



Children of Incarcerated Parents

September 2012



A Collaborative Model to Support Children Following a Caregiver's Arrest: Responding to Children of Arrested Caregivers Together (REACT)

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September 2012

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*Development of this report was funded by the Institute for Municipal and Regional Policy
at Central Connecticut State University*

Acknowledgements

This paper is the result of a collaborative effort that included support from the Institute for Municipal and Regional Policy at Central Connecticut State University, the Connecticut Department of Children and Families, the Connecticut Alliance to Benefit Law Enforcement (CABLE), Wellmore Behavioral Health, the Connecticut Department of Correction, the Court Support Services Division, and the Waterbury Police Department. We wish to thank all of the family partners, law enforcement officers, DCF staff, EMPS clinicians, corrections staff, and others that have contributed to the development of this paper, and especially those who have participated on the statewide REACT Advisory Board. Finally, this paper would not have been possible without the dedication of several people who have gone above and beyond: Ann Adalist-Estrin, Major Warren (“Butch”) Hyatt, Giselle Jacobs, Aileen Keays, Pat Kupec, Tim Marshall, Lt. Rob Maxwell, Louise Pyers, and Jeff Vanderploeg.

Child Health and Development Institute of Connecticut

The Child Health and Development Institute of Connecticut (CHDI), a subsidiary of the Children’s Fund of Connecticut, is a not-for-profit organization established to promote and maximize the healthy physical, behavioral, emotional, cognitive, and social development of children throughout Connecticut. CHDI works to ensure that children in Connecticut, particularly those who are disadvantaged, will have access to and make use of a comprehensive, effective, community-based health and mental health care system.

This report should be cited as Lang, J.M., & Bory, C.T. (2012). A Collaborative Model to Support Children Following a Caregiver’s Arrest: Responding to Children of Arrested Caregivers Together (REACT). Farmington, CT: Child Health and Development Institute.

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Executive Summary

From the child's perspective, a caregiver's arrest typically involves the sudden, unexpected, and sometimes violent removal of their loved one, confusion and uncertainty about when they will see that person again, and concerns about their own safety and who will care for them. Children may also experience changes in their living situation, financial hardships and poverty, the distress and diminished ability of remaining family members to support their needs, emotional dysregulation, stigma, and behavioral difficulties at home and school. The caregiver's arrest and removal from the home for an unknown length of time has the potential to be devastating to a child's physical and emotional health, sense of safety and security, social and academic functioning, and sense of self. Law enforcement officers, who typically are the only professionals present when an arrest is made, rarely have the training or resources to understand or respond to the needs of children when a caregiver is arrested.

This report summarizes research, surveys of law enforcement, EMPS mobile crisis clinicians, and child welfare staff, focus groups with family members, and models of practice related to children whose caregiver is arrested. A local advisory board comprised of law enforcement, child welfare, EMPS mobile crisis clinicians, probation, corrections, family members, and others also guided development of this report and recommendations.

The most striking thing we found is how little is actually known about these children who are left behind – who they are, how many there are, what happens to them, and what can be done to support them. The number of children affected is unknown because there are no state or federal requirements for police departments or other agencies to collect data on whether an arrestee is caring for children. However, the best estimates we can provide suggest that the number is quite large –each year, a child experiences a parent's arrest over 6 million times in the United States, and over 60,000 times in Connecticut. Younger children, as well as African-American and Hispanic children, are disproportionately affected.

Little is known about the needs of these children of arrested caregivers and the risks they face. However, there is evidence that shows children of arrested caregivers are at increased risk for poverty, residential instability, parental substance abuse, physical abuse, neglect, domestic violence, and externalizing and delinquent behavior. They may also experience stigma, shame, humiliation, and loyalty conflicts between family members. They are also at risk for problems in school and for involvement in the criminal justice system themselves. One of only a few published studies about the emotional and behavioral effects of a caregiver's arrest on children shows that they are from 57% - 73% more likely to have elevated posttraumatic stress symptoms (Phillips and Zhao, 2010). Almost universally, the family members, police officers, mobile crisis clinicians, child welfare workers, and others that we have met have told us how important they believe it is to recognize and support these children. Many have also expressed how few resources there are to serve children and families following a caregiver's arrest, and how they were often felt helpless about how to support these children.

There are a number of states and programs across the country that have begun to recognize the needs of children of arrested caregivers either directly or indirectly. These programs often share some common elements, including training for police officers to minimize distress to children during an arrest, policy and procedure changes to recognize the needs of children and ensure safe placement, and strengthening collaborations between child welfare, law enforcement, community providers, and other systems. Anecdotal reports from

staff in many of these programs that we spoke with were positive. Several staff doing this work spoke about the benefits of having law enforcement, child welfare, mental health providers, and other systems collaborate with families to help improve child outcomes. They also spoke about the benefits to themselves and their colleagues when they learned how to support these children directly and that they could call upon other professionals who understood their needs as well.

However, we could not find a single program published in a peer-reviewed journal with evidence of effectiveness for this population. While perhaps due in part to the difficulties associated with conducting research on this population, this lack of empirical support may limit opportunities for program expansion, funding, and increased awareness. For example, the programs reviewed were relatively rare, and it appears that little or no attention is given to children of arrested caregivers in most cities and states. It is also clear that part of the challenge is the complexity of the multiple systems involved when a caregiver is arrested, and the tendency of many of these systems to be siloed and unaware of what the others are doing and can do. Misperceptions and stereotypes among staff about other systems are rampant, further limiting collaboration.

Thus, we believe that one of the most pressing needs is to increase research, knowledge, awareness, and communication about children of arrested caregivers – who they are, how many there are, what happens to them, and what can be done to support them. To that end, we make the following recommendations for a development of a model to support these children:

- 1) Legislation, policies, and practices related to arrest should reflect knowledge about the impact of a caregiver's arrest on children and remaining family members, and should include steps to ameliorate the negative effects when possible and safe to do so
- 2) Whenever making an arrest, law enforcement should inquire about children being cared for, or living with, the person being arrested
- 3) Existing mobile crisis clinicians should be available to respond to children when a caregiver is arrested, and may be called by law enforcement, child welfare, community members, or family members
- 4) Law enforcement, mobile crisis clinicians, child welfare, community providers, corrections, probation, and others who routinely serve children of arrested caregivers should receive mandatory training about supporting children during and following a caregiver's arrest
- 5) Active collaboration and coordination of services should be conducted across the multiple systems that serve children of arrested caregivers as allowed by limits of confidentiality
- 6) Research and data about children of arrested caregivers is needed to document the number of children effected, the effects on children, and to develop evidence-based programs to ameliorate these effects.

The REACT model is an initial step towards operationalizing these recommendations and developing a model to support children following a caregiver's arrest. Thus, we also describe a series of detailed recommendations for implementation of the REACT model, including protocol and training recommendations for law enforcement, mobile crisis clinicians, and child welfare. Implementation of REACT is intended to reduce the distress

and traumatic stress children may experience during and following a caregiver's arrest and if necessary, to help identify a safe caregiver who is known to the child. In the days and weeks following arrest, REACT will link families with trained mobile crisis clinicians who can help remaining caregivers support the children and address stigma, shame, and loyalty conflicts, can assist the child and family with obtaining basic needs and community-based services, and can help the family understand how to navigate the criminal justice and corrections systems, including visitation with the arrested caregiver when appropriate. Ultimately, we believe that children who feel safe, supported, cared for, and connected with their caregivers, including those who are arrested, will function better at home, in school, and in the community.

Introduction

Background

Beginning around the year 2000, Connecticut legislators began to examine criminal justice policy following recognition of rapid increases in incarceration rates combined with significant budget deficits. These efforts resulted in a “justice reinvestment” initiative that shifted state funding to invest in efforts intended to limit growth of prison populations, maintain public safety, and reduce the State’s costs. Since 2008, the Connecticut legislature has allocated funding to Central Connecticut State University’s Institute for Municipal and Regional Policy (IMRP) to invest in community-based programs focused on children and youth who are impacted by a family member’s incarceration. The IMRP utilizes these funds by soliciting grant applications through a competitive procurement process, and has thus far awarded grants to several community-based programs serving children of incarcerated parents. The IMRP’s grants are intended to improve the availability of theory- and evidence-based services to children of incarcerated parents.

Overview

In 2011, the IMRP awarded the Connecticut Center for Effective Practice (CCEP), located within the Child Health and Development Institute (CHDI), a three-year contract to develop and implement an acute intervention model for children following a caregiver’s¹ arrest, called Responding to Children of Arrested Caregivers Together (REACT). The purpose of this document is to describe the development of the model, including research, best practices, and related model programs, and to describe recommendations for the REACT model.

To date, all of the IMRP’s children of incarcerated parents initiatives (and most other such projects nationally) have focused on children whose caregiver has already been incarcerated for some time. Other areas of interest nationally have included programs focusing on re-entry, visitation, and children of incarcerated parents within the child welfare system. The REACT model differs in that it is designed to provide support and stabilization to children and other family members during a caregiver’s arrest and in the hours, days, and weeks following the arrest. This approach includes training for, and an integrated response by, law enforcement, mobile crisis clinicians, and child welfare staff.

The goals of the REACT model are to:

- 1) Minimize traumatic stress and distress children may experience following a caregiver’s arrest
- 2) Improve collaboration and coordination between law enforcement, mobile crisis clinicians, child welfare, community leaders, family members, and other agencies to support children following a caregiver’s arrest (while respecting confidentiality)
- 3) Strengthen remaining caregivers’ ability to support the child following the arrest

¹ In this document, we use the word “caregiver” to refer to any adult that has a significant role in the care of a child. In addition to parents, this could also include, for example, foster parents, older siblings, and other relatives or community members.

- 4) Support children and remaining caregivers in their understanding of the criminal justice system and how to maintain contact with the arrested caregiver when indicated
- 5) Train law enforcement, mobile crisis clinicians, and child welfare staff on the effects of a caregiver's arrest on children, and ways to minimize negative effects
- 6) Link families with community-based resources to support children following a caregiver's arrest

Why Focus on Arrest?

The process of a caregiver's arrest and the subsequent hours and days are fraught with potential dangers for children, yet children's needs may be overlooked during this time. The primary task of law enforcement is to ensure the physical safety of all involved and to make the arrest as required by law. However, even when a child's physical safety is assured, the arrest and removal of a caregiver can create significant hardship and emotional distress. Children may suffer from traumatic stress associated with witnessing the arrest, may mourn the immediate loss of the caregiver from the home, may experience the stress of changes to their living situation, financial resources, caregivers, and school, and may have to cope with the longer-term incarceration of their caregiver. Children may also be at risk for behavioral problems and other longer-term consequences such as their own involvement with the criminal justice system or juvenile delinquency. Children and remaining caregivers are often faced with navigating multiple complex systems, including law enforcement, the legal system, department of corrections, child welfare, and community providers, which compounds the stress children and families may already face.

Intervening at the moment of arrest provides a unique opportunity to minimize the disruption and distress of the arrest for the child, to provide support to the child in the immediate aftermath of the arrest, to coordinate and collaborate services across systems, and to connect the child and remaining caregivers with ongoing services to support their healthy development.

Partners

CCEP's primary partners in this initiative are the IMRP, the Connecticut Department of Children and Families (DCF), the Emergency Mobile Psychiatric Services (EMPS) program (which is funded by DCF and staffed through a network of community providers), and the Connecticut Alliance to Benefit Law Enforcement (CABLE). EMPS is a statewide mobile crisis program available to any child in Connecticut who is in crisis, and is staffed by a network of over 150 trained providers. CABLE manages Connecticut's Crisis Intervention Team (CIT) training program for law enforcement, which trains police to identify individuals with signs of mental illness and in de-escalation techniques. In addition, CCEP has convened a statewide REACT Advisory Board comprised of staff from local law enforcement, EMPS, DCF, CABLE, Court Support Services Division (CSSD), Department of Corrections (DOC), family partners, and others to provide guidance on the model development and implementation.

Implementation Plan

REACT was developed from August 2011 – July 2012, based upon a review of research and best practices and with consultation from key local stakeholders and national experts, including the Advisory Board. Beginning in summer 2012, CCEP is coordinating and providing an introductory REACT training to EMPS staff, CIT-trained law enforcement officers, and DCF investigators across the state over two years. In addition, CCEP will identify and work intensively with two police departments on a pilot implementation of the full REACT model from 2012-2014.

Model Development Methods

There are not currently any evidence-based treatments, programs, or standards for supporting children immediately following the arrest of a caregiver. There are also no evidence-based programs specifically for children of incarcerated parents. To inform development of the REACT model, several methods were used, including: (1) an in-depth literature review, (2) consultation with national experts in the field, (3) convening an ongoing local advisory board, (4) surveying providers, and (5) holding a focus group with family members. More detail about these methods are outlined below.

Literature Review

We reviewed the empirical and peer-reviewed research literature, book chapters, legislative policy documents, “grey” papers (e.g., foundation reports, presentations), and state government commissioned reports. The content of these reports included the consequences and impacts on children with a parent and/or family member that is incarcerated, prevalence, current promising practices around the country, key recommendations for policy makers, law enforcement procedures, and evidence to support effective intervention.

Review of Promising Practices & Consultation with National Experts

CCEP staff consulted with several local and national experts about development of the REACT model and related practices. Their input is incorporated throughout this model paper, and specific programs are summarized briefly below.

Local Advisory Board

CCEP staff assembled and implemented an advisory board consisting of key stakeholders from local and state law enforcement, DOC, CSSD, EMPS clinicians and managers, DCF, IMRP, CCEP, National Alliance on Mental Illness (NAMI), and family partners. The Advisory Board provided input on the model development from a range of perspectives, with a focus on what would work best within the existing systems in Connecticut.

Provider Surveys

CCEP administered separate surveys for law enforcement, EMPS mobile crisis clinicians, and child welfare staff to understand current practices and collaborations related to children following the arrest of a caregiver. These surveys assessed current practices, policies, procedures, and utilization of services.

Community Focus Group

CCEP assembled a focus group of 12 family partners to understand children’s experience when a caregiver or family member is arrested. Focus group participants offered insight into what could have been done differently in their experience to mitigate possible traumatic stress to children and what they recommended to support children following a caregiver’s arrest.

Evaluation Findings

Given CHDI's experience with implementation of evidence-based treatments, and the IMRP's focus on providing theory- and evidence-supported programs for children of incarcerated parents, the research literature was a primary source of information guiding model development. Unfortunately, there is little published research related to children's experiences during and immediately following the arrest of a caregiver. Thus, when empirical research specific to our population was not available, we reviewed literature in related fields to inform development of the REACT model. This section summarizes the relevant literature on prevalence, trauma, mental health consequences, and family and parent risk factors for children whose caregiver is arrested.

Prevalence

National. Unfortunately, we could not find any national or statewide data on the number of children who have a caregiver arrested, and few (if any) police departments collect this information. One method by which we can *begin* to estimate the number of children affected by a parent's arrest is to examine national data on adult arrests and birth rates. As shown in Table 1, there were 13,120,947 adult arrests in the United States in 2010, including multiple arrests of the same person (Uniform Crime Reports, 2010). Stratifying this data by age and gender for arrestees up to 44 years old, and multiplying by the appropriate birth rate estimates (Martinez, Daniels, & Chandra, 2012), results in an estimated 6,368,709 parental arrests annually in the United States. *It is important to note that this is a very rough estimate that does not consider many factors that would both increase and decrease the actual number of children affected.* For example, this estimate does not consider racial and ethnic disproportionalities in arrest and birthrates, minor children of parents who are older than 44 years old, that some children of parents under 45 years old are not minors, multiple arrests of the same person, and arrests of caregivers who are not biological parents.

Connecticut. To our knowledge, there are no published Connecticut data about the number of children whose caregiver was arrested. Thus, we can only make a rough estimate for Connecticut by extrapolating from national data. These estimates, subject to the same caveats as the national estimates above, suggest that a child experiences a parental arrest 62,454 times annually in Connecticut (Table 1).

Table 1: Annual Incidence of a Child Experiencing a Parental Arrest

	Number of adult arrests in 2010	Estimated number of times a child experienced a parental arrest	Estimated number of times a child was <u>present</u> <u>for</u> a parental arrest ^b
United States	13,120,947 ^a	6,368,709	1,273,741 – 5,286,028
Connecticut	128,670 ^a	62,454	12,491 – 51,836

Note: these estimates are unique incidents of arrest, and do not represent numbers of arrestees or children

^aUniform Crime Reports, 2010

^bBased on estimates from 20-83% in Dallaire & Wilson, 2010; Johnston, 1991; Harm & Phillips, 1998

Race and ethnicity. There are large disproportionalities in the racial and ethnic composition of incarcerated adults and their children. According to the national data, African-Americans are 6 times more likely to be incarcerated than Caucasians, and Hispanics are 1.8 times more likely to be incarcerated (Mauer & King, 2007). In Connecticut, the rates are even higher: African-Americans are 12 times more likely – the 4th highest discrepancy in the country - and Hispanics are 6.6 times more likely to be incarcerated than Caucasians – the highest discrepancy in the country (Mauer & King, 2007). Similarly, ethnic minority children experience higher rates of parental arrest than Caucasian children (Phillips, Burns, Wagner, & Barth, 2004). Thus, services for children and families of those arrested must be especially sensitive to cultural competency, including issues of language, customs, racism, and bias.

Time of arrest. There is very little descriptive or other research about how children are acutely affected by the arrest of a caregiver. Estimates are that somewhere between 20% and 83% of children who had a caregiver arrested actually witnessed the arrest (Dallaire & Wilson, 2010; Johnston, 1991; Harm & Phillips, 1998). In another study of children who have open cases in child welfare services for maltreatment, 39% had witnessed an arrest of someone whom they lived with (Phillips & Zhao, 2010).

Harm and Phillips interviewed 192 incarcerated caregivers about the impact of their arrest on their children. Forty percent reported that their children were present for the arrest, and 27% reported that police drew their guns during the arrest. When children were present, police avoided handcuffing the mother in front of her child(ren) 30% of the time, while this only occurred with 3% of the fathers. Finally, a police officer did not typically explain to the child why their parent was being arrested (this occurred in 20% of arrests).

Risk Factors for Children whose Caregiver is Arrested

A child whose caregiver is arrested may be at increased risk for a number of undesirable outcomes, including difficulties in emotional, behavioral, social, family, and academic functioning as well as in attachment to the arrestee or other caregivers. Unfortunately, very little research exists about the effects of a caregiver's arrest on children, and most of the research available is limited by small sample sizes and lack of control groups. Thus, we

describe this limited research as well as other relevant work on child traumatic stress, toxic stress, and children of incarcerated parents.

Child traumatic stress. The arrest of a caregiver may be traumatic for a child, particularly when the child is present for the arrest. The risks may be greater for young children (who are less able to understand the situation and may be more dependent upon the arrested caregiver) when the arrest involves use of force, or if adult caregivers (including the arrestee) are in great distress themselves.

The largest published study specifically examining the effects of a caregiver's arrest on children is an analysis of data from the National Survey of Child and Adolescent Well-being (NSCAW). In a sample of 1,869 children age eight and older who are open to child welfare investigation, Phillips and Zhao (2010) found that children who witnessed the arrest of a household member were 57% more likely to have elevated posttraumatic stress symptoms compared to children who did not witness an arrest. The authors defined elevated PTS symptoms as a child scoring above a clinical cutoff score on a standardized self-report instrument assessing trauma-related symptoms. Children who witnessed an arrest of any household member and *also* had a recently arrested parent had a 73% greater likelihood of having elevated posttraumatic stress symptoms.

Toxic stress. Recent advances in scientific research have documented that prolonged exposure to stressful events (e.g. “toxic stress”) can produce lasting changes in child brain development, which may lead to negative emotional, behavioral, and physical consequences (National Scientific Council on the Developing Child, 2005). A caregiver's arrest may not be an isolated, singular event for a child. Children whose caregiver is arrested are at increased risk for other potentially traumatic events, including parental substance abuse, maltreatment, child abuse, poverty, family violence, (e.g., Dannerbeck, 2005; Phillips et al., 2006) and pre-arrest illegal activity (Dallaire & Wilson, 2010). Thus, many children of arrested caregivers also experience other potentially traumatic and stressful events and are at risk for “toxic stress.”

However, given the malleability of a child's developing brain, research has found that supportive and healthy relationships with caregivers help mitigate and buffer against this “toxic stress.” More specifically, responsive parenting (i.e., observing, interpreting, and responding to a child's needs) has been linked to positive outcomes in physical, social, and emotional child development (Eshel, Daelmans, de Mello, & Martines, 2006). Thus, supporting a child's healthy relationship with the arrested caregiver and/or remaining caregivers, especially for younger children, may serve to minimize negative consequences and promote healthy development and attachment.

Immediate care and safety. Once a caregiver has been arrested, children left behind may have immediate needs for care and safety. Children are at risk for being rushed into the care of a substandard (or even an unsafe) caregiver because of a lack of training, resources, or time for law enforcement and child welfare. At times, children may not even be identified when a caregiver is arrested and may be left alone or in the care of an unsuitable caregiver following the arrest. For example, children may be asleep, in another part of the house, at a

neighbor's house, or in school when a caregiver is arrested, and the arrestee may not always volunteer that he/she has children out of fears that they might be turned over to child welfare. Illegal immigrants who are arrested may also avoid disclosing that they are in the care of children out of fear that they may be taken into state custody or deported. Thus, it is important for law enforcement to ask arrestees whether they are caring for children and to pay attention to items that indicate a child's presence (e.g., toys, diapers, school bags).

In situations where the child's sole caregiver (or both caregivers) was arrested, decisions about the child's safety and placement are paramount. A child's primary caregivers are typically the most knowledgeable about the child's needs and about other potential caregivers known to the child. However, the arrest of a caregiver, including the crime(s) for which the arrest was made, may color the views of law enforcement and child welfare about the arrestee's role as a caregiver. At times, this could prevent law enforcement or child welfare from considering the arrestee's knowledge or wishes about the child's care. Ideally, if safe and appropriate, placement of the child would be decided by the primary caregiver, either the arrested or remaining caregiver. If this is not possible, community supports, law enforcement, and child welfare (if needed and called upon) need to carefully consider the best alternative for placement. Placements should also consider the family's cultural standards and practices for caregiving so long as they do not put the child's safety at risk.

Family and social risks. Following the arrest process and immediate safety and placement concerns, children and remaining family members face a number of additional risks after the caregiver is removed from the home. These include risk of multiple placements or caregivers, increased distress and decreased emotional availability of remaining caregivers (who may have lost a spouse, partner, or child to arrest), economic hardships caused by lost income (e.g. food, clothing, or housing), changing schools, changing roles and responsibilities of family members. For example, Geller et al. (2009) found in a survey of close to 5,000 families that those with an incarcerated father were significantly more likely to have endured material hardships. Furthermore, children were significantly more likely to have residential instability compared to peers that did not experience parental incarceration. Children of arrested and incarcerated caregivers are also more likely to have experienced other risk factors including parental substance abuse, abuse and/or neglect, recent domestic violence, caregivers with impaired parenting skills, and poverty (Phillips et al., 2002; Phillips et al., 2004). These risks likely increase when caregivers are incarcerated for a longer length of time, although we could find no research that examines length of incarceration as a factor. Poehlmann (2010) found that some of these risks might be mitigated by contextual factors including: (1) the arrested caregiver recommends the placement of his/her child after arrest and incarceration, (2) the child is placed with the other parent/caregiver or, (3) the arrested and remaining caregivers had a positive relationship before incarceration.

Child emotional and behavioral functioning. In addition to potential child traumatic stress reactions, a caregiver's arrest may place a child at risk for further emotional and behavioral problems. During and following the arrest, a child may experience difficulties with emotional regulation and may experience a complicated range of emotions: fear, confusion, anxiety, anger, sadness, embarrassment, shame, and guilt. Depending on the circumstances of the arrest and relationship with the arrestee, children may also feel relief,

joy, bravery, hope, or other positive emotions. Understanding, managing, and communicating about this range of emotions can be difficult, particularly for younger children and when remaining caregivers are overwhelmed with their own emotional needs. Children may be especially at risk for ongoing emotional and behavioral difficulties when the caregiver is subsequently incarcerated, when there was a strong attachment with the caregiver, when the child is younger, and when the child experiences additional changes in living situation and caretakers (Dallaire & Wilson, 2010; Dannerbeck, 2005; Phillips et al., 2002).

While there is little research about the effects of a caregiver's *arrest* on children's ongoing functioning, a number of researchers have examined the effects of a parent's *incarceration* on children's emotional and behavioral functioning. Unfortunately, most of these studies are limited by small sample sizes, no or limited control groups, and other methodological problems that limit the generalizability of the findings.

In the most exhaustive meta-analysis to date on children of incarcerated parents, Murray, Farrington, and Sekol (2012) examined children's outcomes across 40 studies. They found that children of incarcerated parents were more likely than other children to demonstrate behavior that violates social norms (i.e., persistent lying, delinquent behavior). They did not find a significant relationship between being the child of an incarcerated parent and children's mental health, substance use, or academic achievement. The authors, however, noted the limitations of this meta-analysis due to the relatively poor quality of most of the studies and called for more rigorous research to evaluate the impact caregiver incarceration has on children.

Stigma. The possible stigma experienced by children of arrested and incarcerated caregivers is poorly researched. Friends, family, neighbors, co-workers, and teachers may perceive and behave differently towards a child and other relatives of the arrested or incarcerated caregiver. Phillips & Gates (2011) propose a conceptual model about the process of stigmatization (e.g., labeling, associating negative attributes, and discriminating). They suggest this model of stigmatization explains why children and families that have an arrested caregiver may:

- Choose to conceal a family member's arrest and incarceration history
- Not seek community supports and services
- Become socially isolated or withdrawn

Although this model has not been tested, it provides a conceptual framework for supporting children and families following a caregiver's arrest.

Developmental differences. The effects of a caregiver's arrest will vary greatly depending on the age and developmental level of the child. Infants and toddlers are so dependent upon their primary caregivers that the separation following arrest poses the potential for serious problems for health, development, and attachment, particularly if the separation is prolonged (due to incarceration) or repeated (due to multiple arrests or other separations). In addition to the disruptions to the parent-child relationship, the arrest of a very young child's caregiver poses other challenges. For example, infants may still be breast

feeding and there may not be other caregivers who know the child's daily routines, including feeding and sleeping habits.

Preschoolers and elementary aged children are especially at risk for emotional and behavioral dysregulation, separation anxiety, and posttraumatic stress disorder because they have limited cognitive capacity to understand the situation and to recognize that the caregiver is safe and may be home again. These children may also act out due to fear or anger about their caregiver's arrest. Older children and teenagers who may better understand the reasons for arrest and subsequent processes may be more at risk for depression, externalizing or risk-taking behavior, difficulty paying attention in school, and increased anger. In some situations, they may also assume (or be placed in) the position of being a caretaker for their younger siblings.

It is essential that law enforcement, child welfare, and mobile crisis clinicians understand that a caregiver's arrest can be a significant event for a child of any age, including very young children. In addition, professionals should understand how to briefly explain the situation to a child in developmentally appropriate, "child friendly" language. Clinicians and child welfare staff should further understand the developmental differences of children and how the arrest may affect children of all ages, and how to help remaining caregivers understand the effects of the arrest on the child and what they can do to mitigate these effects.

Additional considerations. It is important to note that the extent to which a caregiver's arrest or incarceration *causes* the risk factors described is unclear because the available research is either correlational (it is difficult to randomly assign a caregiver to arrest or incarceration) or lacks adequate comparison groups. The relationship is likely more complex, with other social factors common to caregiver arrest and negative child outcomes (e.g. poverty, mental illness) also contributing to the effects of the arrest and incarceration. Additionally, it is also possible that in some situations, a caregiver's arrest and/or incarceration may have a *positive* impact on a child's well-being. For example, removing an abusive parent from the home may *decrease* the likelihood of negative consequences from occurring (Murray, 2010). Other potential considerations that could moderate the impact of a caregiver's arrest on a child include the child's developmental trajectory, level of emotional and financial resources, coping strategies, and prior relationship with the arrested caregiver.

Review of Promising Practices & Consultation with National Experts

Overview. In order to identify examples from other cities across the country that focused on supporting children following the arrest of a caregiver, we reached out to national experts on children of incarcerated parents and searched research literature and online resources. We identified very few police departments with formal protocols, but did find several examples of promising practices, which are reviewed below. Several of these programs are from California, perhaps due to state legislation emphasizing the importance of keeping children safe when a parent is arrested (see Appendix E for specific language within the California Penal Code). Much of the information about these California programs is described in greater detail elsewhere, including copies of police department protocols,

Memorandum of Understanding (MOUs), Operational Agreements, and Department Memorandums (Puddefoot & Foster, 2007). Whenever possible, we supplemented this literature review with consultation from key stakeholders and experts familiar with these programs. One of the most consistent things we heard from these experts was about the lack of research or knowledge about this population of children.

San Francisco, CA. The San Francisco Children of Incarcerated Parents Partnership (SFCIPP) has worked on developing a joint response protocol building upon existing programs, including procedures to support children in cases of domestic violence. The SFCIPP was first commissioned in 2000 and is a collaborative endeavor seeking to increase awareness and improve the lives of children of incarcerated parents. They first began to do so by developing the “Children of Incarcerated Parents Bill of Rights” (SFCIPP, 2003). This list of eight essential rights of children from the moment of a caregiver’s arrest through incarceration and reentry served as a launching point for the development of a specific joint response protocol. The goals of the protocol are to minimize distress and support children during and following a caregiver’s arrest and to determine the best placements for children following the arrest (Puddefoot & Foster, 2007).

The SFCIPP protocol involves a coordinated response from law enforcement and child welfare. The model was piloted in two police departments and then disseminated citywide. Key components include:

- Ongoing collaboration with key stakeholders to increase interagency collaboration between law enforcement, child welfare, and community agencies
- Clearly defines the role of the responding officer and CPS workers when a child is present for a caregiver’s arrest
- Protocol for securing safe and appropriate placement of a child when he or she is not present at the scene of the arrest (e.g., child is in school)
- Safe-guard against inappropriate placement of a child (e.g., criminal background check of assumed guardian at moment of arrest of primary caregiver)
- Reduce trauma exposure to children during and following the arrest

Los Angeles City & County, CA. Information about Los Angeles County’s model was identified through document review. Los Angeles City and County utilized a different approach to ensure the safety of children following a caregiver’s arrest. While planning the model, it was decided that a city- or county-wide protocol would neglect the unique needs of local communities, police departments, and child welfare agencies. Instead, a working agreement was established to create child welfare – law enforcement liaisons. These liaisons were responsible for:

- Creating a collaborative relationship between police and local child welfare agencies
- Provide training to law enforcement on CPS related topics (e.g., mandated reporting)
- Coordinating assistance and consultation between child welfare with law enforcement

Proposing these three general responsibilities was found to be an effective means of integrating flexibility for each police department and child welfare worker. Although

originally intended for children present for gang- or drug-related cases, this protocol has extended beyond its original scope to include consultation whenever a child is present for a caregiver's arrest.

The city of Los Angeles has taken additional steps to include a liaison within all 19 police departments in the city. Other duties of the child welfare liaisons vary depending on their home-base program; these responsibilities and other key components of this protocol are outlined below (Puddefoot & Foster, 2007):

- CPS respond to law enforcement requests for assistance within one-hour
- Participate concurrently with law enforcement on investigations
- CPS workers are to provide community referrals if appropriate
- Allow an exchange of information between CPS and law enforcement, to the extent allowed by law

San Jose/Santa Clara County, CA. Information about San Jose/Santa Clara County's program was collected through document review and through consultation with Yali Lincroft (independent consultant with the Annie E. Casey Foundation) and Colleen Kohtz (Santa Clara County Department of Family and Children's Services).

The San Jose/Santa Clara County Joint Response protocol was developed to reduce unnecessary placement of children with child protective services when their caregiver is arrested. Initially piloted in 2002 and later expanded to the entire San Jose police department and the Santa Clara County Department of Family and Children's Services, the Joint Response shares characteristics with San Francisco's model. The Joint Response is typically activated only in cases of suspected child maltreatment (abuse or neglect). Three things occur when this protocol is activated: (1) child welfare staff (or Joint Response Social Workers [JRSW]) must respond to a law enforcement request at the scene of an arrest within 30 minutes; (2) law enforcement must consult with a child welfare worker before transporting the child to a temporary shelter, and (3) law enforcement must document if a child was present on the police report (check box).

The goals of the Joint Response are to maintain permanency, decrease the number of child placements outside of the home and enhance natural supports that are already familiar to the child. Other key components of the Joint Response are:

- A standardized training DVD to ensure uniformity in disseminating information
- Cross training for law-enforcement and child welfare services
- Codified and disseminated to all department personnel via MOUs
- Have child welfare staff on standby for planned arrests when children are present
- Allow the arrested caregiver to have input on the best placement for his/her child

Puddefoot & Foster (2007) reported that over 50% of the time, Joint Response is diverting placement of children from a temporary children's shelter to natural supports located within the community. This suggests that the program is working to minimize the amount of distress

a child may experience when a caregiver is arrested by improving placement rates with natural supports following a caregiver's arrest.

State of New Mexico. Information about the New Mexico model was collected through document review (New Mexico State Government, 2006), including New Mexico Executive Order 2006-022 and the New Mexico State Statutes (See Appendix F). In 2006, Governor Richardson created the Blue Ribbon Commission to look at the state's current policies and practices for children impacted by their caregiver's arrest and incarceration. The central focus of this commission was to investigate arrest procedures, child visitation with the incarcerated caregiver, and what existing community supports were available for children of incarcerated parents. The final report had several key policy and procedure recommendations:

Policy:

- Create statewide training for law enforcement on maintaining child safety at the moment of a caregiver's arrest
- Develop a network of community providers that focus on the caregiver-child relationship
- Improve the conditions during visitations (e.g., environment for contact visits)
- Implement videoconferencing when in-person visits are not possible

Procedure:

- Minimize trauma and placement disruption to children when a caregiver is arrested
- Do not arrest the caregiver in the child's presence
- Ask the arrestee if they are in care of minor child and/or presence of other children
- Allow the caregiver to provide reassurance to his/her child, if safe and appropriate
- During planned arrests (e.g., warrants) take into account the possibility of children
- Provide placement of child with another caregiver after doing background checks
- If the child is in school, the responding officer should contact the SRO or school principal to make arrangements for the child's placement after school

Based upon these recommendations, New Mexico codified policy and procedure standards in their state statutes (see Appendix F).

Allegheny County & Pittsburgh, PA. Information about this model was obtained through document review (Walker, 2005) and consultation with Claire Walker (Executive Director of the Pittsburgh Child Guidance Foundation). In 2006, Judge Kim Berkeley Clark commissioned a group of key stakeholders to investigate the policies and procedures related to how Allegheny County police departments intervene when a child is present for his/her caregiver's arrest. The impetus for the assembly of the Arrest Protocol Committee was the variability of how police departments worked with children and families when a primary caregiver was arrested and the conditions in which children visited their caregiver in jail.

The committee planned to produce a consistent protocol for all Allegheny County police departments, which was to be piloted for six months in Pittsburgh. The committee identified two core components: (1) an explicit law enforcement protocol on how to support children at

the moment of their caregiver's arrest and (2) specific recommendations to ensure police procedure is supported:

Police protocol:

- Locate children at the scene of an arrest, which includes asking a parent and/or caregiver if they are in care of a minor child and looking for children's' items in the home
- Minimize trauma to the child by making the arrest out of the child's view
- Allow the arrested caregiver to reassure the child, if safe and appropriate
- Quickly identify an appropriate alternative caregiver for the child
- Complete a basic background check and document contact information for the alternative caregiver

Supporting recommendations:

- Identify a community organization where children can temporarily stay (e.g., "comfort place") if an alternative caregiver could not be identified at the scene
- Have a single point of contact (i.e., via 911) for police to identify a "comfort place"
- Establish ongoing collaboration between law enforcement and "comfort place"
- Child mental health specialists will provide training to law enforcement
- Have child friendly toys and comfort items in each police department
- Produce a laminated field card with the police protocol for law enforcement

Piloting this protocol throughout Pittsburgh faced several challenges. Specifically, identified barriers included: (1) law enforcement culture and resistance to protocol change, (2) investment from police administration, (3) language barriers between mental health and law enforcement, and (4) training mechanisms for dissemination to law enforcement. Recent interest within the Pittsburgh Police Department, however, may have reignited the process of improving and implementing this model.

New Haven, CT: Child Development-Community Policing (CD-CP). The Child Development – Community Policing (CD-CP) model was developed by Steven Marans at the Yale Child Study Center in collaboration with the New Haven Department of Police Service (Marans, 1995). The CD-CP program pioneered collaboration between law enforcement, mental health, and other child-serving agencies to support children and families who are victims of trauma. The model was not developed specifically for children whose parents were arrested or incarcerated, but was more broadly focused on children exposed to a range of traumatic events, such as exposure to violence or abuse (and including a caregiver's arrest). The CD-CP program has been replicated in more than 15 cities in Connecticut and across the country.

Key components of the model include:

- Cross-training of law enforcement and clinicians on children's mental health, child traumatic stress, and law enforcement procedures, including clinician ridealongs with police on patrol
- Fellowship training opportunities for police officers in children's mental health and for clinicians in law enforcement procedures

- A 24/7 on-call clinician who can respond to support law enforcement, children, and families in the immediate aftermath of a traumatic event
- CD-CP clinicians and advocates may continue to provide ongoing outpatient trauma-focused treatment, advocacy, home visiting, or other services to children and families in the weeks and months following a traumatic event
- Weekly cross-disciplinary team meetings with law enforcement, mental health, child welfare, juvenile justice, and others to discuss the ongoing needs of children and families involved with the program

National Alliance for Drug Endangered Children (DEC). Since being formed in 2006, the National DEC program supports community-based partnerships to address the safety and needs of children living in drug environments. The DEC model is intended to ensure the safety and care of children following the arrest of their caregiver for drug-related criminal offenses. The National DEC provides training, technical assistance, and protocol development resources to states and tribal DEC programs across the United States. Local DEC programs typically include:

- Coordinated responses to support children living in drug environments, including law enforcement working with child welfare to ensure safety of children following drug raids
- Collaboration across multiple systems to support children following a caregiver's drug-related arrest, including law enforcement, child welfare, drug courts, substance abuse and mental health providers, criminal justice, and medical professionals

The DEC program is intended to respond to the subset of children whose caregiver is arrested for drug-related crimes. However, this is a population of children with very significant risks to physical safety, which may mandate involvement of child welfare services.

Direct services for children of incarcerated parents. While not all caregivers who are arrested are subsequently incarcerated, the children of those who are incarcerated face additional challenges. There is growing recognition about the ongoing needs of these children, and awareness about what may be necessary to support children's healthy development when their caregiver is incarcerated. A number of programs and providers specializing in serving children of incarcerated parents have begun to emerge.

We identified examples of these programs through consultation with three leaders in the field of children of incarcerated parents: Ann Adalist-Estrin (Director of The National Resource Center on Children and Families of the Incarcerated at the Family and Corrections Network), Dee Ann Newell (Executive Director of Arkansas Voice for the Children Left Behind), and Carol Burton (Executive Director of Centerforce). We also reviewed a comprehensive list from The National Resource Center on Children and Families of the Incarcerated of programs and services for children and families affected by caregiver incarceration across all 50 states (and internationally). While a complete review of all the different programs offered is beyond the scope of this paper, it is clear that a range of needs and services are being identified and developed to support children of incarcerated parents, including:

- Individual, family, and group therapy with a focus on caregiver's incarceration
- Case management services
- Family reunification and reentry support
- Mentoring programs
- Academic assistance
- Connection to community resources (e.g., food stamps)
- Training on children's mental and behavioral health issues
- Support in navigating the justice system
- Legislative advocacy
- Visitation programs to facilitate contact with the incarcerated caregiver
- Training of providers and conferences to raise awareness

The increasing number and diversity of these programs is a promising step towards improving services for children with an incarcerated caregiver and highlights the range of needs these children may have. However, two significant gaps remain in these services: widespread availability and empirical evidence of effectiveness. Virtually all of the programs and services identified are local models that may not be available to children or families outside of the agency or region where they were developed. In addition, there is very little empirical evidence published in peer-reviewed journals showing effectiveness of direct services for children of incarcerated parents. A comprehensive review of services for children of incarcerated parents over the past 20 years shows the growth in availability of services, but highlights that there are only a handful of service models that have shown to have effective outcomes for children of incarcerated parents (Johnston, 2012). This lack of empirical support is a significant barrier to obtaining funding and improving availability of services. However, a few of the empirically supported models that Johnston reviews that have strong empirical support for their effectiveness include:

- Comprehensive services for incarcerated pregnant women
- Modified Early Head Start programs for incarcerated mothers
- Community-based services and/or therapeutic programs

Connecticut. In Connecticut, there is only one direct service provider that specializes in serving children of incarcerated parents: Families in Crisis. Families in Crisis aims to foster and maintain positive family relationships through several avenues: individual and family therapy, support groups, mentoring, parent education, and academic support for children who have been impacted by their caregiver's incarceration. In addition, Clifford Beers Clinic in New Haven has recently begun to provide individual therapy, support groups for both children and remaining caregiver, and Wraparound care coordination services specific to children of incarcerated parents.

Evidence-based treatments relevant to children whose caregiver is arrested. To date, there are no evidence-based prevention or intervention models available that are designed specifically for children whose caregiver is arrested or incarcerated. However, there are a number of promising and evidence-based models that may be especially relevant to some such children. Specifically, these include trauma-focused treatment models, models to

treat externalizing and delinquent behavior, family strengthening programs, and mental health or substance abuse interventions for caregivers.

Following the arrest of a child's caregiver and immediate safety and stabilization, children should be assessed for service needs including referral for behavioral health treatment and other services. When possible, referrals to evidence-based treatments should be made. Two comprehensive (but not exhaustive) lists of evidence-based treatments for children and adults are SAMHSA's National Registry of Evidence Based Programs and Practices (NREPP) web site (<http://nrepp.samhsa.gov>) and the California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org/>).

Local Advisory Board

A diverse advisory board was assembled to assist with the development of REACT. The advisory board provided input about the needs of children during and following the arrest of a caregiver, availability of local resources, existing practices and procedures, and recommendations for REACT model development. The advisory board was also used to disseminate information about the needs of children following a caregiver's arrest and to identify champions with whom to work on implementing the program. The advisory board has evolved and grown to include individuals from the following:

- Central Connecticut State University (CCSU; Evaluators)
- Connecticut Alliance to Benefit Law Enforcement (CABLE)
- Child Health and Development Institute of Connecticut (CHDI)
- Court Support Services Division (CSSD)
- Department of Children and Families (DCF)
- Department of Corrections (DOC)
- Emergency Mobile Psychiatric Services (EMPS) managers and clinicians
- Family Members with direct experience of caregiver arrest/incarceration
- Institute for Municipal and Regional Policy (IMRP) at CCSU
- State and local law enforcement, including school resource officers

The advisory board members participated in a number of cross-discipline activities and meetings to discuss the needs of children whose caregiver is arrested and the availability of resources in Connecticut. Some of the key ideas and recommendations that came out of the advisory board includes:

- Early recommendations to include the Court Support Services Division, Department of Corrections, and statewide 211/United Way services in the planning process
- Inclusion of guidelines for probation officers
- Collaboration with the statewide Drug Endangered Children initiative
- Cross-training of law enforcement, child welfare, and mobile crisis clinicians
- Clarifying the roles of mobile crisis clinicians, child welfare, and law enforcement when there are multiple responders
- Development of training approaches and guidelines

Provider Surveys

We sought input from a range of providers to identify current practices, needs, and recommendations related to supporting children when a caregiver is arrested. Similar surveys were administered to Crisis Intervention Team (CIT) trained police officers, and Emergency Mobile Psychiatric Services (EMPS) clinicians. Relevant data from a separate survey of child welfare staff was also summarized.

Law enforcement survey. Surveys were administered to approximately 150 CIT trained police officers at an annual statewide CIT conference, and 75 completed surveys were returned. Seventy-nine percent of respondents were male and a majority (66%) were in law enforcement for less than 15 years. It is important to note that because these officers were CIT-trained, they likely represent officers who are *more* knowledgeable about mental health issues than the typical patrol officer. Key findings from the officers who responded included:

- 95% believe that it is “*moderately*” to “*very*” important to address the needs of children when their caregiver/ close-family member is arrested
- 64% reported that they don’t typically ask an arrestee if they are caring for a child under 18
- 69% reported that their department *does not* have a written protocol about how officers should respond when a child is present at the time of his/her caregiver’s arrest
- Of the 31% that reported having a written protocol related to children, the only protocol described was to call child welfare, presumably only when the child’s safety was in question
- 66% of respondents reported that they have not called 211 for EMPS services in the last year to support children for any reason, and 31% reported only calling between 1 – 5 times in the last year

EMPS survey. Web-based surveys were administered to 158 EMPS clinicians, managers, and case managers, and 79 staff completed the survey. Of those that completed the survey, 86% were female, and 78% reported that they have been working for EMPS for less than 5 years. Key findings included:

- 75% of EMPS clinicians and 88% of EMPS managers do not typically inquire (less than 25% of the time) about whether a family member has been arrested or incarcerated
- 84% of EMPS clinicians, 88% of EMPS managers, and 60% of case managers reported that approximately 5% of the children they served had a family member *arrested* within the past week
- Within the past year, 71% of EMPS clinicians and 88% of EMPS managers have *never* been present on the same day that a child witnessed the arrest of a family member
- Most EMPS clinicians (55%), managers (77%), and case managers (60%) reported that 5% or less of their episodes of care within the past year have been for a child who had an incarcerated family member

- Most EMPS clinicians have never responded to a call from police (83%) or DCF (73%) for a child because of a recent arrest of the child's family member

DCF survey. As part of a larger statewide survey on trauma informed care for a separate initiative, child welfare staff answered several questions about their experience working with children whose parent or caregiver was arrested and/or incarcerated. The survey was distributed to a random sample of child welfare caseworkers across the state; 131 completed the survey with useable data. Of those that completed the survey, 74% of the respondents were female and have worked with the child welfare population on average for 11 years. Key findings included:

- About 42% of the child welfare staff reported they are *not at all to a little knowledgeable* on the research regarding the impact a caregiver's arrest or incarceration has on a child
- About 41% of child welfare staff reported that most or all of the children on their caseload have had a caregiver arrested
- 24% of child welfare staff reported that they *rarely to never* ask the arrested caregiver about their placement wishes for their child(ren)
- 38% of child welfare staff reported that they rarely or infrequently facilitate visitation between the child and incarcerated caregiver (e.g., help schedule, arrange transportation)

Overall, these survey results suggest:

- Law enforcement officers find it important to address the needs of children when their parent and/or caregiver is arrested, but do not typically have protocols, training, or resources to do so
- There is poor utilization of EMPS by law enforcement generally as well as specifically for children when a caregiver is arrested or incarcerated
- There may be limited recognition by EMPS and DCF of children whose parents were arrested or incarcerated if the families are not asked directly
- Child welfare staff have little experience or training related to the impact a caregiver's arrest or incarceration has on a child, and on how to support such children

Community Focus Group

We sought input from family members with direct experience when a child's caregiver is arrested through a focus group of 12 participants. These individuals were either:

- Arrested themselves, and cared for children that were impacted by their arrest
- Had a caregiver arrested when they were a child themselves
- Had a partner arrested, and were the remaining caregiver for a child/children

The participants were recruited from a support group held in a large urban area in Connecticut, consented to participation in the focus group, and were compensated with a gift card for their time. The goals of the focus group were to elicit information about the experiences of children and family members during and following a caregiver's arrest, and recommendations about how to improve support for children in these situations. The general themes and recommendations raised during the focus group include:

- Respect the arrested caregiver's knowledge of and relationship with their child
 - Caregiver is the best person to provide reassurance to their child
 - Basic needs (e.g., food) are most important in the weeks following an arrest
 - Place children with natural supports (e.g., grandmother) rather than foster parents
 - Availability of EMPS services at the moment of arrest could be beneficial
- Best-practice training for law enforcement
 - Training on methods to limit or reduce the use of force
 - Arrests should occur away from and out of the child's sight
- Involvement of community members
 - Establish a 'community block watch' to help improve relations between law enforcement and the community
 - Local community advocates to serve as a liaison to facilitate trust with providers
 - Educate the community on the availability of EMPS services

Each group member had his or her own story and experience to share with recommendations and suggestions for what could have been different at the moment of arrest. Many members expressed how vividly they could remember their own arrest, witnessing their own caregiver's arrest, and/or their child's reaction to a caregiver's arrest. One theme that emerged and cut across all group members, however, was the strong affective narrative. Group members associated the arrest of a caregiver with very strong feelings of anger, fear, sadness, and confusion, and these feelings were expressed openly during the focus group. Participants typically described turmoil in the moments immediately after the arrest and in the days and weeks following, and it was evident that these memories and emotions were still quite clear and powerful even many years later.

Summary

The recommendations for the REACT model that follow were developed based upon the available research, reviews of other programs, and input from law enforcement, EMPS mobile crisis clinicians, and staff from child welfare, the Department of Corrections, Court Support Services Division, and family members with direct experience of arrest or incarceration. We include a list of general recommendations for improving knowledge of and services to children whose caregiver is arrested, as well as specific recommendations for development of the REACT model and training for law enforcement, EMPS mobile crisis clinicians, and child welfare staff.

General Recommendations

The following general recommendations are grouped into four categories: policy and procedure, training, systems collaboration, and research and data recommendations. These recommendations are based upon the literature review, consultations with national experts and program leaders from across the country, our local advisory board and stakeholders, and the surveys and a community focus group we conducted. A complete list of specific protocol recommendations for law enforcement, EMPS mobile crisis clinicians, and child welfare respectively, are listed in Appendix A.

<u>Policy and Procedure Recommendations</u>	
<ul style="list-style-type: none"> • Educate key stakeholders 	<ul style="list-style-type: none"> • Increase awareness among law enforcement, mental health professionals, child welfare, and the public about the many challenges children of arrested caregivers may face
<ul style="list-style-type: none"> • Enhance collaboration 	<ul style="list-style-type: none"> • Develop memoranda of understanding between agencies (e.g. law enforcement, EMPS mobile crisis clinicians, child welfare, corrections) to codify commitment to consideration of child safety during and following a caregiver's arrest
<ul style="list-style-type: none"> • Increase awareness of EMPS services 	<ul style="list-style-type: none"> • Increase awareness and visibility of EMPS mobile crisis services for children following a caregiver's arrest
<ul style="list-style-type: none"> • Modify existing policies and procedures 	<ul style="list-style-type: none"> • Develop and disseminate recommended policies and procedures to law enforcement, EMPS mobile crisis clinicians, child welfare, and other systems that include the importance of maintaining safety, minimizing traumatic stress, and supporting children during and following a caregiver's arrest <i>when safe to do so</i>
<ul style="list-style-type: none"> • Modify arrest protocol 	<ul style="list-style-type: none"> • Modify arrest protocols to minimize child traumatic stress and to respect the caregiver's relationship to the child and knowledge about the child's needs • Protocols for planned arrests when children will be present should include consideration of the children's needs and contact with DCF and/or EMPS mobile crisis clinicians to be ready to respond
<ul style="list-style-type: none"> • Develop a reporting mechanism 	<ul style="list-style-type: none"> • Implement a simple reporting mechanism for police departments to track information regarding children in the care of or living with a person being arrested
<ul style="list-style-type: none"> • Provide information to remaining caregivers and children 	<ul style="list-style-type: none"> • Develop an informational brochure for families when a caregiver is arrested, which can be delivered to remaining caregivers by law enforcement, clinicians, child welfare, or others to provide informational pamphlets to remaining caregivers and children

Training Recommendations

- | | |
|--|---|
| <ul style="list-style-type: none"> • Develop cross-training curriculum for key partners | <ul style="list-style-type: none"> • Develop a cross-training curriculum for law enforcement, crisis clinicians, child welfare, and other interested staff in the unique needs of children following the arrest of a caregiver and how to increase collaboration across systems for these children while respecting the rights, privileges and confidentiality of the child and family |
| <ul style="list-style-type: none"> • Include a comprehensive review of potential effects on children | <ul style="list-style-type: none"> • Training should include information about the effects of the arrest process, the subsequent removal of the caregiver from the home, identification of alternative caregivers, school-related issues, attachment disruption, emotional and behavioral concerns, loyalty conflicts, shame, changes in basic needs, and the potential of a caregiver's long-term incarceration |
| <ul style="list-style-type: none"> • Include child mental health information for law enforcement | <ul style="list-style-type: none"> • Training for law enforcement on children's mental health, tools for law enforcement to safely deescalate situations involving children, and other resources available for these children and families |
| <ul style="list-style-type: none"> • Include the unique needs for children of arrested caregivers | <ul style="list-style-type: none"> • Training for crisis clinicians on the unique clinical needs for children of arrested and incarcerated caregivers, including an acute response and other needs (i.e., stigmatization, loyalty conflicts, shame, visitation) |
| <ul style="list-style-type: none"> • Highlight developmental differences | <ul style="list-style-type: none"> • Training on developmental differences among children related to the arrest of a caregiver, particularly with respect to young children |
| <ul style="list-style-type: none"> • Emphasize culturally competent and sensitive practices | <ul style="list-style-type: none"> • Emphasize importance of culturally competent and sensitive practices at the moment of arrest and respect for cultural values, including the use of family partner co-trainers when possible |

Systems Collaboration Recommendations

- | | |
|--|--|
| <ul style="list-style-type: none"> • Increase family involvement | <ul style="list-style-type: none"> • Increase participation of families directly affected by a caregiver's arrest when developing programs, policies, or systems related to their needs |
| <ul style="list-style-type: none"> • Increase collaboration across systems | <ul style="list-style-type: none"> • Increase collaboration across systems that serve children of arrested caregivers (e.g., law enforcement, probation, EMPS mobile crisis clinicians, corrections, child welfare, mental health, education, and family and community advocates) |
| <ul style="list-style-type: none"> • Enhance agency wide support | <ul style="list-style-type: none"> • Enhance agency wide (e.g., police department, child welfare) support, especially from administrators, about the importance of attending to the needs of children of arrested caregivers |

<ul style="list-style-type: none">• Collaborate with existing programs	<ul style="list-style-type: none">• Collaborate with existing state and federal programs (e.g., Drug Endangered Children) to leverage existing resources that may have contact with children of arrested parents
<ul style="list-style-type: none">• Build a relationship with Department of Corrections	<ul style="list-style-type: none">• Develop a relationship with the Department of Corrections to increase access to information for children and families that have a caregiver that will be incarcerated, including having a liaison for mobile crisis clinicians to contact to get information about the incarcerated caregiver
<ul style="list-style-type: none">• Consider co-location services	<ul style="list-style-type: none">• Consideration of co-location across systems (e.g., crisis clinician and/or child welfare staff located within a police department) to improve collaboration and coordinated response
<ul style="list-style-type: none">• Monitor dissemination via quality improvement	<ul style="list-style-type: none">• Develop and utilize data and quality assurance procedures throughout implementation and utilize data to make changes to the program as needed

Research and Data Collection Recommendations

<ul style="list-style-type: none">• Develop prevalence estimates	<ul style="list-style-type: none">• Create an accurate estimate of the number of children affected by a caregiver and/or parent's arrest
<ul style="list-style-type: none">• Create a comprehensive research agenda	<ul style="list-style-type: none">• Develop a research agenda to better understand children who experience a caregiver's arrest including the short- and long-term effects on children's development, behavior, emotional functioning, relationships, academic performance, substance use, and involvement with the criminal justice system
<ul style="list-style-type: none">• Evaluate direct service programs	<ul style="list-style-type: none">• Develop published empirical research on the effectiveness of direct service programs for children of arrested caregivers

References

- Dallaire, D.H., & Wilson, L.C. (2010). The relation of exposure to parental criminal activity, arrest, and sentencing to children's maladjustment. *Journal of Child and Family Studies*, 19, 404 – 418.
- Dannerbeck, A.M. (2005). Differences in parenting attributes, experiences, and behaviors of delinquent youth with and without a parental history of incarceration. *Youth Violence and Juvenile Justice*, 3(3), 199 – 213.
- Eshel, N., Daelmans, B., de Mello, M.C., & Martines, J. (2006). Responsive parenting: Interventions and outcomes. *Bulletin of the World Health Organization*, 84, 992-999.
- Geller, A., Garfinkel, I., Cooper, C., & Mincy, R. (2009). Parental incarceration and child wellbeing: Implications for urban families. *Social Science Quarterly*, 90(5), 1186-1202.
- Harm, N.J., & Phillips, S. (1998). Helping children cope with the trauma of parental arrest. *Interdisciplinary Report on At-Risk Children & Families*, 1, 35 – 36.
- Johnston, D. (1991). *Jailed Mothers*. Pasadena, CA: Pacific Oaks Center for Children of Incarcerated Parents.
- Johnston, D. (2012). Services for children of incarcerated parents. *Family Court Review*, 51(1), 91 – 105.
- Marans, S. (1995). *The Police-Mental Health Partnership: A Community-Based Response to Urban Violence*. New Haven, CT: Yale University Press.
- Martinez, G., Daniels, K., & Chandra, A. (2012). Fertility of Men and Women Aged 15-44 Years in the United States: National Survey of Family Growth, 2006-2010. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics.
- Mauer, M., & King, R. (2007). Uneven justice: State rates of incarceration by race and ethnicity. *The Sentencing Project*. Retrieved from <http://www.sentencingproject.org>
- Murray, J. (2010). Longitudinal research on the effects of parental incarceration on children. In J.M. Eddy & J. Poehlmann (Eds.), *Children of incarcerated parents: A handbook for researchers and practitioners* (pp. 55 – 73). Washington, DC: Urban Institute.
- Murray, J., Farrington, D. P., & Sekol, I. (2012). Children's antisocial behavior, mental health, drug use, and educational performance after parental incarceration: A systematic review and meta-analysis. *Psychological Bulletin*, 138(2), 175 – 210.
- National Scientific Council on the Developing Child. (2005). *Excessive stress disrupts the architecture of the developing brain: Working Paper #3*. Retrieved from <http://www.developingchild.net>
- New Mexico State Government. (2006). *Report to Governor Bill Richardson from the Blue Ribbon Commission on the welfare of children of jailed and incarcerated parents: Leaving no child unattended*. Retrieved from <http://nmdigital.contentdm.oclc.org/>
- Phillips, S. D., Burns, B. J., Wagner, H. R., & Barth, R. P. (2004). Parental arrest and children in child welfare services agencies. *American Journal of Orthopsychiatry*, 2, 174-186.
- Phillips, S.D., Burns, B.J., Wagner, H.R., Kramer, T.L., & Robbins, J.M. (2002). Parental incarceration among adolescents receiving mental health services. *Journal of Child and Family Studies*, 11(4), 385 – 399.

- Phillips, S.D., Erkanli, A., Keeler, G., Costello, E.J., & Angold, A. (2006). Disentangling the risks: Parent criminal justice involvement and children's exposure to family risks. *Criminology & Public Policy*, 5(4), 677 – 702.
- Phillips, S.D., & Gates, T. (2011). A conceptual framework for understanding the stigmatization of children of incarcerated parents. *Journal of Child and Family Studies*, 20, 286 – 294.
- Phillips, S.D., & Zhao, J. (2010). The relationship between witnessing arrests and elevated symptoms of posttraumatic stress: Findings from a national study of children involved in the child welfare system. *Children and Youth Services Review*, 32, 1246 – 1254.
- Poehlmann, J. (2010). Attachment in infants and children of incarcerated parents. In J.M. Eddy & J. Poehlmann (Eds.), *Children of incarcerated parents: A handbook for researchers and practitioners* (pp. 55 – 73). Washington, DC: Urban Institute.
- Puddefoot, G., & Foster, L.K. (2007). *Keeping children safe when their parents are arrested: Local approaches that work*. Sacramento, CA: California Research Bureau, California State Library.
- San Francisco Children of Incarcerated Parents Partnership. (2003). *Children of incarcerated parents: A bill of rights*. Retrieved from <http://www.sfcipp.org>
- U.S. Department of Justice, Federal Bureau of Investigation, Crime in the United States. (2010). *Uniform Crime Reports, Table 43*. Retrieved from <http://www.fbi.gov/about-us/cjis/ucr/ucr>
- Walker, C. (2005). *Children of incarcerated parents*. Pittsburgh Child Guidance Foundation. Retrieved from <http://foundationcenter.org>

Appendices

Appendix A: Recommendations for Law Enforcement

Arrest Protocol Recommendations	
<ul style="list-style-type: none">• Be aware of a child's presence	<ul style="list-style-type: none">• Notice items within or around the household that may indicate a child is present and/or lives in the home (e.g., toys, diapers)• When safe to do so, ask arrestee if a child is present or if they are caring for a child, including children who are at school or out of home at the time of arrest. This should also include children living in other homes.• Complaint taker/Dispatcher determines if a child is on scene during initial call, and relays information to responding officers
<ul style="list-style-type: none">• Minimize trauma to a child	<p><i>When safe and appropriate to do so...</i></p> <ul style="list-style-type: none">• Avoid arresting/handcuffing caregiver in front of the child• Explain to the child in-age appropriate terms what happened• Do not leave the child alone following an arrest• Ensure an alternative caregiver is present before leaving the scene
<ul style="list-style-type: none">• Respect the arrested caregiver's relationship with the child	<ul style="list-style-type: none">• Ask arrested caregiver about appropriate and safe temporary caregiver• Note names, phone numbers, and addresses of temporary caregiver• If necessary due to safety concerns, call DCF to check temporary caregiver records/ background before placing child with alternative caregiver• If appropriate, allow arrested caregiver to speak with the child to reassure that the caregiver is safe and to explain what will happen next• When possible, ask caregiver about what else provides comfort to the child (e.g., blankets, toys, food) and relay this information to other caregivers
<ul style="list-style-type: none">• Call EMPS mobile crisis clinicians	<ul style="list-style-type: none">• Call 211 for EMPS services when a child is present, is not present but depends on the arrestee for care, or is otherwise at-risk following a caregiver's arrest• Call 211 regardless of the age of the child, as even infants and toddlers can be distressed when a familiar caregiver is no longer present• If possible (or necessary due to safety concerns), remain on scene until EMPS arrives• Even if DCF is called because of safety concerns, EMPS should still be called to offer stabilization and follow-up services (but may be activated by DCF directly)

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| <ul style="list-style-type: none">• Plan arrests, when possible | <ul style="list-style-type: none">• If possible, make arrest when the child is not home (e.g., at school)• Coordinate with Drug Endangered Children (DEC) initiative and/or Probation Officers, when relevant• When it is known/suspected that a child will be present, call EMPS in advance to make them aware of the situation and be ready to respond (withholding details as needed for safety) |
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Follow-Up Recommendations

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| <ul style="list-style-type: none">• Communicate with remaining caregivers | <ul style="list-style-type: none">• When possible, explain to remaining caregivers where the arrestee is going and provide any information about the process and timeline• Provide remaining caregivers with an EMPS information card/pamphlet for follow-up care if the family chooses not to receive EMPS services• Provide information about booking process and jail/prison, including information specific to the arrestee when possible• Provide information about contacting arrested caregiver while in holding/lock up• In the days following a caregiver's arrest, follow-up with the child/family, provide any updates about the arrestee, and refer for EMPS services if any concerns are indicated |
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Training Recommendations

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| <ul style="list-style-type: none">• Focus on the needs of the child during and following a caregiver's arrest | <ul style="list-style-type: none">• Discuss the impact and effects traumatic events may have on a child (including a caregiver's arrest)• Provide information on prevalence and outcomes related to arrest of caregiver/trauma• Utilize various training strategies (e.g., DVD, lecture)• Make training mandatory via the POST academy with cultural competency standards integrated throughout• Standardize post-arrest inquiries regarding arrestee's child/children• Cross-train police on the role and perspective of EMPS, DCF, and the child and family• Train on the value of developing relationships with EMPS and DCF• Utilize existing data to inform training• Emphasize the benefit and importance REACT could have for law enforcement |
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Other Recommendations

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| <ul style="list-style-type: none">• Develop quality improvement strategies | <ul style="list-style-type: none">• Include yes/no boxes on police report indicating, "Child was present" and "EMPS called" and narrative to explain the situation and follow-up details• Collect data on the number and characteristics of children present at moment of arrest• Have supervisors regularly review arrest protocols for on-going quality assurance |
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Appendix B: Recommendations for EMPS Mobile Crisis Clinicians

Collaboration Recommendations

- **Minimize response time**
 - Arrive at the scene as quickly as possible during mobile hours when called by law enforcement
 - During non-mobile hours, respond as soon as possible the next day at a time based on the family's preferences
- **Collaborate with law enforcement and DCF (when present)**
 - When possible, discuss the scene and coordinate with law enforcement and/or DCF prior to speaking with family
 - When clinically helpful and with the families consent, include law enforcement and/or DCF in discussions with child and family about the arrest and next steps for the arrestee
 - Assist law enforcement and child welfare to identify safe temporary living arrangements for the child if needed, including natural supports when possible
 - Distinguish EMPS from child welfare (DCF) response when communicating with caregivers

Initial Response to the Child and Family Recommendations

- **Conduct child and family centered assessment and stabilization**
 - When appropriate to do so...*
 - Assess effects of arrest on child, including attachment to the arrestee, traumatic stress symptoms, reliance on the arrestee for concrete needs, and other disruptions
 - Guide remaining caregivers to support the child and communicate with them about their feelings, needs, and fears related to the caregiver's arrest
 - When responding to young children, the response should typically be more focused on helping the remaining caregivers understand the child's experience, behaviors, and how to support the child in developmentally appropriate ways
 - Assess for loyalty conflicts for the child, who may feel torn between the arrestee and remaining caregivers, and work with caregivers to acknowledge and support the child's relationship with the arrestee
 - Assess for child and family shame, stigma, and guilt surrounding the caregiver's arrest and/or incarceration, and provide therapeutic support when indicated
 - Assist remaining caregivers with explaining to child in age appropriate terms what has happened and what will happen next to the arrestee. If no caregivers are available, EMPS staff may explain to the child alone.
 - If EMPS is present during or immediately after caregiver's arrest, remain with the child during arrest if safe to do so, and ideally where the child is not witnessing the arrest
 - Acknowledge and support the child's relationship to the arrested caregiver when in the child's best interest, and encourage others to do the same

- Obtain consent to discuss child's ongoing needs with law enforcement, DCF, school, and/or other relevant parties
- If appropriate and only with consent, make an outreach call to the child's school to inform appropriate personnel (e.g., school psychologist, school social worker) about the situation and develop a plan to support the child in school

Follow-Up Recommendations

- **Conduct child and family centered follow-up response**
 - When possible, have the same EMPS worker follow up with the child and family
 - Follow-up 1-3 days after arrest to assess child and determine if additional services are needed for the child and family
 - Assess child's feelings of shame, stigma, and guilt about the arrest, and provide support as indicated
 - Encourage communication between child and remaining caregivers about the child's thoughts and feelings about the arrested caregiver
 - Provide information about the arrestee when possible, including where he/she is, information about visitation/contact, and how to get information from DOC. This information can be obtained by EMPS staff from the DOC liaison.
 - If necessary, make community referrals to support groups, behavioral health clinics, food pantries, legal services, and other community services

System Collaboration Recommendations

- **Collaborate with multi-sector agencies**
 - Create and maintain a working relationship with local police departments and DCF and hold joint meetings/training
 - Consider co-locating EMPS staff at a police station
 - Develop and maintain a relationship with the Department of Corrections contact(s)
 - Increase awareness about the availability of EMPS mobile crisis services for children following a caregiver's arrest

Training Recommendations

- **Focus on the needs of the child during and following a caregiver's arrest**
 - Provide training for EMPS workers focusing on arrest procedures, supporting children and caregivers, and navigating the systems involved when a caregiver is arrested
 - Include issues specific to children of arrested/incarcerated caregivers, including loyalty, guilt, stages of re-entry; and racism/bias
 - Provide clinical training on responding to young children (under 8), focusing on developmental differences and attachment
 - Cross-train EMPS workers on the arrest procedures for their local police department; include local officers
 - EMPS workers to provide brief presentations to their local police departments

- Understand the police officer perspective of the multiple stressors occurring at the moment of arrest
- Make training mandatory and integrated with other EMPS training activities
- Utilize existing data to inform training

Other Recommendations

- **Develop quality improvement strategies**

- Collect data on EMPS responses to law enforcement
- Review data on calls made by police for EMPS services
- Regularly review data for ongoing quality improvement purposes
- Identify barriers to establishing ongoing relationship with law enforcement and DCF and innovate ways to strengthen these relationships
- Disseminate information to the general public about the REACT model and EMPS services
- Market 211 and EMPS to inform police departments of available resources (e.g., presentations, pamphlets)

Appendix C: Recommendations for Child Welfare

** Note that child welfare will not be involved in all calls where a caregiver is arrested **

Collaboration Recommendations

- **Communicate and maintain ongoing relationship with multi-sector agencies**
 - Call EMPS mobile crisis clinicians when responding to a child following the arrest of a caregiver, including when a planned arrest is imminent
 - Designate a local child welfare contact person for consultation or assistance to EMPS and law enforcement when a suspected child abuse/neglect report is not necessary but child welfare involvement may be beneficial following a caregiver's arrest (e.g., to run a background check on a potential caregiver)
 - Collaborate with Department of Corrections liaison to help facilitate visits with the incarcerated caregiver if routine channels are not working
 - If contacted prior to an arrest, share information with law enforcement and EMPS that would help in their responses (as allowed by law)
 - Consult with EMPS and law enforcement about the situation and the child's needs prior to making placement decisions
 - Maintain contact with EMPS to facilitate their continued support of the child, even if changes to living placement are made
 - Distinguish EMPS from child welfare (DCF) response when communicating with caregivers

Placement Recommendations

- **Maintain the child's best interest when making placement decisions**
 - Assess the child's relationship to the arrested caregiver and benefits/risks of maintaining contact
 - If the arrested caregiver was child's primary caregiver, ask him/her about other suitable caregivers or temporary living arrangements
 - When possible, consider placing the child with remaining caregivers in the home or nearby
 - If the arrested caregiver is no longer at the scene upon DCF arrival, interview the caregiver in custody to ascertain their preferences for other caregivers
 - Facilitate communication/visitation with the arrested caregiver when in the child's interest, including coordinating with the DOC liaison

Initial Response to the Child and Family Recommendations

- **Conduct child and family centered assessment and stabilization**
 - When appropriate to do so...*
 - Guide remaining caregivers to communicate with and support the child and acknowledge and validate his/her fears, thoughts, and feelings related to the arrested caregiver.
 - Assess and acknowledge stigma associated with arrest/incarceration, and how it may affect the child and remaining caregivers

- Be aware of loyalty conflicts for the child between the arrestee and remaining caregivers, and work with caregivers to support the child's relationship with the arrestee
- Assist remaining caregivers with explaining to child in age appropriate terms what has happened and what will happen next to the arrestee. If no caregivers are available, DCF staff should consider explaining to the child
- Support the child's relationship to the arrested caregiver when in the child's best interest, including communication/visitation
- Obtain consent to discuss child's ongoing needs with law enforcement, EMPS, school, and/or other relevant parties

Training Recommendations

- **Focus on the needs of the child during and following a caregiver's arrest**
 - Focus on the impact and effect of arresting a caregiver and the trauma it may have on children
 - Provide information on prevalence and outcomes
 - Make training mandatory
 - Cross-train with local law enforcement and EMPS
 - Educate child welfare staff on when and how to share information with law enforcement during planned arrests
 - Train on the relationships between law enforcement, EMPS, and DCF

Appendix D: List of Acronyms

CABLE: Connecticut Alliance to Benefit Law Enforcement

CABLE serves as a non-profit organization that integrates both law enforcement and community resources. They will be primarily involved with the REACT model in rolling out the CIT-Y training

CCEP: Connecticut Center for Effective Practice

CCEP is the coordinating center for the REACT program, which is a division of CHDI.

CCSU: Central Connecticut State University

CCSU is a local public university which houses the IMRP and are also the evaluators for the REACT program.

CHDI: Child Health and Development Institute of Connecticut

CHDI is an independent, non-profit and also the parent organization of CCEP. CHDI's primary mission is to improve the quality of care for all of Connecticut's children emphasizing family-focused, comprehensive care.

CIP: Children of Incarcerated Parents

CIP is the commonly used acronym within the literature to address the population that is being impacted.

CIT: Crisis Intervention Team

CIT is a training program for law enforcement, which trains police to identify individuals with signs of mental illness and use of de-escalation techniques.

CIT-Y: Crisis Intervention Team-Youth

CIT-Y is a training program similar to CIT but instead focuses on children and adolescent issues and concerns.

CSSD: Court Support Services Division

CSSD is a division of the Judicial Branch in the State of Connecticut and its mission is to support services within the Judicial Branch by collaborating with key stakeholders.

DCF: Department of Children and Families

DCF is the primary state agency that focuses on child and adolescent well-being in child protective services, behavioral and mental health, as well as juvenile justice services. Connecticut DCF is one of a few states that have a fully integrated child welfare agency.

DOC: Department of Corrections

The Connecticut Department of Corrections oversees 18-correctional facilities throughout the state of Connecticut.

EMPS: Emergency Mobile Psychiatric Services

EMPS is a statewide mobile crisis program available to any child in Connecticut who is in crisis, and is staffed by a network of over 150 trained providers.

FIC: Families In Crisis

FIC is a non-profit agency with offices throughout Connecticut (Bridgeport, Hartford, New Haven, & Waterbury) that provides direct services to children and families who have an incarcerated family member.

IMRP: Institute for Municipal and Regional Policy

IMRP is a university-based organization that focuses on the improvement of local, state, and national policy. They have several programs related to Children of Incarcerated Parents, REACT which is one of them. IMRP is the grantor of the current initiative, which receives their funding directly from the Connecticut legislature. IMRP is housed at Central Connecticut State University (CCSU).

NAMI: National Alliance on Mental Illness

NAMI is the nation's largest grassroots non-profit organization that advocates for services, treatment, support, and research for those individuals impacted by mental illness. NAMI has been involved with the development of the REACT program.

PTSD: Posttraumatic Stress Disorder

PTSD is a classified anxiety disorder in the Diagnostic and Statistical Manual for Mental Disorders. PTSD can develop after exposure to a traumatic event. Symptoms may include re-experiencing the trauma (e.g., flashbacks), avoidance and/or numbing, and hyperarousal.

REACT: Responding to Children of Arrested Caregivers Together

REACT is the acronym the coordinating center created to describe an innovative, evidence-informed model promoting collaboration between families, law enforcement, EMPS mobile crisis clinicians, and child welfare to support children during and following the arrest of a caregiver

Appendix E: California Penal Code on Children of Arrested Caregivers

In regards to collaboration between law enforcement, child welfare, and other child serving agencies:

- (a) It is the intent of the Legislature to encourage law enforcement and county child welfare agencies to develop protocols in collaboration with other local entities, which may include local educational, judicial, correctional, and community-based organizations, when appropriate, regarding how to best cooperate in their response to the arrest of a caretaker parent or guardian of a minor child, to ensure the child's safety and well-being
- (b) The Legislature encourages the Department of Justice to apply to the federal government for a statewide training grant on behalf of California law enforcement agencies, with the purpose of enabling local jurisdictions to provide training for their law enforcement officers to assist them in developing protocols and adequately addressing issues related to child safety when a caretaker parent or guardian is arrested (Cal. Penal Code § 833.2)

In regards to additional phone calls upon arrest:

- (c) If, upon questioning during the booking process, the arrested person is identified as a custodial parent with responsibility for a minor child, the arrested person shall be entitled to make two additional calls at no expense if the calls are completed to telephone numbers within the local calling area to a relative or other person for the purpose of arranging for the care of the minor child or children in the parent's absence. (Cal. Penal Code § 851.5)

Appendix F: New Mexico State Statute Ensuring Child Safety at Caregiver Arrest

In regards to training for law enforcement, New Mexico State Statutes Section 29-7-7.3 states:

Training for ensuring child safety upon the arrest of a parent or guardian shall be included in the curriculum of each basic law enforcement training class and as a component of in-service training each year for certified police officers

In regards to identifying children at the moment of arrest, New Mexico State Statute Section 31-1-8 states:

A. A state or local law enforcement officer who arrests a person shall, at the time of the arrest, inquire whether the person is a parent or guardian of minor or dependent children who may be at risk as a result of the arrest. The officer shall make reasonable efforts to ensure the safety of minor or dependent children at risk as a result of an arrest in accordance with guidelines established by the department of public safety.

B. The department of public safety, in consultation with the children, youth and families department, shall establish guidelines and a training program for law enforcement officers for ensuring child safety upon the arrest of a parent or guardian. The guidelines and training program shall include:

- (1) procedures to ensure that law enforcement officers inquire whether arrestees have minor or dependent children who may be present or at another location at the time of the arrest;
- (2) procedures for the proper arrangement of temporary care for children to ensure their safety and well-being; and
- (3) education on how the effects of witnessing a violent crime or other event causes emotional harm to children and how law enforcement can assist in mitigating the long-term effects of the trauma.

Mission Statement

The Institute for Municipal and Regional Policy (IMRP) is a non-partisan, University-based organization dedicated to enriching the quality of local, state and national public policy. The IMRP tackles critical and often under addressed urban issues with the intent of ensuring the most positive outcomes for affected individuals and entities. In doing so, the IMRP bridges the divide between academia, policymakers, practitioners and the community.

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Working for fair, effective and just public policy through applied research and community engagement, the IMRP utilizes the resources of CCSU students, staff and faculty to develop, shape and improve public policy on issues of municipal and regional concern. The IMRP accomplishes this through a variety of targeted approaches such as: public education and dialogue; published reports, articles and policy papers; pilot program design, implementation and oversight; and the facilitation of collaborations between the University, government, private organizations and the general community.

The IMRP aspires to be a respected and visible presence throughout the State of Connecticut, known for its ability to promote, develop and implement just, effective public policy. The IMRP adheres to non-partisan, evidence-based practices and conducts and disseminates its scientific research in accordance with strict, ethical standards.

The IMRP is responsive to social and community concerns by initiating projects addressing specific needs and interests of the general public and policymakers, as well as sponsoring conferences, forums, and professional trainings. Access to state-of-the-art technology and multi-media enhances the IMRP's ability to advance best practices to improve the quality of public policy in the State of Connecticut and nationwide.



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