



Safe Babies Court Teams 2016 County Evaluations

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Prevent Child Abuse Arizona
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Best for Babies: Apache County Evaluation Summary

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Apache

Table 1. County Profile

Demographic Estimates for children birth to five years ¹	2010 - 2014
Population size	5,945
Gender	
Female	49.6%
Male	50.4%
Race	
White alone	13.4%
African American/Black alone	1.3%
American Indian & Alaska Native alone	71.2%
Asian alone	0.5%
Native Hawaiian and Other Pacific Islander alone	0.1%
Two or more races	4.4%
Some other race	01.0%
Hispanic or Latino	8.2%
Births to unmarried mothers ²	69.0%
Income in the past 12 months below poverty level ³	59.3%
No health insurance coverage ⁴	19.1%

¹ Source U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

² Source: Arizona Health and Source: Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section

³ U.S. Census Bureau: American Community Survey (Table B17001: Poverty Status in the past 12 months by sex by age)

⁴ U.S. Census Bureau: American Community Survey (Table B27001: Health insurance coverage status by sex by age)

Evaluation Question 1: How has Apache County Implemented the Safe Babies Court Teams Program?

As of 2016, Apache County had not fully implemented the Safe Babies Court Teams Program. The Navajo County Superior Court, however, began an initial year of more robustly implementing all 10 components of the Best for Babies program model. In order to support a more connected system between all providers serving Navajo and Apache Counties specific emphasis has been placed on bringing professional development into the region so that all programs and entities that work with infants and toddlers can access current research and best practices as well as professional development to remain current in the field. The individuals serving in the Apache and the Navajo County courts are the same group of professionals, therefore, offering a single set of training and partnered meetings wherever and whenever possible.

Evaluation Question 2: How has Apache County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Apache County intends to illustrate actions consistent with the Best for Babies program model. Judge pro tem Alan Perkins has been in his seat for about one year and has chosen to view Judge Michala Ruechel of Navajo County Superior Court as his mentor. He has been involved in regional discussions related to the development of a Best for Babies Court Team approach that would encompass both Apache and Navajo County courts.

2. Local Community Coordinator

There is no local community coordinator position in Apache County.

3. Active Court Team

An active court team in Apache County has not been developed. However, the Apache County Dependency Court, under the leadership of Judge pro tem Alan Perkins is beginning to intentionally implement components of the Best for Babies Court Team. The Assistant Attorney General for both Navajo and Apache County Dependency Courts requested that the Regional Director of First Things First present to the Apache County Court. The Assistant Attorney General also requested that the Dependency Court Team meetings be reconstituted using the 10 core components of the Zero to Three Safe Babies Court Teams model, and using the example provided by the Navajo County Dependency Court Team. There is a Court Appointed Special Advocate (CASA) Coordinator in Apache County who has been in that position for about two years.

4. Targeting Infants and Toddlers in Out-of-Home Care

There are several resources targeted at the birth through 3-year-old age group:

- Healthy Steps for Young Children is available in both St. Johns and Springerville through North Country Health Care and Summit Regional Healthcare Medical Center. Both offer the following services:

- Home visits
- Developmental screenings
- Anticipatory guidance
- Early literacy books and supports
- Playgroups
- Partnered well-child visits
- Parent-help phone lines that connect parents to a Healthy Steps Specialist are funded by First Things First (FTF)
- Healthy Steps Specialists in the region are trained in post-partum depression and are equipped to connect parents to local resources (funded by FTF).
- Parenting Arizona offers parenting classes to support family preservation as part of Department of Child Safety (DCS) case plans.
- Arizona Children's Association offers in-home parenting classes and supports using local staff, as part of DCS case plans.
- Early Head Start home-based services are available in St. Johns and Springerville, and a center-based Early Head Start program is also available in St. Johns.
- Apache County Public Health operates a Healthy Start program for qualifying pregnant mothers and infants, transitioning families into Healthy Steps as appropriate.
- Living Hope Center in Springerville offers parenting classes, operates the only DES-Certified Child Care Program in southern Apache County, and has a thrift store with formula, diapers, baby food, clothes, cribs and other baby essentials (funded by FTF).
- Navajo County Public Health implements an Oral Health Program that provides dental screening, fluoride varnish, and oral health education to all children age birth through five years in Head Start centers, clinics, health department offices, child care programs, and community health fairs. This service is open to all children in the Navajo/Apache Region.

Representatives from all of the above are invited to community partner meetings, as well as regional council meetings organized by the Regional Director for First Things First.

5. Placement and Concurrent Planning

Placement is a challenge in Apache County because identifying kinship is difficult and foster care placements are scarce for children who are eligible or enrolled tribal members. The consideration of kinship placement may include tribal members who are not relatives. Helping to strengthen children's connection to the Native American heritage is considered critical and a key tenet of the Indian Child Welfare Act (ICWA). The second option for placement is in nearby Navajo County. Service providers are fluid across the border of Apache and Navajo Counties which facilitates case management. Although placement in Navajo County is not always possible, it is desired if there is no available placement in Apache County. There are times when a placement must be made in Maricopa County, which is an approximate four-hour drive from Apache County. Concurrent planning has yet to be addressed in the Best for Babies program in Apache County.

6. Monthly Family Team Meetings to Review All Open Cases

The program model includes monthly family team meetings. In Apache County, family team meetings are conducted as the Juvenile Court sees fit, and not under the direction of the Best for Babies model or DCS. However, DCS does conduct Team Decision Making (TDM) meetings for considered removals prior to filing a dependency petition and for considered placement changes. In addition to TDM meetings, Child and Family Team (CFT) meetings are coordinated through the behavioral health system and are to include DCS Child Safety Specialists, caregivers, and a child's birth parent(s) when appropriate.

7. Parent-Child Contact

Apache County courts try to offer two to four visits per week for young children. However, given the rural landscape in Apache County, some parent-child contact is challenging due to the geographic distance between a child's placement and the parent's home, creating a barrier for visitation.

8. Continuum of Mental Health Services

The Apache County Juvenile Court is not contracted with any mental health provider that offers services to the birth to three population. However, the following service providers are available:

- Little Colorado Behavioral Health - locations in St. Johns and Springerville,
- Community Counseling Centers - office in Show Low.

Apache County is served by the Health Choice Integrated Care (HCIC) Regional Behavioral Health Authority (RBHA) and the White Mountain Apache Tribe RBHA (T/RBHA). The T/RBHAs manage behavioral health services made available by the state of Arizona to individuals who are Medicaid eligible. Most foster youth are Medicaid eligible for T/RBHA contracted services.

9. Training and Technical Assistance

- The Regional Director of First Things First, which encompasses the southern portion of Apache County, has presented to the court on two occasions. The most recent training was provided in December 2015 and focused on infant brain development and the necessity of working toward upstream solutions that will support solid and secure social-emotional foundations for infants and toddlers involved in the dependency court.
- Both Judge Perkins and Judge Ruechel attended the 2015 and 2016 Court Team conference that followed the Child Abuse Prevention conference in Phoenix.
- A new Court Teams agreement with Navajo County Superior Court will make local, high-quality, relevant, and useful professional development available to the Navajo/Apache Region for the broadest possible definition of Best for Babies Court Team members.
- One stakeholder from Apache County attended the Prevent Child Abuse Arizona training conference during summer 2016 on the Best for Babies program model.

10. Evaluation

There is no county-level evaluation in Apache County.

Future Goals Identified by Apache County:

- Obtain the Best for Babies checklist - DCS currently uses the Best for Babies checklist in the Northern Region, and it is the expectation of the Assistant Attorney General serving Apache and Navajo County that the checklist is in each child's case file.
- Learn more about the Best for Babies approach – training opportunities have been made available; training was provided to Judge Perkins' Court in December 2015.
- Eventually implement Best for Babies – the Navajo County Superior Court is assisting Apache County Superior Court to implement a Court Team in the Navajo/Apache Region. This agreement specifically includes the Apache County Superior Court and there is specific buy-in from the Judge, the Assistant Attorney General, Apache County DCS field office, the Apache County CASA Coordinator, attorneys, and GALs that serve in both courts.
- Re-engage and begin quarterly dependency team meetings – Judge Perkins has indicated that he wants to reconvene his Dependency Court team. The scheduling challenge that persists is that attorneys and GALs serve in both courts on different days, so it is not easy to identify a day that works for everyone at one time.
- Foster better communication between dependency team partners – this will improve once regular dependency court team meetings are reconvened.
- Emphasize the importance of kinship placements if out-of-home placement is necessary. Kinship placement is the first preference when an out-of-home placement is necessary. Training has been provided on the importance of solid social-emotional development and foundational experiences – delivery of this training was quite helpful in making the case for focusing on early and permanent placement. Following the training provided in December 2015, knowledge that court personnel have the power to change the life trajectory of children in the court was considered significant and powerful new knowledge for the Judge and several attorneys attending the training.
- Increase foster homes that are licensed for infants and toddlers - kinship and local placement are not always possible or appropriate.

Evaluation Question 3: What Outcomes are associated with the Court Teams Program in Apache County?

Apache County had 52 children removed from the home from 2010 to 2014. The following tables provide some descriptive statistics regarding those children.

Table 1. Demographic Characteristics as a Percentage of Yearly 1st Entry Cohorts

Demographic Characteristics	Apache County					
	2010 (n = 6)	2011 (n = 13)	2012 (n = 10)	2013 (n = 7)	2014 (n = 16)	All Years (N = 52 ^a)
Demographic Characteristics	%	%	%	%	%	%
Age by days at removal						
Birth-30	16.7	15.4	10.0	28.6	18.8	11.5
31-180	16.7	7.7	20.0	14.3	31.2	21.2
181-365	50.0	15.4	20.0	14.3	31.2	21.2
366-730	16.7	30.8	20.0	42.9	6.2	21.2
731-1094	0.0	30.8	30.0	0.0	12.5	25.0
Gender						
Female	16.7	53.8	60.0	0.0	56.2	44.2
Male	83.3	46.2	40.0	100.0	43.8	55.8
Unknown/none specified	0.0	0.0	0.0	0.0	0.0	0.0
Race						
American Indian	0.0	38.5	30.0	14.3	25.0	25.0
Asian	0.0	7.7	0.0	0.0	0.0	1.9
African American/Black	16.7	7.7	0.0	0.0	0.0	3.8
Native Hawaiian	0.0	0.0	0.0	0.0	0.0	0.0
White	66.7	30.8	50.0	85.7	68.8	57.7
Multiple	0.0	7.7	20.0	0.0	0.0	5.8
Unknown/none specified	16.7	7.7	0.0	0.0	6.2	5.8
Hispanic						
Yes	33.3	30.8	10.0	14.3	25.0	23.1
No	33.3	61.5	90.0	85.7	68.8	69.2
Unknown/none specified	33.3	7.7	0.0	0.0	6.2	7.7
Marital Status of Primary Caretaker						
Cohabitation	16.7	7.7	60.0	28.6	12.5	23.1
Married	16.7	15.4	30.0	14.3	25.0	21.2
Single	33.3	53.8	10.0	28.6	43.8	36.5
Other	33.3	23.1	0.0	28.6	18.8	19.2
Primary Language of Primary Caretaker						
English	100.0	76.9	80.0	85.7	81.2	82.7
Spanish	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	23.1	20.0	14.3	18.8	17.3

^a There were 52 children whose age was less than or equal to 1,094 days at the time of first removal from their parents or caregivers in Apache County from January 1, 2010-December 31, 2014. These 52 children were associated with data indicating that the removal lasted for 1 day or longer and ended with a permanent placement; was still open; no specific removal end reason was provided; or the removal ended for other reasons such as added in error, death of a child, transfer to another agency and runaway, as of 1/21/2016.

Table 1 illustrates that 57.7 % of children removed in Apache County were white; 25% American Indian, and English was indicted as the primary language spoken in the home for 82.7 % of families. The majority of the children (53.9%) were less than one year of age at first entry to out of home care.

Table 2. Removal Characteristics as a Percentage of Yearly 1st Entry Cohorts

Removal Characteristics	Apache County					
	2010 (n = 6)	2011 (n = 13)	2012 (n = 10)	2013 (n = 7)	2014 (n = 16)	All Years (N = 52)
	%	%	%	%	%	%
Location of removal						
Chambers	0.0	0.0	0.0	0.0	6.2	1.9
Concho	16.7	7.7	30.0	28.6	6.2	15.4
Eagar	16.7	15.4	60.0	14.3	12.5	23.1
Ganado	0.0	7.7	0.0	0.0	0.0	1.9
Saint Johns	0.0	15.4	10.0	14.3	37.5	19.2
Saint Michaels	0.0	7.7	0.0	0.0	0.0	1.9
Sanders	0.0	15.4	0.0	0.0	0.0	3.8
Springerville	16.7	15.4	0.0	0.0	12.5	9.6
Vernon	16.7	7.7	0.0	14.3	0.0	5.8
Other ^a	33.3	7.7	0.0	28.6	25.0	17.3
Report type (most serious allegation) ^b						
Neglect	66.7	76.9	90.0	57.1	93.8	80.8
Physical abuse	33.3	23.1	10.0	28.6	6.2	17.3
Sexual abuse	0.0	0.0	0.0	0.0	0.0	0.0
Emotional abuse	0.0	0.0	0.0	0.0	0.0	0.0
Missing	0.0	0.0	0.0	14.3	0.0	1.9
Report Priority						
1	50.0	69.2	10.0	28.6	43.8	42.3
2	0.0	7.7	20.0	0.0	12.5	9.6
3	50.0	23.1	70.0	42.9	37.5	42.3
4	0.0	0.0	0.0	14.3	6.2	3.8
Missing	0.0	0.0	0.0	14.3	0.0	1.9
Alleged Perpetrator						
Father	0.0	0.0	0.0	0.0	6.2	1.9
Mother	16.7	46.2	30.0	42.9	31.2	34.6
Mother & father	66.7	38.5	50.0	42.9	62.5	51.9
Other ^b	16.7	15.4	20.0	14.3	0.0	11.5

^a Other category for cities of removal indicates zip codes for the location of removal is missing, in error, or outside of the county.

^c Other category includes missing perpetrators, other relative, and non-relative alleged perpetrators.

Table 2 illustrates almost a quarter of the children removed in Apache County were from the Eagar area, with the St. Johns and Concho areas respectfully having the next highest percentages of children removed. A substantial percentage of the reports were Priority 1 (42.3%) or 3 (42.3%), and the report type consisted mainly of neglect (80.8%) for all entry cohorts. Additionally, the data shows 51.9 % of the children were removed from homes where both parents were identified as the perpetrators. Approximately 34.6% were removed from homes where only the mother was identified as the perpetrator.

Table 3. Placement Characteristics of All Yearly 1st Entry Cohorts who Achieved Permanency

Apache County												
2010 (n = 5)			2011 (n =12)		2012 (n = 10)		2013 (n = 5)		2014 (n = 6)		Total (2010-2014) (N = 38 ^a)	
n %			n %		n %		n %		n %		n %	
Non-Kinship												
Pre-adoption	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Group care ^b	1	20.0	2	16.7	0	0.0	1	20.0	0	0.0	4	10.5
DDD foster care ^c	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Family foster care	3	60.0	5	41.7	4	40.0	1	20.0	3	50.0	16	42.1
Kinship												
Licensed kinship care	0	0.0	0	0.0	5	50.0	0	0.0	0	0.0	5	13.2
Unlicensed relative care ^d	1	20.0	5	41.7	1	10.0	3	60.0	3	50.0	13	34.2
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Placement Location												
In state	5	100.0	11	91.7	9	90.0	5	100.0	6	100.0	36	94.7
Out of state	0	0.0	1	8.3	1	10.0	0	0.0	0	0.0	2	5.3
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Number of Placements ^e												
1	2	40.0	6	50.0	3	30.0	2	40.0	4	66.7	17	44.7
2	1	20.0	0	0.0	1	10.0	1	20.0	2	33.3	5	13.2
3	1	20.0	2	16.7	3	30.0	2	40.0	0	0.0	8	21.1
4 and more	1	20.0	4	33.3	3	30.0	0	0.0	0	0.0	8	21.1

^a There were 52 children whose age was less than or equal to 1,094 days at the time of first removal from their parents or caregivers in Apache County from January 1, 2010-December 31, 2014. Only 38 children were associated with data indicating that the removal lasted for 1 day or longer and ended with a permanent placement. Children whose placement was still open or whose removal ended for other reasons such as added in error, death of a child, transfer to another agency and runaway, as of 1/21/2016 were excluded from this analysis.

^b Group care such as shelter or group home provided by the child welfare agency.

^c Developmental disability foster care for children with developmental needs.

^d Unlicensed relative foster care is when a child is placed with a non-parent relative with court approval and the relative is not licensed as a foster care provider.

^e Number of placements was calculated by the total number of placements with valid placement dates between the first removal date and the removal end date permanency outcome. This calculation does not include the placement associated with permanency.

Table 3 indicates that 89.5% of removed children had initial placements in family foster care or with a licensed or unlicensed relative foster care provider. Nearly all children had placements within Arizona. There were 22 children (57.9%) who experienced either 1 or 2 placements prior to permanency. Table 3 includes both children who were in out of home care for less than 8 days, as well as children who were in out of home care for longer than 8 days. Table 3 is differentiated from table 4, in that table 4 includes only children in out of home care 8 days or more.

Table 4. Permanency Outcomes of Yearly 1st Entry Cohorts in Out of Home Care \geq 8 days as of 1/21/16

Apache County												
	2010 (n = 3)		2011 (n = 10)		2012 (n = 10)		2013 (n = 6)		2014 (n = 6)		Total (2010-2014) (N = 35)	
	n	%	n	%	n	%	n	%	n	%	n	%
<u>Removal End Reasons</u>												
Reunification	1	33.3	4	40.0	7	70.0	3	50.0	6	100.0	21	60.0
Adoption by Foster Parent	1	33.3	1	10.0	0	0.0	1	16.7	0	0.0	3	8.6
Adoption by Non-Relative	0	0.0	2	20.0	3	30.0	1	16.7	0	0.0	6	17.1
Adoption by Relative	1	33.3	2	20.0	0	0.0	1	16.7	0	0.0	4	11.4
Guardianship by Foster Parent	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Guardianship by Non-Relative	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Guardianship by Relative	0	0.0	1	10.0	0	0.0	0	0.0	0	0.0	1	2.9
Living with Other Relative	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<u>Length of Time in Care in Days^c</u>												
8-30	0	0.0	1	10	0	0.0	1	16.7	1	16.7	3	8.6
31-180	1	33.3	1	10	3	30.0	0	0.0	2	33.3	7	20.0
181-365	0	0.0	1	10	3	30.0	1	16.7	3	50	8	22.9
366-730	1	33.3	5	50	4	40.0	2	33.3	0	0.0	12	34.3
731-1095	1	33.3	1	10	0	0.0	2	33.3	0	0.0	4	11.4
1096-1460	0	0.0	1	10	0	0.0	0	0.0	0	0.0	1	2.9
1461-1825	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

^a Of 52 children who had a valid first removal, 45 had a removal that lasted for greater than or equal to 8 days. Of those children, 10 were still in out of home care. Children in care fewer than 8 days were excluded from this table because there was no way of determining whether a dependency was filed and dismissed or whether the children were returned home without a dependency petition filed.

^b Permanency is defined as one of the following outcomes: reunification, adoption by foster parent, adoption by non-relative, adoption by relative, guardianship by foster parent, guardianship by non-relative, guardianship by relative, and living with other relative.

^c Length of time in care is calculated as the difference (in days) between the date of first removal date and the removal end date for children whose removal end reason was one of the following: reunification, adoption by foster parent, adoption by non-relative, adoption by relative, guardianship by foster parent, guardianship by non-relative, guardianship by relative, and living with other relative.

Table 4 reports outcome measures for children removed from the home from 2010-2014 in Apache County. Specifically, three outcomes were measured: whether or not the child achieved permanency, the type of permanency achieved, and the time children spent in out of home care. Although all five years are presented in the table, removal outcomes, and time-in-care from more recent cohorts (2012-2014) should be interpreted with caution since results for these years will change as more cases are closed.

Permanency. For all five 1st entry cohorts, 45 children were removed excluding children who were removed and returned under 8 days. Of these children, 35 had achieved permanency (77.8%) by January 21, 2016.

Table 4 shows whether or not removals ended in permanent outcomes for children as defined by reunification, adoption, or guardianship. For the first three cohorts of children removed in 2010, 2011, and 2012, 100% had achieved permanency by January 21, 2016. For the 2013 cohort, 1 of 7 children (85.7%) had not yet achieved permanency. For the 2014 cohort, 60% were still in care as of January 31, 2016.

Type of Permanency. For all cohorts, reunification with parents occurred for 60% of children; adoption by foster-parent occurred for 8.6%; adoption by a non-relative occurred for 17.1%; and adoption by a relative for 11.4%. Permanency was calculated based on the number of children who achieved permanency within all cohorts.

Time-in-Care. For all cohorts, 28.6% of children who achieved permanency were in care less than 6 months. Overall, 51.5% of children who achieved permanency were in care less than a year, and 46.5% took between one and four years to achieve permanency.

Table 5. 12-Month Post Permanency Outcomes for 2010-2012 Yearly 1st Entry Cohorts

Apache County								
Year	2010 (n = 6)		2011 (n = 10)		2012 (n = 6)		Total (N = 22 ^a)	
	N	%	n	%	n	%	n	%
<u>Re-reports within 12 months post permanency^{ab}</u>								
Children with Removal \geq 8 days	(n = 3)		(n = 8)		(n = 6)		(N = 17)	
Re-reports	0	0.0	1	12.5	0	0.0	1	5.9
No re-reports	3	100.0	7	87.5	6	100.0	16	94.1
Children with Removal < 8 days	(n = 3)		(n = 2)		(n = 0)		(N = 5)	
Re-reports	0	0.0	0	0.0	0	0.0	0	0.0
No re-reports	3	100.0	2	100.0	0	0.0	5	100.0
<u>Reentry within 12 months post permanency^c</u>								
Children with Removal \geq 8 days	(n = 3)		(n = 8)		(n = 6)		(N = 17)	
Reentry	0	0.0	1	12.5	0	0.0	1	5.9
No reentry	3	100.0	7	87.5	6	100.0	16	94.1
Children with Removal < 8 days	(n = 3)		(n = 2)		(n = 0)		(N = 5)	
Reentry	0	0.0	0	0.0	0	0.0	0	0.0
No reentry	3	100.0	2	100.0	0	0.0	5	100.0

^aThere were 22 children whose age was less than or equal to 1,094 days at the time of first removal from their parents or caregivers in Apache County from January 1, 2010-December 31, 2012, and who were associated with data indicating that their removal lasted for 1 day or longer and ended with a permanent placement by December 31, 2013. Children whose placement was still open as of December 31, 2013 or whose removal ended for other reasons such as added in error, death of a child, transfer to another agency, and runaway were excluded from analysis.

^bRe-report was defined as a *new* report that occurred following the first removal end date.

^cReentry was defined as any removal following the first removal end date.

Table 5 demonstrates 12-month post permanency outcomes for children removed from the home from 2010 - 2012 in Apache County. Specifically, two outcomes were measured: the number of new reports and the number of reentries to out of home care, both within 12 months from the initial permanency start date. For both of these outcomes a separate category for those with an initial removal lasting fewer than eight days is listed. Only three 1st entry cohorts are presented because reentry and re-report data were only available to December, 31, 2014 and it takes at least 12 months post permanency to observe a post permanency outcome.

Re-reports. For the children who achieved permanency in these three cohorts, only one had a single re-report within 12 months. None of the five children who were removed and returned home within seven days had a re-report.

Reentry. Table 5 shows that of the children who achieved permanency, including children with removals for fewer than eight days, only one re-entered care within the 12 months following his or her exit from out of home care. Table 5 does not report multiple removals per child, only the first removal after the initial removal.

Best for Babies: Cochise County Evaluation Summary

Prepared by:
Center for Child Well-Being
Arizona State University

Acknowledgments

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Finally, the authors would like to express their sincerest gratitude to those who participated in the county telephone interviews. The insights gained through this evaluation are instrumental in understanding the children and families, and for continually improving practices in the Arizona child welfare system.

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Cochise County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ⁵	2010 - 2014
Population size	10,095
Gender	
Female	49.8%
Male	50.2%
Race	
White alone	35.2%
African American/Black alone	2.7%
American Indian & Alaska Native alone	0.3%
Asian alone	0.8%
Native Hawaiian and Other Pacific Islander alone	0.0%
Two or more races	14.6%
Some other race	6.8%
Hispanic or Latino	39.5%
Births to unmarried mothers ⁶	40.0%
Income in the past 12 months below poverty level ⁷	27.5%
No health insurance coverage ⁸	8.1%

⁵ Source U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

⁶ Source: Arizona Health and Source: Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section

⁷ U.S. Census Bureau: American Community Survey (Table B17001: Poverty Status in the past 12 months by sex by age)

⁸ U.S. Census Bureau: American Community Survey (Table B27001: Health insurance coverage status by sex by age)

Evaluation Question 1: How has Cochise County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams project was launched in Cochise County in 2006 under the name Best for Babies. It is managed by the Court Dependency Coordinator who has served in this role for four years. The program was previously administered by the Court Appointed Special Advocate (CASA) Director. It was expressed that a strong sense of collaboration has been built amongst the various community stakeholders in Cochise County who support continued implementation of the core components of the Best for Babies program model.

Evaluation Question 2: How has Cochise County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Cochise County is illustrated by the following:

- The judge is open to learning about trauma-informed care and participates in training involving issues impacting the birth to three-year-old population.
- The judge discharges placement decisions, orders visitation, and identifies recommended services involving children birth to three years of age.
- The judge mandates that concurrent planning occur for each case involving children ages birth to three years of age.
- The judge is sent meeting minutes for every Court Team meeting that she is not able to attend.

2. Local Community Coordinator

Cochise County does not have a local community coordinator position so the Dependency Coordinator serves in this role. The activities involved with this role include planning and facilitating the monthly court team meetings, inviting speakers for the meetings, exploring educational and training opportunities on best practices geared towards the birth to three populations, and compiling meeting minutes.

3. Active Court Teams

An active court team in Cochise County is illustrated by the following:

- Meetings occur on a monthly basis and are planned and facilitated by the Dependency Coordinator.
- “System gaps” are identified and discussed and every attempt is made to resolve issues during the meeting. Follow-up on matters discussed during the meeting is assigned to the appropriate agency.
- The Court Team has advocated for attorneys to be included in the Child and Family Team (CFT) meetings. This advocacy has resulted in the development of a CFT contact form which was approved for use by the Department of Child Safety (DCS) and is made available at the pre-hearing conference. Team members can be deleted from this contact list if they miss a single meeting. It is felt that the use of the contact form will enhance communication between all parties.

- The meetings are used as a venue to inform stakeholders of any changes in referral procedures or service processes. Court Team members learn about available resources through speaker presentations including what the services are and how to make referrals.
- The Court Team actively seeks education and training on best practices for children birth to three and often connects with local programs that support trauma-informed care to provide this training.
- It is felt that the Court Team meetings foster friendliness and openness among the members by maintaining a face-to-face roundtable forum.
- The Court Team attempted to conduct case reviews in the past, however, based on advice from the Office of the Attorney General, the Court Team made the decision not to conduct case reviews due to concerns over issues surrounding conflict of interests.

4. Targeting Infants and Toddlers in Out-of-Home Care

Targeting infants and toddlers in out-of-home care in Cochise County is illustrated by the following:

- Monthly Court Team meetings are held and involve active participation by court personnel, DCS Specialists, treatment providers, and legal representatives to focus on what is best for babies.
- Prioritizing the need for ongoing training in infant mental health and working to make it available to all parties involved in the dependency process.
- Highlighting the importance of the need for collaboration amongst all stakeholders who serve the birth to three-years-of-age population.

5. Placement and Concurrent Planning

Placement and concurrent planning in Cochise County are illustrated by the following:

- A judicial decision was made in 2011 that mandates a concurrent case plan for all cases involving children age birth to three years of age. The practice of mandatory concurrent planning for the birth to three age group remains in effect.
- Working to reduce the number of out-of-home placements is undertaken by Specialists who give priority to family members when placing a child.
- The importance of minimizing placements is stressed by everyone involved with each case.

6. Family Team Meetings Monthly to Review All Open Cases

The program model includes monthly family team meetings. In Cochise County, family team meetings are conducted as the Juvenile Court sees fit, and not under the direction of the Best for Babies program model or DCS. However, monthly family team meetings to review all open cases in Cochise County occur in Cochise County through:

- DCS case staffings.
- Collaborative professional staffings.
- CFT and Adult Recovery Team (ART) meetings facilitated by the behavioral health provider. CFT meetings occur at least once a month if the case is considered high need, otherwise they occur less frequently.

7. Parent-Child Contact

Parent-child contact in Cochise County is illustrated by the following:

- Typically, supervised visitation between parents and children begin at two times per week for two hours per visit.
- Kinship placements are more likely to provide liberal visitation times and are often approved to supervise visits. One or two agency-supervised visits per week may be added so that case notes can be provided by a case aide or parent aide. Families are encouraged to search for natural supports to enhance visitation opportunities.
- For non-kinship placements, the visits are encouraged to occur in the parents' homes, otherwise, they occur in DCS offices or playrooms, or at community locations.
- Therapeutic visits consist of parent-child relationship therapy involving the Infant Mental Health Clinician, the child, and the parent(s).

Barriers/Concerns:

- An insufficient number of case aides and parent aides are available to provide transportation which is compounded by the large, rural geographic area covered.
- Case and parent aides cannot transport more than one family at a time which creates a barrier for parents and also for children.
- It was expressed that at times foster parents or other placement caregivers may have an inability or unwillingness to transport or facilitate visits.
- Families often have insufficient numbers of natural supports to facilitate frequent visitation.
- It is felt there is a need for additional parent coaches as well as advanced training in infant/toddler mental health for parent aides and foster parents. This training is necessary due to a perceived lack of awareness regarding the importance of visits and the knowledge of how to best facilitate visits.

8. Continuum of Mental Health Services

Continuum of mental health services in Cochise County is illustrated by the following:

- Mental health needs of the child are identified in the initial assessment.
 - Children birth to three years of age are automatically referred to the Easter Seals Blake Foundation within 72-hours of the initial response.
 - After the Rapid Response Assessment, each child's case is transferred to the preferred provider identified by the DCS Child Safety Specialist.
- DCS has a behavioral health clinical coordinator who assists in the coordination and oversight of all mental health service needs of children who are in care.
- Direct referrals for the Arizona Families FIRST substance abuse treatment program are sent to Adult Services.

9. Training and Technical Assistance

Training and technical assistance in Cochise County are illustrated by the following:

- A DCS manager that holds an Infant Mental Health (IMH) endorsement, together with an IMH endorsed clinician from the Easter Seals Blake Foundation, developed and presented a four-hour training on trauma and dependency to the court team, individual

DCS units, and Easter Seals Blake Foundation offices within Cochise and neighboring counties.

- Training occurs at monthly court team meetings focusing on collaboration between behavioral health service providers, DCS, and the court. About 10-15 individuals attend these meetings each month.
- In-depth training on the unique considerations of infants and toddlers is incorporated into the bi-annual dependency attorney training.
- Prevent Child Abuse Arizona has provided training over the past several years, including Best for Babies core components and various trauma informed care topics.

10. Evaluation

Currently, there is no evaluation of the court teams in Cochise County outside of the quarterly data submitted to the Administrative Office of the Court. These data are used to track who is involved in the Court Team and what efforts are being made to apply the Best for Babies principles. The Court Team collected some informal data on what participants would like to see happen with Best for Babies in the coming years.

Other Concerns

- There are currently no CASAs exclusively assigned to baby cases in Cochise County; however, all CASAs receive extensive training that includes infant brain development and other areas of infant-specific education. CASA of Cochise County is working to develop an infant-specific advocacy training program for those CASAs who wish to advocate for the birth to five-years-of-age population.

Future Goals Identified by Cochise County

- Encourage judicial participation and leadership through education and judicial mentoring.
- Make visitation more child and family friendly as well as more accessible; explore any and all options to establish one or more visitation centers.
- Provide expanded education for foster families, biological families, parent aides/case aides, the court, and behavioral health system staff on the crucial relationship-based support that infants and toddlers need.
- Acquire beneficial services, i.e., parent coaches.

Best for Babies: Coconino County Evaluation Summary

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Coconino County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ⁹ 2010 - 2014	
Population size	9,634
Gender	
Female	49.1%
Male	50.9%
Race	
White alone	32.8%
African American/Black alone	0.7%
American Indian & Alaska Native alone	35.1%
Asian alone	1.1%
Native Hawaiian and Other Pacific Islander alone	0.0%
Two or more races	6.6%
Some other race	4.8%
Hispanic or Latino	19.0%
Births to unmarried mothers ¹⁰	52.0%
Income in the past 12 months below poverty level ¹¹	35.4%
No health insurance coverage ¹²	15.4%

⁹ U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

¹⁰ Arizona Health and Vital Statistics (2014), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

¹¹ U.S. Census Bureau: American Community Survey (Table B17001: Poverty Status in the past 12 months by sex by age)

¹² U.S. Census Bureau: American Community Survey (Table B27001: Health insurance coverage status by sex by age)

Evaluation Question 1: How has Coconino County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams program was launched in Coconino County in July 2008 and is referred to as Best for Babies. The Court Team has been meeting monthly for several years. The role of the local community coordinator has been filled by an individual from the Healthy Families Arizona program since the inception of Best for Babies.

Evaluation Question 2: How has Coconino County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Coconino County is illustrated by the following key activities:

- The judge attends training and monthly Court Team meetings, which often involve a keynote speaker on matters related to the birth to three population.
- The judge keeps abreast of local community resources for children and parents.
- The judge actively seeks to engage with and motivate other judges to increase their knowledge of how best to handle birth to three cases.
- The judge assures concurrent planning is occurring.
- The judge applies Best for Babies concepts from the bench.
- The judge determines the length and frequency of visits, taking into account the specifics of each case. On occasion, this results in the suspension or termination of visitation due to distress exhibited by the child.
- The judge investigates progress by reviewing reports and asking questions of Department of Child Safety (DCS) Specialists and other involved parties.
- The checklist of essential services is utilized by the judge on every birth to three case.

2. Local Community Coordinator

There is no local community coordinator position in Coconino County. This role continues to be filled by an employee of the Healthy Families Arizona program who has served in this capacity since the inception of Best for Babies. This individual plans and facilitates the Best for Babies Court Team meetings to ensure that all community stakeholders and the court are working together in a coordinated manner.

3. Active Court Team

An active court team in Coconino County is illustrated by the following:

- The Best for Babies service provider group meets with the judge on a monthly basis.
- The court holds monthly Court Team meetings with DCS Child Safety Specialists, mental health providers, and other community stakeholders involved in current cases.
- The Court Team identifies and discusses gaps in services.
- The Court Team does not do case reviews because of confidentiality.

Barrier/Concerns:

- There is a concern that probation officers have not become engaged with the Court Team and the Court Team would like to know how probation officers are engaging with families in the community.
- DCS Child Safety Specialists have very limited contact with the Court Team.

4. Targeting Infants and Toddlers in Out-of-Home Care

Coconino County has targeted infants and toddlers in out-of-home care through the following:

- Focusing on infant mental health and providing support to parents through the leadership of the local community coordinator.
- Utilizing knowledge provided by the Infant Toddler Mental Health Coalition of Arizona.
- Holding Best for Babies Court Team monthly meetings.

5. Placement and Concurrent Planning

Concurrent planning is done by the juvenile court judge through the following actions:

- The court drives the issue of concurrent planning early on in cases.
- The judge works to locate a placement.
- The Court Team is called together to decide how they are going to serve that particular child.
- It is felt there has been a positive shift in how DCS Child Safety Specialists are engaging families and working to assist them prior to removing children from the home.

Barriers/Concern:

- A lack of available foster home placements in Coconino County is an expressed concern and it is felt it impacts the stability of placements for children.
- An additional concern was expressed regarding the ability to ensure the safety of kinship placements.
- Reasonable efforts to reunite families are viewed by the court as critical, as is timeliness of permanency. Having to balance these two interests creates a “fine line” whereby the judge is often faced with making difficult decisions. It is felt that it is crucial to have more accurate and useful information from all parties involved in order for the judge to make the difficult decisions involved in many of the cases.

6. Monthly Family Team Meetings to Review All Open Cases

The program model includes monthly family team meetings. In Coconino County, family team meetings are conducted as the Juvenile Court sees fit, and not under the direction of the Best for Babies approach or DCS. However, there are Child and Family Team (CFT) monthly meetings for cases held through behavioral health providers which include DCS Child Safety Specialists, parents, foster parents, Court Appointed Special Advocates (CASAs), attorneys, and all other parties invited. In addition, DCS conducts Team Decision Making (TDM) meetings for considered removals prior to filing a dependency petition, and for considered placement changes.

7. Parent-Child Contact

Parent-child contact in Coconino County is illustrated by the following actions:

- When a child is removed, the family may be provided with services to assist them in achieving better interactions with their child.
- Visitation happens at the following locations:
 - DCS offices
 - Relatives' homes
 - Foster parents' homes
- If a child is in extreme distress, the judge or counseling agency can recommend the termination or suspension of visits.

Barriers/Concerns:

- It is felt that the judge is aware that frequent visitation is very important for both the parent(s) and child. However, in Coconino County, it is felt that a lack of resources often adversely impacts the ability to facilitate visitation due to the long distances that often exist between where a child is placed and where the parent(s) reside.

8. Continuum of Mental Health Services

Continuum of mental health services in Coconino County is illustrated by the following:

- Safe Child conducts 72-hour Rapid Response assessments.
- Safe Child is connected to the hospital, so if there is an instance where a child is harmed they can facilitate immediate medical attention.
- The judge, Safe Child, and DCS Child Safety Specialists are responsible for integrating mental health care services into the case plan.

Barriers/Concerns:

- It is unknown if the court receives the Birth to Five Assessment completed by the local behavioral health system. This assessment is completed over a 4- to 6-week period through observation of the child and it is felt this assessment should be used to inform parents, foster parents, and the court.

9. Training and Technical Assistance

Training and technical assistance in Coconino County are illustrated by the following actions:

- There is a new CASA Coordinator for the County and a Baby CASA training was held in Flagstaff.
- DCS, service providers, community coordinators, probation officers, and attorneys all facilitate training depending on what the topic is.
- Prevent Child Abuse Arizona has provided considerable training and technical assistance.
- Training provided to the Court Team has addressed the following topics:
 - Maternal depression
 - Domestic violence
 - Premature births
 - Neonatal Intensive Care Unit
 - Foster care
- Training topics the Court Team would like in the future are:
 - Navajo Nation service delivery
 - Harm to children – trauma and babies

Barriers/Concerns:

- It is felt that historical trauma is a critical factor affecting Native American families and that this has not been addressed adequately by service providers in the community.

10. Evaluation

There is no county level evaluation. It was expressed that a county level evaluation would be difficult due to the fact that the availability of services throughout the County is disparate.

Recommendations

- There are a large number of Native American families in the community, therefore, cultural competence across service provider systems is viewed as being very important. For example, in the Healthy Families Arizona program, preference is given to hiring Native American social workers. It is felt that this hiring practice has positively impacted the ability to effectively engage with parents and ultimately will lead to a reduction in the number of infants and toddlers entering out-of-home care. It is recommended that this practice of preferential hiring be continued in Coconino County.
- Currently, there are approximately five or six CASA workers. An increase in CASA workers is recommended.

Future Goals Identified by Coconino County

- Begin utilizing a grant that will provide funding for a local community coordinator position.
- “Coaching” expectations during visits rather than just supervising.
- Bring the Substance Exposed Newborn Safe Environment program to Coconino County.

Best for Babies: Gila County Evaluation Summary

Prepared in 2016 by:
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Arizona State University

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Gila County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ¹³	2010 - 2014
Population size	3,854
Gender	
Female	48.2%
Male	51.8%
Race	
White alone	32.5%
African American/black alone	0.4%
American Indian & Alaska Native alone	20.5%
Asian alone	0.6%
Native Hawaiian and Other Pacific Islander alone	0.0%
Two or more races	6.6%
Some other race	4.7%
Hispanic or Latino	34.7%
Births to unmarried mothers ¹⁴	58.0%
Income in the past 12 months below poverty level ¹⁵	40.5%
No health insurance coverage ¹⁶	16.5%

¹³ Source U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

¹⁴ Source: Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

¹⁵ U.S. Census Bureau: American Community Survey (Table B17001: Poverty Status in the past 12 months by sex by age)

¹⁶ U.S. Census Bureau: American Community Survey (Table B27001: Health insurance coverage status by sex by age)

Evaluation Question 1: How has Gila County Implemented the Safe Babies Court Teams Program?

Gila County has not fully implemented the Best for Babies program model. The last Best for Babies meeting was held in Gila County in March of 2015. The position of the Court Appointed Special Advocate (CASA) Coordinator has traditionally taken the lead on matters concerning the birth to three population entering the court system. Recently, there has been a high turnover in this position. The current judge is focusing on matters specific to the birth to three age group and has begun reaching out to stakeholders in the community, and increasingly encouraging Department of Child Safety (DCS) Specialists to utilize the Best for Babies checklist.

Evaluation Question 2: How has Gila County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Gila County is illustrated by the following:

- There are two new juvenile judges in Gila County; three juvenile judges in total. Although the County does not have an official Court Team, the Presiding Juvenile Court Judge along with the CASA Coordinator have recently reached out to the community to develop such a team.
- There were two meetings held in May of 2016, one in Payson and one in Globe, in an effort to engage community stakeholders in the Best for Babies program. These meetings were well attended by the following entities:
 - Attorneys
 - Southwest Behavioral Health representatives
 - First Things First employees
 - DCS Specialists
 - CASA workers
 - Easter Seals Blake therapist
 - Other community mental health service providers
- The judge intends to have meetings in both locations in the future, but a specific date has not yet been set.
- The judge will be attending the training in July of 2016 on Best for Babies.
- The judge encourages DCS Specialists to utilize the Best for Babies checklist.

2. Local Community Coordinator

There is no local community coordinator position in Gila County. The CASA Coordinator serves in this role and is working closely with the Presiding Juvenile Court Judge to establish community engagement and buy-in to implement the Best for Babies program model.

3. Active Court Team

Gila County is working towards developing an active court team. Currently, the team consists of the CASA coordinator and the juvenile judge. DCS has indicated a desire to be a part of this team, but no clear agreement has been reached. Preliminary meetings involving community stakeholders were held in May of 2016, in Payson and Globe, but no clear commitments were made by the attendees.

4. Targeting Infants and Toddlers in Out-Of-Home Care

Targeting infants and toddlers in out-of-home care in Gila County is illustrated by hearings for infant and toddler cases are held approximately 90 days apart. If there are special considerations, they are held 30 days apart.

Barriers/Concerns:

- The Best for Babies checklist is not being used for every baby case.

5. Placement and Concurrent Planning

Placement and concurrent planning in Gila County are illustrated by the following:

- When a dependency starts, a mediation occurs before the initial hearing at the pre-conference hearing.
- Concurrent planning is occurring.
- DCS has recently informed the County that they are now providing intensive in-home services for Substance Exposed Newborn babies/families. It was stated that this has likely resulted in reduced placements in out-of-home care.

Barriers/Concerns:

- The Indian Child Welfare Act guidelines often result in siblings being separated during placements.

6. Monthly Family Team Meetings to Review All Open Cases

The program model includes monthly team meetings. In Gila county, family team meetings are conducted as the Juvenile Court sees fit, and not under the direction of the Best for Babies program model or DCS. However, there are Child and Family Team (CFT) monthly meetings held through behavioral health providers which include DCS Specialists, parents, foster parents, CASAs, attorneys, and all other parties. In addition, DCS conducts Team Decision Making (TDM) meetings for considered removals prior to filing a dependency petition, and for considered placement changes.

7. Parent-Child Contact

Parent-child contact in Gila County is illustrated by the following:

- Visitation is standardized; two days a week for four hours.
- There are times when visitation has been suspended or terminated due to parental substance abuse.

Barriers/Concerns:

- There is often a long distance between where parents live and where their child is placed. It was stated that parents often have to travel to Phoenix for substance abuse treatment and their child is placed in Gila County which makes visitation very difficult.

8. Continuum of Mental Health Services

Continuum of Mental Health Services in Gila County is illustrated by:

- Horizon and Southwest Human Services are the main community mental health providers for families.
- DCS Specialists are very good about providing their families with referrals to the community behavioral health agencies. However, parents continue to struggle to meet the designated timeframes for completing services.

9. Training and Technical Assistance

Training and Technical assistance in Gila County is illustrated by:

- Prevent Child Abuse Arizona has conducted presentations for the Court and has offered to provide training.

Barriers/Concerns

- The Court Team is interested in getting the training certified for continuing education credits as an incentive to engage lawyers and court personnel.

10. Evaluation

There is no formal evaluation being conducted, however, the Court is gathering data on length of time to reunification or severance of rights. Gila County has a software program, DCATS and JOLTS. They have a data component that flags dependencies and they also keep Excel tracking documents.

Future Goals

- To provide training to parent-aides for coaching parents on healthy interactions with their infants/toddlers.
- To provide training to new judges to increase judicial buy-in across the County.
- To arrange for Prevent Child Abuse Arizona to provide training.
- To successfully create an active Court Team within the next year.

Best for Babies: Graham County Evaluation Summary

Prepared in 2016 by:
Center for Child Well-Being
Arizona State University

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Graham County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ¹⁷	2010 - 2014
Population size	3,317
Gender	
Female	48.8%
Male	51.1%
Race	
White alone	41.7%
African American alone	0.2%
American Indian & Alaska Native alone	18.6%
Asian alone	0.7%
Native Hawaiian and Other Pacific Islander alone	0.6%
Two or more races	4.1%
Some other race	3.1%
Hispanic or Latino	31.1%
Births to unmarried mothers ¹⁸	45.0%
Income in the past 12 months below poverty level ¹⁹	31.6%

¹⁷ Source U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

¹⁸ Source: Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

¹⁹ U.S. Census Bureau: American Community Survey (Table B17001: Poverty Status in the past 12 months by sex by age)

Evaluation Question 1: How has Graham County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams program was launched in Graham County in 2010. In Graham County the program is called Best for Babies and it handles cases for children from birth through five years of age. The Court Team in Graham County reinstated regular monthly meetings in March of 2016. The Dependency Coordinator, who is also the Court Appointed Special Advocate (CASA) Coordinator, serves in the role of local community coordinator for the Best for Babies program. Both the judge and the Dependency Coordinator have been involved in the program since its inception. The County has revised the Best for Babies checklist over the years and has reportedly found implementing the checklist to be very useful in achieving outcomes.

Evaluation Question 2: How has Graham County Operationalized the 10 Core Components?

1. Judicial Leadership

There is strong judicial leadership in Graham County as illustrated by the following key activities:

- The judge leads the court team meetings which occur on the first Wednesday of every month (as of March 2016)
- The judge attends training on infants and toddlers and the statewide Best for Babies annual meeting.
- The judge ensures that DCS Specialists address the gaps that have been identified in cases. If gaps have not been addressed, the judge will issue a court order demanding DCS provide a rationale. Since this practice was instituted DCS Specialists have reportedly become better at completing the checklist.
- The judge ensures that services such as Arizona Early Intervention Program are in place and is proactive in asking questions about services.
- All children consistently have concurrent case plans. This is believed due to there being one judge who oversees all dependency cases involving the zero to three population.
- At times the judge will have a pretrial conference or a status conference and will combine it with a settlement conference if there is to be a severance and adoption. Graham County has used the settlement and mediation process more than normal, and this is felt to have expedited permanency in some cases.
- The judge determines the length and frequency of visitation and issues orders; suspending or terminating visitation when warranted.
- The judge investigates progress by reviewing reports and asking questions of DCS Specialists and other involved parties.
- If it appears there will be a severance and adoption, the judge can assign a settlement beforehand and this is thought to help achieve resolution of the case through open communication agreements.

2. Local Community Coordinator

There is no local community coordinator position in Graham County. The Dependency Court coordinator fills the role and is responsible for the following activities:

- Facilitating Court Team meetings
- Distributing meeting minutes
- Working with other agencies to resolve issues
- Ensuring the Best for Babies checklist is completed before a preliminary protection hearing, or review hearing, for children ages birth to five years. If any gaps on the checklist are found, this is pointed out to the judge who then follows up with the DCS Specialist who handles all service and referral coordination.

3. Active Court Team

The Court Team currently meets the first Wednesday of every month. When cases are referred to the meetings they are talked about in a “general sense” in an effort to protect confidentiality.

Regular attendance at the meetings include members from the following entities:

- Easter Seals Blake Foundation
- Arizona Early Intervention Program (AzEIP)
- Child’s Attorney
- Graham County Attorney
- Juvenile Judge
- Mental health agencies
- Department of Child Safety

Barriers/Concerns

- It was stated that representatives from the Regional Behavioral Health Authority do not attend Court Team meetings and it is felt it would be beneficial to have them in attendance.

4. Targeting Infants and Toddlers in Out-of-Home Care

Targeting infants and toddlers in out-of-home care in Graham County is primarily illustrated by the following:

- The Dependency Coordinator explains advantages and disadvantages of co-parenting to parents and foster parents.
- Utilization of the Best for Babies checklist
- Utilization of court orders

5. Placement and Concurrent Planning

Placement and concurrent planning in Graham County are illustrated by the following:

- DCS is not currently using concurrent planning with every child. In cases where the parents have no priors, they allow time before initiating a concurrent plan. It is believed this is done in order to more successfully engage parents in the case plan.
- The judge attempts to minimize placement changes, requesting more motions in advance of a change of placement.

- The Court tries to ensure that children are placed with a family member for their first placement. If this does not happen, the Court will attempt to move the child to a kinship placement early before the child gets too settled into another placement. The Court does not have control over the initial placement associated with removal.

6. Monthly Family Team Meetings to Review All Open Cases

Monthly family team meetings to review all open cases in Graham County do not occur. Other meetings involving case review include the following:

- Team Decision Meetings (TDM) occur at the beginning of the case. The judge receives a report about the meeting from the DCS Child Safety Specialist.
- The RBHA is responsible for reporting the results of the Child and Family Team (CFT) meetings to the judge. Attendees at these meetings include:
 - Easter Seals Blake Foundation
 - Court Appointed Special Advocates (CASA)
 - DCS Child Safety Specialists
 - Family members
 - Therapists
 - Parents

Barriers/Concerns

- It was expressed that there is on-going concern that DCS Specialists are not attending TDMs and CFTs regularly. The Court Team consistently reminds DCS Specialists of the upcoming Best for Babies cases that will require checklists.

7. Parent-Child Contact

Parent-child contact in Graham County is illustrated by the following actions:

- At a minimum, a parent will be able to visit their child twice a week for two hours.
- A policy that the judge has instituted is that the younger the child the more visits will be ordered. The judge attempts to order at least three visits a week if not more, and daily for infants. The frequency of the visitation orders helps parents realize the court is serious about assisting them with reunification. The judge relies on therapist recommendations regarding visitations.
- The Court prefers daily parental contact if at all possible. This preference is best facilitated if there is a kinship placement with a visitation supervisor.
- Visits occur at kinship placement, Intermountain, Arizona Children's Association, Catholic Community Services, local parks, or at DCS offices utilizing contracted parent aides.
- If the child is in extreme distress the Guardian ad Litem (GAL), DCS Specialist, parent's attorney, CASA, or kinship supervisor can make recommendations to end or suspend visits, however, the GAL, Attorney General, or parent's attorney have to make the motion to the court.

Barriers/Concerns

- No family-centered visitation center exists in Graham County.
- It is felt there are an inadequate number of parent aides available to work on weekends or after normal business hours.

- Visitations can only happen during normal businesses hours if there are no kin to supervise.
- Barriers to transportation exist if the child's placement is outside of the County as DCS will not supply transportation for parental visitation in most cases.

8. Continuum of Mental Health Services

Continuum of mental health services in Graham County is illustrated by the following:

- A Rapid Response crisis referral happens within 72 hours of case opening.
- Completion of the Ages and Stages Questionnaire (ASQ) and Zero to Five assessments are completed.

Barriers/Concerns

- It was stated that children are often not being referred to AzEIP and that the quality of AzEIP services is in question.
- The County does not have local providers when it comes to psychological evaluations and psychiatric services thereby creating the need to refer clients to services located outside of the County.
- It was stated that it has been difficult to work with the Regional Behavioral Health Authority to arrange appropriate services by Ph.D. professionals as they often are reportedly not willing to pay for such services.

9. Training and Technical Assistance

Training and technical assistance in Graham County are illustrated by the following:

- Easter Seals Blake Foundation facilitates training on infants and toddlers.
- Becky Ruffner with Prevent Child Abuse Arizona has been helpful and is always willing to provide training.
- Infant and toddler training
- Child representation training
- Training on the new parent representation standards that went into effect last year. This training was provided by the County and Administrative Office of the Courts, led by Dr. Azzi, whose presentation was entitled "Parenting Time." The judge provided information on the amount of contact that parent attorneys must have with their clients.
- Those who attend the training include CASAs
- Training occurs for the guardian ad litem and dependency attorneys every two to three years

Barriers/Concerns

- It was reported that there has been sporadic participation on the part of DCS Specialists and AzEIP in offered training geared towards the zero to three population.

10. Evaluation

There is no county-wide evaluation in Graham County. It was stated that the resources to hire someone to evaluate the program do not exist. It is felt that conducting an evaluation would help the County more successfully implement the Best for Babies program and to correct issues

before the Administrative Office of the Court identifies them. The staff would like to know what other counties are doing for evaluation and what they have found to be useful.

Other Concerns

- The CASA program in Graham County has three CASAs, none of whom are assigned to baby cases.
- An additional concern expressed is the high turnover rate with all service provider agencies in the county. It is felt that this reality makes sustaining the program more challenging as it requires ongoing training.

Future Goals Identified by Graham County

- Meet bi-monthly
- Implement parent coaching
- Have treatment providers attend meetings
- Ensure early intervention services are being provided

Best for Babies: Greenlee County Evaluation Summary

Prepared in 2016 by:
Center for Child Well-Being
Arizona State University

Acknowledgments

This report was prepared by the Center for Child Well-Being, Arizona State University, under contract number AVS0119 for Prevent Child Abuse Arizona (PCA Arizona). The report was written by Dr. Judy Krysik, Dr. Lois Sayrs, Cara Kelly, Ann Turnlund and Deborah Mabingani.

The study would not have been possible without a grant to PCA Arizona from First Things First. We would like to thank Rebecca Ruffner, Executive Director at PCA Arizona, for working to promote, implement, and evaluate evidence based child abuse and neglect prevention programs. Thank you as well to Rob Shelley, Court Improvement Program Manager at the Dependent Children's Services Division, Arizona Supreme Court, who helped facilitate our county surveys. The quantitative data were provided by the Arizona Department of Child Safety and the authors would like to acknowledge their support.

Finally, the authors would like to send their sincerest gratitude to those who participated in the county telephone interviews. The insights gained through this evaluation are instrumental in understanding the children and families and continually improving practices in the child welfare system in the state of Arizona.

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Greenlee County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ²⁰	2010 - 2014
Population size	3,317
Gender	
Female	48.9%
Male	51.1%
Race	
White alone	41.7%
African American alone	0.2%
American Indian & Alaska Native alone	18.6%
Asian alone	0.7%
Native Hawaiian and Other Pacific Islander alone	0.6%
Two or more races	4.1%
Some other race	3.1%
Hispanic or Latino	31.1%
Births to unmarried mothers ²¹	44.0%
Income in the past 12 months below poverty level ²²	3.7%
No health insurance ²³	5.7%

²⁰ U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

²¹ Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

²² U.S. Census Bureau: American Community Survey (Table B107001: Poverty status in the past 12 months by sex by age)

²³ U.S. Census Bureau: American Community Survey (Table B27001: Health insurance coverage status by sex by age)

Evaluation Question 1: How has Greenlee County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams model program was launched in Greenlee County in 2010. In Greenlee County, the program is referred to as Best for Babies. Initially the Court Team met regularly on a quarterly basis and the judge has been involved in the program since its inception.

Evaluation Question 2: How has Greenlee County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Greenlee County is illustrated by the following:

- The judge makes sure that all parties meet their responsibilities early in the case and addresses the Best for Babies checklist.
- The judge assures that concurrent planning is occurring.
- The judge determines the length and frequency of visits; and terminates visitation when warranted.
- The judge investigates progress by reviewing reports and asking questions of case managers and other parties.
- The judge facilitates and coordinates the court team meetings.
- The judge schedules early and regular reviews, usually within two months.
- The judge informs parents of the various actions the court can take.
- The judge ensures that services (such as Arizona Early Intervention Program) are in place and is proactive in asking questions about services.
- The judge uses best practices when issuing judicial orders.

2. Local Community Coordinator

There is no local community coordinator in Greenlee County.

3. Active Court Team

The Court Team has not met within the last year but used to meet quarterly, arranged and facilitated by the judge. A committee is being formed to restart quarterly meetings. When the Court Team did meet, the following items were discussed:

- Identification of local resources.
- Determination of duplicate services to see where agencies could combine efforts.
- Location of possible visitation spaces to provide a more home-like setting.
- Ensuring that everyone on the Court Team understands all of the services available; establishing a directory of services.
- Identification of gaps in services and education of the community and stakeholders.
- Addressing case issues, staffing problem cases, and resolving legal system barriers.

4. Targeting Infants and Toddlers in Out-of-Home Care

Targeting infants and toddler in out-of-home care in Greenlee County is illustrated by the following:

- Children under 36 months are targeted.
- There are early and frequent hearings.
- The Best for Babies checklist is utilized.
- Court Team members are trained on Best for Babies.
- Key strategies are used to achieve positive outcomes.
- Best practice judicial orders are made.

5. Placement and Concurrent Planning

Placement and concurrent planning in Greenlee County are illustrated by the following:

- A determination is made at the initial hearing as to the appropriateness of the placement or the family member placement.
- The judge makes the concurrent plan decision at the initial hearing and follows up on it at every subsequent hearing.
- The judge attempts to minimize placement changes by requiring more motions in advance of a change in placement.
- The Court always attempts to ensure children are placed in kinship homes.

6. Monthly Family Team Meetings to Review All Open Cases

The program model includes monthly family team meetings. In Greenlee County, family team meetings are conducted as the Juvenile Court sees fit, and not under the direction of the Best for Babies program model or the Department of Child Safety (DCS).

Other meetings in the County to review progress include Child and Family Team (CFT) meetings.

- Attendees at the CFT meetings vary depending on each case and each meeting.
- DCS is responsible for reporting the results of the meetings to the judge.

Barriers/Concerns:

- Barriers to attending the meetings include notification. Sometimes the parent, Court Appointed Special Advocate (CASA), and placement provider cannot attend due to a lack of notification.

7. Parent-Child Contact

Parent-child contact in Greenlee County is illustrated by the following:

- The judge orders the frequency and type of visitation and believes more parent visitation time is better.
- If visits need to be supervised, DCS has the responsibility to coordinate the dates and times.
- Case aides and family members sometimes supervise visits. A visitation monitor is a resource that can be utilized through the court. The judge reports that the written reports on visitation are very thorough.
- Visits can occur at the following locations:
 - Parent's home

- Relative's home
- Park
- McDonalds playground
- Bowling alley
- If the child is in extreme distress during visitation, the following parties can recommend the suspension or termination of visits
 - Attorneys
 - Guardian Ad Litem (GAL)
 - DCS
 - Monitor
 - Kin
 - Parent or foster parent

Barriers/Concerns:

- Visits occur less frequently than the judge orders.
- Lack of availability of individuals to monitor visits.
- Lack of transportation for children and parents.

8. Continuum of Mental Health Services

Mental health services in Greenlee County include the following:

- The child undergoes a forensic interview or counseling.
- The parent may attend counseling or receive mental health treatment.
- The parties that are responsible for addressing mental health needs for the child and parent include:
 - DCS
 - Attorney
 - Parent
 - Physician's report
- Mental health services are integrated into the case plan as requirements for the parent to ensure provision of services to the child.

9. Training and Technical Assistance

Training and technical assistance in Greenlee County include the following:

- Attorneys are required to undergo specific dependency training which is verified annually.
- Attendance at the annual Best for Babies conference.
- Diverse members are invited to be part of the Court Team.
- Prevent Child Abuse AZ (PCA AZ) has done a great job assisting with the County's local conference and makes suggestions for training topics.

10. Evaluation

There is no county level evaluation. Participants at the County's local conference are requested to evaluate each of the speakers.

Other Concerns

There are no baby CASAs due to the low level of dependency cases in Greenlee County. Children between the ages of zero to three represent about 5% of all youth in care in Greenlee County.

Future Goals Identified by Greenlee County:

- Institute more county-based foster homes.
- Implement more frequent visitation times with child and parent, while placing an emphasis on coaching.
- Inform all parties involved CFT, staffing, and other relevant information.
- Ensure permanency is accomplished with appropriate timelines.
- Refer all substance abusing parents for psychiatric evaluation.

Best for Babies: La Paz County Evaluation Summary

Prepared in 2016 by:
Center for Child Well-Being
Arizona State University

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Finally, the authors would like to send their sincerest gratitude to those who participated in the county telephone interviews. The insights gained through this evaluation are instrumental in understanding the children and families and continually improving practices in the child welfare system in the state of Arizona.

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La Paz County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ²⁴	2010 - 2014
Population, estimate	1,241
Gender	
Female	43.5%
Male	56.5%
Race	
White alone	23.1%
African American alone	0.0%
American Indian & Alaska Native alone	19.3%
Asian alone	0.3%
Native Hawaiian and Other Pacific Islander alone	0.0%
Two or more races	5.5%
Some other race	18.4%
Hispanic or Latino	33.4%
Births to unmarried mothers ²⁵	63.0%
Income in the past 12 months below poverty level ²⁶	30.5%
No health insurance coverage ²⁷	6.3%

²⁴ U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

²⁵ Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

²⁶ U.S. Census Bureau: American Community Survey (Table B107001: Poverty status in the past 12 months by sex by age)

²⁷ U.S. Census Bureau: American Community Survey (Table B27001: Health insurance coverage status by sex by age)

Evaluation Question 1: How has La Paz County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams program was launched in La Paz County in 2014. In La Paz County the court teams program is called Best for Babies. The Court Team has been meeting on a quarterly basis. The judge serves in a leadership role for the Court Team meetings. The local Court Appointed Special Advocate (CASA) Coordinator serves in the role of the local Community Coordinator for the Best for Babies program in La Paz County.

Evaluation Question 2: How has La Paz County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in La Paz County is illustrated by the following key activities:

- The judge serves as the leader for the Best for Babies Court Team program
- The judge attends training
- The judge conducts case reviews
- The judge assures concurrent planning is occurring
- The judge determines the length and frequency of visits; suspends or terminates visitation
- The judge investigates progress by reviewing reports and asking questions of DCS Child Safety Specialists and other parties

2. Local Community Coordinator

There is no local community coordinator in La Paz County. The CASA Coordinator continues to serve in this role which is part time (.25). The current CASA Coordinator is new to the position and did not receive any training on the Best for Babies model from the individual who previously held the position.

3. Active Court Team

An active Court Team in La Paz County is illustrated by the following:

- The Court Team meets on a quarterly basis.
- Key activities include the following:
 - Discussion on how cases are being processed
 - Identification of how things can be improved
 - Discussion surrounding timelines for filing various reports
 - Consideration of other topics that will lead to improvement in the handling of dependency cases

4. Targeting Infants and Toddlers in Out-of-Home Care

Targeting infants and toddlers in out-of-home care in La Paz County is illustrated by the existence of court team meetings.

5. Placement and Concurrent Planning

Placement and concurrent planning in La Paz County are illustrated by the following:

- Concurrent planning is utilized in the majority of Zero to Three cases. Currently, 75 percent of cases have a plan of family reunification concurrent with severance and adoption (either relative or non-relative).
- The Foster Care Review Board recently began advocating for an increase in timely severances after a finding that the State and guardians were not filing petitions for severance in a timely fashion. It is reported that this has resulted in cases moving through the court in alignment with the Best for Babies timelines.
- The judicial officer makes sure that adequate progress is occurring on case plans by addressing all parties in court.
- When there is no concurrent case plan, the judge will begin to question parties to determine the reasoning behind their not being one in place.

6. Monthly Family Team Meetings to Review All Open Cases

The program model includes monthly family team meetings. In La Paz County, family team meetings are conducted as the Juvenile Court sees fit, and not under the direction of the Best for Babies program model or DCS. The case review meetings that occur in La Paz County include:

- Team Decision Making meetings (TDM's) and Child and Family Team meetings (CFT's)
- Attendees at these meetings include the following:
 - DCS Child Safety Specialists
 - Attorneys
 - Service providers
 - Parents
- DCS Child Safety Specialists are responsible for reporting the results of the above meetings to the judge.

7. Parent-Child Contact

Parent-child contact in La Paz County is illustrated by the following:

- Standard practice for parental visitation is twice per week for two hours in duration
- Visitations occur at DCS offices, Kinship placements, and Community locations (e.g. parks, restaurants)
- AmeriPsych is used to supervise visits
- If a child is in extreme distress, the AG's office must file a motion to suspend or terminate visitation.

Barriers/Concerns:

- It was stated that a lack of foster care placements in La Paz County has resulted in children being placed in Yuma. It is thought that a lack of access to transportation has hampered visitation as well.

8. Continuum of Mental Health Services

Continuum of mental health services in La Paz County is illustrated by the following:

- Within 24 hours of removal, an evaluation for mental and behavioral health concerns is conducted
- Attendees at the CFT meetings discuss mental health issues

- The CFT meeting facilitator will provide a report to the judge prior to the review hearing to report progress and show what recommendations are being made

Barriers/Concerns:

- It is felt that an environment of mutual blame frequently occurs between DCS Specialists and parents regarding who is responsible for why the case plan has been unsuccessful. There has reportedly been a dramatic increase in the number of dependency cases over the past year. It is not known exactly what has caused this increase in cases.

9. Training and Technical Assistance

Training and technical assistance in La Paz County are illustrated by the following:

- Members of the Court Team typically attend the Best for Babies conference.
- Multiple training sessions have been facilitated by Prevent Child Abuse Arizona and Zero to Three.

10. Evaluation

There is no county level evaluation. Time to disposition statistics are in the development and testing phase and are run quarterly and every fiscal year. Testing is will continue through 2017 and eventually statistics will be run every fiscal year.

Recommendations

- Additional staff members, one more judge, case workers, and court personnel are needed. Funding is very limited. The CASA Coordinator is currently exploring a VOCA grant to supplement the program and provide funding for hiring additional personnel to help with training.

Future Goals Identified by La Paz County:

- To decrease the average timeframe from when a case is opened to when it is closed. Although the average time to case closure is one year, some have been ongoing for 2 years.
- To reduce staff turnover in the CASA Program.
- To create a more active Best for Babies program.

Best for Babies: Mohave County Evaluation Summary

Prepared in 2016 by:
Center for Child Well-Being
Arizona State University

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Finally, the authors would like to send their sincerest gratitude to those who participated in the county telephone interviews. The insights gained through this evaluation are instrumental in understanding the children and families and for continually improving practices in the child welfare system in the state of Arizona.

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Krysik, J., Sayrs, L., Kelly, C., Turnlund, A., & Mabingani, D. (2016). *Best for Babies: Mohave County Zero to Three Court Teams Initiative, 2010-2016*. Phoenix, AZ: Arizona State University.

Mohave

Table 1. County Profile

Demographic Estimates for children birth to five years ²⁸		2010 - 2014
Population size		10,782
Gender		
Female		50.4%
Male		49.5%
Race		
White alone		60.9%
African American alone		1.1%
American Indian & Alaska Native alone		2.5%
Asian alone		0.7%
Native Hawaiian and Other Pacific Islander alone		0.0%
Two or more races		7.0%
Some other race		3.7%
Hispanic or Latino		24.2%
Births to unmarried mothers ²⁹		55%
Income in the past 12 months below poverty level ³⁰		44.9%
No health insurance ³¹		16.9%

¹Value greater than zero but less than half unit of measure shown

²⁸ Source U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

²⁹ Source: Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

³⁰ U.S. Census Bureau: American Community Survey (Table B107001: Poverty status in the past 12 months by sex by age)

³¹ U.S. Census Bureau: American Community Survey (Table B27001: Health insurance coverage status by sex by age)

Evaluation Question 1: How has Mohave County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams program was launched in Mohave County in 2006. In Mohave County, the court teams program is called Best for Babies. The court team Coordinator and Judge facilitate the monthly Court Team meetings. The Judge has provided judicial leadership since the implementation of the program. The court team is funded by a grant through First Things First which makes it somewhat different from other county programs. There is a Steering Committee in addition to the Court Team. The message and understanding of early childhood development are considered more widespread as a result of the program. Mohave County has recently experimented with the role of “mentor parents.”

Evaluation Question 2: How has Mohave County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Mohave County has been strong and continuous and is evidenced by:

- Attendance at monthly steering committee meetings
- Attendance at training pertaining to concepts on infants and toddlers
- Attendance at court team training and meetings in other states
- Determining the length and frequency of visitation
- Implementing Best for Babies concepts from the bench
- Determining if and when there should be suspension or termination of visits
- Informing parents of various actions the court can take
- Ordering psychological assessments of parents as needed (the majority of cases).
- Ordering drug testing as needed
- Investigating progress on cases from the bench
- Assuring concurrent planning is occurring and follow-up in hearings on the progress
- Presenting ideas to the court team to see who can accomplish what objectives
- Performing a lead role in the court team meetings.
- Holding hearings more frequently
- Mentoring new judges
- Mentoring judges in tribal jurisdictions

2. Local Community Coordinator

The role of local community coordinator is relatively new in Mojave County. Currently, the Court Team Director for the Infant and Toddler Mental Health Court Team is serving in the role of the local community coordinator. Under the most recent First Things First grant, the local community coordinator will have new functions in creating greater alignment with the Zero to Three model. Currently, the community coordinator attends all court hearings for children aged zero to five years and recommends services.

The role of the community coordinator includes the following responsibilities:

- Serves as a liaison to all parties
- Attends court hearings

- Provides training on evidence-based practices
- Collaborates with service provider agencies
- Facilitates court team meetings
- Investigates new programs
- Completes checklist of required services on a case to inform the judge of progress
- Recommends services for children and families in court hearings

3. Active Court Team

An active court team in Mohave County is illustrated by the following:

- The court team meets on a monthly basis
- The coordinator facilitates the meetings and her assistant takes minutes
- Educating community stakeholders and judges
- Presenting issues related to zero to three cases
- Training of court team members on best practices
- Meeting topics include the following:
 - Training – service providers discussing services or a training topic.
 - Discussing gaps in services.
 - Discussing how to improve services and the court process.

Barriers/Concerns:

Law enforcement, state prosecutors, and school districts are not attending.

4. Targeting Infants and Toddlers in Out-of-Home Care

Targeting infants and toddlers in out-of-home care in Mohave County is illustrated by:

- A new pilot program (MIKIDS) is being offered through the Regional Behavioral Health Authority (RBHA). This program will provide a family support worker/advocate to parents at the beginning of any case involving a child ages 0-3.
- The Substance Exposed Newborn Safe Environment (SENSE) program was piloted in 2015 and has been successful in reaching out and engaging parents.
- Hearings are held more frequently.

Prior to the high increase in the number of cases coming through the court, cases were handled quickly and the court developed useful ways of working with parents that often led to permanency. Currently, it is felt that it is difficult to make sustained progress. Contributing factors to the increase in cases are thought to be the following: increased poverty and drug use among the population, and possibly the increased scrutiny being placed on DCS from the media, which is thought to possibly result in the Hotline taking more reports.

Barriers/Concerns:

It is felt there is a lack of resources across multiple public service sectors in Mohave County encompassing case managers, attorneys, service providers, and court personnel.

5. Placement and Concurrent Planning

Placement and concurrent planning in Mohave County are illustrated by:

- Less disruption in Zero to Three cases with a higher percentage of first placement being the last placement.

- The judge investigates progress at hearings
- The court has a designated half-day pre-conference which has served to increase communication between parents and attorneys.

Barriers/Concerns:

It was stated that some attorneys have trouble supporting concurrent planning. The judge seeks to educate attorneys about the purpose of concurrent planning when such plans are ordered. It is felt that DCS Child Safety Specialists often do not seem to effectively take any action on the concurrent plan. This is believed to be tied to the high caseload many specialists carry combined with a persistent high turnover rate within the agency.

Concern was expressed surrounding the occurrence of having three DCS Child Safety Specialists (investigator, ongoing and permanency case manager) working on a case during simultaneous points in time as a case transitions through the child welfare system. It was expressed that there is often a breakdown in communication between these various specialists during the different transition phases. It is believed that this breakdown in communication has contributed to the creation of barriers to reaching permanency in cases.

6. Monthly Family Team Meetings to Review All Open Cases

The program model includes monthly family team meetings. In Mohave County, family team meetings are conducted as the Juvenile Court sees fit, and not under the Best for Babies program model or DCS. The team meetings occur during DCS Child & Family Team (CTF) meetings in which cases for children birth to three years of age are reviewed. These are occurring for every child. Other meetings include the Team Decision Making (TDM) meetings; at times these are held on the phone which limits their effectiveness.

- Attendees include:
 - Mental health providers
 - DCS Child Safety Specialists
 - Parents
 - Attorneys
 - CASA (Court Appointed Special Advocate)
 - Coordinator
 - Child, when appropriate
- Meetings occur more frequently (monthly) when the child possesses behavioral problems, but may not be held as frequently for infants and toddlers.
- Outcomes of meetings are regularly provided to the judge in disclosures.

Barriers/Concerns:

It was stated that there is often sporadic attendance at family team meetings on the part of various parties involved. Additionally, it is felt that at times, foster parents seems to overly influence decisions made on cases.

7. Parent-Child Contact

Parent-child contact in Mohave County is illustrated by the following:

- Visits are mostly supervised by DCS or a contracted agency.

- Most visits are held in DCS offices. Some stakeholders have expressed that it would be beneficial to determine if parent's homes are appropriate for in-home visits believing it may benefit all parties involved.
- A minimum of six hours per week is being ordered per what parties agreed to at the pre-hearing conference. Some attorneys are being more specific about how many contacts are involved in the number of hours.
- Visits tend to be longer and less frequent than desired ; two to three hour long visits per week for a newborn rather than visits that occur every day. DCS recently informed the court that they only are required to provide visitation for four hours a week.
- If the child is in extreme distress in response to visitation the child's attorney, Arizona Attorney General's Office, DCS, community coordinator, parent's attorney, or CASA can make a recommendation to change the visitation plan. This issue is commonly raised by the child's attorneys.

Barriers/Concerns:

Contracted agencies have difficulty with ensuring visitations are held and that they are being facilitated appropriately. There are often barriers in providing transportation for visitations. Many parents are not self-sufficient and are held responsible by their DCS case manager for arranging their transportation to attend visitation. This becomes a larger barrier when the placement of a child is not in proximity to where the parent resides.

It was reported that when visits do occur, there is only one visitation room and it is not always supervised. It is thought that it would be helpful to arrange for kinship/relative supervision during visitations. The current process of approving relative supervision is felt to be based on issues that do not appear to be a current concern.

8. Continuum of Mental Health Services

Continuum of mental health services in Mohave County is illustrated by the following:

- Initiation of parent/family coaching in clinics
- DCS child safety specialist enters 72-hour assessment request
- Ongoing assessments are completed on an as needed basis. Due to DCS staff turnover, the person responsible sometimes does not follow through which then impacts delays from referral to service.
- The judge investigates services in the court hearings. Attorneys follow up on service provision.
- Sometimes mental health professionals attend the court hearings.
- There is an issue with what is considered an appropriate case plan among team members. DCS has the position that the case plan staffing can be done within 60 days. This makes it difficult to engage parents. The practice of developing a case plan at the beginning of the case has now been modified to the development of a complete case plan in 60 days.
- Mental health concerns are reviewed in the Child and Family Team meetings.

Barriers and concerns:

There continues to be low-level of engagement in services by biological parents.

9. Training and Technical Assistance

Training and technical assistance in Mohave County are illustrated by the following:

- Training occurs on a monthly basis per the grant for training and education.
- Attendees of the training include the following:
 - Judges
 - Attorneys
 - CASAs
 - Mental health providers
 - DCS used to attend but now needs special permission – need DCS to attend to put the training into practice.
 - Foster parents
- Training topics include the following:
 - Brain development
 - Zero to Three will train on the ten core components in September.
 - The importance of parent-child visits.
 - Home visits
 - Case planning
 - Foster parenting
 - Preventing Child Abuse by PCAAZ
- Annual Infant and Toddler Mental Health Symposium.

Barriers/Concerns:

- There is a need technical assistance on how to facilitate case reviews.
- There is currently no CASA training that is specific to baby cases.

10. Evaluation

Evaluation in Mohave County is illustrated by:

- There is a database of information that goes to First Things First.
- Reunification rates for Zero to Three children are tracked.
- A new database is in development that will track court team services.

Barriers/Concerns:

Mohave County needs assistance with collecting and analyzing data. The court has an archive that could be utilized more effectively if they could get trained on how to make use of the data.

Future Goals identified by Mohave County are as follows:

- Implement parent and family coaching program
- Connect training to targeted audiences
- Improve the quality of local placements

Best for Babies: Navajo County Evaluation Summary

Prepared in 2016 by:
Center for Child Well-Being
Arizona State University

Acknowledgments

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Navajo County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ³²		2013
Population size		8,641
Gender		
Female		49.07%
Male		50.93%
Race		
White alone		29.08%
African American alone		0.09%
American Indian & Alaska Native alone		48.40%
Asian alone		0.49%
Native Hawaiian and Other Pacific Islander alone		0.00%
Two or more races		6.94%
Some other race		1.46%
Hispanic or Latino		13.54%
Births to unmarried mothers ³³		62%
Income in the past 12 months below poverty level ³⁴		23.52%
No health insurance coverage ³⁵		10.52%

³² Source U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

³³ Source: Arizona Health and Source: Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section

³⁴ U.S. Census Bureau: American Community Survey (Table B17001: Poverty Status in the past 12 months by sex by age)

³⁵ U.S. Census Bureau: American Community Survey (Table B27001: Health insurance coverage status by sex by age)

Evaluation Question 1: How has Navajo County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams program was launched in Navajo County in 2010 and benefits from strong judicial leadership. In Navajo County, the Best for Babies Court Teams program is now called the Dependency Court Team. The court team meets monthly. The court teams for infants and toddlers coordinator, who is also the Court Appointed Special Advocate (CASA) coordinator, has been in this role for just over two years. This role involves ensuring that the Best for Babies checklist is completed by Department of Child Safety (DCS) Specialists and assisting with the coordination of the court team meetings.

Evaluation Question 2: How has Navajo County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Navajo County is illustrated by the following activities:

- Presides over court team meetings
- Involved in coordinating educational presentations for the court teams
- Reviews information from the checklist
- Updates the court order that is disseminated after the preliminary protective hearings that include an order that the Best for Babies checklist be completed
- Discusses cases with guardian ad litem and primary caregiver
- Looks for funding sources for services
- Seeks training for adults that work with the families and children
- Assures concurrent planning is occurring
- Orders psychological assessments
- Orders drug testing and treatment
- Determines the length and frequency of visits
- Suspends or terminates visitation
- Informs parents of various actions the court can take
- Investigates progress by reviewing reports and asking questions of case managers and other parties
- Assures that compliance with respect to required timeframes is being met

2. Local Community Coordinator

There is no local community coordinator position in Navajo County. The role is currently being filled by the CASA Coordinator.

3. Active Court Teams

Monthly court team meetings are held for the purposes of increasing knowledge on available programs; identifying and accessing appropriate zero to five resources; discussing dependency issues; addressing questions regarding procedures; raising new ideas for discussion, and promoting collaboration.

An active court team in Navajo County is illustrated by the following:

- Monthly meetings including presentations approximately every other month by a provider or agency
- The court team coordinator prepares the agenda
- Education/training programs.
- The court team fosters a better environment for collaboration
- All court team members work to achieve the same goal
- The court team ensures checklists are developed and monitored
- The judge facilitates the court dependency team meetings

4. Targeting Infants and Toddlers in Out-of-Home Care

Targeting infants and toddlers in out-of-home care in Navajo County is illustrated by:

- Working on strategies to target cases for better outcomes. For example, there is an intergovernmental agreement with First Things First that involves tracking monthly reviews by adhering to a checklist that will then be used to focus presentations and training relevant to targeted cases.
- There are dedicated CASAs for children zero to three.

5. Placement and Concurrent Planning

Placement and concurrent planning in Navajo County are illustrated by the following:

- There is a protocol to minimize placements. The first placement is often an emergency placement so the judge works to ensure that the second placement will provide stability until the child returns home.
- The judge asks the family to assist their DCS case manager in identifying potential kinship placements.
- The judge tries to make sure that there is a concurrent case plan and that it is being worked in conjunction with the primary case plan goal.

Barriers/Concerns:

- There is concern about parent attorneys objecting to concurrent planning.

6. Family Team Meetings Monthly to Review All Open Cases

The program model includes monthly family team meetings. In Navajo County, family team meetings are conducted as the Juvenile Court sees fit, and not under the direction of the Best for Babies program model or DCS. Monthly family team meetings to review all open cases in Navajo County do occur and are facilitated by the local behavioral health providers. Cases are reviewed by the Child and Family Team (CFT) and/or the DCS Team Decision Making (TDM) meetings.

7. Parent-Child Contact

Parent-child contact in Navajo County is illustrated by:

- The judge may order more or less parent-child contact depending on circumstances and feasibility.
- An out-of-home non-relative placement that requires supervised visits would typically occur two times a week, up to two-to-three hours per visit.
- Visits generally occur in public settings.

- For infants, the court may consider shorter, more frequent visits at four times per week for an hour each.
- If the child is in extreme distress during visitation, anyone involved can recommend suspension or termination of visitation.
- If the placement has the ability to supervise visits, the court may authorize additional visits.
- Parent aides were identified as very dedicated people who supervise visits and:
 - Serve as parent coaches
 - Utilize visitation time for observation and teaching
 - Serve to reunite the family more quickly
 - Understand the importance of being there
 - Ensure a strong bond develops

Barriers/Concerns:

- It was expressed that parents feel they are not getting enough visits. It is felt that unnatural visitation settings seem to impede visits because it is not reflective of a “normal daily parenting environment”. Also, there are never enough parent aides to do as many visits as the parents would like, or as often as the court would like. In rural areas the distance a parent needs to commute to get to a visit, combined with a complete lack of public transportation does not make it feasible for many parents to attend visitations. Reportedly, many parents are left to rely on a parent aide for transportation and there is a shortage of workers for this position.
- It was reported that there is a shortage of foster care placements, with some children placed out of the county and hours away. When a placement of a child is on the Reservation, this results in a greater distance of separation and therefore increased transportation issues.

Recommendations:

- Seek to provide a neutral space wherein quality, non-restrictive supervised visitation can occur
- Work to mitigate the impact of placing children long distances from parents
- Increase visitation in parent’s homes when safe and appropriate

8. Continuum of Mental Health Services

Continuum of mental health services in Navajo County is illustrated by:

- Assessment occurring often at the first placement or by the DCS Child Safety Specialist.
- Infant mental health therapy conducted by Healthy Steps.
- The Best for Babies checklist is frequently used to identify behavioral health needs.

Barriers/Concerns:

- Mental health resources in the county are very limited.

- High staff turnover at the community counseling center and limited availability of needed services.

9. Training and Technical Assistance

Training and technical assistance in Navajo County are illustrated by the following:

- Training occurs every other month at court team meetings. The Coordinator finds and organizes training which is open to anyone.
- Training topics include the following:
 - Arizona Early Intervention Program (AZEIP) procedures
 - First Things First on resiliency in social work
 - Healthy Steps for infant mental health training
- Attendees of the training include:
 - Dependency attorneys
 - Guardians Ad Litem
 - Judge
 - CASAs
 - Dependency coordinator-court improvement staff
 - Clerk's office
 - Foster care licensing staff
 - Mental health professionals
- First Things First has recently received funding in order to foster high-quality professional development for training.

10. Evaluation

Evaluation in Navajo County does not exist. However, because of a grant received through First Things First, the county will begin collecting data as of July 1, 2016. It is felt that the county could benefit from trend data; a central registry of what worked and what was utilized; and determining the type of training the team needs.

Other Concerns

- Specific training for CASA volunteers no longer occurs.
- Have 13 CASA volunteers – used to have around 20.
- North county area is underrepresented with CASA's.
- Geographical distance is the main factor in matching CASA's with a child.

Future Goals Identified by Navajo County:

- Increase parent-child contact.
- Use supervised visits in the home when appropriate.
- Expand court team through community outreach in order to fill the gaps.
- Identify additional resources for training.

Best for Babies: Pima County Evaluation Summary

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Pima County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ³⁶	2010 - 2014
Population size	70,776
Gender	
Female	49.1%
Male	50.9%
Race	
White alone	30.3%
African American alone	3.4%
American Indian & Alaska Native alone	3.6%
Asian alone	1.9%
Native Hawaiian and Other Pacific Islander alone	0.0%
Two or more races	8.4%
Some other race	8.4%
Hispanic or Latino	30.3%
Births to unmarried mothers ³⁷	46.0%
Income in the past 12 months below poverty level ³⁸	29.3%
No health insurance ³⁹	9.4%

³⁶ Source U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

³⁷ Source: Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

³⁸ U.S. Census Bureau: American Community Survey (Table B107001: Poverty status in the past 12 months by sex by age)

³⁹ U.S. Census Bureau: American Community Survey (Table B27001: Health insurance coverage status by sex by age)

Evaluation Question 1: How has Pima County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams program was launched in Pima County in 2006. In Pima County, the program is referred to as Building Blocks: Best Practices for Infants and Preschool-Age Children in Foster Care. The program is coordinated by a Court Appointed Special Advocate (CASA) who specializes in birth to three-year-old cases in the juvenile court. The Program Coordinator works with CASA volunteers who specialize in infant and toddler cases and facilitates appropriate training for them. Approximately two years ago, the judicial officer leading the program was reassigned. It is felt that his absence left the program lacking organization and led to a cessation of monthly court team meetings. Some of the best practices on cases have endured, and there was strong support to revitalize the program as the number of infants and toddlers removed in Pima County has increased in recent years.

In 2015, Judge Wagener (along with five other representatives from Pima County) attended the Court Teams Fostering Well-Being for Arizona Babies conference and with her support, interest in revitalizing the program grew. A small group met and discussed possible ways the court could improve the way cases were handled. As a way to gain more interest the program was renamed from Best for Babies to its current name.

In January 2016, court and community members met to discuss future goals for improvement in Pima County. The proposal for Building Blocks was submitted and accepted as a Community and Court Collaborative Supporting Families Goal. Since then, there have been regular meetings to discuss improvements regarding how birth to three cases are handled in Pima County.

Evaluation Question 2: How has Pima County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Pima County is illustrated by:

- Frequent court hearings; every three months for children zero to three years of age.
- Adherence to timelines for scheduling hearings, identifying needed services and ensuring that services are put in place in a timely fashion. The review of permanency occurs within six months and a return to parents is reportedly only achieved at that point in a small percentage of cases. If the parents are complying, additional time to work the case plan is provided.
- CASAs use checklists for their cases and include it in the court report so that information on what services have been completed and what services need to be completed is available to the judge. There are only 20 CASA volunteers in Pima County who specialize in cases with children zero to five years of age, which means that very few judges will receive information from a CASA.

- The Court has offered training on child development, infant mental health, and other relevant topics to assist judges, attorneys, CASAs and other stakeholders.
- The Court is making orders regarding concurrent planning, approving case plans, including psychological assessments when appropriate, ordering drug testing, etc.
- The Court addresses issues of parenting time at each hearing.
- The Court determines the compliance level of the parents and whether the Department of Child Safety (DCS) has provided reasonable/active efforts.
- Each new judge receives a mentor judge when assigned to the juvenile court.

2. Local Community Coordinator

Pima County does not have a local community coordinator with child development expertise. This role is being filled by a CASA worker who specializes in court cases involving infants and toddlers.

3. Active Court Team

A Building Blocks Steering Committee is meeting regularly.

4. Targeting Infants and Toddlers in Out-of-Home Care

Anyone can request a CASA volunteer. The CASA Coordinator determines whether or not referred cases meet the requirement. CASA volunteers then select cases from among those approved. Judges are offered training on a variety of topics including infant/toddler mental health.

5. Placement and Concurrent Planning

Placement and concurrent planning in Pima County are illustrated by the following:

- The judge maintains an awareness of the impact of multiple placements on children under the age of three years and attempts not to move a child prematurely.
- The Court reviews information on the background check and evidence of good character and makes placement decisions pending the completion of a home study.
- It was stated that while DCS reportedly follows its mandate to first consider relatives and kinship placements, these placements do not often occur.
- DCS Specialists work towards identifying families willing to adopt.
- It is felt that people who want to adopt are at times not committed to the reunification process. It is believed that the local licensing agencies are doing a good job of trying to address this barrier, and encourage foster parents to support reunification. It was suggested that further work might need to be done in this area.

Barriers/Concerns

- A barrier to placement with kin is that DCS requires a home study of relative placements.

6. Monthly Family Team Meetings to Review All Open Cases

Monthly family team meetings do not occur within the court program. Child and Family Team (CFT) meetings and Team Decision Making (TDM) meetings are occurring. Adult recovery meetings also occur in the behavioral health system. The Court and other parties receive a copy of the TDM meeting summary.

TDM meetings are attended by:

- CASA volunteers
- Family members & their support network
- DCS Specialist and Supervisor
- Behavioral health network staff
- Placement representatives
- Therapists try to attend, and it is considered beneficial when they do.

DCS Specialists generally will mention when CFT meetings are occurring in their reports to the judge and include anything significant that comes out of the meetings. Sometimes behavioral health CFT facilitators will be in the courtroom and will add information verbally on the case. CFT meetings are attended by the facilitator, case manager, parent, and placement and service providers for both the adults and the children. Casa volunteers also participate in CFT meetings. Sometimes there is a need for services to be put in place such as family therapy or parent/child assessments and therapies. It is felt that it would be beneficial for someone to explain to the family when and how those services are going to happen given that there is often a waiting period for services.

7. Parent-Child Contact

Parent-child contact in Pima County is illustrated by:

- Judges order the length and frequency of visits and pursue ways for the parent to be able to visit the child. Typically, the child's attorney will advocate for more visits. Judges typically order visits two to four times per week and can create more opportunities, for example, by having parents attend doctor appointments with their children. Judges believe that resources should not be a barrier to attaining more visitation.
- The standard visitation that DCS offers at the first hearing is two visits per week for two hours. This was observed to be the standard regardless of the child's age or development. However, it is felt that this is not a developmentally appropriate approach and therefore the judge, following recent literature on the subject, tends to order shorter visits more frequently.
- Some judges are expressing concerns about twice weekly visits and attempting to identify alternative visitation supervisors (e.g. relative placements and other family members). Judge Wagener worked with Aviva Children's Services to set up a parenting time program where parents can spend time with their infants 5 days a week for 1 hour per day. Aviva staff and volunteers help the parents to create a baby book during this time.
- Reportedly, in some circumstances, the parent does not show up, or logistical issues occur that disrupt visitation. DCS has expanded the number of agencies providing supervised visits. It is believed that if parents had more frequent contact, they may be more engaged in services and therefore increase their ability to move to unsupervised parenting time with reunification occurring more quickly. Logistical issues happen more frequently when visits are ordered four days per week for one hour per visit. The court reviews whether relative supervised visitation is appropriate.
- It is felt that it would be preferable to visit in a more natural setting, such as a park or restaurant, as opposed to a conference room or office. It is also easier when visits are held in an area that is more centralized to the family. Visitation locations vary and may occur at

DCS, a contracted agency's office, a relative's home, the parent's or foster parent's home, or in the community.

- At times, parents and children live in the same neighborhood, and at other times, the child is placed miles from the parent, including outside of Pima County, which complicates visitation.
- DCS Specialists or the child's attorney may recommend ceasing visits if they are determined to be harmful, and may obtain the professional opinion of a therapist to provide information to the court as to whether visits should stop or be modified. The judge may order that visits be suspended or terminated.
- CASAs will occasionally observe a visitation.

8. Continuum of Mental Health Services

Continuum of mental health services in Pima County is illustrated by:

- All children are assessed within 72 hours of removal to evaluate what services they need. This assessment is conducted by one of the behavioral health networks in Pima County. The report is referred to as Rapid Response Report and lists strengths, challenges, and recommendations. This provider may continue to monitor the child and determine what sorts of services are needed.
- Parents may also undergo a psychological evaluation which may direct mental health services. Parental service needs may take longer to identify and address. Parents are often court-ordered to enroll in the mental health network.
- CFT meetings occur regularly and there is an attempt to coordinate the needs of children and services. They have the ability to make a referral to Arizona Early Intervention Program (AZEIP) if the child has developmental needs. There may be disagreements about the level of need and services to be put in place.
- A child's CASA or DCS Specialist may identify troubling behaviors and recommend additional assessments.

Barriers/Concerns:

- Services provided to parents taking longer due to the fact they need a referral for certain services such as healthy relationships.
- DCS is able to contract for services outside of the Regional Behavioral Health Authority.

9. Training and Technical Assistance

Training and technical assistance in Pima County are illustrated by:

- "Brown bags" during the lunch hour for judges, attorneys, CASAs, DCS, court personnel, and behavioral health.
- Attorneys who represent children receive training on child development, bonding, and attachment.
- Providers may present on services they have available.
- The County has had national speakers available in the past.
- CASA continues to facilitate CASA training.
- A Birth to 4 workgroup meets regularly and is arranging training and helping to establish support for programs that focus on children birth to four.

Barriers/Concerns

- Training topics needed include visitation; appropriate levels of visitation at different ages and stages; how to help families bond in the process of visitation; development of speech; and how to interview a child.

10. Evaluation

Pima County does not have a local evaluation in place for the Best for Babies program. However, due to the increase in cases, there is a push for some type of evaluation to measure the program's effectiveness.

Other Concerns

There are only about 20 CASAs specialized in birth to three cases, and each deals with one case out of approximately 2,761 cases representing 3,649 children. Approximately 50 percent of these children are under age five.

Future Goals Identified by Pima County

- Develop and implement parenting time guidelines for zero to three.
- Identify appropriate data to collect and analyze for zero to three.
- Develop and implement a plan for training and outreach for DCS staff for Best for Babies practices.

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Pinal County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ⁴⁰	2010 - 2014
Population size	29,947
Gender	
Female	49.8%
Male	50.2%
Race	
White alone	42.2%
African American alone	4.1%
American Indian & Alaska Native alone	5.70%
Asian alone	1.3%
Native Hawaiian and Other Pacific Islander alone	1.1%
Two or more races	5.2%
Some other race	5.7%
Hispanic or Latino	42.2%
Births to unmarried mothers ⁴¹	45.0%
Income in the past 12 months below poverty level ⁴²	27.9%
No health insurance ⁴³	10.5%

⁴⁰ U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

⁴¹ Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

⁴² U.S. Census Bureau: American Community Survey (Table B107001: Poverty status in the past 12 months by sex by age)

⁴³ U.S. Census Bureau: American Community Survey (Table B27001: Health insurance coverage status by sex by age)

Evaluation Question 1: How has Pinal County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams program was launched in Pinal County in August 2014. The program is called Best for Babies. The supervisor of dependency court oversees the program and shares responsibility for its administration with two community coordinators. It was reported that in the beginning stages of the Best for Babies program, the community coordinator role was not well understood. However, as the position has developed, the usefulness of the position has become apparent. It is felt that teamwork within the program has improved and work is now being handled effectively and efficiently.

There are two staff that provide clerical support for the program. The program recently celebrated its two-year anniversary. It was expressed that the readiness to collaborate with stakeholders across the community has been identified as a strength in Pinal County.

Evaluation Question 2: How has Pinal County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Pinal County is illustrated by the following:

- A new Baby Court was established in May 2016. The caseload for this court is currently under development. This court is only for families in which all of the children are between the ages of 0-3. Because this court is just starting out, there have been less than 5 cases to date.
- The court decided to implement a pilot that involved receiving referrals from the DCS office in Apache Junction, focusing on the first filing of siblings under three who reside in this city. If the caseload numbers do not increase in the short-term, they will expand to include referrals from the Casa Grande DCS area. Apache Junction has only one case worker assigned.
- Two judges hear dependency cases. The newer of the two judges hears two-thirds of all dependency cases. The more experienced judge is the presiding juvenile court judge who presides over all delinquency hearings, and one-third of the dependency cases.
- Community coordinators are assigned to 0-3 cases on a case-by-case basis (cases for children less than one year of age were first assigned in September 2014).
- Judges review the length and frequency of visits and provides orders based on the child's best interests.
- Judges monitor progress by reviewing various reports and asking questions of case managers and other parties.

2. Local Community Coordinator

- There are two community coordinator positions in Pinal County that work with three DCS offices. Each coordinator maintains approximately 40 cases averaging 5-6 months in length of time open.
- The community coordinator role requires knowledge of various referral and service processes for DCS and behavioral health providers. An understanding of pediatric services and early childhood support services is also felt to be vital to the role.

- The community coordinator is responsible for the following:
 - Assigned by the court to a case at the Preliminary Protective Hearing
 - Acts as a liaison between the courts, Department of Child Safety (DCS), and service providers and facilitates communication between parties
 - Completes the checklist of essential services which reflects what assessments are complete and what is pending
 - Ensures services noted in the assessments are put in place
 - Provides the judge with recommendations
 - Gathers information regarding the child's current placement and whether it meets the child's needs
 - Reviews the visitation plan and provides feedback to the court regarding progress on concerns
 - Based on specific casework knowledge, is able to share strengths and challenges
 - At each hearing, provides updates and progress to the judge prior to the written disposition report
 - Prepares a disposition report within 60 days of assignment with updates, progress, recommendations, and concerns. This is filed in the legal record and copied to the case parties
 - Serves in a mentor role to DCS staff as needed regarding who to contact, completing referral forms, obtaining medical records, etc.
 - Provides technical assistance
 - Facilitates Court Team meetings

Barriers/Concerns:

- There is often a delay in getting assessments completed. It is felt this is often due to the lack of an initial referral for services. It was expressed that there has also been difficulty in establishing the Child and Family Team (CFT) meeting process.

3. Active Court Team

An active court team in Pinal County is illustrated by the following:

- Monthly meetings since August 2014 as well as a recently developed mission statement. These meetings are called Case Collaboration Review meetings and maintain an average attendance of 10-15 stakeholders including: representatives from DCS along with 3 representatives from their contracted provider agencies, children's attorney's, and when available, the presiding juvenile judge, CASA volunteer, REBA representative, internal staff, court dependency coordinator, their supervisor, and director.
- The team revised their checklist of essential services including: initial Rapid Response Assessment; ASQ referral from early intervention; and various therapies for improving developmental therapy.
- At each meeting, there is a standard format which includes cross training and learning about community services as well as the roles of service providers for this population.
- Discussion regarding updates on what dependency data and caseloads look like.
- Discussion regarding barriers in serving the zero to three population.
- Service providers and DCS provide updates as well as discuss new strategies and projects they would like to announce to the court team.

- Everyone who participates in these meetings takes the information back to their agency and seeks to implement change.

Barriers/Concerns:

- It is felt that the largest challenge facing the program is educating agencies on the special needs of the zero to three population. It was expressed that there are a number of service providers that exhibit a low level of competency.
- There are often delays in getting the services started and ensuring that all of the right parties are involved in the process. It is felt that these barriers keep cases from progressing in a timely manner.

Recommendations:

- It was suggested that it would be beneficial to have increased engagement with DCS along with more training for DCS Specialists coupled with proper staffing levels.
- It is felt that the RBHA personnel have many of the same challenges as DCS.
- It is felt that increased engagement see from CMDP mental health staff is needed. It was stated that CMDP staff are always invited to court team meetings, but never attend.

4. Targeting Infants and Toddlers in Out-of-Home Care

Targeting infants and toddlers in out-of-home care in Pinal County is illustrated by:

- First case review meeting occurring and cases are chosen based on identified systems issues by the team
- Five to seven problem cases are discussed during each case review meeting
- Those who attend the case review meeting include:
 - Rapid Response Team
 - Community Coordinator
 - DCS
 - Regional Behavioral Health Authority (RBHA)
 - Behavioral health liaison
 - Comprehensive Medical and Dental Program (CMDP)

Barriers/Concerns:

- Families, Pediatricians, and staff of daycare centers still need to be invited to the case reviews

5. Placement and Concurrent Planning

Placement and concurrent planning in Pinal County are illustrated by:

- A note is placed in the disposition report and on the checklist expressing concern if the child has experienced moves. Raising awareness that multiple placement changes are not a good thing and are often difficult with the challenges DCS is facing.
- Concurrent case plan recommendations are noted in the disposition report. DCS does not always start out with a concurrent case plan.

Barriers/Concerns:

- It is felt that more education on the importance of concurrent planning is needed (e.g. identifying specific tasks and setting goals around realistic timeframes).
- At times, the parents' attorneys object to concurrent planning

6. Family Team Meetings Monthly to Review all Open Cases

The program model includes monthly family team meetings. In Pinal County, family team meetings are conducted as the Juvenile Court sees fit, and not under the direction of the Best for Babies program model or DCS.

7. Parent-Child Contact

Parent-child contact in Pinal County is illustrated by:

- Visits occurring a minimum of two hours, once per week.
- Attorneys are asking for more visitation time but there is often a lack of resources to facilitate more visitation.
- Family members are allowed to facilitate visits if they pass background checks. DCS is reportedly good about identifying kin; they know it will be a discussion point at the preliminary conference and are getting better about having a visitation plan developed.
- If the child is in extreme distress, anyone who is supervising the visit may recommend termination or suspension of visitation to the DCS specialist. When a concerned party contacts the DCS specialist they, in turn, will provide the recommendation to the judge. Attorneys can also make the recommendation to stop visits
- Visits happen in DCS offices in Casa Grande and various areas around Pinal County.

Barriers/Concerns

- There is a lack of resources throughout the County. It is felt that more evidence-based visitation and training are needed (e.g. training parent aides how to assist parents with developing a healthy bond with their child as opposed to simply monitoring the visit).
- A home-like setting for visitation needs to be made available, as visits are often occurring at fast food restaurants and other public settings.

8. Continuum of Mental Health Services

Continuum of mental health services in Pinal County is illustrated by:

- Children reviewed for a Rapid Response Assessment.
- Children receiving a Birth to Five Assessment.
- The community coordinator attends the CFT meeting and make recommendations for mental health services for children.
- Services are discussed with the DCS Specialist and the family at the preliminary protective hearing.
- Mental health services integrated in the case plan through assessment; attendance at CFT meetings when possible; TDM meeting occurring prior to preliminary protective conference and hearing; some services may have already been discussed or already put into place (e.g., substance abuse services); and being allotted specific time at the preliminary conference to discuss proposed services from DCS for both the children and parents.

9. Training and Technical Assistance

Training and technical assistance in Pinal County are illustrated by:

- The Pinal County court team subscribes to a special Zero to Three journal.
- Becky Ruffner from Babies to Babies has been a great support (“she is on speed dial”).

- Attendance at the First Things First coalition meeting.
- Attendance at the statewide court team meeting sponsored by Administrative Office of the Courts and Prevent Child Abuse Arizona.
- Cradle to Crayons program has provided a lot of assistance.
- If the team does not know about a particular topic, they will get training on it as soon as possible.
- Attendance at the national court team conference in New Haven, CT by the supervisor.

10. Evaluation

There is currently no formalized evaluation process in Pinal County. There is an Excel file that collects some specific case data but it is not extensive. There is a tracking sheet on each case. The County is currently looking into collecting case processing, timely adjudication, permanency, etc. split out by ages, and if each case has a CFT meeting within 30 days. The county desires to share this data with partners.

Future Goals Identified by Pinal County are:

- Establish a baby specialty court.
- Increase the number of parent-child relationship assessments in cases (i.e. increase number of therapists).
- Train DCS Specialists and service providers on Best for Babies core components and checklist of essential services.
- Engage CMDP mental health professionals in the Best for Babies program.

Best for Babies: Santa Cruz County Evaluation Summary

Prepared in 2016 by:
Center for Child Well-Being
Arizona State University

Acknowledgments

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Finally, the authors would like to send their sincerest gratitude to those who participated in the county telephone interviews. The insights gained through this evaluation are instrumental in understanding the children and families and continually improving practices in the child welfare system in the state of Arizona.

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Santa Cruz County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ⁴⁴	2010 - 2014
Population size	4,937
Gender	
Female	45.3%
Male	54.7%
Race	
White alone	4.8%
African American alone	0.4%
American Indian & Alaska Native alone	0.0%
Asian alone	0.8%
Native Hawaiian and Other Pacific Islander alone	0.0%
Two or more races	1.9%
Some other race	21.5 %
Hispanic or Latino	70.6%
Births to unmarried mothers ⁴⁵	50.0%
Income in the past 12 months below poverty level ⁴⁶	31.3%
No health insurance ⁴⁷	12.5%

⁴⁴ U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

⁴⁵ Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

⁴⁶ U.S. Census Bureau: American Community Survey (Table B107001: Poverty status in the past 12 months by sex by age)

⁴⁷ U.S. Census Bureau: American Community Survey (Table B27001: Health insurance coverage status by sex by age)

Evaluation Question 1: How has Santa Cruz County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams program was launched in Santa Cruz County in 2006 and has operated with consistent judicial leadership. In Santa Cruz County, the program is called Baby Steps. The judge facilitates the Court Team. Santa Cruz is a small community with a small dependency caseload and most babies are placed with family members. Prior to the Court Teams Initiative Program, the community functioned under the belief that the babies were doing fine. The County is reportedly thankful that awareness was raised and the focus on babies has changed.

Evaluation Question 2: How has Santa Cruz County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Santa Cruz County is illustrated by the following actions of the judge:

- Assures concurrent planning is occurring.
- Assures the Best for Babies checklist is completed. This checklist has been modified to meet the needs of the County.
- Orders psychological assessments.
- Orders the length and frequency of visits in consultation with Department of Child Safety (DCS) Specialist.
- Orders mental health services to be included in the case plan.
- Orders drug testing and treatment.
- Suspends or terminates visitation upon recommendations.
- Informs parents of actions the court can take.
- Investigates progress by reviewing reports and asking questions of case managers and other parties.
- Assures that compliance with respect to required timeframes is being met.
- Requires Attorney's to announce at the beginning of the hearing how recently they have met with their client and the response is placed into the minute entry.
- Discusses with families the importance of identifying family members so that if something occurs, the child will not go to live with a stranger. This helps the parents to disclose information on their extended family. The child may spend the initial 24-to-48 hours in a non-kinship placement, but typically is placed in a family home shortly thereafter.
- Ensures that reports are specific to each child and are legible.
- Assumes a leadership role in the court team.
- Facilitates Court Team meetings and attends training.
- Serves as a mentor to the new dependency judge.

2. Local Community Coordinator

There is no local community coordinator position in Santa Cruz County. The Dependency Coordinator serves in this role. The activities carried out by the Dependency Coordinator include coordinating the Court Team meetings and facilitating training.

3. Active Court Teams

Open communication and a strong collaborative effort among members of the Court Team are considered strengths in Santa Cruz County. Due to the size of the County, there are only a handful of DCS Specialists and one DCS Supervisor. All behavioral health agencies are invited and typically are represented at the Court Team meetings. The judge focuses the Court Team meetings on information that affects babies, issues are brought with seriousness to the table and addressed, resulting in increased awareness, if not resolution. The Court Team meetings have reportedly helped to build positive and collaborative working relationships.

An active Court Team in Santa Cruz County is illustrated by:

- Quarterly meetings occur as scheduled.
- Dates of future meetings are set in advance and Court Team members are notified and reminded.
- Court Team meetings are facilitated by the Dependency Coordinator.
- Meetings may include a speaker or training component (e.g. local community resources share information on how they work with babies, procedural matters may be dealt with, or training topics such as brain development may be presented).
- General gaps in cases may be identified for discussion.
- Staffing of cases (judge is excused).
- Meeting minutes are created and provided.
- There is a common uniform understanding and language used by members of the Court Teams, whereas before, concepts were not uniformly understood.

4. Targeting Infants and Toddlers in Out-of-Home Care

Targeting infants and toddlers in out-of-home care in Santa Cruz County is illustrated by:

- Case reviews. The targeting algorithm is not formalized but consists of a combination of the next scheduled next court date and the newness of the case.
- Case staffings occur on a quarterly basis.
- Short time frames between case hearings.
- Structured timelines for holding hearings are 30, 60, and 90 days.
- Assuring cases do not extend past 180 days unless the child is close to permanent placement.
- Making judicial orders concerning best practices.

5. Placement and Concurrent Planning

Placement and concurrent planning in Santa Cruz County are illustrated by:

- Concurrent case planning occurs at the beginning of the case. Placement and concurrent planning activities occur in court through the judge and outside of court through the activities of the DCS Specialist prior to the case being assigned to the court.

- When the DCS Specialist places a child he or she first tries to place the child in a family home.
- DCS Specialists expect that they will need to discuss concurrent planning in court.
- The judge emphasizes the value of having a caretaker in place should there be an accident or the court determines that reunification is not in the best interest of the child. Thus the judge encourages family finding. Concurrent planning is considered to be “plan B” by the court. The goal is always family reunification. Before the hearing, DCS should be having these discussions with the parents. Disruption happens all the time in kinship placements, therefore the assigned DCS Specialist consistently asks for potential placements with multiple family members.

Barriers/Concerns

- It is felt that the biggest barrier to concurrent planning is the family understanding or accepting why it is important.

Recommendations

It is felt to be beneficial if all members of the team communicate the same message of why concurrent planning is important, in a positive and thorough manner to the family. The judge provides direction to professionals that these types of conversations need to happen.

6. Family Team Meetings Monthly to Review all Open Cases

The program model includes monthly family team meetings; however, these meetings do not occur monthly on all open cases. There is a case review process that exists apart from Child and Family Team (CTF) meetings or the Team Decision Making (TDM) meetings. The case reviews occur at the end of the Court Team meetings. The judge steps out of the meeting and the cases are reviewed by only those parties who are involved in the case. Typically, the DCS Specialist will review the checklist. Usually, new cases are staffed and existing cases may be reviewed in preparation for the next hearing. A staffing is considered instrumental in assuring the right services are provided on a case and are also believed to expedite cases. It is reportedly rare to have a case go beyond six months in Santa Cruz County.

CFT meetings occur and the results of those meetings are reported to the behavioral health agency, DCS, and then included for the judge in the court report. Attendees at CFT meetings typically include:

- The CASA, if there is one on the case
- DCS Specialist and supervisor
- Therapist
- Arizona Early Intervention Program
- Easter Seals Blake Foundation
- Attorneys
- Behavioral health case manager
- The placement provider

DCS completes the Best for Baby checklist and follows through with the judge’s orders. The checklist is staffed at the Baby Steps meeting and disclosed to all parties.

The judge holds parent's and children's attorneys accountable and will ask when was the last time he or she saw their client (child or parent).

7. Parent-Child Contact

Parent-child contact in Santa Cruz County is illustrated by:

- All cases begin with a minimum order of visitation. DCS has the discretion to increase visitation. Family members are utilized if there are family members willing to supervise visits. Visits can occur daily, however, if the parent is in a different county the visits can range from once a month to only meeting the bare minimum of twice a week.
- Some parents are involved in therapeutic visitation. Caseworkers provide transportation to these visits.
- Visits take place in the following locations:
 - Park or other places in the community
 - DCS offices
 - Kin placement if there is one in place
 - Contracted agencies location
- Case aides with the two new service provider agencies now provide transportation to visitation.
- DCS Specialists or case aides sometimes supervise visits.
- If the child is in extreme distress anyone can recommend that the visits be suspended or terminated. If there are any issues when visits are happening at a contracted agency of DCS, the visit supervisor will suspend the visit, call the DCS specialist, describe the problem, and if the DCS specialist concludes that there is a threat to the child's well-being, he or she will tell the contracted agency to stop the visit, and the child will be taken home by the visitation supervisor.

Barriers/Concerns:

- Lack of transportation when parents live outside the county.
- Not enough case aides to transport parents to see children.
- More therapeutic visitation options are needed.

8. Continuum of Mental Health Services

Continuum of mental health services in Santa Cruz County is illustrated by:

- A 24-hour rapid response assessment is engaged when a child is removed from the home.
- A 0-5 assessment is performed prior to the preliminary protective hearing so that services can be discussed at the hearing.
- DCS and behavioral health providers, attorneys, and parents can all address mental health issues related to the case.
- Services for parents who need assessment or treatment via the Team Decision Making meeting may be referred. There has to be a coordination of services so as to not overwhelm the parent.
- Assessment and treatment can be provided by Easter Seals Blake Foundation.
- Service issues can be addressed at any review hearing.

9. Training and Technical Assistance

Training and technical assistance in Santa Cruz County are illustrated by the following:

- The County has indicated that significant training has occurred since the inception of the program, ranging from mundane procedural matters to topics such as brain trauma.
- It was expressed that Rebecca Ruffner has done a very good job of providing training to create awareness and realization of trauma experienced by babies. The Dependency Coordinator who is also the CASA Coordinator arranges training.
- There is an individual from the Easter Seals Blake Foundation who has child development expertise and specifically trains on infant-toddler mental health. She attends the Court Team meetings or joins telephonically.
- Training is open to CASAs, DCS Specialists, behavioral health providers, and all Court Team members.

Barriers/Concerns:

- The County does not have resources to provide childcare while foster families attend training.
- There is a lack of consistent attendance in training from foster care licensing professionals and turnover among these professionals then leads to a lack of continuity.
- Arizona Early Intervention Program personnel do not attend training.

Recommendations

It is felt that training for foster families should include the following topics:

- Trauma
- Child development
- Foster parenting

10. Evaluation

There is currently no formal evaluation of the program in the County. When Court Team members are trained, the trainers sometimes incorporate an evaluation for those that attend the training. Any kind of feedback from people involved in the program is considered useful. Discussions, issues, or concerns are handled in the Court Team meetings and solutions are put into place.

Other Concerns

There are currently no CASAs solely dedicated to serving babies, but there are CASAs that serve baby cases. There are 19 CASAs and approximately 30 cases.

Future Goals Identified by Santa Cruz County

- Ensure that Arizona Early Intervention Program and all dependency attorneys are engaged and involved.
- Have more foster and adoption homes.
- Have more therapeutic homes.

Best for Babies: Yavapai County Evaluation Summary

Prepared in 2016 by:
Center for Child Well-Being
Arizona State University

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Finally, the authors would like to send their sincerest gratitude to those who participated in the county telephone interviews. The insights gained through this evaluation are instrumental in understanding the children and families and for continually improving practices in the child welfare system in the state of Arizona.

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Krysik, J., Sayrs, L., Kelly, C., Turnlund, A., & Mabingani, D. (2016). *Best for Babies: Yavapai County Zero to Three Court Teams Initiative, 2010-2016*. Phoenix, AZ: Arizona State University.

Yavapai County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ⁴⁸	2010 - 2014
Population size	10,472
Gender	
Female	49.16%
Male	50.84%
Race	
White alone	56.50%
African American alone	0.00%
American Indian & Alaska Native alone	4.32%
Asian alone	0.35%
Native Hawaiian and Other Pacific Islander alone	0.02%
Two or more races	5.36%
Some other race	5.57%
Hispanic or Latino	27.88%
Births to unmarried mothers ⁴⁹	42.00%
Income in the past 12 months below poverty levels ⁵⁰	34.36%
No health insurance coverage ⁵¹	11.19%

⁴⁸ U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

⁴⁹ Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

⁵⁰ U.S. Census Bureau: American Community Survey (Table B17001: Poverty status in the past 12 months by sex by age)

⁵¹ U.S. Census Bureau: American Community Survey (Table B27001: Health Insurance Coverage Status by sex by age)

Evaluation Question 1: How has Yavapai County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams program was launched in Yavapai County in 2004. Yavapai was the first county in Arizona to have an established Best for Babies program. The county continues to serve as the pilot 11 years post implementation and strives to set an example for other counties. The Yavapai County program is unique in its collaboration between PCA (Prevent Child Abuse) Arizona and the juvenile court.

Evaluation Question 2: How has Yavapai County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Yavapai County is illustrated by the following:

There are three judges in Yavapai County that have at least one dependency case assigned. The role for implementing Best for Babies falls to the presiding juvenile court judge, who has been handling dependency cases for three years and has been involved in Best for Babies for two and half years. The presiding juvenile court judge hears all dependency cases for children in the zero to five age range and also has decision-making authority.

The following are actions taken by the judge:

- Orders a Best for Babies checklist be completed within 30 days of a case opening and reviews the completed checklists
- Orders visitation; suspends, terminates or modifies
- Investigates progress by reviewing reports and asking questions of Department of Child Safety (DCS) Specialists and other parties that attend the hearings
- Attends as many monthly court team meetings as possible and reviews the minutes from the meetings
- Enacts program concepts from the bench; has embraced the science behind the program
- Progress mediation is ordered as needed
- Behavioral health provides information to the judge through utilizing the Ages and Stages Questionnaire (ASQ) assessment and the Best for Babies assessment.
- Assures concurrent planning is occurring
- Orders psychological assessments and drug treatment as needed.
- Informs parents of various actions the court can take
- Assures compliance with respect to required timeframes
- Takes responsibility for mentoring new judges.

2. Local Community Coordinator

Although there is no local community coordinator position in Yavapai County, the local dependency coordinator serves in this role. This individual is also the Court Appointed Special Advocates (CASA) coordinator, has been involved in the Best for Babies Program for approximately eight years, and is the court liaison for the program. This position is involved in every zero to five dependency case processed through the court, attends all preliminary

protective hearings and conferences, and facilitates discussions surrounding what services should be provided as well as how quickly they are provided. This position is also responsible for assigning advocates (specialized zero to three court appointed special advocates or CASAs) to the cases.

The Coordinator reviews cases with a staff of the Court when children are identified for case review after the preliminary protective hearing. The case review includes discussion of the need for CASA assignment, service provision, changes in placement, and advocating appropriately for services. CASAs provide oversight of the case including review of what occurred at the Child and Family Team (CFT) meetings, how service provision is progressing, and what is observed in the child's behavior (e.g., dysregulation, attachment, etc.). Not all cases may be assigned a CASA as over 40 percent of dependency cases in the county are in the zero to five age range. These cases represent approximately 200 of the 500 children in foster care in the county, and there are approximately 96 CASA volunteers for all 500 children.

3. Active Court Team

The executive director of Prevent Child Abuse Arizona (PCA) facilitates monthly court team meetings. The active court team membership includes the following entities: PCA Arizona, CASA, presiding juvenile judge, behavioral health representatives, Department of Child Safety, a court dependency attorney, and occasionally a foster parent who specializes in baby placements.

PCA carries out the following roles and responsibilities:

- Establishing meeting agenda
- Following up on issues raised in meetings
- Convening meetings at their office
- Facilitating the meetings
- Distributing meetings minutes

The court team meetings are open to anyone who is part of the system. The number of attendees at court team meetings varies. Each month, the meetings include a training topic. Stakeholders attend the meetings and discuss gaps in services or areas that need reinforcing, provide feedback about issues in the system, and develop training topics for future meetings as needed. Individual cases are not discussed at the monthly court team meetings due to confidentiality concerns.

4. Targeting Infants and Toddlers in Out-of-Home Care

Targeting infants and toddlers in out-of-home care in Yavapai County is illustrated by:

- Provision of consistent education to judges, advocates, and community partners.
- Following of best practices for babies from the bench (differential assessments and timelines).
- Baby cases are given priority when assigning CASAs.
- Strategies are taken to minimize placements. This includes an attempt on the part of DCS to place a 0-3 infant/toddler with foster parents who have committed to being a long-term placement.
- Infant toddler mental health concepts are primary in staffing cases and working with parents and others involved in the cases. For example, classes are provided through local agencies that give parents additional parent time and coaching. As a result, parents feel more confident and secure in participating in their case.

- A coaching model has been implemented this year. This model includes talking with parents about the challenges/concerns they are experiencing prior to a visit with their child. Parents are then asked to “push those feelings aside during the visit”, but then encouraged to debrief and consult with the coach after the child has left. The coach also provides feedback to the parent based on their observations during the visit (e.g. healthy vs. less skillful parenting behavior). The entire process makes parents feel more supported and less judged.

Barriers/Concerns:

- An ongoing area of concern in Yavapai County is a lack of foster home placements.

5. Placement and Concurrent Planning

Placement and concurrent planning in Yavapai County are illustrated by the following actions:

- Concurrent case plans exist for most cases and are ordered by the judge. No barriers were noted with regard to concurrent planning with the exception that it can be viewed as a non-motivator by parents, potentially sending them the message that the court has already decided not to reunify. The Court, reportedly, does attempt to advise parents what concurrent planning means in terms of achieving timely and safe permanency for the child.
- Yavapai County focuses on trying to make sure children are well placed from the beginning. This means that the placement is prepared to be long term. Foster parent licensing agencies inform foster parents that they should be willing to have a child for a long period of time or to be a child’s permanent placement.
- The court is careful not to reunify too soon to avoid having children re-enter the system, and strives to make sure that when the child returns home he or she is able to stay safely at home.

6. Monthly Family Team Meetings to Review All Open Cases

The program model includes monthly team meetings. Monthly family team meetings do not occur outside of the Child and Family Team (CFT) meetings which are held regularly by behavioral health, and the Team Decision Making (TDM) meetings which are convened by DCS.

The attendees at CFT and TDM meetings typically include:

- Parents
- Current placement provider
- Behavioral health provider
- DCS specialist
- Attorneys
- CASA, if there is one on the case

The DCS Child Safety Specialist includes information from TDM meetings in the court report, and the behavioral health agency is responsible for reporting the result of CFT meetings to the judge.

The judge sometimes orders progress mediations which are facilitated by a professional mediator to address what is needed on a case (e.g. sometimes a case is approaching a hearing and not

making much progress or a parent seems confused). Attorneys sometimes request a progress mediation for the client.

Barriers/Concerns:

- Behavioral health providers are not equally active. Out of three behavioral health providers, one is very active, and the other two marginally active.
- The two providers who are marginally active do not have a baby team, perhaps due to high staff turnover.

7. Parent-Child Contact

The county is committed to the belief that reunification cannot take place without frequent visitation. Yavapai County has developed a continuum of visitation options to make visits healthy, safe, and supportive for children including:

- The West Yavapai Guidance Clinic made a commitment to bring visit coaching to the county. This model works therapeutically with parents prior to a visit, provides a structured visit, and then debriefs with parents after the visit. The behavioral health provider reports to the court how the parents are coping with visitation and how the visits are affecting the child. Only parents eligible for service from the West Yavapai Guidance Clinic can access visit coaching. Visit coaching occurs once or twice per week and will meet parents at a convenient location for the parent, often in the home.
- Parent aides contracted through DCS supervise visits two to three times per week.
- Caterpillars Therapeutic Play Group is offered weekly. Focusing on children from birth to 18 months, the program involves play therapy as well as guiding children to interact with other children with additional guidance for parents.
- Social Butterfly Therapeutic Visitation is offered weekly. It focuses on children 18 months to three years or older, and involves play therapy as well as guiding children to interact with other children with additional guidance for parents
- Visits typically happen at the following locations:
 - West Yavapai Guidance Clinic
 - Behavioral health office
 - Juvenile Justice Center
- If the child is in extreme distress, anyone can recommend the termination or suspension of visits:
 - The DCS Child Safety Specialist often asks the court for discretion to *modify* visits and are often given the discretion if behavioral health or another authority tells them the visitation is stressful or not in the best interests of the child.
 - Child advocates are taught to make requests to modify visitation if he or she observes trauma in the visits.
 - Guardian ad litem may file motions based on therapeutic recommendations related to visitation, and therapists may write letters that are attached to a motion to modify visitation
 - Behavioral health professionals attend hearings and the judge will seek their advice on visitation

Barriers/Concerns:

- There is a lack of resources to provide sufficient numbers of parent aide contractors for visitation.
- A common problem is that individual contract providers are trained at different levels. For example, different skills are needed to supervise visitation with a baby versus a 12-year-old.
- Parent aides need to have specialized training in infant mental health. This type of training is not required by DCS, and Yavapai County would like to see contracts changed that require contract providers and DCS specialists to receive training on infant and toddler mental health and what is best for the child.
- Caseloads are large and resources are an issue
- It would be useful if all behavioral health agencies would do visit coaching
- Visitation centers: PCA Arizona is working on having a location in Prescott Valley that is not as sterile as an office setting for visitation. A building was donated, but they are waiting for it to be brought up to code. A lack of funding has been an obstacle to opening an additional quality visitation center.

8. Continuum of Mental Health Services

Continuum of mental health services in Yavapai County is illustrated by the following:

- The judge orders child assessments and the checklist to be completed. The intake assessment is done through a behavioral health provider.
- CASAs, attorneys, and DCS Child Safety Specialists may bring up behavioral health issues.
- Services are discussed in CFT meetings and integrated into case plans.
- The court reviews cases for service referrals and provision.

9. Training and Technical Assistance

In addition to training at the monthly court team meetings, the court and PCA Arizona host a wide variety of training.

- Attendees of the training include CASAs, Foster parents (the judge trains foster parents on being present in court and providing information), Community members, and any other interested parties.
- Training topics include:
 - Adverse childhood experiences
 - Child trauma at birth to three, how it affects children over the lifespan
 - Early intervention
 - Cradles to Crayons
 - Foster parent involvement in the court system
 - Foster parents training on baby science, core concepts in court teams
 - Best for Babies core components
 - Attachment and bonding
 - Infant and toddler mental health
 - Baby CASA training – PCA Arizona does specialized training two to four times per year, six to eight hours per day, including training on infant-toddler mental health, brain science, how to advocate for babies in foster care, and child development

Barriers/Concerns

- DCS Child Safety Specialists do not attend the training regularly.
- DCS staff retention issues and turnover requires constant training.
- Best for Babies core concepts should be added to DCS core training; it is considered problematic when DCS Child Safety Specialists does not have this information. In addition, contract providers and attorneys are often not included in training.

10. Evaluation

There is no county level evaluation in Yavapai County. The court currently makes data available with regard to time to permanency, number of children in care, etc.

Recent funding was proposed for the court to utilize evaluation as they see fit, with a focus on ensuring 0-3 cases move faster towards permanency. The grant requires a degree of performance measurement, which will result in an evaluation that must be conducted to secure funding. Judges will be designating a part-time community coordinator to model component #2. The community coordinator will be assigned to all cases for 0-5 children and will be responsible for ensuring that all services and court orders are being followed.

Future Goals Identified by Yavapai County:

- Multi-Disciplinary Teams (MDT) removal prevention.
- Open visitation and service center.
- Expand services countywide and to the Apache Nation.
- Improve transportation.

Best for Babies: Yuma County Evaluation Summary

Prepared in 2016 by:
Center for Child Well-Being
Arizona State University

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Yuma County Profile

Table 1. County Profile

Demographic Estimates for children birth to five years ⁵²		2010-2014
Population size		18,282
Gender		
Female		49.9%
Male		50.1%
Race		
White alone		16.4%
African American alone		1.1%
American Indian & Alaska Native alone		1.3%
Asian alone		0.5%
Native Hawaiian and Other Pacific Islander alone		0.3%
Two or more races		3.6%
Some other race		14.6%
Hispanic or Latino		62.3%
Births to unmarried mothers ⁵³		46.0%
Income in the past 12 months below poverty levels ⁵⁴		25.4%
No health insurance ⁵⁵		12.4%

⁵² U.S. Census Bureau: American Community Survey (Tables B01001-B, -C, -D, -E, -F, -G, -H & -I)

⁵³ Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

⁵⁴ U.S. Census Bureau: American Community Survey (Table B17001: Poverty status in the past 12 months by sex by age)

⁵⁵ U.S. Census Bureau: American Community Survey (Table B27001: Health Insurance Coverage Status by sex by age)

Evaluation Question 1: How has Yuma County Implemented the Safe Babies Court Teams Program?

The Zero to Three Safe Babies Court Teams program called Hopeful Hearts was launched in Yuma County in 2006. The Court Team meets on a monthly basis. Over the past year there has been increased buy-in for the program from judges. There is currently no formal local community coordinator position due to a lack of funding. Last year, the Court Appointed Special Advocate (CASA) Coordinator served as the program coordinator, however, the individual currently in this position no longer serves in this role.

Evaluation Question 2: How has Yuma County Operationalized the 10 Core Components?

1. Judicial Leadership

Judicial leadership in Yuma County is illustrated by the following:

- Judge determines the length and frequency of visits
- Judge may suspend or terminate visitation
- Judge ensures that proper services are being recommended

2. Local Community Coordinator

There is no local community coordinator position in Yuma County due to a lack of funding.

3. Active Court Team

An active Court Team in Yuma County is illustrated by:

- Monthly meetings are held on the first Monday of every month at the juvenile court building in an effort to allow judges greater access. The Court Team is also considering locations that will facilitate greater meeting participation among attorneys.
- The Court Team has developed a resource guide for children birth to three years of age, continuously updates this guide, and ensures that service providers receive copies.
- A variety of speakers presents to the Court Team on a regular basis.
- A member of the Court Team who is a community stakeholder is currently responsible for the following:
 - Scheduling and facilitating of Court Team meetings
 - Organizing speakers for Court Team meetings
- The Court Team is currently attempting to collaborate with an internship program through Northern Arizona University that is connected with the CASA program through Department of Child Safety (DCS) birth to five cases. Interns in this program receive supervision from their DCS placement supervisor. The Court Team's goal is to increasingly focus on assisting families from the beginning of a case in order to shorten time frames for initial services (e.g. making sure they are getting their assessment done, etc.). This program at NAU is open to meeting with the Court Team and figuring out ways to help with implementing the core components of the Best for Babies program model.

4. Targeting Infants and Toddlers in Out-of-Home Care

Targeting infants and toddlers in out-of-home care in Yuma County is illustrated by:

- Utilization of the Best for Babies checklist to achieve outcomes.
- CASAs are assigned to baby cases by a recommendation from the judge, foster parent, parent, licensing agency, or DCS.
- There are three baby CASAs in the County specifically trained in Best for Babies.
- CASAs often have a caseload of five to six babies and attend visits with the child.
- CASAs use information from the permanency roundtable meetings, include this information in court reports, and build information to advocate for the child.
- Recruiting and assigning new CASAs to a baby case as part of their training.

5. Placement and Concurrent Planning

The program model includes monthly family team meetings. Placement and concurrent planning in Yuma County are illustrated by:

- Concurrent case planning is more likely to be ordered if the parent is mentally ill, has a substance addiction, or has had parental rights severed in the past.

Barriers/Concerns

- It is felt that some key stakeholders do not believe in the idea of concurrent planning, viewing it as creating an atmosphere for the parents to fail at reunifying with their children.

6. Monthly Family Team Meetings to Review All Open Cases

In Yuma County, family team meetings are conducted as the Juvenile Court sees fit, and not under the direction of the Best for Babies program model or DCS. Monthly family team meetings to review all open cases in Yuma County do not occur. In the past, permanency round tables were occurring with facilitation from Casey Family Programs, but are no longer occurring.

- Attendees at Child and Family Team (CFT) meetings include the following:
 - CASAs
 - DCS Child Safety Specialists
 - Parents
 - Foster parents
 - Children
 - Therapist
 - Guardian ad litem – attendance is sporadic
 - Attorneys on occasion
- Information from CFT meetings are not reported to the judge. CASAs use the CFT information in their court reports, however there often is not a CASA assigned to cases.

7. Parent-Child Contact

Parent-child contact in Yuma County is illustrated by:

- Visitation takes place at the following locations:
 - AmeriPsych
 - Easter Seals Blake Foundation
 - DCS offices

- Relatives' homes
- Foster parents' homes
- Biological parent's homes
- Public Places
- Visits are typically ordered for two hours, twice per week. With newborns, the judges are increasingly scheduling visits for three to four times per week.
- Visitation is considered flexible and the parent's schedules are taken into account when ordering (e.g. counseling, treatment, work, etc.).
- Visitation notes are taken by the parent aide and are seen by relevant parties. Parent aides provide notes to the CASAs if the CASA cannot attend the visit.
- Easter Seals Blake Foundation family therapists are increasingly meeting with families prior to visitation to provide family therapy. They are currently working with between 3-5 families. This service is the provider's responsibility.
- If the child is in extreme distress, the parent aide, DCS, or the CASA can recommend the suspension or termination of visits. CASAs can ask for a status hearing to address stopping the visits.

Barriers/Concerns

- It is felt that parent aides often are not qualified to help parents learn to use skills such as intervening and redirecting. It was stated there is a need to be more proactive and to provide more therapeutic environments so that parents can learn and apply parenting skills before reunification occurs.

8. Continuum of Mental Health Services

Continuum of mental health services in Yuma County is illustrated by the following:

- A 72-hour rapid response is conducted by Arizona Children's Association, and any other service provider able to provide the service. For the birth to three-year-old children, the commonly used providers are Easter Seals Blake Foundation, Arizona Children's Association, and Arizona Counseling and Treatment.
- The judge ensures services are happening and services are addressed at Child and Family Team meetings (CFTs).
- For longer-term therapy, the following organizations are used:
 - Community Intervention Associates
 - Arizona Treatment and Counseling Center
 - Easter Seals Blake Foundation
 - Horizon Health and Wellness
 - Arizona Children's Association
 - Positive Pathways

Barriers/Concerns:

- Mental health services are not consistent, may take a long time to get in place and are not always high quality
- Lack of service providers in their area

9. Training and Technical Assistance

Training and Technical Assistance in Yuma County are illustrated by the following:

- Training for CASAs is online
- First Things First training; members of the Court Team are considering FTF training
- The current focus is on educating children's attorneys and other stakeholders on the use of the Best for Babies checklist. The judge has invited community stakeholders to a meeting that will be held in August of 2016 towards this end.
- Infant and toddler mental health – supported by the CASA Program
- Best for Babies training by PCA Arizona – have not had one for 2 years
- The active Court Team, acting as a non-profit, collaborated with the local CASA group in their application for a grant in response to an RFP put out by the local RBHA that will help support additional training for parent aides.
- Attendees to the trainings include the following
 - CASAs
 - Individuals that work in the dependency field
 - Judges
 - DCS staff
 - Easter Seals Blake Foundation
 - AmeriPsych
 - Arizona Children's Association

Barriers/Concern

- It is felt that more training is needed on all aspects of the Best for Babies Program.

10. Evaluation

There is no county-level evaluation in Yuma County

Future Goals Identified by Yuma County

- Further educate attorneys and community stakeholders to increase participation and buy-in.
- Obtain training for parent aides.
- Obtain funding including grant and County money for increased training of community stakeholders
- Look at the best ways to staff cases within the group to ensure services are appropriate.
- Successfully leverage opportunities to engage with NAU internship program to strengthen implementation of the core components of the Best for Babies model.
- Successfully engage attorneys through educating them on the 0-3 model as well as encouraging them to the point of contact for compliance with the Best for Babies checklist.