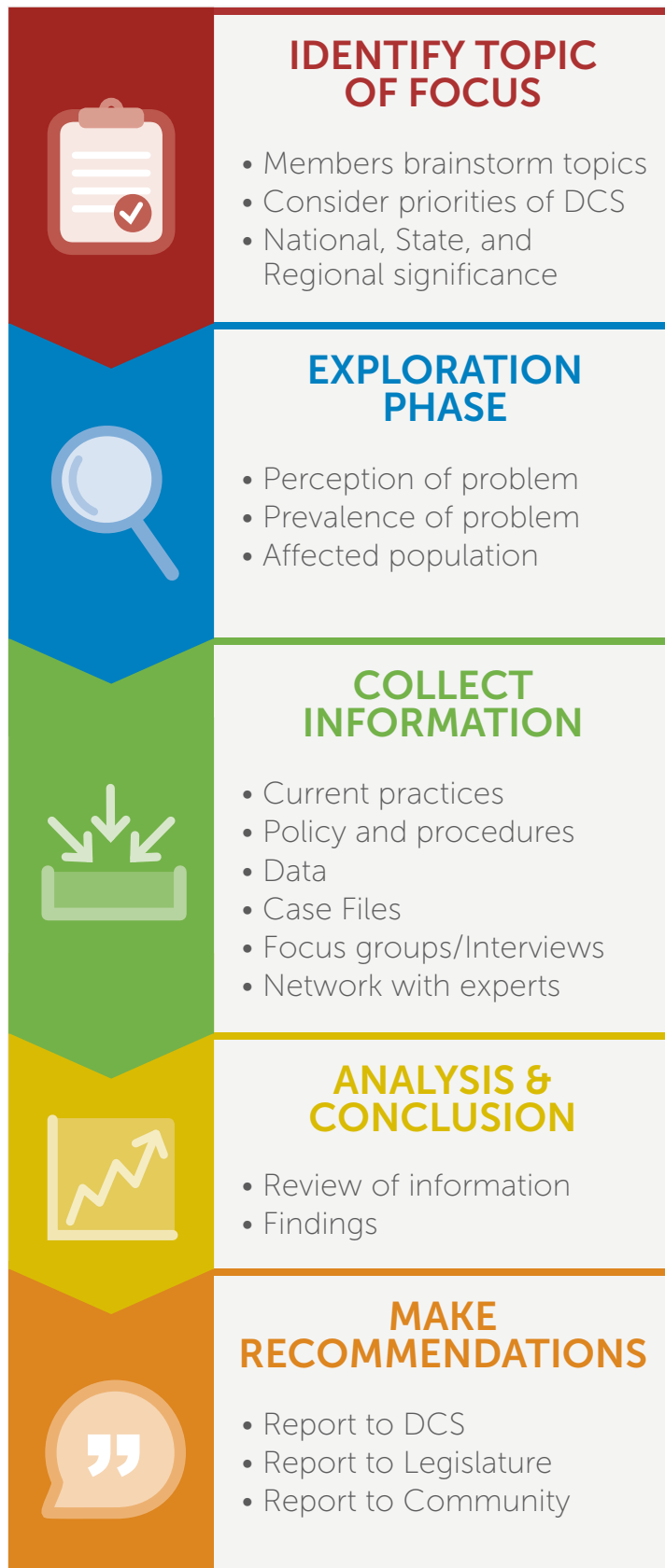
- Collaborating with other advocacy groups;
- Providing the Arizona House of Representatives and Senate members with copies of the Annual CRP report;
- Responding to requests for public input on state rules; and
- Attending public hearings on subjects related to child welfare.

Partnering with Members of the Child Welfare Community to Improve Outcomes for Children and Families in Arizona

Building trust, developing relationships and partnerships, and maintaining effective collaboration is necessary to address critical issues and develop constructive solutions. In 2016 the CRPs pursued opportunities to partner with critical stakeholder groups including:

- Participating in the Safe Reduction Workgroup, a collaboration of DCS and the Maricopa County Juvenile Court to safely reduce the number of children in out of home care;
- Attending a tour and presentation of the new Patina Wellness (Native American Residential Substance Abuse Treatment) Center in Phoenix; and
- Attending an implementation work group for Substance-Exposed Newborn Safe Environment (SENSE) program in Mojave County, which is a specialized in-home program available for families who come to the attention of DCS due to having a substance-exposed newborn.

PROVISION OF CRP OVERSIGHT



In 2016 the three CRPs continued to develop and refine how they would administer their review and evaluation responsibilities, and carry forward the changes that resulted from their strategic planning efforts in 2015. These changes required the CRPs to establish new protocols, procedures, and a framework to fulfill their role and responsibilities.

The CRPs began using the following framework to conduct their reviews and direct their work. They have continued to build proficiency through this framework with the desire to strengthen their recommendations and achieve greater overall impact.

The new framework required each panel to identify and explore a problem over a longer period of time (2015-2017) and to clearly establish their purpose for pursuing the topic, collect and analyze information, and identify the results to be accomplished through their work.

The CRPs selected topics that had local relevance and that were in alignment with DCS priorities as outlined in the Arizona DCS Strategic Plan: State Fiscal Year 2016 (Arizona Department of Child Safety, 2016).

The selected topics are:

- Parent-child visitation for children (birth through 3 years) in the foster care system and its impact on child well-being (Southern CRP);
- Substance-Exposed Newborns (SEN) who come to the attention of DCS (Northern CRP); and
- Hotline reports and investigations involving medical neglect or medically complex children (Central CRP).

Each CRP developed an annual work plan that identified their objectives and charted the work activities they planned to undertake. This process has been a significant shift in the way the panels work and has required an investment of time among the members in order to build proficiency. In 2016, various sources of information were identified and utilized by all of the panels to gain additional knowledge about their topics. The sources of information are detailed in each panels section of the report.

SOUTHERN PANEL REPORT

The Southern Panel represents Cochise, Greenlee, Gila, Graham, Pima, Pinal, and Santa Cruz counties.

Panel Co-Chairs:



Jessica Brisson



Kirk Grugel Short

Panel Members: Pat Pierce, Terri Freed, and Chester Ware. Membership has fluctuated over the past two years and recruiting more members will continue to be a priority in 2017.

DCS Panel Representatives: Christie Kroger, Carolyn Berg, Leslie Gross, and Angie Trevino

Meeting Dates: April 5, May 3, June 21, and October 17. The Southern CRP members and Co-Chairs participated in a number of additional conference calls throughout 2016.

Focus

This year the Southern Panel continued their examination of parent-child visitation for children birth through three years of age who are placed in non-relative foster homes. As in 2015, the high number of children in foster care was an ongoing area of concern. The Southern Panel continued to focus on visitation in that target age group because according to the DCS website, approximately 18,000 children were in out of home care statewide in February 2016, and infants and toddlers made up approximately 41% of that total (Arizona Department of Child Safety, 2016). Additionally, findings from the Arizona Child and Family Service Review (CFSR) report identified parent-child visitation as an area for improvement (Arizona Department of Child Safety, 2016), which supported the Panel's interest and continued examination of this issue.

The Panel's purpose for focusing on this issue was also based on their review of published research, which indicates that children are more likely to have impaired development when there is a significant absence of contact with their primary caregiver (National Scientific Council on the Developing Child, 2012). 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); and
- Overall improved emotional well-being and positive adjustment to placement (Weintraub, 2008).

As a result of their exploration, the Panel believes it is crucial to identify opportunities to enhance parenting time and practices that preserve and maintain a child's relationship with his or her parents.

Desired Result

The Panel intends to accomplish the following as the result of their 2015-2017 review on the issue of parent-child visitation for children birth through three years of age.

- Support DCS administrators and other child welfare decision-makers to shape policies and develop procedures that are in the best interest of children and families and aligned with best practices;

- Support DCS in their current Continuous Quality Improvement (CQI) efforts by:
 - identifying underlying systemic issues or obstacles that have detrimental impact on capacity;
 - identifying other barriers to meeting CFSR practice standards; and
 - assisting DCS to overcome identified barriers.

Sources of Information Reviewed

The Panel referenced the following sources of information during the review period to gain further understanding of parent-child visitation and conduct their review:

- Presentations provided by DCS regarding Strategic Initiatives and Progress Report, CFSR Results, and Proposed Program Improvement Plan (PIP);
- Current federal and state parent-child visitation statutes, policies and procedures, and practices;
- Current policies, procedures, and practices related to parent-child visitation that have an impact on child development and well-being;
- Current DCS reports, other reports, and federal and statewide measures that indicate the extent to which Arizona's child welfare system is meeting federal outcomes such as:
 - Permanency Outcome 1: Children have permanency and stability in their living situations, and
 - Permanency Outcome 2: The continuity of family relationships and connections is preserved for children through visitation with parents, preserving connections, and relationship of child in care with parents.
- Articles and reports that identified promising and best practices related to parent-child visitation in order to recommend best strategies; and
- Internal DCS CQI workgroups and external groups also focused on this issue.

Observations

Based on the examination of information gleaned through DCS presentations, the 2016 CFSR report findings, and the DCS PIP, the Panel acknowledges the following challenges

that existed during the reporting period:

- A lack of engagement of key stakeholders who share responsibility for system improvement,
- Resource constraints and high caseworker caseloads, and
- Barriers to assuring child safety and expediting permanency including:
 - a growing number of reports of child maltreatment,
 - a growing number of children in foster care; and
 - a backlog of pending investigations of reports of child maltreatment.

The Panel also recognized the barriers in meeting parent-child visitation standards as documented in the DCS Annual Progress and Services Report (APSR) for FFY 2016 (Arizona Department of Child Safety, 2016).

These included:

- The capacity among DSC staff and contracted service providers struggle to meet the demand in providing supervised parent-child visitation services,
- Room to improve efforts to locate, contact, and discuss visitation with the parent,
- Limited visit coaching for all parents who need it, and
- Limited capacity or other challenges in providing transportation.

The Panel also recognized DCS's efforts to address these issues as documented in the DCS APSR for FFY 2016 (Arizona Department of Child Safety, 2016) including:

- The smallest increase (one percent) in the overall number of children in out-of-home care in the reporting period, which was attributed to DCS initiatives that have also contributed to the reduction in the number of cases in the backlog, efficient case transfers, and a cursory review of all ongoing cases;
- Services provided to maintain the parent-child relationships and achieve reunification and visitation was recognized as important element to maintain secure attachments for children;
- The Best for Babies initiative that has resulted in greater attention to the need for young children to have frequent visitation with their parents; and

- Process and program controls to identify ways to address challenges and include partnering with the community and stakeholders.

The Panel also commends DCS for the strategies and key activities they have undertaken to meet the goals and objectives in their 2015-2016 strategic plan. Of significant interest to the Southern Panel were DCS's efforts toward:

- Reducing the length of stay for children in out-of-home care through targeted staffing, cases reviews, and TDMs for timely permanency;
- Establishing family engagement tools and strategies to achieve reunification for more children;
- Reducing the recurrence of maltreatment by improving service delivery; and
- Developing practice guidelines for DCS Specialists, including practice guidelines on parent-child visitation.

The Panel recognized that DCS has taken steps to develop a culture of consistent and clear expectations for visitation that is rooted in research and best practices. Overall, the Panel found that the practice guidelines support capacity building in visitation in potentially impactful ways. However, the Panel feels these guides could be more effective if DCS:

- Increased continuity among the DCS policy manual, DCS procedures, the *Practice Guidelines* (e.g., *Parenting Time (Visitation) – Part 1 and Part II*), and related forms; and
- Shared information and new initiatives related to visitation with the greater community and internally with DCS staff through consistent communication or publication.

The above observation is in part due to the Panel's review of DCS Policy and Procedures (Chapter 3: Section 7.2 Parent & Child Visitation, and documents accessed under Related Information). The Panel also reiterated that parenting time should include parent coaching to help achieve the best outcomes for families.

Based on the CFSR report, and the PIP plan that addresses the findings of the CFSR, the Panel will seek opportunities to support the plan. The plan addresses four themes identified through case reviews and stakeholder interviews:

- Thorough safety assessment,
- Family engagement,
- Comprehensive needs assessment, and
- Timely permanency.

Recommendations

1. The Southern Panel respectfully recommends the CRP and Policy Administrator of DCS continue to work in partnership to establish a protocol that promotes consistent understanding and implementation of CRP and DCS roles/responsibilities in relation to the CRPs, CRP federal statutory responsibilities, and sharing of information.
2. The Southern Panel respectfully recommends that CRP work with the Policy Administrator of DCS to identify and develop a plan to ensure that policies and procedures related to parent-child visitation reflect a single statewide standard that is consistent and provides a clear framework of parent-child visitation, including specificity for ages birth to three years (such as creating a comprehensive standardized parent child visitation guide).
3. The Southern Panel respectfully recommends DCS Administration and the Regional Managers seek strategies to strengthen (local/statewide) internal and external communication plans and consistency in the distribution of key initiatives, directives, and changes to statewide/local practice and policies so that:
 - DCS staff are informed about upcoming changes they need to know and understand (management to front line staff);
 - There is continuity in messaging internally and to the public;
 - DCS staff may be better prepared to respond when communicating with the public; and
 - DCS promotes values of accountability and transparency.
4. The Southern Panel respectfully recommends that the CRP, system partners, and DCS collaborate to determine whether parent-child visitation is being implemented and aligned with best practices within the Southern Panel's jurisdiction and identify barriers in providing parent-child visitation services that are aligned with best practices (i.e., through a review of protocols, contracts, etc.)

NORTHERN PANEL REPORT

The Northern Panel represents Apache, Coconino, La Paz, Mohave, Navajo, Yuma, and Yavapai counties.

Panel Chair:



Rebecca Ruffner

Panel Members: Elaine Grissom, Jeanine Diaz, Julie Armstrong, Kim Chapplear, Trisha Riner, Judy Gideon, and Micah Sealy. Membership has fluctuated over the past two years and recruiting more members will continue to be a priority in 2017.

DCS Panel Representative: Christie Kroger, Dani O'Connell

Meeting Dates: March 31, June 23, August 11, and October 11. The Northern CRP members and Chair participated in a number of additional conference calls throughout 2016.

well-being of children received increasing attention, the Keeping Children and Families Safe Act of 2003 (reauthorization of CAPTA) was enacted and required states to create:

- Policies and procedures to address the needs of infants who are substance-exposed and mandated health care providers to identify these newborns and notify CPS;
- Service "plans for safe care" of newborns affected by prenatal drug exposure; and
- Procedures for immediate screening, risk, safety assessment, and prompt investigation of reports relating to substance-exposed newborns (CAPTA, 2003).

In 2010, CAPTA amendments expanded the category of newborns to include those diagnosed with Fetal Alcohol Spectrum Disorder (FASD), a population of infants potentially far larger than those suffering from drug exposure (Davidson, 2011). The increase of newborns referred to CPS was intended to provide early intervention through safe care plans that promoted the health and well-being of these children. However, despite the federal and state laws passed to promote the safety and well-being of these infants and address the growing opioid epidemic, the number of SEN and infants suffering from Neonatal Abstinence Syndrome (NAS) has continued to rise. A study from Reuters in 2015 found that thousands of babies born to mothers who used opioids during pregnancy were released home without social service evaluations and safe-care plans as required under the Keeping Children and Families Safe Act (TKTK, Wilson, & Shiffman, 2015).

Arizona has established and implemented federal/state laws, policies, and procedures to address the SEN issue. In July 2015, the Arizona Department of Health Services (ADHS) conducted a NAS Conference that brought together physicians, hospital systems, health plans, and other stakeholders from around the state to discuss the problem of substance exposed newborns. One of the recommendations from this conference charged the Task Force for the Prevention of Prenatal Exposure to Alcohol and Other Drugs, in collaboration with the Governor's 2016 Task Force on Substance Abuse, to review and revise the 2008 Guidelines for Identifying Substance-Exposed Newborns (SEN). According to the Task Force report (September, 2016), the number of substance exposed newborns and the rate of NAS has continued to rise in Arizona, as it has nationwide, in part

Focus

In 2016 the Northern Panel continued their examination of Substance Exposed Newborns (SEN). Ineffective identification, assessment, and intervention of SEN can have adverse consequences due to the vulnerable nature of children born substance exposed. As the impact of parental substance abuse on the safety and

due to the opioid epidemic (ADHS, 2016). Their report also provided the following data indicators that underscore the extent of this problem:

- The rate of Arizona NAS was 5.25 per 1,000 hospital births in 2014 (ADHS, Hospital Discharge Database 2014);
- The number of newborns diagnosed FASD increased 67% from 2013-2014 (ADHS, Hospital Discharge Database 2014);
- The rate of newborns exposed to narcotics has increased more than 218% since 2008 (ADHS, Hospital Discharge Database 2014);
- White non-Hispanics made up 68% of the total number of NAS cases (2008-2014) (ADHS, Hospital Discharge Database 2014);
- AHCCCS was the payer in 76% of the newborns exposed to narcotics (2008-2014) (ADHS, Hospital Discharge Database 2014); and
- In the U.S. - Medicaid covers the majority of mothers with opiate exposure during pregnancy (60%), and infants diagnosed with NAS (78%) (JAMA, 2013).

Evidence from research demonstrates that the earliest possible intervention significantly improves outcomes of children prenatally exposed to alcohol and illicit drugs (Chasnoff, 2016). Therefore, the Panel seeks to examine how best to identify, assess, and respond to SEN, NAS, and parent substance abuse when they come to the attention of DCS or other community partners such as the courts, health care, or the behavioral health system.

Desired Result

Throughout the following year the Panel intends to accomplish the following as the result of their review and deliberations:

- Support DCS administrators and other child welfare decision-makers to enhance policies, procedures, and promote best practice that serve SEN and their families,
- Support DCS in their current CQI efforts by:
 - identifying if there are additional data elements that should be captured in the DCS or other systems' databases regarding drug exposure that can be efficiently tracked and accessed as an absence of this critical information may impede helpful medical or behavioral health

interventions in the child's future;

- determining if there are better evidence based programs that support the needs of these infants and families;
- identifying underlying systemic issues and barriers that impact capacity and meeting the required federal outcome goals that are outlined in the CAPTA plan;
- Identify and promote efforts to strengthen training and practice to ensure that DCS Specialists and other stakeholders who are working with this population possess the necessary assessment skills to engage and make informed decisions about SEN, NAS, and Medically Assisted Treatment (MAT); and
- Identify community partners and support efforts to promote public awareness and education that parental substance abuse is a brain disease that is treatable rather than a character flaw, and increase education about the urgency in providing timely intervention, relevant services, and meaningful collaboration to address these complex issues.

Sources of Information Reviewed

The Panel reviewed the following sources of information during the review period to gain a better understanding of SEN and parental substance abuse:

- Presentations provided by DCS regarding Strategic Initiatives and Progress Report related to Hotline Improvements, CFSR Results, and PIP;
- Current federal and state statutes, policies and procedures, and practice regarding SEN, NAS, and parent substance use;
- Articles and reports that identified promising and best practices related to identification, assessment, and intervention applicable to SENs and NAS in order to recommend the best strategies; and
- The work of internal DCS CQI workgroups and external groups who were also focused on this issue.

Observations

Through DCS's 2015-2016 strategic planning efforts to improve objective decision making at the Hotline and in conducting investigations, the following DCS efforts and accomplishments were recognized by the Panel:

- A new Hotline decision-making tool was implemented to improve the accuracy of report screening and prioritization;
- Dedicated audit staff conduct quality assurance reviews of the Hotline;
- Since implementation of the new Hotline procedures, the interrater reliability has increased to 80% when a source calls in information to the hotline indicating that the information required to meet the standard for an investigation is being done more consistently; and
- Mandated reporters have a separate telephone line they can now access to make reports, which has resulted in positive feedback.

The Hotline has established guidelines and questions that are asked when a report is made regarding SEN and parent substance abuse. These questions and guidelines are in alignment with federal and state statutes.

The Northern Panel had begun to review other state hotline policies, procedures, and data elements that are captured in regard to the focus area. There are states that capture additional data elements in reference to SEN versus a single tracking characteristic such as:

- "Substance Affected Newborn," which is a newborn child who has withdrawal symptoms resulting from prenatal substance exposure and demonstrates physical or behavioral signs that can be attributed to prenatal exposure to substances; and
- Data elements that specify if mother and/or infant tested positive for substances and type of substance is noted.

The Panel will continue their review of pertinent literature and practice to determine if there are better methods to capture this information that would improve the response, assessment and intervention for these children and their parents.

The Panel also acknowledged many of the same concerns noted in the (CFSR Final Report, 2016) regarding issues that negatively affect DCS and system partner's abilities to provide adequate response to SENs and their parents which include:

- Resource constraints and high caseworker caseloads;
- A growing number of reports of child maltreatment;

- A growing number of children in foster care;
- A backlog of pending investigations of reports of child maltreatment combined;
- An insufficient array of appropriate services and service providers;
- Insufficient time to investigate; and
- Insufficient high-quality investigations and assessments.

Based on the Panel's review of the DCS strategic plan updates, CFSR findings, and DCS PIP, the Panel supports the Department's effort to strengthen the DCS child safety assessment model through the assistance of Action for Child Protection, as recommended by the Panel in 2015. Given the complexity and ongoing concerns regarding this issue, the Panel believes a national expert should be included to assist DCS and the child welfare system to make further improvements. DCS had submitted their PIP to the Children's Bureau for approval to address this issue but the plan had not been approved at the time the annual report was being drafted. The Panel will continue to seek opportunities to work with DCS while the Panel continues their review.

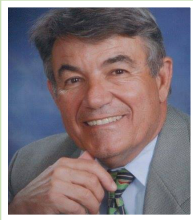
Recommendations

1. The Northern Panel respectfully recommends that CRP and DCS collaborate to explore how other states are collecting information related to SEN and to review best practice research in order to develop strategies to address this issue.
2. The Northern Panel respectfully recommends DCS work with a national expert (for example, Children and Family futures that presented at the 2016 National CRP Conference to determine if there are better ways that they and system partners can identify children who have been impacted by prenatal substance use of the mother, assess the degree to which this exposure has or potentially affects the child's development, and pursue a collaborative approach for serving children and their caretakers.
3. The Northern Panel respectfully recommends that DCS give further consideration to their 2015 recommendation regarding ongoing training to ensure that the DCS workforce is well informed in early childhood development, assessment of child safety, and MAT, and is kept up to date in best practices related to substance abuse in child welfare. This should include ongoing training and communication.

CENTRAL PANEL REPORT

The Central Panel represents Maricopa County.

Panel Co-Chairs:



Gary Brennan



Janet Cornell



Allison Thompson

Panel Members: Carla Howard, Desaray Klimenko, Dr. Monique Williams, Beth Rosenberg, Esther Kappas, Marcia Stanton, Joanne MacDonnell, Mary Jo Whitfield, Princess Lucas Williams, Yvonne Fortier, Rhonda Baldwin, Teasi Colla, Tracy Sloat, Pamela Ruzi, and Stephanie Zimmerman

DCS Panel Representatives: Christie Kroger, Kelly Hummitsch, Brandon Cobb, Andrew Marioni, Angie Trevino

Assistant Attorney General (AAG) for DCS: Gaylene Morgan and Rachel Metelits

Meeting Dates: March 22, May 17, September 7, and October 4. The Central CRP members and Co-Chairs participated in a number of additional conference calls throughout 2016.

Focus

In 2016 the Central Panel continued to examine the issue of medical neglect. In Arizona, approximately 80% of referrals that are called into the Hotline and require further action by DCS are categorized as neglect. Child neglect has been a topic of review for the CRPs and resulted in prior recommendations, however, the Panel agreed there was more to be learned about child neglect in Arizona. Due to the high percentage of DCS reports that are categorized as neglect, the Central Panel chose to focus on medical neglect as this form of maltreatment may pose a higher risk of negative outcomes, especially if there are medical issues that are not understood.

Dr. Nancy Harper, Medical Director for the Center for Safe and Healthy Children, reported child neglect accounts for the majority of referrals to CPS nationally but the prevalence of medical neglect is not easily estimated as the diagnosis is not straightforward because neglect occurs along a spectrum from grossly inadequate to optimal medical care (2015). Thus, it is important for investigators and medical providers to understand the risk of harm that may occur due to medical neglect if it is not identified timely or appropriately.

Federal legislation provides guidance to states by identifying a minimum set of acts or behaviors that define child abuse and neglect. Although federal legislation sets minimum standards for states that accept CAPTA funding, each state provides its own definitions of maltreatment within civil and criminal statutes.

Federal law also requires states to submit a five-year Child and Family Services Plan, which is to include assurances that the state has procedures and programs for responding to the reporting of medical neglect. Some states have incorporated different types of neglect in their legal definitions such as physical neglect, educational neglect, emotional/psychological neglect, or medical neglect. However, in Arizona allegations and findings of neglect are not categorized for data recording purposes by type. In order to accurately assess and evaluate this topic, the Panel has continued to gain a more comprehensive understanding of this complex issue by first looking at how these children are identified and tracked by DCS from the Hotline.

The Panel has continued their review to determine if current policies, procedures, and practices are adequately identifying children who may be victims of medical neglect, beginning at the Hotline. Through the stages

of their assessment, the Panel will determine if there are improvements that can be made to enhance the ability of DCS to ensure the safety and medical needs of these children and families involved with the child welfare system.

Desired Result

The Panel intends to accomplish the following as a result of their review and efforts:

- Assess Hotline policies and procedures and practice of Hotline staff when responding to calls related to medical neglect and medically complex children;
- Determine if there are benefits to classifying and capturing types of neglect as separate data elements beginning at the Hotline; and
- Where there are concerns regarding how medical neglect and children with medically complex needs are served, work collaboratively with DCS and child welfare stakeholders to develop a plan to improve the care for these children.

Sources of Information Reviewed

The Panel examined the following sources of information to gain further understanding of medical neglect and how it is identified:

- Presentations provided by DCS regarding Strategic Initiatives and Progress Report, and CFSR Results, and PIP related to Hotline improvements;
- Current DCS reports, other reports, and federal and statewide measures that indicate the extent to which DCS is meeting its overall federal outcomes; and
- Internal DCS CQI workgroups and external groups who were also focused on this issue.

Observations

In 2016 the Panel continued their review and examination of medical neglect. The Panel focused their efforts on gathering updates from DCS on prior recommendations and changes that had been implemented at the DCS Hotline. The Panel identified subcommittees to examine different sources of information; however, the Panel determined that increasing their interaction with DCS representatives and obtaining feedback regarding

their work was a priority, which both parties viewed as beneficial. DCS had submitted their PIP to the Children's Bureau for approval to address this issue but the plan had not been approved at the time the annual report was being drafted. The Panel will continue to seek opportunities to work with DCS while the Panel continues their review. The Panel proposed a review process in 2016 that was delayed in part to the Panel's recognition of the complexity of this issue. The Panel is currently reassessing its work plan to take into account these complexities. In addition, DCS informed the Panel that medical neglect is not part of their short term objectives for their strategic plan and requested this subject be discussed with DCS at the beginning of 2017.

Recommendations

1. The Central Panel respectfully recommends that the first priority in 2017 is to work with DCS to establish clear roles and responsibilities for each party in order to enhance the ability of the Panel to evaluate medical neglect and effectively collaborate with DCS.
2. The Central Panel respectfully recommends that DCS consider involving its members when DCS is requesting stakeholder input on matters pertaining to medical neglect and complex medical needs.
3. The Central 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.
4. The Central Panel respectfully recommends DCS in collaboration with medical partners (e.g., Phoenix Children's Hospital and their partners) develop a means and process to cross train and provide ongoing training to staff on statutes, policies, and procedures related to identification and response to children who have been medically neglected or have complex medical needs. The Panel can explore resource needs to realize this objective with DCS.
5. The Central Panel respectfully recommends DCS, with support from the CRP and ASU, work on understanding the extent to which medical-related neglect reports are associated with allegations of domestic violence and substance abuse.

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