

## **STAFFING**

**How is a Community Coordinator best selected? How much time would they be putting in and what background works best?**

from ZTT:

- Community Coordinators typically comes from a background related to child welfare/ social services, mental health and education. Critical components for consideration is their working knowledge of infant/toddler social-emotional development and impact of abuse and neglect and some level of prior experience working with juvenile and family courts.
- Under HRSA funding this position has to be full time. That equates to a 40 hour week. Coordinators receive training and support to help them navigate their work calendars in order to accommodate the immediate tasks related to direct family supports as well as space to navigate community connections and building specific relationships that drive collective impact.
- There is a great deal of training and on-going support provided by the ITCP around this unique position.
- The Coordinator Job Description is attached for reference.

from B4B:

1. It depends – where the program lives organizationally will determine duties and function
  - a. In some programs across the country, Community Coordinators are court employees and that looks different than if they are through a nonprofit.
2. It is a full-time job and knowledge of the child welfare system, child development, local resources and community supports, networking, collaborating, and engagement are key.
  - a. The Community Coordinator is there as a program support – CCs are not the lead on a case, that is DCYF.
    - i. Pierce County is lucky to have top-notch social workers and WA state is leading the way in doing many things (safe sleep screenings, developmental screenings)
3. In Pierce County, the job description is divided into three areas:
  - a. Supporting the program overall (scheduling and leading family team meetings, supporting the judge and community advisory team, networking/community involvement)
  - b. Supporting the families (helping connect to other resources, removing barriers, providing transportation, support/encouragement)
  - c. Data and reporting (Zero to Three data portal, other data requests as they arise, presentations)

## **DATA**

**Is there data reflecting how well the SBCT approach engages fathers? Also, does the data identify whether it's the mom dad or both engaged in getting help?**

from ZTT: We collect data on fathers including participation in court, services, placement and reunification in the database. In the last evaluation the evaluator did collect and analyze ACEs for fathers and permanency outcomes. All of that is in the ACEs **brief I sent previously**.

from B4B:

1. Parents must sign a consent form to be entered into the database – so we are only actively tracking engagement and services for parents who have signed the consent and have approved us tracking this information.
2. We try to engage with both parents – by inviting them to family team meetings, reaching out if they don't come and by engaging parent allies to help connect.
  - a. If there are conflicts between the parents, we hold separate family team meetings.
  - b. There are a few cases where fathers were never identified or never established paternity.

**What was the average time that a termination petition was filed from when the dependency petition was filed?**

from B4B:

- a. It is important to know that Best for Babies does not have different legal timelines than a regular dependency case.
- b. There was misinformation that Best for Babies was a “fast track” to termination, to adoption, to reunification. None of these is true – parents must still do their court ordered services and are still held to WA legal timelines. However, we see them every month so often have a better sense of what is happening in the case.
- c. The Median time frame from Dependency Petition Filing date to Termination Petition filing date is 10.6 months. \*This data set includes an “outlier” in which the parents wished to relinquish at the time their child entered care – in that case Termination was filed at 5.23 months. The parent's attorney asked that the case come into Best for Babies so the mother could receive care and support around her decision to relinquish. With this case removed from the data set, the Median time from Dep filing to Term filing is 11.2 months.

**Do you track whether children returned home have new dependency cases? What about new filings for children returned home, while their cases are still open?**

from B4B: We aren't actively checking on all our closed cases, however someone from the Best for Babies team checks the shelter care petitions every day – therefore we would see if cases came back into care. 1 case has come back in – it was a very early Best for Babies case and was prior to our dedicated docket.

1. Again, we have small numbers – 34 total families and 49 children since 2016 (no Community Coordinator until 8/2018).
2. We do know when new CPS referrals are made with children returned home and the case is still open (\*there isn't a new Dependency filing, as their case is already an open Dependency case). Fortunately, for those cases there were good supports in place and the referral did not impact the case.

## **FAMILIES**

### **How are parents chosen for the program?**

from ZTT: Generally, we say that any parent that comes to the attention of the court and has a child under the age of 3 is provided the information about the program. It is voluntary on the part of the parents whether they participate or not. However, sites define their target populations and some sites choose to exclude parents with criminal charges, parents in long term prison sentences, etc.

from B4B:

- a. Shelter care petitions are screened for eligibility every day. Someone from Best for Babies will typically go up to the hearing to talk with the parent(s) and provide brief information about the program. Best for Babies Team members have also attended the 30-day case conferences to share information about this court option; social workers or attorneys refer parents, GALs, and parent allies have also referred parents.
- b. One parent must “opt in” with their attorney and the case stays on the Best for Babies docket for the life of the case. We do try to get families in as soon as possible to start engaging (on average it takes about two months from shelter care).
- c. We have exclusion criteria (however, it is ultimately up to the presiding judge if a case comes in or not):
  - a. No extreme mental health (i.e. psychosis – a parent is unable to take care of themselves)
  - b. No criminal charges pending due to the abuse allegations
  - c. No sibling groups over 3 (we are a small docket, and the focus is on ages 0-3)
  - d. No current open dependency case
  - e. Even with exclusion criteria – we are always open to discussing entry (for example, mental health becomes stable). We have had parents who were excluded (having an open case) and wanted to come into the program. Their lawyer filed a motion and they came into the program.
  - f. As stated on the call, we had hoped to create a better system for program entry this year. We have also worked with our Family Recovery Court to create 1 document with program highlights for parents to know their options.

### **Does ZTT have any best practices that guide this process, or is there a general response you provide?**

from ZTT: We find that sites in smaller communities are able to offer this to all of their families. In larger communities where capacity would become an issue some core criteria for eligibility is developed. This typically is very broad (child under 36 months of age in the family unit, placement within the county area for access to services and supports, family election to participate in the program). We recommend inclusionary criteria rather than exclusionary criteria.

## **FUNDING**

### **Is there a cost/benefit analysis for the SBCT approach?**

Based on recent outcome evaluation data, the SBCT approach is estimated to generate over \$14,000 in public savings per family served, including \$12,000 in child welfare system savings and \$2,000 in health care savings.

### **Would it be 3 new sites in addition to Pierce County?**

from ZTT: We don't yet have an answer on this, and won't until our proposal is approved by HRSA. Pierce County is already a HRSA site it is expected that they will want an additional three sites.

### **How is the B4B Court currently funded?**

from B4B: Currently, the Community Coordinator is funded through the ZTT HRSA grant (3-year grant ending 9/2021). Through the HRSA grant, Pierce County receives \$75k/yr.

- Amara had initially stepped up to support the position for 1-3 years (with the goal of outside funding picking up the position). The first year of the position, Amara paid for some of the position and the Pierce County Council put forth some unused salary funds to also support (\$40k). Now that Pierce County receives HRSA grant funding through ZTT, the funds are provided to Amara to support the Community Coordinator position.

### **What are other considerations related to funding?**

from B4B:

- There was no funding stream for Best for Babies in Pierce County to get started. The first docket was started in 2016 with no investment, but a lot of passionate people!
- There is currently outside funding for the community coordinator and support from Pierce County Juvenile Court.
- Key dependency stakeholders need to be part of planning. We believe the approach is doing dependency better – but it can take more time. Parties are in court every other month and there are family team meetings every other month – thus this is a workload issue. There is also some training initially that goes into getting stakeholders on board – the goal is to be collaborative, strengths based, with a problem-solving focus.
  - The key stakeholders include:
    - Judicial officer
    - Attorney General
    - DCYF (Pierce County has dedicated workers in each unit – they also carry regular cases)
    - GAL/Child advocates
    - Parent attorneys
    - Organizational program location is also a factor – which may impact where the community coordinator “lives” and program decision making.
  - The Community Coordinator position in Pierce County is held by Amara, a local nonprofit.

### **Can we see existing training materials from other sites? Is there anything we can provide?**

from ZTT: Below is a list of trainings that we provide either through our National ITCP TA Staff or in partnership with our Content Matter Experts -these training take place from inception

through sustainability and many are done annually or as major transitions happen for their community:

- Meeting Parents Where They Are & Utilizing Evidence Based Interventions to Support Families with Complex Trauma
- The Importance of Addressing ACEs in Achieving Permanency for Young Children
- Infant Mental Health: Brain & Emotional Development
- Leading from the Middle: The Role of the Community Coordinator
- Mobilizing Community Engagement To Promote Multidisciplinary Collaboration
- A Strength-based Approach to Family Team Meetings
- The Power of Co-Parenting
- Substance Use Disorders: Shifting Practice to a Public Health Approach
- Concurrent Planning from Day One
- Incorporating Protective Factors and weighing Safety vs Risk in the Path to Permanency
- Pre/Post Removal Conferences: Enhancing Family Engagement Using Support Conferences
- Addressing Bias, Race, Health Disparities to Influence Equity and Social Justice
- The Impact of Intimate Partner Violence on Family Dynamics
- Guided Interaction for Family Time (GIFT)
- CQI, Outcomes and Measurement, + Using Data to Tell Your Story
- Every Moment Matters: Judges and Attorneys Putting the Science of Early Childhood to Work in the Courtroom
- Self-Care and Vicarious Trauma in the World of Child Welfare
- Managing Conflict and Courageous Conversations to Promote Effective Problem-Solving Meetings
- Infusing the Core Components of the SBCT™ Approach in Your Prevention Efforts
- Addressing the Overlapping Issues Related to Substance Use Disorders, Intimate Partner Violence and Trauma
- Sustainability Planning from Day One
- The Infant Toddler Court Program 101
- Promoting Transparency in Transition planning
- Bridging Relationships Across Resource Caregivers and Parents
- Enhancing and Supporting Family Contact and Attachment
- Infant Mental Health- The Integration of Effective Interventions and Treatments and Testimony
- In The Best Interest of the Child: Reasonable efforts for Infants, Toddlers and Families in Care
- Baby CASA Training
- Building a Better Future (Parent Partners)
- Facilitated Strategic Planning Sessions
- Supporting Families Impacted by Perinatal Substance Use Disorders in Child Welfare

There are specific training materials and resources that support these topics. It would help to know what specific materials are of interest and if we have supportive resources to accompany that.

Usually for sites beginning to explore this work there are great bench cards and other guiding materials that can be shared with sites. Some that come to mind include:

- The SBCT Implementation Guidebook - <https://www.zerotothree.org/search?q=SBCT%20IMPLEMENTATION%20GUIDE>
- Brief & Bench Cards: What Every Judge and Attorney Needs to Know About Infants and Toddlers In Child Welfare – attached
- Access to the online learning modules (*see attached document with link*)
- Healthy Beginnings, Healthy Futures: A Judge's Guide (*but honestly great for all touching this work*) – attached