



STRATEGY BRIEF

STRONG FAMILIES

How did Cradle to Crayons adapt the Safe Babies Court Team™ approach in Maricopa County, Arizona?

Infants and toddlers who have experienced maltreatment need a focused, coordinated approach from courts and other child- and family-serving systems to ensure that their mental health needs are met and they are returned to a safe, permanent home as quickly as possible. Safe Babies Court Team™ (SBCT) is one such approach that has been shown to improve the ability of communities to respond to young children's needs. (See [How does the Safe Babies Court Team™ approach improve outcomes for infants and toddlers?](#))

Between 1,500 and 2,000 children under age 3 enter foster care each year in Maricopa County, Ariz., the nation's fourth most populous county. About 20 judges, 23 behavioral health agencies, and over a thousand Arizona Department of Child Safety (DCS) staff serve these vulnerable children and their families.¹

Judicial leaders in Maricopa recognized that SBCT had the potential to benefit not just some but all young children under their jurisdiction, and in 2011 launched Cradle to Crayons (C2C) as an adaptation of SBCT. A hallmark of SBCT is its intensive nature, including pre-removal conferences, monthly family meetings,



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and small caseloads for the community coordinators who serve as advocates for families. Like SBCT, C2C mitigates the harm of maltreatment and out-of-home placement for children under the court's jurisdiction and, more broadly, improves how courts, DCS, and other child-serving organizations work together. Nowadays, every family in Maricopa County that experiences removal of a child under age 3 receives the C2C approach through the court.

Evidence-informed approach

Arizona State University's Center for Child Well-Being conducts an independent evaluation of C2C annually. The most recent (2018) concludes that the SBCT approach in Maricopa County continues to be "implemented with fidelity, scale, and sustainment," and that the **numbers of reunifications and permanencies achieved within 12 months have increased over the years of C2C implementation**,² although the proportions of these outcomes remain relatively stable given the overall increase in the number of infants and toddlers coming into care. Despite this increase in system volume over time:

- **The average number of days children in the target age group remain in the system has decreased by 9%.**³
- **Re-reports and reentries at 12 months have decreased**, compared to pre-C2C implementation.
- **C2C clinical services show a highly promising impact on reunifications**, as parents who were offered and accepted at least one clinical service had double the rate of reunification than those who did not.

Core elements

The C2C approach includes eight core components. Not all families receive all services:

- **Judicial leadership and discretion.** Initially, the Court assigned a C2C caseload only to select judges. In August 2015, however, the practice was expanded to all judicial officers with dependency cases in an effort to balance rising caseloads. Judges determine which of the other core components are appropriate for each family. Not all families receive the services.
- **Community coordination.** Community coordinators advocate for C2C parents and children to receive timely, high-quality services by resolving specific case barriers that have been identified and referred by the court. Unlike the original SBCT approach, C2C's community coordinators do not work directly with families. The program also includes several hybrid conciliator positions that perform community coordinator tasks in addition to offering mediation services to help expedite dependency cases and free up court calendars.
- **Valuing birth parents.** A [trauma-informed approach](#) is used with all C2C families to ensure parents and children are treated with dignity and respect. Judges create a calm atmosphere by addressing parents by name, making eye contact, asking them questions directly, and demonstrating transparency in all interactions.
- **Targeting infants and toddlers.** Each child is screened for developmental delays, medical needs, and mental health services that focus on

Young children have so many systems working with them. If these systems don't talk to each other, we are missing an opportunity to improve the way we all work and to open doors that in the past may not have been explored.

— NICOLE ROSKENS,
CLINICAL DIRECTOR, CRADLE TO CRAYONS, MARICOPA COUNTY JUVENILE COURT

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the parent-child relationship. A medical home is also established.

- **Placement and concurrent planning.** The C2C approach focuses on identifying kinship placements early and whenever possible, and preventing placement moves for young children in care. Concurrent planning is used to identify and support a second permanent family in the event reunification is not possible. The value of birth parents is emphasized no matter the final outcome.
- **Foster parent intervention.** The C2C approach supports and facilitates [shared parenting between the birth parents and the child's out-of-home caregivers, with caregivers](#) often becoming mentors to birth parents.
- **Parent-child visitation.** Individualized parent-child visitation plans that emphasize frequent interaction are developed in keeping with the unique strengths and challenges of each family.
- **Continuum of mental health services.** Families served by the C2C approach have experienced trauma and may have an overwhelming number of risk factors. Every child is referred to a community behavioral health provider to be assessed for mental health services. Parents also may receive

some assistance to better understand their children's needs and learn how to build strong bonds. The judge may also refer a family to C2C Clinical Services for any recommended mental health services.

In addition, two C2C Child Welfare Centers have been established to provide services to further support the C2C approach. Those include:

- [Family Treatment Court.](#) Family Treatment Court is a problem-solving court that holds parents accountable to their substance use treatment. Participation in Family Treatment Court is voluntary, but C2C judges may order a parent to observe a court session before deciding.
- [Parents for Parents.](#) Parents who have reunited successfully with their children serve as allies and mentors for parents who are new to the child welfare system. They hold monthly HOPE (Helping Other Parents Engage) meetings to orient new parents.
- **Clinical services.** C2C centers offer clinical assessments and a range of services, including trauma therapy for parents, child-parent psychotherapy (relationship-based therapy for parents and their children), [Family Time Coaching](#), and resource connection and navigation.



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- **Maricopa Community Court Team.** C2C convenes monthly meetings with local providers and community stakeholders to share resources and discuss topics related to the well-being of young children and their families. In 2018, this team conducted a series of meetings on communication and coordination. In addition, key C2C partners, including DCS and a substance use treatment provider, are co-located at the centers.

Structure, staff, and funding

Judicial leaders received specialized training in infant and toddler mental health, trauma, and attachment. In 2012, the county's Board of Supervisors provided funding to create the first C2C Child Welfare Center, which opened its doors in December of that same year. A second center was opened in October 2013. Funding initially was provided for a trial period of two years. However, after demonstrating success, the program was added to the county's general budget in 2014.

In addition to its county budget allocation, C2C receives funding for two resource navigator positions through [First Things First](#), a statewide organization in Arizona that funds early education and health. The National Quality Improvement Center for Collaborative Community Court Teams also will be funding a recovery support specialist for Family Treatment Court. The Arizona Supreme Court Judicial Enhancement Fund provides additional funding for the C2C centers.

In a system of this size, turnover is a constant challenge. Judicial rotations and policy changes also can affect the system. One recent example involved

a change to health care law that affected who was able to receive behavioral health contracts. "There is always some piece of this that's moving," says Cheri Clark, Maricopa County Juvenile Court administrator. "It requires constant attention."

The successful implementation of C2C in Maricopa's dependency courts is the result not just of C2C direct services, but the ongoing efforts of its active Community Court Team. Team members include many staff who work directly with families, and are well-informed about common challenges. Together, the team shares ideas, develops best practices, and participates in educational opportunities. A steering committee comprised of the Juvenile Court presiding judge, court administrators, agency directors, and system leaders met quarterly during the initial few years of implementation to set the course for future efforts. The results of this level of collaboration are evident in the system's ability to reduce lengths of stay and increase reunifications, even as the number of families in the system grew steadily from 2011 to 2015.

A family's journey

(The following reflects the experience of a fictional family and is presented for illustration purposes only.)

Sierra is a 24-year-old mother who lives in Maricopa County. Her 2-year-old daughter, Aaliyah, was recently removed from her mother and placed in foster care due to charges of neglect related to Sierra's substance use. How does Sierra experience the C2C approach?

Our courts are utilizing a trauma-informed approach to engaging parents. Judges are more often acknowledging parents and their experience and difficulties, even when they have to give bad news.

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The first thing she is likely to notice is the **culture of dignity and respect** promoted in court. Sierra is approached by a Parents for Parents ally in the waiting room before her first court appearance. The parent ally offers insight from her own experience and explains how she — and other resources and supports — will help Sierra reunite with Aaliyah. The parent ally asks Sierra if she has eaten that morning and offers her a protein-rich snack while she waits, through the [Protein for All](#) initiative. This gesture supports Sierra's self-care and improves her ability to listen, focus, and make effective decisions during her court appearance.

In the court room, Sierra meets the judge and other personnel, all of whom have received training in the mental health needs of infants and toddlers and the ways that parents' prior trauma can affect their relationships with their children, their experience in court, and their engagement in services. Sierra is acknowledged by name and thanked for coming to the hearing. Everyone present, including Sierra and a close family friend she brought with her, is given an opportunity to speak.

Based on what is learned at the hearing, the judge refers Sierra to one of two C2C centers for a variety of co-located service components. Because Sierra has a history of substance use, she is ordered to observe a session of Family Treatment Court. Her participation is voluntary — but she may be told that **parents who graduated from the program in 2017 had a 98% reunification rate**, compared to just over 50% for those who did not graduate.³

Like many C2C families, Sierra also receives a referral for a clinical intake. After the intake she will be offered one or more therapeutic services, which may include child-parent psychotherapy to help Sierra and Aaliyah heal their relationship and develop a closer bond. Due to her own trauma history, Sierra is likely to be offered individual trauma therapy, which includes evidence-based interventions, such as [Eye Movement Desensitization and Reprocessing](#) or trauma-focused cognitive behavioral therapy. If Sierra participates in clinical services, her **likelihood of reunifying with her children will double**: Parents who were offered and accepted at least one clinical service had a much higher rate of reunification (64%) than those who did not receive services due to program capacity (31%).⁴

While working toward sobriety and reunification, Sierra will share frequent family time with Aaliyah. The judge orders a minimum of two visits per week for two hours per visit. Some of these visits take place at the C2C center, where Sierra receives [Family Time Coaching](#) and learns hands-on parenting skills. Sierra also is encouraged to meet Aaliyah's foster family at her daughter's medical and therapeutic appointments whenever she can. In this and other ways, **shared parenting with foster parents is strongly supported**. Sierra may talk with the foster parents when they bring Aaliyah to visits, or they may complete written communication logs to share information about how Aaliyah is doing.

If Sierra's case hits a snag, C2C community coordinators are on call, ready to help. Common needs requiring community coordinator involvement

All of the systems involved in child welfare in Maricopa County really want to be trauma-informed and do the right thing for young children in care. Everybody was ready for this culture change.

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in 2017 included issues with children's behavioral health services, community resources for parents, medical and dental insurance, education, telephonic court appearances, and psychological evaluations for parents.

At her initial clinical intake, Sierra was connected to a resource navigator through C2C clinical services. As the family begins the process of reunification, Sierra begins to work on a Community Connection Plan with her navigator. Through this plan, natural supports and

resources in Sierra's own neighborhood and community are identified. Sierra receives help in connecting with these supports so that she knows where to turn when she has other stressors or new needs in the future, after her DCS case is closed. With the support of the C2C approach, Aaliyah has a **42% chance of being reunited with her mother** (a 23% increase compared to the year the approach was implemented). If reunited, she also has a **93% chance of still being home with her birth family two years later.**³

- 1 Information in this section gleaned in part from an interview on April 12, 2019, with Nicole Roskens, Cradle to Crayons clinical director; Cheri Clark, juvenile court administrator; and Carma Umpleby, C2C Center coordinator.
- 2 Data in this section are from the following unless otherwise noted: Krysik, J., Kaushik, K., Bommireddipalli, S., Panda, G., & Mabingani, D. (2018). *Cradle to Crayons: Maricopa County Safe Babies Court Teams Evaluation, 2010–2017*. Phoenix, AZ: Arizona State University.
- 3 Cradle to Crayons Child Welfare Centers. (2018). *2017 Annual Report*. Phoenix, AZ: Maricopa County Superior Court, Juvenile Court Dept.
- 4 Krysik, J., Kaushik, K., Bommireddipalli, S., Panda, G., & Mabingani, D. (2018). *Cradle to Crayons: Maricopa County Safe Babies Court Teams Evaluation, 2010–2017*. Phoenix, AZ: Arizona State University.

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