



Arizona Child Abuse Hotline
Department of Child Safety



Duty to Report A.R.S. § 13-3620(A)

➤ When and what should a person report?

Reasonably believes:

- A child is a victim
- Suspected current or past
- Non-accidental physical injury, abuse and/or neglect

➤ Who should a person report to?

- Law Enforcement
- Department of Child Safety

A.R.S. § 8-201.22(c) & (d)

- A determination by a health professional that a newborn infant was exposed prenatally to a drug or substance that was not the result of a medical treatment
- Based on one or more of the following:
 - Clinical indicators in the prenatal period including maternal and newborn presentation
 - History of substance use or abuse
 - Medical history
 - Results of a toxicology or other laboratory test on the mother or the newborn infant
- Diagnosis by a health professional of an infant under one year of age with clinical findings consistent with fetal alcohol syndrome or fetal alcohol effects

High Risk

An infant who has been prenatally exposed to alcohol, drugs, or a non-prescribed controlled substance or is demonstrating withdrawal symptoms resulting from prenatal drug exposure is considered at high risk of abuse or neglect

Duty to Report...

- Positive toxicology screen
- Reasonably believes



Personal Responsibility

- When is a mandated reporter relieved of his/her responsibility to report?
 - Report immediately
 - Cause reports to be made
- Reporting to supervisor, nurse, hospital social worker etc., does **NOT** relieve your own responsibility to report (regardless of organization's policy)
- “Mere belief [that someone else has reported] without verification is insufficient.”
(Attorney General opinion, 107-006)

Report Definition

To meet the criteria for a report of child maltreatment, the following must be alleged:

- The suspected conduct would constitute abuse or neglect
- The alleged victim is under eighteen years of age
- The suspected victim of the conduct is a resident of or present in this state or any act involved in the suspected abuse or neglect occurred in this state
- The person suspected of committing the abuse or neglect is the parent, guardian, or custodian of the victim or an adult member of the victim's household

How to Report Child Maltreatment

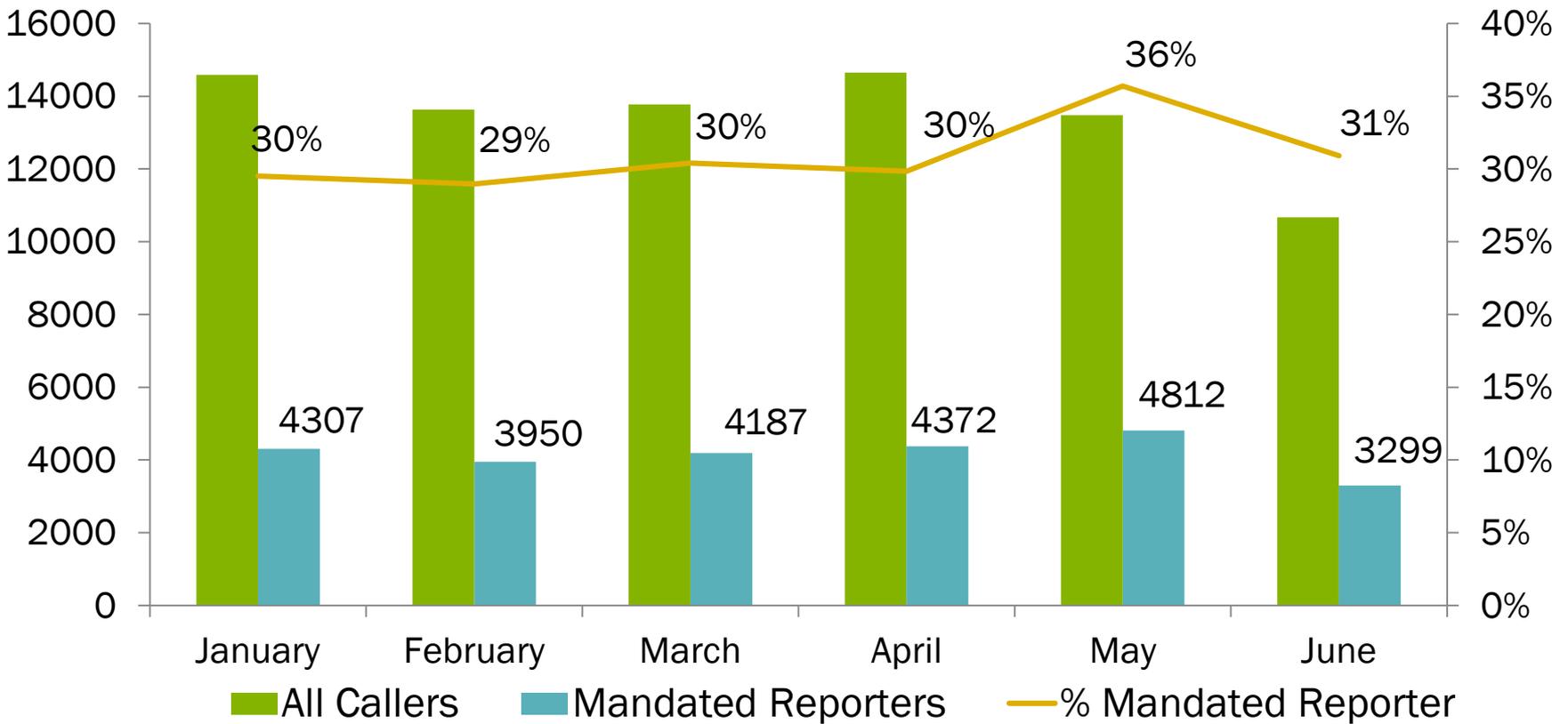
- If a child is in present danger, call **911**
- If the child is not in present danger, call either the local Police Department or Arizona Child Abuse Hotline

Hotline Information

- 1-888-SOS-CHILD (1-888-767-2445)
- TDD 602-530-1831/Toll Free 1-800-530-1831
- Online Reporting Service:
https://www.azdes.gov/dcyf/cps/mandated_reporters/

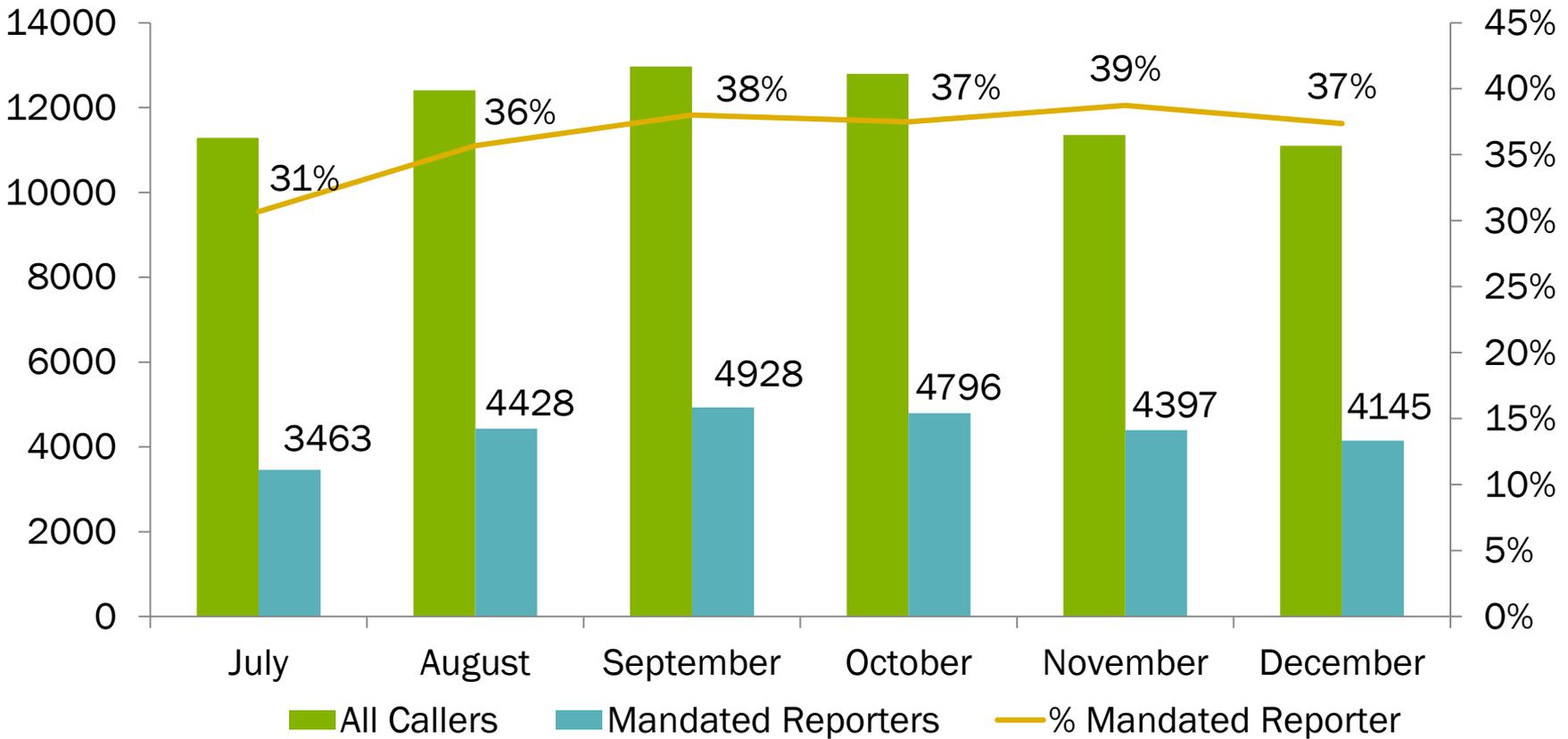
Mandated Reporter Call Volume

Mandated Reporter 2014 Call Volume



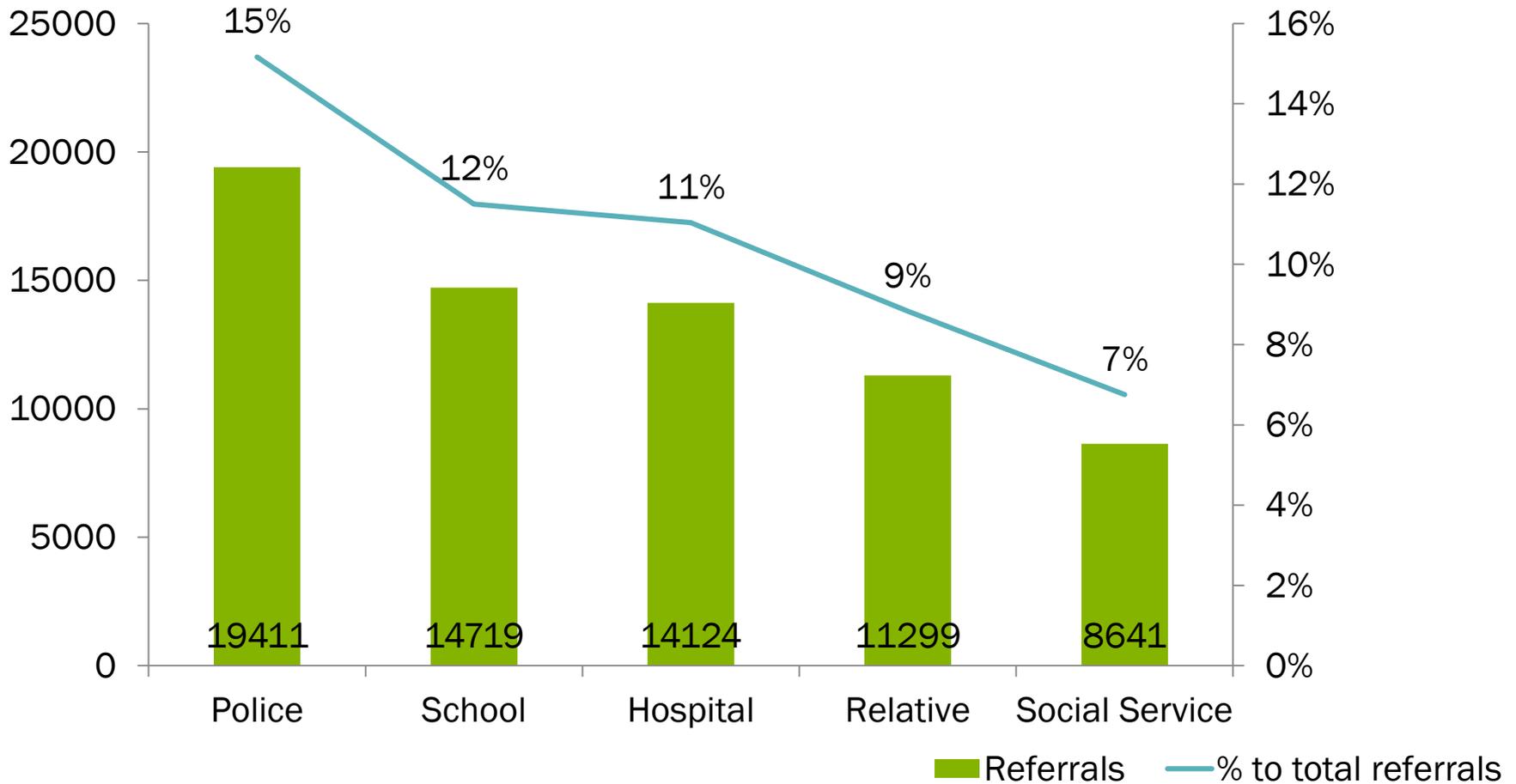
Mandated Reporter Call Volume

Mandated Reporter 2014 Call Volume



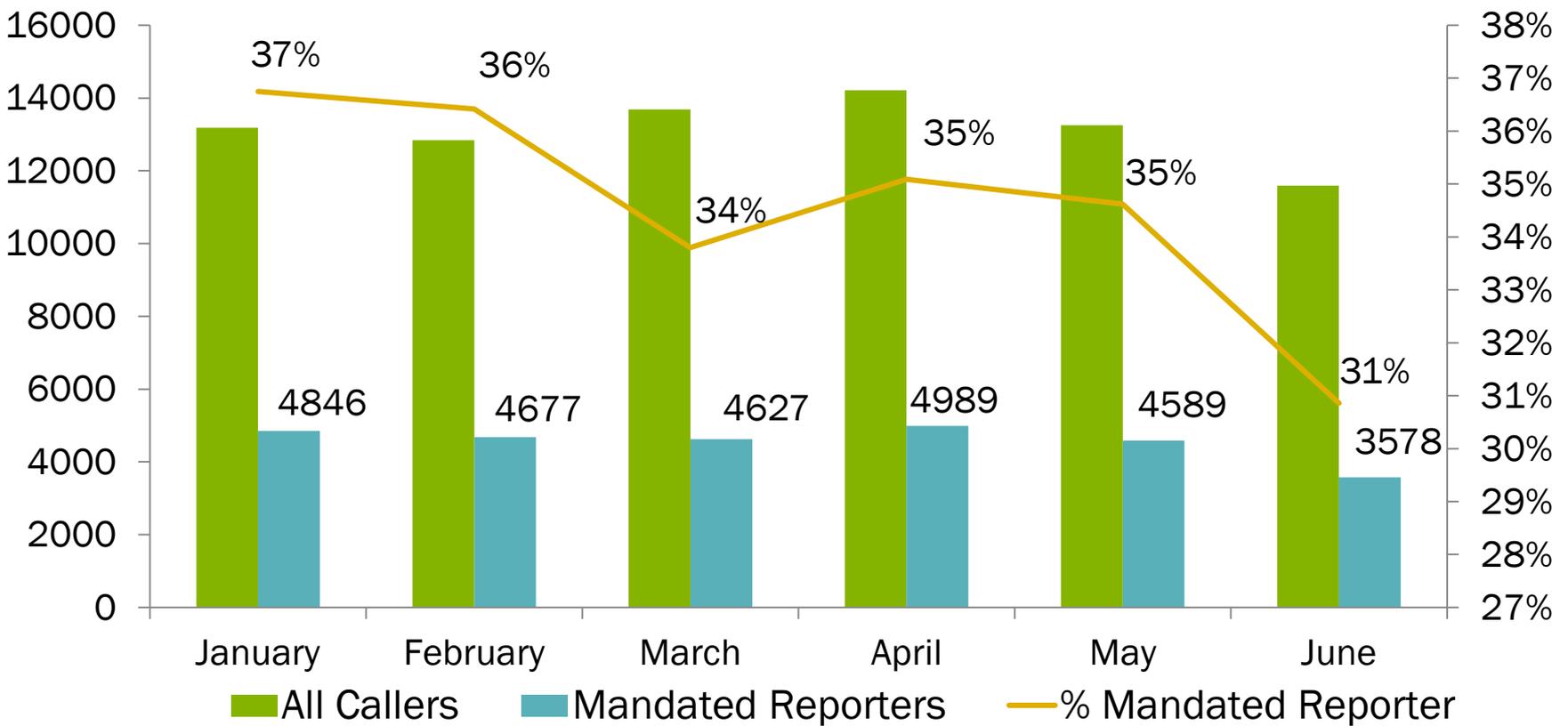
Hospital Setting is 11% Volume

Total Communications by Source Type



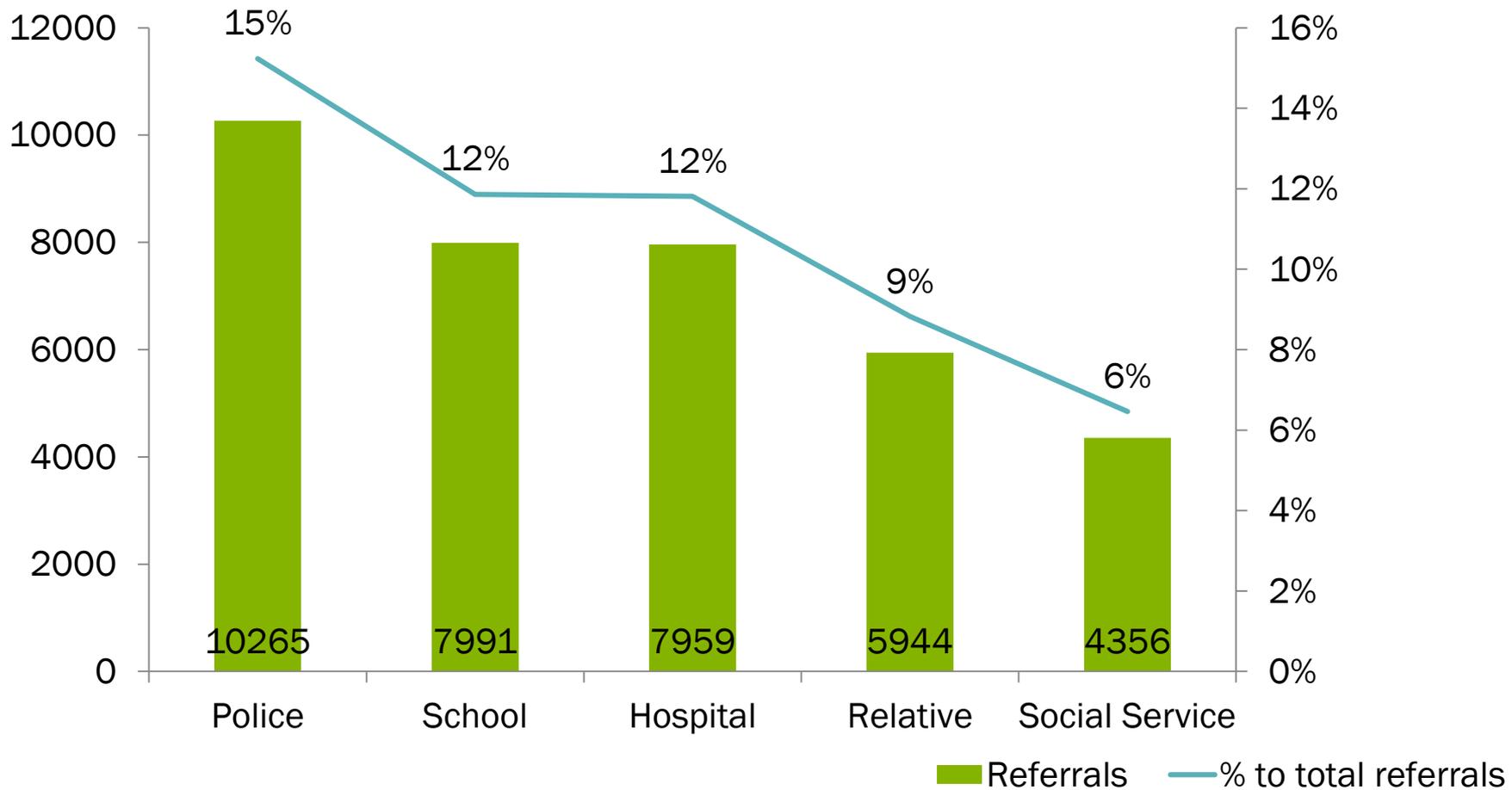
Mandated Reporter Call Volume

Mandated Reporter 2015 Call Volume

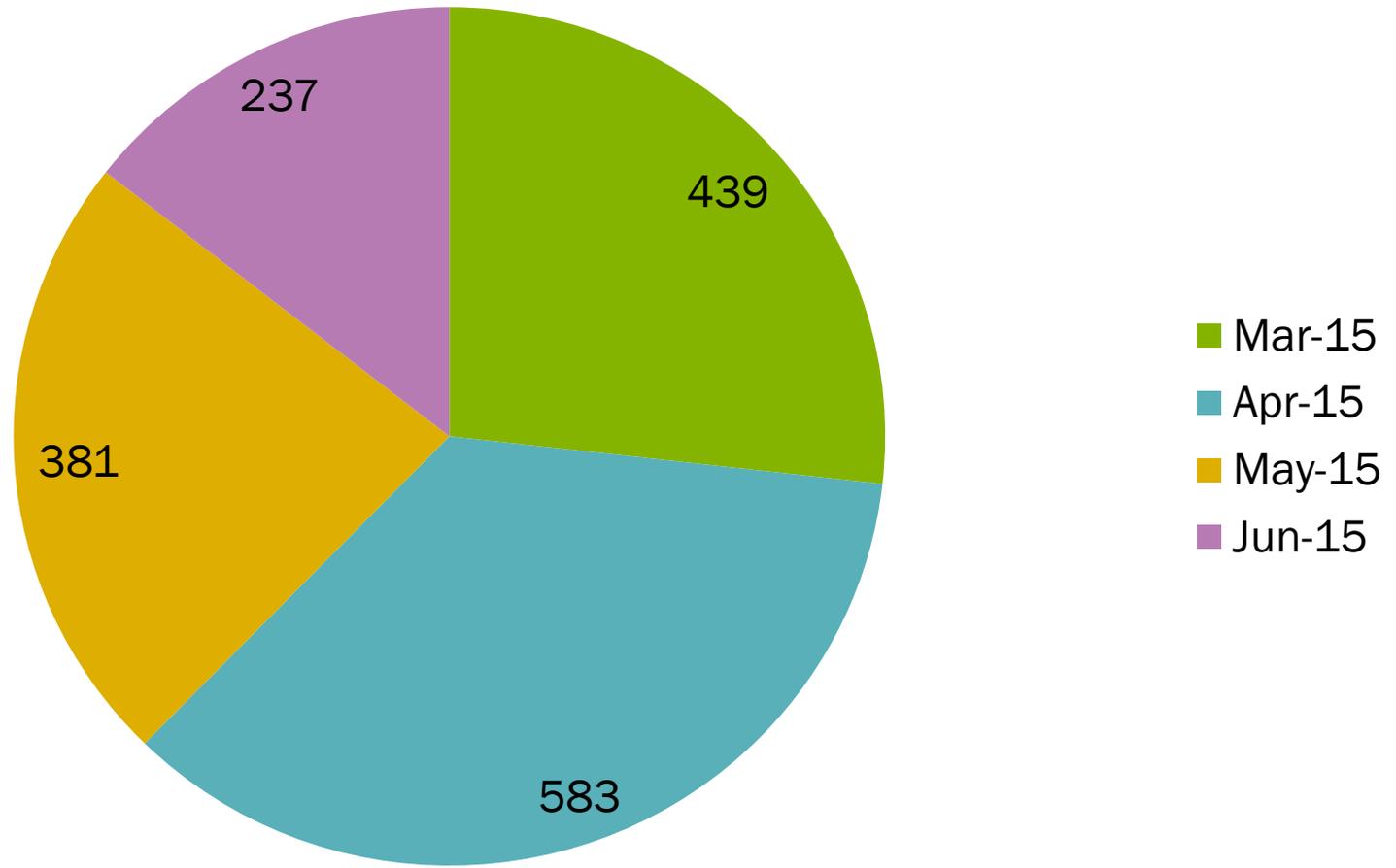


January-June 2015

Total Communications by Source Type



Number of Online Submissions



What to Expect When Calling the Hotline

- Family demographic and composition information
- Interview questions geared toward source type
- Information about child safety is collected around the fundamental safety questions
- Outcome of the information provided will be explained



Information gathered

The following information is gathered & supports prenatal exposure:

- Clinical indicators in the prenatal period
- The medical condition of the newborn
- History of substance use/abuse by the mother during the pregnancy
 - Admission by the mother
 - Another person reports

Information gathered Cont

- Medical history of the mother
 - Positive toxicology screen(s) during prenatal visits
 - Received treatment for substance use/abuse
- Positive toxicology on the mother or newborn at the time of birth
- Infant under one (1) year of age is exhibiting symptoms consistent with fetal alcohol syndrome or fetal alcohol effects

Not a Report

- Adoption arrangements:
 - Adoptive agency, attorney or adoptive parents are involved
 - Adoptive agency or adoptive parents are taking custody at time of discharge
- Stillborn
- Prescription and under the medical care of a physician
 - May or may not be taken as a report...it depends



Upon receiving a report...

- DCS Child Safety Specialist will assess:
 - Risk level to the newborn
 - Family's needs

- DCS Child Safety Specialist must gather:
 - Medical records regarding the health professional's determination
 - Supporting documentation:
 - ❑ Toxicology or other lab reports
 - ❑ Prescription – including type of medication, when the mother was taking the medication
 - ❑ Mother's admission of use

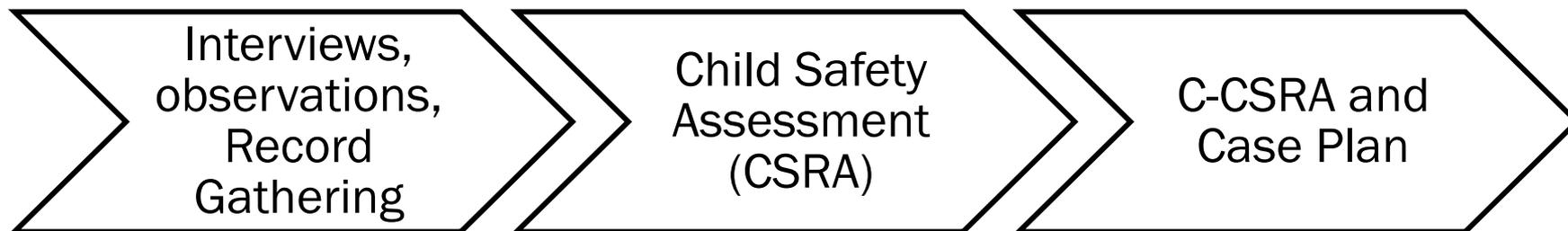
Neglect: Substantiation

- DCS Child Safety Specialist may now propose to substantiate **NEGLECT** when a health professional makes a determination that a newborn is prenatally exposed to a drug or substance listed in A.R.S. § 13-3401
- This does **NOT** include prenatal alcohol exposure

Neglect: FAS/FAE

- Diagnosis of FAS or FAE of an infant <1 year old
- Diagnosis made by the health professional stating that the infant's clinical findings are consistent with FAS or FAE
- DCS may now propose to substantiate **NEGLECT** when a health professional diagnoses an infant under 1 year of age with FAS or FAE

Initial Assessment Tools



- 1) Extent of maltreatment.
- 2) Circumstances surrounding maltreatment.
- 3) Daily functioning of children.
- 4) Daily functioning of parents.
- 5) General parenting practices.
- 6) Discipline practices.

Safety Threshold Criteria

DCS INVESTIGATES FAMILY
Assess if there is a safety threat

Safety Threshold Questions

- 1) Vulnerable Child.
- 2) Out of control Situation.
- 3) Severity.
- 4) Specific Time Frame
- 5) Observable Family Condition.

Decision Making in Investigations

- First priorities are to ensure safety and keep families together.
- Substantiate/Un-substantiate allegation
- Based on assessments, what services are needed and could the family benefit from?
- Is the child safe?
- What type of intervention is warranted
- Involvement of Supervisors, Attorney General and Foster Care Review Board (FCRB)
- Is court oversight needed?

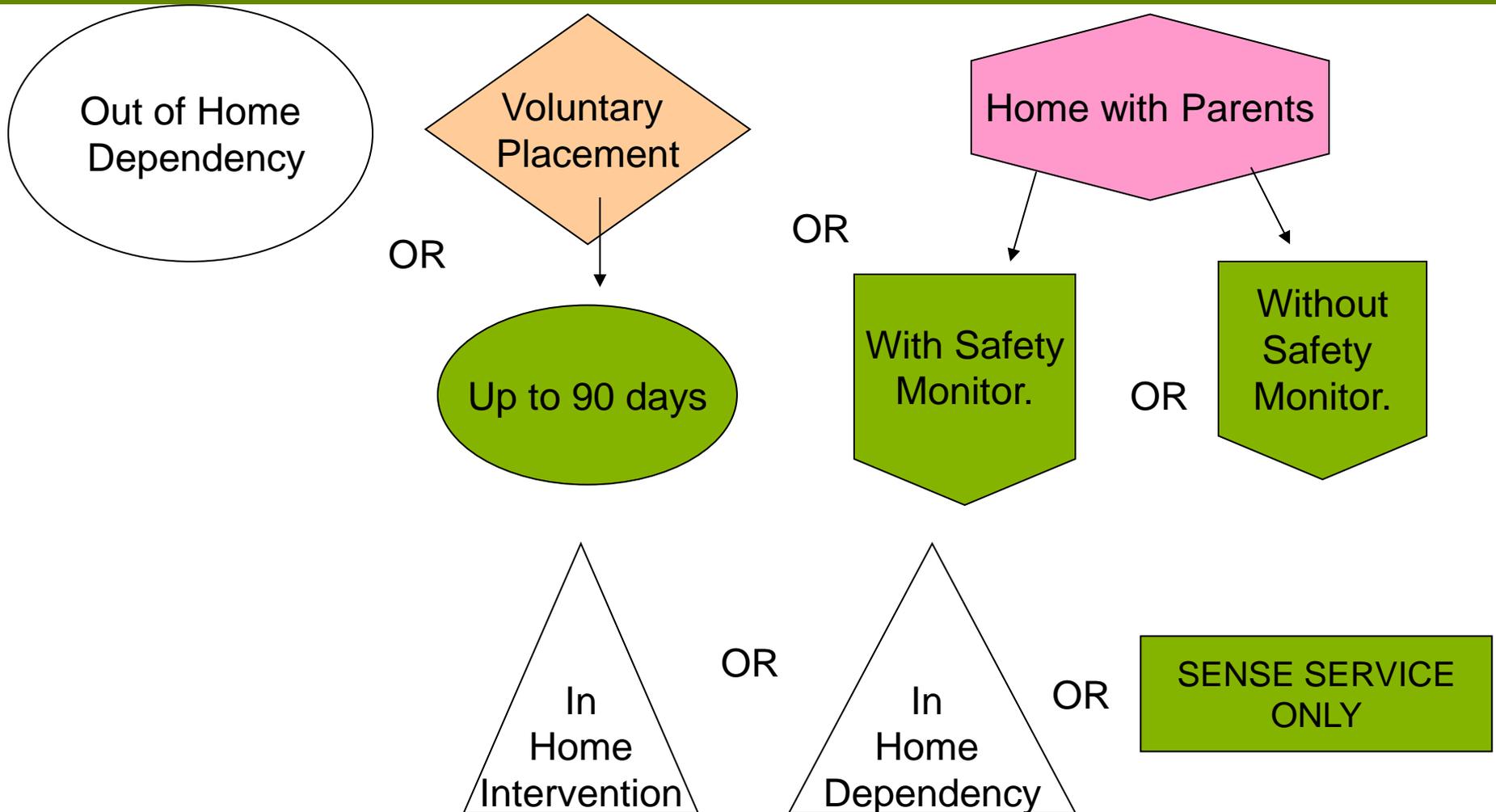


Decision Making in Investigations

- DCS investigation determines the infant is at risk.
- Family needs support and intervention to keep the substance exposed newborn safe.



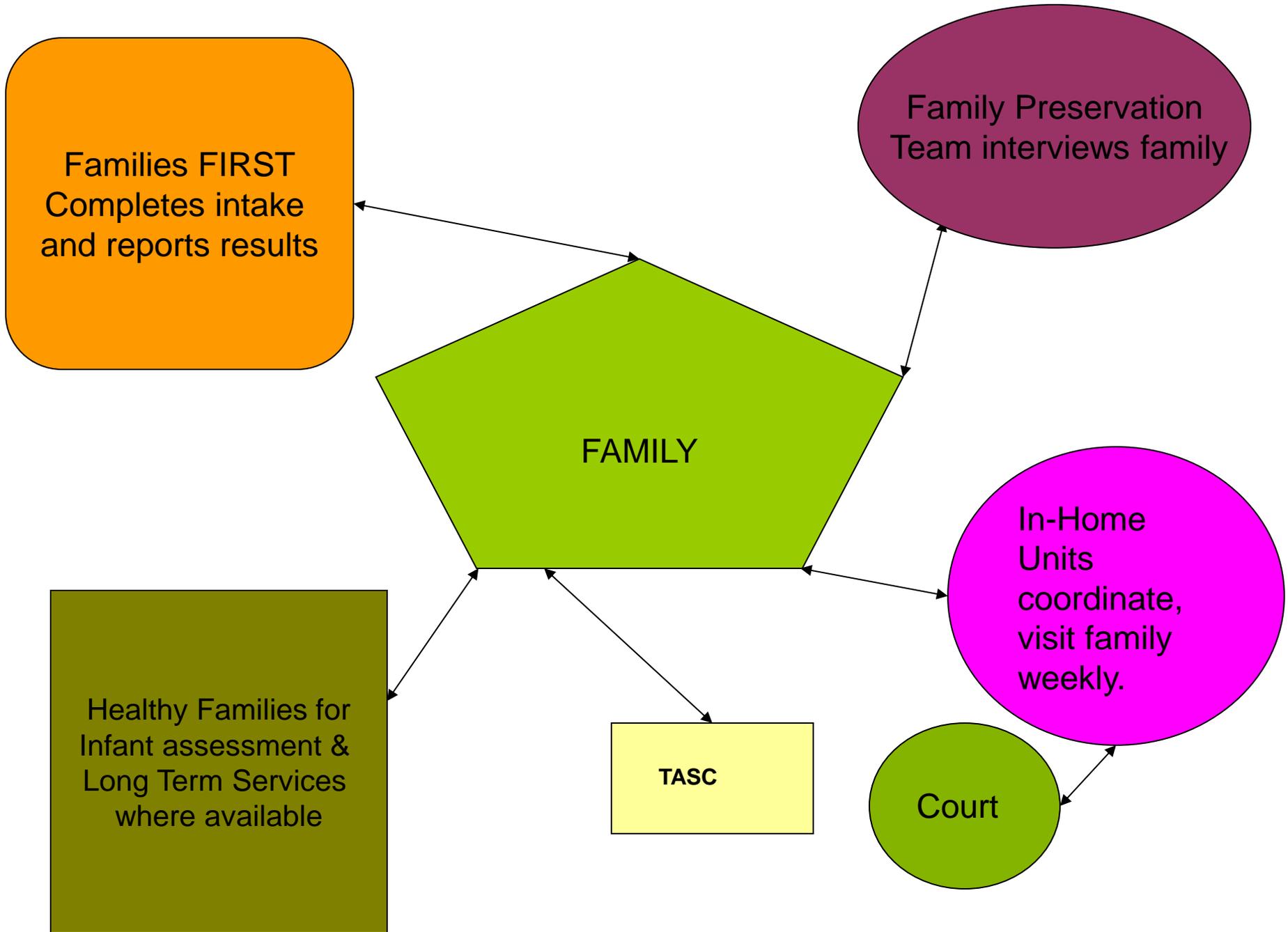
Options when a family needs DCS intervention



Communication is the Key!

- With SENSE cases communication is the key.
- All involved providers will communicate with the family.





Better Communication — Better Outcomes

- The earlier in a case we communicate, the better the outcome for the family...and the infant.



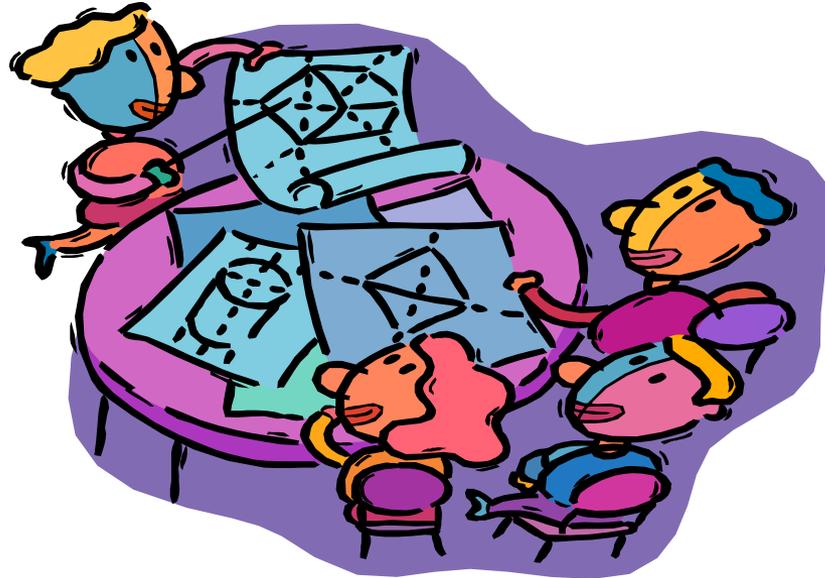
Family Involvement

- Team members meet together with family to explain their roles, and to determine which agency will provide what resources to the family.



Strength Based/Family Centered Planning

- And most importantly – for everyone to help the family identify their strengths and needs.
- From this comes our family centered case plan.



How Does This Work?

- In Home Unit case managers see family within 2 days.
- If Release of Information was not signed at the TDM then the case manager has the family sign, giving permission for all parties to communicate with one another.



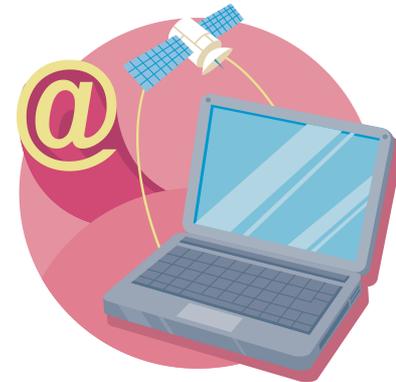
After Meeting the Family

- In Home case manager makes a referral to Terros/Families FIRST if this was not done at the TDM.
- The In-Home case manager makes a referral for Family Preservation using SWHD, JFCS or HRT/PST.
- The In-Home case manager also ensures that drug testing has been requested.

Team Communication

Once teams are identified by agencies:

- In Home case manager creates an email list of all team members.
- In Home CM arranges team meeting with family within 10 days.
- At this time the family's case plan is developed.
- In Home CM completes and coordinates distribution of the case plan to all parties.



Role of Families F.I.R.S.T.

- Complete substance abuse assessment within one week to determine level of care.
- Notify the client of Families First treatment recommendations and set appointments.
- Notify team members of the assessment results and treatment recommendations.
- Communicate with the team about the client's progress or relapses.

Role of Family Preservation Team

- Make contact with the client per program mandates (within 12 consecutive hours).
- Assist in coordinated case plan development with family and all team members.
- Ensures infant is assessed by a Medical/Pediatric Professional within 30 days of case assignment.
- May make the referral to Healthy Families (infant must be 90-days old or younger).

Mid-Point [around 6-8 weeks]

- Mid-point meeting will be held with the family and all team members, in their home within 6-8 weeks of case involvement.
- Comprehensive case plan will be reviewed by all parties.



Closure Staffing [12-16 weeks]

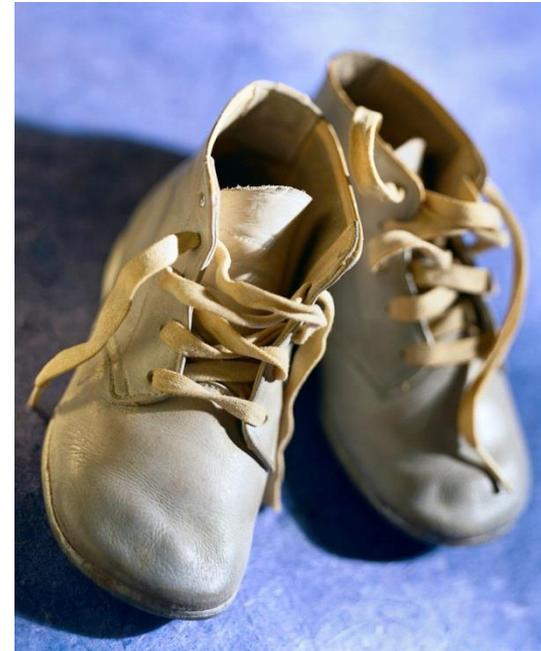
- Closure staffing will be held with the family and all team members.
- Development or review of after-care plan with family.
- Family Preservation services may conclude at this time.
- Healthy Families and Families First may continue services.

In the End

- DCS In Home case manager will continue contact with Terros and Healthy Families as long as DCS case is open.
- DCS will monitor the family until the DCS case is closed.
- Closure of DCS case does not mean that Families First or Healthy Families services must end for the family.

Reminder

- Closure staffing with family and all team members – emphasis on after care planning.
- SENSE portion of the case may close at 16 weeks. However, the case may remain open for monitoring with In Home Unit



When We Work Together

When all members of the SENSE team communicate with one another, it looks like this...

Safe Children, Healthy Families



Coordinate and Communicate

- Without coordination and communication we cannot support parents and children effectively.

**And unlike this dude,
that is not cool...**



Communication

- Poor communication minimizes our ability to keep Substance Exposed Newborns safe, healthy, happy **AND** at home.



Working Together

We can make a difference...

...that's what makes **SENSE.**



Thank you
for your time
and your
commitment
to Arizona's
Children.



QUESTIONS?

Thank You

Thank you for your support and collaborative efforts in protecting Arizona's children and improving outcomes for families.

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