



# Arizona Citizen Review Panel 2012 Annual Report

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## Community, Collaboration & Connection

### Message from the Program Manager, **Karin Kline**

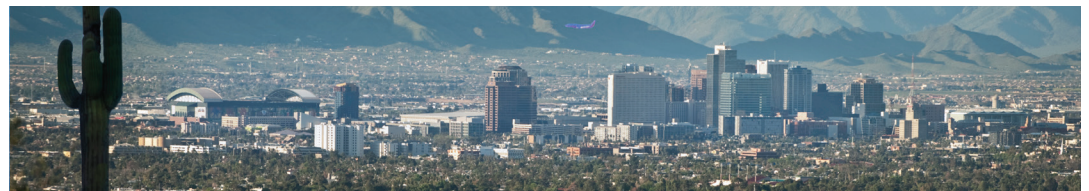
This year's Citizen Review Panels had a most productive year with panel members more engaged in their local communities, identifying themes to inform the case review process, and presenting original research findings at the National Citizen Review Panel Conference in Washington, DC.



In January 2012, Dr. Blake Jones from the National Resource Center for Child Protective Services led a strategic planning workshop on how to incorporate successful initiatives from other states into local action. Dr. Jones' suggestions led to the creation of member subcommittees dedicated to developing projects that directly impact Arizona communities and help to bring about positive change for children and families. In April, three panel members, Kathi Raley, Beth Rosenberg and Susan Latcher accompanied Dr. Judy Krysik, and Karin Kline, MSW, to the 11th National Citizen Review Panel Conference in Washington, DC. At the conference, Dr. Krysik and Karin Kline presented their paper, "*Risk Factors for Fatal Child Maltreatment and Implications for Trauma Informed Assessment and Practice*" and introduced a new research project designed to more effectively identify those children at risk for death from neglect and abuse.

The work of Arizona's Citizen Review Panels plays an important part in the monitoring and improvement of child welfare in Arizona. Advocacy and impact, accompanied by ongoing efforts to provide actionable recommendations to state child protection officials, is an exemplary model of private individuals making a meaningful difference in quality of life for all citizens.

I would like to extend my appreciation to the panel members for their incredible dedication and commitment to children and families.



### Acknowledgements

The Arizona Citizen Review Panel would like to acknowledge and express their gratitude to La Paloma Family Services in Tucson and to the United Way of Northern Arizona in Flagstaff for providing meeting space for the panels. Thank you to the Northern Arizona Regional Behavioral Health Authority for providing meeting space for the Northern panel strategic planning session; as well as to the Valley Youth Theater for providing parking space for the panel members. We would also like to recognize the staff of the Division of Children, Youth and Families for their continued commitment and cooperation with this project. In particular, we would like to thank Veronica Bossack, Stacy Reinstein, Linda Johnson, Sandra Lescoe, Emilio Gonzales, and Andrew Marioni.





## Arizona Citizen Review Panel Overview

The Arizona Citizen Review Panel (ACRP) was established in 1999 in response to the 1996 amendment to the Child Abuse Prevention and Treatment Act (CAPTA) requiring states to develop and establish Citizen Review Panels. Each panel must meet at least once every three months to evaluate the extent to which the state agency is effectively fulfilling its child protection responsibilities in accordance with the state plan.

Panel member duties include review of Child Protective Services (CPS) state policies, current practices, pertinent data, and case record information.

The panels develop recommendations for improvement of Arizona’s child welfare system through independent, unbiased system reviews.

Panel volunteers represent a wide range of disciplines including medical, legal, child protective, academic, and community as well as child welfare advocates.

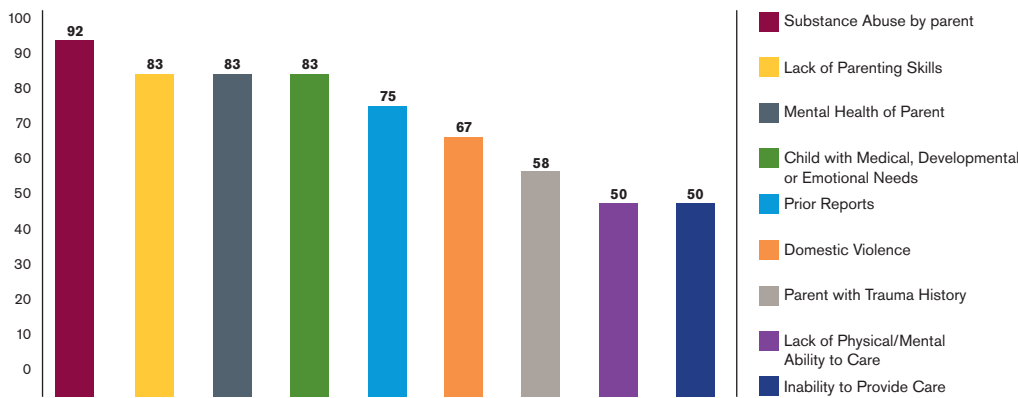
The creation of the ACRP program is an acknowledgment that protection of our children is the responsibility of the entire community, not a single agency.

In 2012, panel membership ranged from 11 volunteers representing the Northern panel to 27 members representing the Central panel. The Southern panel has 15 volunteer members. The panel members volunteered more than 550 hours of their time at meetings held over the year.

The Center for Applied Behavioral Health Policy at Arizona State University (CABHP), through an interagency service agreement with the Arizona Department of Economic Security (ADES), began administering the Arizona Citizen Review Panel (ACRP) Program in December of 2008.

The Child Abuse Prevention and Treatment Act (SEC.106 [42 U.S.C. 5106a]) was enacted in 1974 to provide grants to states to support innovations in state child protective services and community-based preventive services as well as research, training, data collection, and program evaluation.

## Family Risk Factors Identified Through Case Reviews



Identified Family Risk Factors from Case Reviews

**“Substance abuse was a factor in 11 of the 12 cases reviewed and mental health of the parent was a factor in 10 of these”**

Risk factors are those elements that the panel identified in each case as it was reviewed. The graph depicts those risk factors most often found in the cases reviewed. The number of risk factors identified for each case ranged from 3 to 10, with an average of 7 per case. Substance abuse was a factor in 11 of the 12 cases reviewed. Lack of parenting skills and parental mental health was also a factor in 10 of the 12 cases. Also in 10 of the 12 cases, a child in the home was identified as having a specialized need. In 9 of 12 cases, one or more of the parents had experienced trauma as a victim. These findings reflect the complexity of problems found in families reported to Child Protective Services. It also underscores the need for services and supports to be highly coordinated if they are to be effective.

## 2012 Panel Activities

The three panels met quarterly in 2012 as required by CAPTA. Each meeting was scheduled for three hours. As in previous years, panel members identified thematic areas of focus for case reviews with an eye on emerging trends and areas of concern warranting special examination. The four themes chosen for 2012 were Multi-System Involved Families, Children Returning to Care Following a Reunification, Successful Outcomes, and Active Military Families.

Panel members were sent agendas with case record summaries and other meeting materials prior to each regional meeting. Case record reviews were conducted in a group environment where the case was discussed, risk factors identified, practice reviewed, and recommendations made. Consensus was obtained by the panel members prior to making case specific recommendations. At the end of the year, the case related findings were summarized, providing the foundation for this annual report.

Four of the reviewed cases brought about specific recommendations or concerns at the time of the panel meeting. In each of those instances, the Division of Children, Youth and Families (DCYF) policy specialist attending the meeting immediately brought the panel's concerns to the CPS specialist and supervisor involved with the case. In one of those cases, the child received needed services that would likely not have been provided without the recommendation.

Following a Central Panel case review, a panel member met with the DCYF Assistant Director and DES Director to share a system issue identified from a case review. As a result, further discussions with a larger audience, facilitated by the Director, are being planned to address the identified issue.

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## Panel Member Spotlight - Susan Lacher

Susan Lacher is one of the newest members to join the Arizona Citizen Review Panel. A friend, who is a member of the Center for Applied Behavioral Health Policy advisory board, suggested that she would make a valuable addition to the work of the panel. Susan's contribution has already been significant. She volunteered to participate in the National Citizen Review Panel Conference held in Washington DC in April, and has volunteered to chair or co-chair the panel if necessary. She is also participating in a sub-committee working on a project to provide new parents in the community with parenting tips. Susan enjoys the collaboration that takes place during the panel meetings, and the different perspectives of the panel members. "Being on the panel is a great opportunity to represent the community and help children, as well as to be a champion for the work done by CPS staff."



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## Panel Presentations and Presenters

At each meeting, panel members heard from a variety of presenters. The speakers covered a topic related to the theme or panel members' interests. Information and updates related to DCYF policy, practice and agency initiatives were also provided to the panel members throughout the year.

**Stacy Reinstein**, DCYF Deputy Child Welfare Administrator, shared information with panel members on the Governor's Task Force meetings and DCYF plans for implementing the recommendations.

**Katherine Guffey** and **Christie Kroger**, DCYF Practice Improvement, presented the Child and Family Services Review.

**Carolyn Moreski** and **Laura Giaquinto**, Assistant Attorney Generals, discussed termination of parental rights.

**Laurie Devine**, DCYF Permanency Specialist, presented information on kinship care.

**Veronica Mendoza** and **Dennis Hinz**, DCYF Educational Specialists, introduced information on educational supports for children in care.

## 2012 Case Review Themes

Building on work from 2011, panel members once again identified thematic areas of focus for case reviews with an eye on emerging trends and areas of concern warranting special examination. The four themes chosen for 2012 were Multi-System Involved Families, Children Returning to Care Following a Reunification, Successful Outcomes, and Active Military Families.

### Multi-System Involved Families

The theme of multi-system involved families relates to the ways multiple service providers interact with the family, facilitating resiliency or contributing to greater risk. Multi-system partners included other public systems with responsibility for providing services for a child. These were primarily in response to behavioral health diagnoses, developmental disability, and involvement in the Juvenile Court. They include community service providers and partners such as faith-based organizations and non-profits.

Reviews of the three cases involving multi-system involved families found that if one of the systems took a lead on coordinating the services, services

were provided in a more cohesive and effective manner and resulted in more timely outcomes than when no agency took a lead role.

An example of this included a case in which the Arizona Families First case manager took the lead on service coordination and communicated with the parent, Child Protective Services, school, and contract providers to ensure that each person involved understood what needed to be accomplished and who was providing each identified service. In this case, the Child Protective Services Supervisor was actively involved in providing oversight, support, and direction to the Child Protective Services Specialist.

In most of the multi-system involved cases reviewed, it was more common that the system providers did not effectively communicate with one another, resulting in gaps in needed services and confusion for both the family members and providers. Assumptions about services and their source were made by providers without understanding of the responsibilities and limitations of other systems. These assumptions were mostly incorrect and resulted in delays for the child and family of needed services.

### Panel Recommendations

Pertinent to the theme of multi-system involved families, the case reviews resulted in the Citizen Review Panels recommending that a lead case manager be assigned to a family. The actual process for assigning such an individual was not determined, although members suggested that the first agency involved with the family, or the agency that will spend the longest time with the family, receive that lead case manager designation. It was hoped that this sort of approach to case management would build rapport with the family, readily identify barriers to service provision, and ensure that



the family's service needs are met in a timely manner. The Citizen Review Panels also recommended that children with dual diagnoses, who require long term services, have a dedicated case manager to advocate for their needs as long as needed. This case manager would be responsible for communicating with multiple parties as well as seeking out services that are specific to chronic conditions. Case plans for dually diagnosed youth should focus on life skills related to self-regulation of behaviors, thoughts, and actions. As well, youth case plans should be reviewed on a regular basis by an expert panel of multidisciplinary professionals. To further enhance service continuity, it was recommended that Child Protective Services create a specialized unit to work with families with dual diagnoses.

## Children Returning to Care Following Reunification

Re-entry into care following reunification includes those children who have been removed from their homes, have received services, have been reunified, and subsequently returned back to care after an additional concern about safety and well-being comes to the attention of Child Protective Services.

The most prominent systemic issue identified through the case file reviews regarding re-entry was the lack of after-care planning including the identification and implementation of on-going support and services that would provide the structure necessary for families to maintain safety and stability after case closure.

Overall, the panel members observed that clear plans for transitional services

were rare, and that services between Child Protective Services and other providers was uncoordinated. It was felt cases were closed despite continued safety concerns. When aftercare plans were documented, they included inaccurate assumptions about what services would be available or provided, as well as about the ability of the provider and family to follow-up on the prescribed plan.

The Citizen Review Panels noted that mental health problems and substance abuse tend to co-occur and that cases were at times closed without a sufficient aftercare or follow-up plan for both the adults and children. Substance abuse was a factor in 11 of the 12 cases reviewed, and mental health of the parent was a factor in 10 of these. The Citizen Review Panels

found that Child Protective Services Specialists often did not examine the underlying causes for substance use and as such, interventions were superficial and time-limited. Behavior change efforts were focused on abstinence without consideration that long-term change would also require resolution of the underlying causes, often found to be depression and other treatable mental health disorders.

Additionally, the Citizen Review Panels noted a lack of documentation in case records, such as caretaker history of childhood abuse, which raised concerns about the thoroughness of the file information available should the family come to the attention of Child Protective Services in the future.

## Panel Recommendations

The Citizen Review Panels recommended that Child Protective Services Specialists need better training relevant to engaging clients with mental health issues, substance abuse, as well as past traumas without compromising rapport or empathy. Part of this recommendation included the explicit provision that training be revised to include hands-on activities targeted at these defined skill sets including: documentation, assessment, aftercare, and trauma-informed care.

The Citizen Review Panels also recommended that Child Protective Services Specialists and Supervisors be trained on how to help families facilitate healthy support systems apart from service providers.

Finally, the Citizen Review Panels recommended that communication procedures between mental health care providers, Child Protective Services Specialists, and substance abuse treatment clinicians be clarified and strengthened and include community and non-profit partners. It was recommended that Child Protective Services should be one of the main partners involved in facilitating and maintaining this open communication.

## Successful Outcomes

For the third theme, the Citizen Review Panels examined factors including: maintaining sobriety, continuing treatment/counseling, and reunifying with family or kin. Successful outcomes are achieved when a family is able to function in a safe and secure manner and when risk factors do not rise to the level of safety concerns for the children in the home.

This theme is exemplified in one of the cases reviewed. A report of physical abuse initiated Child Protective Services involvement. Although the investigation found no abuse to the child, the Child Protective Services Specialist was diligent in identifying significant risks including unresolved grief following the mother's unexpected death a year earlier and financial struggles, and recognized the need to provide services to the family. As a result, the child began participating in counseling and became involved in a support group for grief. The school was identified as having taken the time to give meaningful thought as to the needs of the child and implemented the accommodations necessary.

Significant efforts were made by most everyone involved in this case to identify and coordinate services and supports provided to the family. The Child Protective Services Supervisor was recognized for providing support to the case through ongoing case discussion and case planning.

**“The Child Protective Services Specialist was diligent in identifying significant risk... and as a result recognized the need to provide services to the family.”**

## Panel Recommendations

The Citizen Review Panel members suggested that the timelines for case completion and closure are too strict and as such, members recommended that cases be kept open longer so families can continue to receive formal agency support and monitoring. The Citizen Review Panels recommend that after case closure, families have access to a designated Child Protective Services contact, in order to ask questions and receive guidance.

**“...Child Protective Services Specialists should complete a spreadsheet that tracks the status of each case, including referral dates, and outcomes of the referrals.”**

The lack of coordinated services was noted time and time again. It was suggested that the Child Protective Services Specialists should complete a spreadsheet that tracks the status

of each case including, referral dates, and the outcomes of the referrals. It is thought that some of the coordination concerns stem from disorganization and that by creating a system to track services, Child Protective Services Specialists may be able to manage the cases better. Likewise, Supervisors can use a spreadsheet system to provide structure and direction regarding service completion as well as gaps in services. The addition of other supportive personnel may also help and the panel members recommended that CASAs be made available to all children under the age of six.

The Citizen Review Panels recommended that when parents or

children show a deficit in some way (educational, functional, language, etc.) that Child Protective Services Specialists need to consider whether or not the psychological assessments and home studies provide necessary information to understand the problem as well as achieve the case plan goals. Part of this includes thorough documentation that requires obtaining past medical diagnoses as well as past assessments that measure health and functioning. In order to process such concepts, Child Protective Services Specialists and Supervisors alike may benefit from additional trainings on critical thinking and logical processing. In this manner, it is thought that the grander concepts and issues of a case can be distilled and targeted for treatment. With regard to language barriers, the panel members suggested that a list of questions be developed to help assess understanding.

One of the cases reviewed for this theme involved a mother who had been provided services for 11 months and had made little progress as she could not comprehend English. In this case, the mother had been labeled low functioning which influenced assessments and evaluations of the mother’s abilities. The case plan called for termination of parental rights due to her language barrier which was misdiagnosed as low functioning. Within months of providing services in the mother’s first language, she was able to demonstrate the behavior changes required in the case plan, and was reunited with her child.

The Southern CRP suggested the following list of questions be provided to Child Protective Services Specialists to assist them with assessing language preferences and comprehension



1. What language does your family speak at home? Do you speak to your mother, father, aunt (Tia) uncle (Tio) or other relatives in that language?
2. Did you speak English before you went to school or did you learn English when you went to school?
3. Were you in a class for students who did not speak English when you started school or any time you were in school?
4. Are you more comfortable speaking the other language or English?
5. Do you speak with your close friends or relatives in the other language?
6. How old were you when you came to this country? Prefaced by, “I just want to know if you would rather speak in English or another language.”
7. Do you like to sing or read to your child in English or another language?

## Active Military Families

Examining cases involving active military families was timely considering the increase in the numbers of service men and women who will be returning from active duty. Similar to the first theme of multi-system involved families, working with active military families requires the utilization of multiple service partners, most specifically the inclusion of the Veterans Affairs Administration.

Common themes among the three cases reviewed noted that substance abuse, domestic violence, trauma experienced by the parent, and previous Child Protective Services involvement were common. In all three of the cases reviewed by the panels, the parents who had served were diagnosed with Post Traumatic Stress Disorder and were receiving services from the military to address this; however, the services focused on the veteran without corresponding services being provided to the children or family system.

It was also found that, when a parent was deployed, little support was provided to ensure that the needs of the children left behind were being met. This was exemplified by one case in which the children were significantly neglected by their father while their mother was serving overseas. Of the three cases reviewed, the Child Protective Services Specialist and military social worker worked together in only one of the cases. Although two of the three cases reviewed for this theme involved similar circumstances, the outcome was achieved much more quickly in the case in which the efforts were coordinated.



## Panel Recommendations

Due to the unique set of circumstances associated with families who are involved with the military, the Citizen Review Panels made specific recommendations to DCYF following the individual case reviews. The highest priority of these was the crucial need to establish working relationships with military personnel. Child Protective Services Specialists should consider the need to assess larger contextual factors that may be adding stress to military families and impacting the ability to parent effectively. Part of this includes the assessment of trauma and the utilization of trauma-informed practice with all families. Child Protective Services Specialists and service providers should work with the parents to increase social support both as part of, and distinct from, military involvement. Social support and community inclusion may be especially challenging as military families may relocate frequently and be unaware of local services. As a result, the agencies involved have a duty to the families to help locate regional services that can provide assistance and guidance.

“When the story of these times gets written, we want to say that we did all we could and it was more than we could have imagined.” - Bono

## Spotlight - Trauma Informed Child Welfare Practice

**“In 9 of 12 cases, one or more of the parents had experienced trauma as an adult or child victim.”**

With the increasing focus on trauma informed practices, this year’s panels paid particular attention to evidence in the parents’ backgrounds that may have affected their ability to function in a healthy manner, such as childhood history of maltreatment, sexual assault, domestic violence, family death, etc. In 9 of 12 cases, one or more of the parents had experienced trauma as an adult or child victim. Trauma informed care includes a multitude of services and begins by taking a historical approach to families and their problems. Instead of asking, “What is wrong with you?” a trauma informed practitioner asks, “What happened

to you?” The aspects of a family that are most often seen as risk factors (substance abuse, anger management, etc.) could also be viewed as coping mechanisms by someone who has survived a troubling or traumatic event.

**“Instead of asking ‘What is wrong with you?’ a trauma informed practitioner asks, ‘What happened to you?’”**

## Arizona Citizen Review Panels Making a Difference

Two subcommittees for each of the three panels were created.

The first subcommittee dedicated their work to identifying and developing projects that will improve community child welfare efforts. Projects under consideration by the panels include:

- Citizen Review Panel sponsorship of a legislative forum to provide legislators with information and educational materials about the work of the Citizen Review Panel program
- providing daily planners to parents with tips for parenting
- hosting a child abuse prevention event
- decorating family visitation rooms used by Child Protective Services
- utilizing a consultant to assist in developing assessment questions for Child Protective Services Specialists to use during interviewing and investigations

It is anticipated that the projects will be finalized in the next few months.

The second subcommittee is dedicated to reviewing cases where a child death occurred. Rather than review a small number of cases and make recommendations, this project will look at a larger sample of cases. The data collected will be analyzed in order to gain a better understanding of the systemic issues involved, and identify policy and or practice implications, as well as to identify prevention efforts.

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### Panel Member Spotlight - Gary Brennan

**“I want to be doing the things that make a difference instead of just talking about them.” - Gary Brennan**



Gary Brennan has been a member of the Central Arizona Citizen Review Panel for three years. An ASU graduate with a degree in special education, Gary made his career in healthcare and knows firsthand the challenges and rewards of working to help others. While working with children at the Arizona State Hospital, he completed his degree and then spent 10 months as a Child Protective Services Specialist before returning to his primary job focus in behavioral health. The work was very hard. “It was the hardest job I’ve ever had.” But even after he left Child Protective Services, he couldn’t forget the children, and subsequently volunteered for the Foster Care Review Board.

After marrying, he and his wife knew they wanted more children. “One day my wife drove up with two kids in the back seat.” He recalled, “They were foster children.” The two siblings weren’t expected to stay more than 120 days, but they remained with Gary

and his wife far longer than that - until they became adults, and seventeen years later are still part of their family. When asked why Gary participates in the Citizen Review Panel, he said that it is important that he live his values. “I want to be doing the things that make a difference instead of just talking about them.” Serving on the Citizen Review Panel fulfills that goal. “Examining the cases the way we do allows us to look at the lives involved from a multi-disciplinary perspective. While we don’t always have answers, the process helps us see the bigger issues and form recommendations that will make the system better for kids.”

**“You make a living by what you get, but you make a life by what you give.”- Winston Churchill**

## Community Impact: Panel Contributions to Child Fatality Research

Through the collaboration with Arizona State University, School of Social Work and Center for Applied Behavioral Health Policy, and the Division of Children, Youth, and Families, the ACRP has begun a large scale research project of child welfare related fatalities in Arizona. Leading the project is Dr. Judy Krysik and Karin Kline, MSW. ASU Social Work PhD student, Elisa Kawam is assisting. Additional support is being provided by ASU School of Social Work student interns, Mollie Gilchrist, Carol McPherson, and Megan Trawick. Future interns and students will also be involved.

This project includes developing a tracking tool to capture the important risk factors, protective factors, trends and demographic information related to a child death that resulted in Child Protective Services attention. The cases are long and detailed. The team is dedicated to understanding the larger concepts that place a child at risk for a death or near death. At this time, the tool is in its final development stages and formal data collection is about to begin.

The team will be providing recommendations regarding ways to improve the overall safety conditions of children and families in Arizona. This project has been identified as a key strategy for addressing efforts to prevent child abuse and neglect fatalities.

### Panel Member Spotlight - Beth Rosenberg

Beth Rosenberg has been a Citizen Review Panel volunteer since shortly after the program was created. Beth, who has dedicated her professional life to making a difference for children who are abused, neglected, or involved in the justice system says, "Participating on the panel provides important information about how Child Protective Services and the child welfare system are impacting the children and families involved in that system. It keeps you connected to the work. Knowing how families are being impacted provides important information about what is going well and where to prioritize strategies for better outcomes."

Beth has worked in public and private positions for more than 35 years and is currently the Director of Child Welfare and Juvenile Justice at Children's Action Alliance (CAA), a private, non-profit advocacy organization. Through research, publications, media campaigns, and advocacy, CAA seeks to influence policies and decisions affecting the lives of Arizona children and their families.



## Future Directions, Trainings and Conferences

- National Webinars:** \_\_\_\_\_  
<http://nrccps.org/peer-networks/citizen-review-panels/crp-webinars-and-teleconferences/>

The National Citizen Review Panel conference will be held May 21-24, 2013 in lovely Jackson Hole, Wyoming.
- CABHP Trainings and Webinars** \_\_\_\_\_  
<http://cabhp.asu.edu/presentations/summer-institute-presentations;> <https://cabhp.asu.edu/presentations/other-center-hosted-presentations>

Panel members are again invited to attend the Summer Institute. This conference will be a wonderful chance to relax in Sedona and reflect on how CRP can be more effective, and learn new strategies for this important work.
- CRP Webinars** \_\_\_\_\_  
<http://nrccps.org/peer-networks/citizen-review-panels/crp-webinars-and-teleconferences/>

The subcommittees will continue to meet and plan in 2013. Please continue to look for exciting outcomes from the funds appropriated to the panels and contributions to the research on preventing child fatalities from abuse and neglect.

# Arizona Citizen Review Panel Findings

*Three key findings were exemplified from the individual case reviews:*

## 1. Funding reductions have negatively impacted the entire child welfare systems ability to provide supports and services to children and families

Multiple budget reductions over the past few fiscal cycles – at the state, local and community level – have impacted the availability and adequacy of services and supports for children and families at risk or with identified need. In three of the cases reviewed, Child Protective Services became involved only because a child in the home had complex needs the family could not meet resulting in the caretaker not being able to provide care for the child. In the words of one panel member, “This case was less about abuse and neglect, and more about limitations of the caregivers and lack of resources in the system to meet needs.” The panels recognize that the public child welfare agency is but one component of the entire child welfare system. The question that arises is whether Child Protective Services should ever be involved in the lives of children and their families solely because both private and public systems fail to provide needed services.

**“This case was less about abuse and neglect, and more about limitations of the caregivers and lack of resources in the system to meet needs.”**

Impacts from the budget cuts appear to have also limited Child Protective Services ability to adequately respond to families. When services were provided, they were observed to be brief and limited with cases being closed without observation of sustained behavior changes and few aftercare services in place.

When children were removed, delays between the time of referral and assessment were observed to cause even longer delays before intervention was provided. The panels were concerned that funding and service reductions hindered the ability of DES to meet the federally mandated responsibility of the Adoption Assistance and Child Welfare Act to make “reasonable efforts” to prevent the removal of children from their homes and reunify children placed in foster care with their families. This is particularly vital considering that the number of reports requiring an investigation by Child Protective Services have increased significantly, as well as the number of children in out of home care. Additional funding is necessary just to keep pace with the additional demand on services and supports.

Panels noted complacency by child welfare partners who have oversight responsibility for the child welfare system, including service providers, Guardian ad Litem, parent attorneys, Juvenile Court Judges, Court Appointed Special Advocates, Foster Care Review Board members and family advocacy organizations. These partners should not be willing to accept the current state of the child welfare system and should be advocating for accountability from all of the systems involved in protecting children and responding to the challenges of the child welfare system. Review of the case records revealed numerous instances where the children’s Guardian ad Litem and parent attorneys should have played a greater role in advocating for their clients.

This finding is exemplified in the case of a child who came to the attention of Child Protective Services at age 11 months. There was significant delay in obtaining the psychological evaluation and parenting assessment. The report came in at the end of June and the Child Protective Services Specialist submitted referrals for a psychological evaluation and parenting assessment within days. Because of the waiting lists, however, the psychological evaluation was completed in four months and the parenting assessment in six months, leaving the mother with little time to make the behavioral changes required of her in the case plan. The panel members felt both the mother’s attorney and child’s Guardian Ad Litem should have been advocating for a more timely response and expressed concern that the mother’s parental rights could have been terminated because these delays contributed to the child remaining in care so long.

## 2. Inadequate behavioral health assessments and limited access to quality behavioral health services

Undiagnosed and untreated mental health problems in the parents and children of the families referred to Child Protective Services was identified in all 12 of the cases reviewed. The lack of access to comprehensive and timely mental health assessments and services exacerbated the problems of the children and families and resulted in repeated reports and investigations involving the same families.

When children are placed in out of home care, their parents sometimes become ineligible for Title XIX behavioral health services. With limited non-Title XIX behavioral health services for low income adults, this results in the parent having limited ability to obtain services to meet their own behavioral health needs. When identified as a problem which needs to be resolved prior to consideration for reunification of children to their home, Child Protective Services must provide the service. This shifts the responsibility for meeting the behavioral health needs of these adults from the behavioral health system to the Child Protective Services system which is already challenged to meet its responsibilities. This also compromises the ability to provide sustainable comprehensive services should the case close.

**“The panels observed that as the child’s behavioral health needs went unmet, the problems experienced by the family became increasingly complex.”**

Emotional or behavioral health needs of one or more children in the home were also identified as a risk factor in 10 of the 12 cases reviewed. The panels observed that as the child’s behavioral health needs went unmet, the problems experienced by the family became increasingly complex.

Miscommunication between behavioral health providers and Child Protective Services, coupled with incomplete historical background information, contributed to frequent contradictory diagnoses that could lead to inappropriate interventions and placements.

In two of the cases reviewed by the panels, the family was referred to Child Protective Services solely because the child’s adoptive parent in one case, and grandparent in the other case, could not manage the child’s behavior. In both of these cases, the panel members observed that, despite commendable dedication from both the Child Protective Services Specialist and behavioral health case manager, Child Protective Services was in no better position to meet the specific needs of these children. One of these children came into Child Protective Services at age 14 after being detained for assaulting a classmate. The juvenile court felt his parent was unable to meet his complex needs and ordered Child Protective Services to take custody. In the four years this child was in custody, he was in 15 different placements, including a six month placement in an acute psychiatric hospital. An alternative placement with the ability to meet his specialized needs could not be identified. While the child was in Child Protective Services custody, he was never enrolled in school due to frequent moves from disrupted placements. Child Protective Services remained responsible for this child, at what was likely huge expense, until he aged out of the foster care system at age 18.

## 3. Failure to recognize the impact of trauma

Parental history of experiencing traumatic events as a victim was discovered in 75% of the cases reviewed in 2012. In these cases, parental traumatic events included the parent’s history of maltreatment as a child, the death of a parent as a child, the death of their own child, sexual assault, domestic violence, and traumatic experiences during military deployment. Despite this history, only one case identified trauma as a risk factor and interventions focused on resolving the trauma were not suggested.

This finding is exemplified in a case involving five children who have come to the attention of Child Protective Services on eight occasions beginning in 2005. Over the years, the children were taken into Child Protective Services custody and returned to their mother’s care in two separate dependency proceedings. Both times the mother successfully completed substance abuse treatment, and both times the children were returned to Child Protective Services custody within a short time because the mother had resumed using substances and the children found to be unsafe. Case notes identified the need for the mother to address her own childhood history of abuse and neglect, but no other information about this history was indicated in the case file, case planning or progress reports. It is likely that, until the mother addresses both problems, she will have a difficult time maintaining sobriety.

## Panel Recommendations

Recommendations for improvement of the child welfare system are made by the panel members based on the panels' work over the year and are driven by case review findings. The recommendations are prioritized and divided into three categories based on input from the panel members and DCYF.

The first category (Recommendations for Agency Response) consists of recommendations that require a formal written response from DCYF as required by the Child Abuse Prevention and Treatment Act.

The second category (Recommendations for Alignment with Current Practice and Training) includes recommendations that are currently being addressed by DCYF through practice improvement and other activities.

Recognizing that the child welfare system is not the sole responsibility of DCYF, the final category (Recommendations for Child Welfare System Partners) includes recommendations directed toward the community. Panel members and DCYF staff are encouraged to advocate and promote collaborative efforts with system partners to incorporate these recommendations.

### Recommendations for Agency Response

1. DCYF should improve the process for Child Protective Services Specialists and their Supervisors to consult with an expert when they have a child or parent with unique, complex or specialized needs requiring assessment or intervention beyond what is currently available. The panels suggest that these professionals provide expert guidance to the Child Protective Services Specialists about what information, services or referrals are needed and help monitor progress.
2. DCYF should move toward increasing the number of contracted service providers who utilize evidence based, trauma informed practice methods in all assessments and treatment of children and adults involved with the Child Protective Services system, and advocate for the same with other systems involved with providing intervention to Child Protective Services involved families.
3. DCYF should convene or utilize an existing cross-system collaborative workgroup to include high level decision makers from the Division of Developmental Disabilities, the Department of Health Services, AHCCCS, Juvenile and Adult Probation, the Juvenile Court, and any other system partners identified by the DCYF, to define the authority and responsibilities of each system when multiple agencies are involved with the same family. This group should identify the circumstances for designating a lead agency and define responsibilities for coordinating interventions and supports provided when children and their families are involved in more than one of these public systems. Additionally, this group should also develop plans to address the practice of referring families to Child Protective Services only because needed services are not available, identified, or provided by one of the system partners.
4. DCYF should increase efforts to designate liaison relationships with military bases located in their communities and with the Veterans Administration to improve the delivery of services and supports to parents and their families living on or off base, including active and inactive military service men and women.

### Recommendations for Alignment w/Current Practice & Training

1. It is recommended that the importance of thoroughly documenting the relevant factors in a case be communicated to staff and that training and supervision focus on supporting this documentation. History of services and chronicity of problems becomes lost when documentation is minimal and new staff and providers become involved at a later time.
2. DCYF needs to highlight in training or convey through other action what information is important, and why the information is important for a thorough assessment of safety and risk of all participants in a case.

3. DCYF and community providers should engage in cross-training and cross-system collaboration when possible, to clarify roles of the different agencies and promote stronger, more effective communication about the responsibilities of each system. Focus should be on the needs and culture of the family and the best means available to meet those needs.
4. DCYF should review training or provide additional training to Child Protective Services Specialists related to developing culturally sensitive, specific aftercare plans for families when a Child Protective Services case is closed, especially when children have been returned home. The plan should include clearly defined responsibilities for those who will continue to provide services as well as identify specifically what is available in the community, where to get further help, and who to contact for further assistance.

## Recommendations for Child Welfare System Partners

1. The Arizona Legislature should restore Medicaid funding for behavioral health services for childless adults who are childless because their child or children are in the custody of Child Protective Services or have been returned to the home for less than 6 months.
2. The Arizona Legislature should restore behavioral health funding to DCYF or require the Division of Behavioral Health to include additional services and supports to children and their caretakers when the complex problems experienced in these families requires services beyond what is being provided in Medicaid funded behavioral health services.
3. The Arizona Legislature must increase funding for DCYF and other child welfare partners. This increase is critical in order to ensure that DCYF is meeting its federally required mandate to make reasonable efforts to prevent the removal of children from their homes and reunify children placed in foster care with their families. This is particularly vital considering the complexity of the risk observed in the families involved with Child Protective Services and the impact of above standard caseloads on the ability of the system to respond, and the high turnover and level of experienced staff available to respond. The lack of additional funding compromises the ability of DCYF to respond to the increasing number of reports, to effectively identify and respond to safety concerns; to meet the needs for safety, well-being, and permanency of the increased number of children in care; and to ensure that assessments are accurate and, interventions are appropriate and timely.
4. It is recommended that system partners and the Arizona State Legislature make meaningful long-term investments in primary prevention and begin to responsibly address the systemic problems underlying the issues that contribute to families becoming involved in the system. This will help stem the tide of intergenerational abuse and neglect.
5. Guardian ad Litem, parents' attorneys, Juvenile Court judges, Court Appointed Special Advocates, Foster Care Review Board members, and family advocacy organizations must fulfill their responsibilities in advocating for children and families and demanding accountability throughout the child welfare system to ensure that children and caretakers have services and supports and do not unduly experience trauma caused by lost connections to their family.
6. For all child welfare system members and advocates, the panels encourage those providing services and supports to families to ask their clients to identify their needs rather than imposing a case plan on the client. This includes asking that those involved help families find services and supports to meet the identified needs when these are not explicitly provided by the organization. The panel suggests including the following questions as service plans are developed:  
"What are the most important changes you would like to see concerning your family?"  
"What are the barriers to making that happen?"  
"Who/What could support you in making those changes?"
7. The Juvenile Court should consider assigning a Court Appointed Special Advocate for all children found to be dependent, or at a minimum, giving priority to children under the age of six and those whose case plans are Independent Living.
8. When a Child Protective Services case closes and community providers remain involved, the responsibilities for monitoring or providing further supports and services to the family must be clarified prior to case closure.
9. The Juvenile Court should require attorneys representing children to provide documentation of their contacts and observations for each child, and should hold Guardian ad Litem to the laws and standards developed for Guardian ad Litem representing children in dependency proceedings.
10. It is imperative that Child Protective Services agencies have access to information about child welfare involvement in other states and recommend creation of a national database which can easily be accessed and searched.

## DCYF Strategies for System Improvement and Accomplishments

During each meeting, DCYF presented information to the panels outlining changes occurring at the department to improve practice. Some of these changes are highlighted here.

The Department reported that process improvement and re-design of the Child Abuse Hotline resulted in an increase in hotline efficiency and provided for a more user friendly system. These changes resulted in an increase in calls answered, a decrease in the average wait time, and a reduction in abandoned calls, despite an increase in calls to the hotline.

In order to improve the quality and timeliness of documentation, safety assessment and clinical supervision, the department developed and implemented the Child Safety and Risk Assessment (CSRA) which primarily revising how information is documented in the CHILDS computer system. Reviews of the initial pilo have shown:

- Improvement in documentation including the range of information collected in the interview notes and quality of analysis documented by CPS Specialists and Supervisors,
- less time to document and improved timely closure of open/close cases, and
- improved and timely clinical supervision.

A case review completed by the Central panel supports these findings as the panel found the information included in the CSRA to be comprehensive and much easier to follow than the previous format.

To incorporate a greater range of meetings for different stages of a case, the Department gave certain elements to the Team Decision Making (TDM) process. The TDM is used at major decision points in a case, including: considered removal, removal, change of placement, permanency, and age of majority.

The Citizen Review Panel members often have difficulty identifying case plan staffing and are encouraged that these changes will result in families being more involved in both removals and case planning.

To address non-active cases and the workload in the investigative and ongoing phases of CPS case management, Social Work Assessment Teams (SWAT) were implemented statewide and embedded in each region to:

- Share trends identified in cases that build skill level of direct line staff and supervisors as well as staff development and training needs for system progress.
- Provide relief for CPS staff by helping to achieve more manageable caseloads and increase staff's capacity to spend time on value added steps that ensure child safety and engage families.
- Work with practice improvement, policy specialists, and training staff to support the field and provide expert assistance for all process improvement changes.

Policy, Practice Improvement, Training, and the Social Work Assessment Team (SWAT) units were reorganized to report to the child welfare administration. This took place in order to develop a coordinated approach to child welfare policy, practice improvement and continuous education to provide a seamless feedback loop between the field and these entities. The coordinated approach is intended to provide management and information needed to meet performance goals and uphold the mission to ensure child safety.

Improvements to the Divisions Policy Manual were launched on November 30, 2012. These improvements included: streamlining of content, regional operating procedures, written guidance, and a much needed software update to improve the ease of searching for, locating, and reading policy and practice information.

Comprehensive assessment of recruitment, hiring, and training with development and action plans to restructure, reformat, and incorporate content practices and opportunities for continuous learning. Immediate recruitment and hiring improvements include: the hiring of a recruitment officer, employing consistent hiring and retention practices, streamlining hiring process, connecting onboarding and training processes, and the development of a "Virtual Job Tryout." The divisions partnership with Arizona State University was utilized to assist with assessing training for new CPS specialists and supervisors. As a result changes to training have included:

- Revised case manager training that includes participation in 22 weeks of activities so CPS Specialists are sufficiently prepared before taking on a full caseload.
- Revised model provides a more comprehensive hands-on learning experience, which in turn aims to improve retention by providing both new employees and existing case managers with additional support for professional development and learning.
- Review and revisions to new supervisor training

In order to identify and manage workflow patterns, the Division instituted monthly Az-Force meetings statewide with all Assistant Program Managers, Deputy Program Managers, and Regional Program Managers to review in detail statistical information from each APM section. Some of the information included in these reviews includes analysis of the numbers and influences impacting the number of cases, non-active cases, out-of-home care numbers, case reviews, and progress to permanency for these children.

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Coconino Coalition for Children and Youth

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DES/CPS

### Suzette Vigil

DES/CPS

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NARBHA

### Robb Williams

Pastor, Verde Baptist Church

**We want to acknowledge and thank every person who makes ACRP possible. Your efforts provide a great deal of insight and service for child welfare advocates locally, statewide, and nationally.**

**THANK YOU!**

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Citizen/Former DCYF

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### Pamela Fitzgerald

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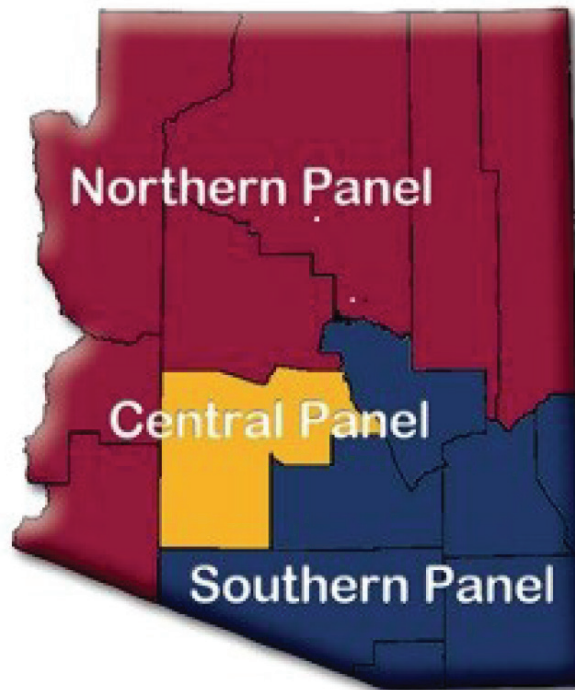
**“Children are the living messages we send to a time we will not see” - Neil Postman**

We are looking to add to our CRP volunteers and are specifically looking for representation from parents, adults with personal experience with the child welfare system, juvenile justice personnel, military personnel, foster and adoptive parents and tribal members. For more information on the Arizona Citizen Review Panel Program, visit <https://cabhp.asu.edu> or contact:

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**Northern Panel**

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

**Central Panel**

- Maricopa

**Southern Panel**

- Cochise
- Greeiee
- Gila
- Pima
- Pinal
- Santa Cruz

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This publication can be made available in alternative format. Please contact the Arizona Citizen Review Panel Program at (602) 496-0047. Please visit <https://cabhp.asu.edu> for more information.

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