



## FIRST THINGS FIRST

*Ready for School. Set for Life.*

### Court Teams Standards of Practice

#### I. Intent of the Strategy

The intent of a Court Teams strategy is to improve outcomes for infants, toddlers and their families involved in the child welfare system in order to reduce or prevent future court involvement. Through the implementation of the evidence-informed Court Teams model, informed local communities can strengthen the support and care for young children and their families in the Juvenile Court system. This is accomplished through training, shared planning, systems improvement, and regular consultation of those agencies working with a child and family. Court Teams may include recommending and referring children and families for services, but do not directly provide these services.

First Things First (FTF) supports implementation of the evidence-informed Infant and Toddler Court Team model. When an FTF Regional Partnership Council prioritizes the needs of infants and toddlers who have been removed from their home and the Court Team strategy is identified for implementation, the council identifies opportunities for partnership with the child welfare/ juvenile court system and other community partners and what role the council will play to support the overall implementation of the evidence-informed model through coordination and collaborative efforts. Regional Councils define their role in supporting the implementation of the strategy. The role may range from building initial capacity to establish a court team model to supporting implementation of the full evidence-informed model with one or multiple court teams. The evidence-informed model description follows in the next section.

#### II. Background, Significance and Description

When young children experience abuse or neglect, family violence, poor nutrition, housing instability and infrequent health care, their ability to learn and succeed is severely compromised. According to Harvard University's Center on the Developing Child, research on the biology of stress shows that major adversity can weaken developing brain architecture and permanently set the body's stress response system on high alert. Science also shows that providing stable, responsive environments for children in the earliest years of life can prevent or reverse these conditions, with lifelong consequences for learning, behavior and health.

Infants are the largest group of children to enter, remain and re-enter the child welfare system. They are at the greatest risk for compromised development. They are six times more likely than the general population to have developmental delays that if left untreated will compromise their ability to have healthy productive lives. Although the developmental impact of child abuse and

neglect is greatest among the very young, research confirms that the early years present an unparalleled window of opportunity to intervene effectively with these young, at-risk babies.

Effective and developmentally appropriate interventions and services can change the odds for infants and toddlers and lead to significant cost savings over time through reduction in child abuse and neglect, school failure, criminal behaviors, welfare dependence, substance abuse, medical care for the illnesses (both physical and mental) that are common among adults who were maltreated as children. When maltreated young children show-up in juvenile and family courts, judges are faced with making difficult decisions that may have long-term implications for their emotional, developmental and physical health.

Recommendations to achieve a comprehensive system of care for infants and toddlers involved in the child welfare system include:

1. Enhancing system capacity of partners such as judges, health and mental health care providers, early intervention specialists, foster parents, family members, parent aids, attorneys for children and parents, Court Appointed Special Advocates (CASAs), Arizona Department of Child Safety (DCS) caseworkers, adoption specialists, home visitors and others working with children under the Juvenile Court's jurisdiction to understand developmentally appropriate practices to meet the needs of infants, toddlers and their families involved in the child welfare system through professional development and training for all types of providers;
2. Providing access to programs and services such as quality child care, preventive medical, dental, or mental health services, parenting and other family support programs;
3. Ensuring earlier identification of and intervention for developmental delays in infants, toddlers by providing child and family practitioners with screening and assessment tools.

Court Teams work to increase awareness among all those who work with maltreated infants and toddlers about the negative impact of abuse and neglect on very young children and to increase the implementation of best practices when working with families of infants and toddlers involved in the Juvenile Dependency system. Court Teams promote policies and procedures that will foster a system of care that focuses on meeting the developmental needs of young children and supports their healthy development.

Research on the outcomes for young children under the jurisdiction of juvenile courts that implement a Court Team's approach has shown:

- A significant increase in the services provided to eligible children and their parents, particularly in access to health care and early intervention services.
- Decrease in the number of foster home moves for infants and toddlers.
- An increase in parent-child visits.
- An increase in relative/kinship placements.<sup>1</sup>

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<sup>1</sup> Zero to Three, *Changing the Odds for Babies: Court Teams for Maltreated Infants and Toddlers*, Fact Sheets. [Zero to Three Funded Projects - Court Team](#).

Evidence-informed Court Team strategy implementation includes the following core components (adapted from ZERO TO THREE Safe Babies Court Teams: 10 Core Components 2014):

- **Judicial Leadership:** Each Court Team requires the leadership of a local judge who, because of their unique position of authority in the processing of child welfare cases, is a catalyst for change.
- **Local Community Coordinator:** In each Court Team community, a local Community Coordinator serves as a resource for child development expertise for the court. The local Community Coordinator can also serve as a team lead to facilitate collaboration and coordination amongst the court, child welfare agencies, service providers and other stakeholders to develop a cohesive system of services and resources in support of infants and toddlers and their families in the court systems.
- **Community Court Team:** The Court Team is made up of key community stakeholders who commit to working to restructure the way the community responds to the needs of maltreated infants and toddlers. The makeup of Court Teams varies from community to community, but typically the team includes pediatricians; child welfare workers; attorneys representing children, parents, and the child welfare system; Court Appointed Special Advocates (CASAs); Guardians Ad Litem (GALs); mental health professionals; substance abuse treatment providers; representatives of foster parent organizations; children's advocacy groups; Early Head Start and child care providers; and Court Improvement Program staff.

Court Teams focus on the "big picture" of early childhood system building. The Court Team meets at least monthly to learn about the services available in the community, to identify gaps in services, professional development/training needs of team members and to discuss issues raised by the cases that members of the Court Team are monitoring.

Initial and ongoing recruitment is necessary to achieve the broad multidisciplinary participation critical to a Court Team's effectiveness. The community coordinator takes the lead in continually scanning the community for new service providers and relevant stakeholders to incorporate into the Court Team.

- **Target the Population of Infants and Toddlers in Out-of-Home Care:** Infancy and toddlerhood are critical periods in human development. Focus investments on intervention services and prevention programming for these very young children can have the greatest impact while reducing long term costs. Infants and toddlers need comprehensive developmental, medical and behavioral health services to ensure their well-being and developmental outcomes.
- **Monthly Case Review Meetings:** Each month, individuals and organizations delivering services to infants and toddlers meet together to review progress on family cases. This monitoring process in and of itself can help prevent very young children from falling through the cracks in the child welfare system and ensure that the services they are receiving are effective and age appropriate.
- **Placement and Concurrent Planning:** To reduce placements, the Court Teams use concurrent planning, a technique which requires the quick identification of, and placement with, caregivers who are willing to become the child's permanent family if reunification becomes impossible..

- **Frequent Parent-Child Contact:** Research shows frequent visitation increases the likelihood of reunification, reduces time in out-of-home care, and promotes healthy attachment.<sup>2</sup>The Court Team focuses on increasing visitation by expanding the opportunities (e.g. doctor's appointments) and the locations (e.g. the foster home, the birth parents' home) for parent-child contact.
- **Medical, Developmental and Mental Health Services:** Infants, toddlers and families involved with the Juvenile Dependency system are provided with referrals and resources to access and participate in regular preventive medical care to ensure child health and developmental screenings to identify and address developmental delays. Each Court Team will also have the capacity to refer parents to mental health services which are designed to improve the parent-child relationship by focusing on reading and responding to cues in ways that support child development and to address unmet emotional needs that the parent may have which impacts her/his ability to meet the needs of their child. It is equally important for young children to participate in mental health services with practitioners experienced in meeting the unique needs of infants and toddlers involved in the child welfare system.
- **Training and Technical Assistance:** Training and technical assistance to court personnel, system partners and community service providers on topics such as being more responsive to, and responsible for, young children's social and emotional development needs; general infant and toddler development; parenting interventions; services available to foster children in the community; and the impact of trauma on children.  
Through training and technical assistance, court team members have access to resource materials including bench books and training videos developed by Zero to Three and other organizations involved with the development of Court Teams.
- **Evaluation** Methods for standardized data collection and analysis must be established and implemented to measure the impact of Court Team approaches. Ongoing evaluation activities can further lead to continuous quality improvement and professional development opportunities for Court Team members.

The Regional Partnership Council must define its role in supporting the implementation of the Court Team strategy. The role may range from building initial capacity for establishing a Court Team to supporting specific elements of the full evidence-informed model, to increasing and/or improving implementation to support the maintenance of a fully established model within a region. While the role and area of focus of a regional council may vary by region, the number of children served by the implementation of the Court Team model and the number of trainings provided are the required service units for all grant partners implementing the FTF Court Team strategy. In addition, grant partners are also required to report on the number of Court Team meetings held and the number of system improvement measures implemented as performance measures.

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<sup>2</sup> Smariga, M. (2007). **Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know**. Washington, DC: American Bar Association Center on Children and the Law and ZERO TO THREE Policy Center.

For each role, successful implementation is achieved through a collaborative and coordinated process of identification, development and operationalizing of action plans to address needs, gaps and barriers in the system that functions under the jurisdiction of the court.

FTF does not fund nor provide direct service for young children and their families involved in the child welfare system such as direct health or mental health care.

### III. Strategy Standards

#### A. Implementations Standards

##### 1. Program Standards

FTF is committed to funding programs that are evidence based or evidence informed. The emphasis on evidence-based programs is grounded in the idea that the maximum benefit for children and families is delivered by programs that base their practice in the most current, relevant, and reliable evidence about the effectiveness of the program. For some programs, an evidence-informed or best practice, or a promising practice model is appropriate. The following criteria are considered by FTF when determining to fund programs:

- ***Evidence based programs*** are programs that have been validated by documented and scientific research and the evidence has gone through a peer review process. Evidence is established through scientific research that has had a comparison between an intervention group and a control group where the intervention group has had a significant impact. Peer review means that someone external to the program or research team has reviewed the methodology and the findings to determine if standards were met.
- ***Evidence informed*** is a program or service that has a clearly articulated theory of change (logic model) and has had some evaluation of the outcomes. This can be based on one program or service model that has been evaluated in multiple settings. An evidence informed program cannot be based on the evaluation of a program in only one setting, even if it has been done for many years in a community and everyone likes it.
- ***Promising practice*** is a program or service that has a clearly articulated theory of change (logic model) with specified implementation and operational processes (activities) and program outcomes. A promising practice program is *informed* by at least one of the following:
  - Evidence based practices of a similar program or service delivery system, but does not have complete fidelity to that model because of justifiable need to change factors such as staffing or written materials in order to adapt to geographic or cultural variation.
  - A similar program or service delivery model that is generally accepted as appropriate for use with the target population to achieve the program outcomes but has yet to be established as evidence based.

- o Culturally responsive practices that are known to contribute positively to program outcomes.

A promising practice must have no evidence that the program or service will cause any harm to recipients. Additionally, a promising practice program is committed to building evidence of program or service effectiveness through ongoing continuous quality improvement activities.

**Programs that support the implementation of the evidence-informed Court Team program model must:**

a. **Demonstrate Adherence and Fidelity to the Evidence-Informed Court Team Model**

Successful implementation of all 10 of the core components of the evidence-informed model as identified by ZERO TO THREE, Safe Babies Court Teams is required.

- i. When initially establishing a court team, consideration is taken to engage community leaders, specifically judicial leadership, to build the support and partnerships for the formation of Court Teams. This includes effective outreach to engage judicial leadership on the importance of early childhood development with a focus on the unique needs of infants and toddlers who have been removed from their homes, obtaining commitment to the model, and support for the implementation of all core components of the model. Once this commitment and support from judicial leadership is obtained, it is necessary to develop an action plan to operationalize the other core components.

It is recognized that establishment of court teams takes time and timelines may vary region by region.

- ii. When support is provided to establish Court Team(s), there must be demonstration that all 10 core components of the model are fully put into practice and operationalized. FTF supports the implementation of this evidence-informed model, however, it does not fund direct services to young children and families involved in the child welfare or juvenile court system such as direct health or mental health care.

b. **Provide Training and Technical Assistance**

Provide support for the establishment and ongoing implementation of the evidence-informed Court Team model and the professional development needs of Court Team members such as judges, health and mental health care providers, early intervention specialists, foster parents, family members, parent aids, attorneys for children and parents, Court Appointed Special Advocates (CASAs), Arizona Department of Child Safety (DCS) caseworkers,

tribal social service and child welfare workers, adoption specialists, home visitors and others working with children under the Juvenile Court's jurisdiction.

- Initial outreach and training on the importance of early childhood development, the long term impact of adverse childhood experiences and the need for developmentally appropriate approaches for young children and their families involved in the child welfare system;
  - Ongoing series of training and technical assistance activities that ensure alignment and scaffolding of knowledge between all the components utilized for this strategy.
- i. Providers of training and technical assistance must:
- Provide information and technical assistance on best practices for the successful implementation of the evidence-informed Court Teams model;
  - Conduct professional development based on best practices and research, ensuring that subject matter experts (visiting faculty, published authors, researchers, etc.);
  - Materials and sessions are based on current research, core areas of skills, knowledge and competency, and are responsive to emerging issues in the community and the early childhood field;
  - Maintain individualized learning seminar attendance records for participants including the hours each participant attended;
  - Provide written resource and referral information to participants on the healthy development of young children and resources available in the community such as medical care, developmental screenings, mental health programs and resources, quality child care, parenting and other family support programs and services. These resources must be updated at a minimum annually and gathered from trustworthy, reliable sources.
- ii. Maintain flexibility and responsiveness to emerging issues in the community and the early childhood field:
- Develop a collaborative, coordinated response to community professional development needs;
  - Implement continuous quality improvement by reviewing written feedback from program participants collected after every learning session; and
  - Ensure appropriate staffing in order to effectively respond to participant questions or thoughts during the seminar series.

- iii. Programs must clearly define, document, and share program objectives with participants to ensure comprehension, engagement, and retention.
- iv. Encourage honest, open communication between participants and instructors;
- v. Maintain confidentiality, being respectful of program participants;
- vi. Take into consideration emerging needs or topics of research as identified by the participating early childhood professionals and be responsive to professional development needs of the participants;
- vii. Professional development includes opportunities for follow up on-site technical assistance, consultation, and/or coaching.

## 2. Staffing Standards

If the Regional Partnership Council's role is to provide funding for one or more local community coordinators, then FTF funded community coordinators shall meet the following staffing standards:

### a) Supervisory Staff

- i. Supervisors must meet or exceed the requirements below with the addition of at least two years of program management experience in a family court setting.

### b) Local Community Coordinator(s)

- ii. Education requirements:
  - Preferred:  
Masters Degree in Social Work, Psychology, Education or Early Childhood Development, AND three (3) years of relevant, progressively responsible experience in social services, juvenile/family court programs, or programs that serve families with young children under the age of five, experience in cross-disciplinary program development, coalition building, and service integration.
  - OR  
Bachelors Degree with closely related experience that includes (5) years of management and/or supervision OR any equivalent combination of experience and/or education from which comparable knowledge, skills or ability have been achieved may substitute for a Master's Degree. Presents evidence of proven success in program implementation, grant management, and data collection and reporting for program
- iii. Experiential requirements:
  - Coordinators are reflective of the cultural and ethnic experiences and language of the targeted population with whom they work with and integrate their expertise into the entire program,
  - Experience with ensuring that Court Team members receive initial and ongoing professional development in culturally and linguistically responsive service delivery,

- Be knowledgeable about and possess experience in conducting professional development activities, working with adult learners, including learners from diverse cultures,
- Have a minimum of five years' experience working directly with infants and toddlers and their families in the child welfare system,
- Have general knowledge of infant and toddler mental health practices such as screening, assessment, evaluation and practices and/or have an Infant/Toddler Mental Health Coalition of Arizona (ITMHCA) endorsement;
- Have experience with facilitation of team meetings to conduct and/or convene the monthly court team meetings, monthly case review meetings, training and technical assistance and system level service coordination meetings.
- Demonstrate proficiency in the language(s) of the participants or have an alternate and effective procedure for communication,
- Have extensive knowledge of community resources for court team members to
  - o access professional development opportunities;
  - o be aware of additional services that children and families they work with might want/need to access.
- If programs experience hardship in recruiting personnel with these qualifications, notify and consult with FTF.

## **B. Continuous Quality Improvement**

- a. Adopt a process of continuous self-monitoring and reflection to improve program practices that is articulated in a written policy.
- b. In the written policy, the following should be addressed:
  - How data is used to assess the progress and outcomes of program implementation; and
  - How data collection is used to improve staff performance.
- c. Design and implement a participant evaluation process to assess changes in behavior and/or increase in knowledge as an outcome of the professional development. The participant evaluation process should include but is not limited to the following evaluation components:
  - Pre and post-test using measurement scales/questions that have been proven valid; and/or,
  - Pre and post-qualitative interview with specific questions that show causal relationships, to assist in the assessment of the quality of the services and/or programming.

#### IV. **Coordination and Collaboration**

**Coordination and collaboration among early childhood service providers is critical to developing a seamless service delivery system for children and families.** Coordination and collaboration is described as two or more organizations working together in the delivery of programs and services to a defined population.

As a result of coordination and collaboration, services are often easier to access and are implemented in a manner that is more responsive to the needs of the children and families. Coordination and collaboration may also result in greater capacity to deliver services because organizations are working together to identify and address gaps in service, which results in higher quality services and cost efficiency.

Successful applicants must demonstrate capacity to work with and participate in coordination and collaboration activities occurring within the First Things First region being served. Applicants should plan the appropriate staffing and budget to support travel to and attendance at meetings within the regional area or at statewide meetings, as appropriate.

This may include but is not limited to:

- A. Engaging with other partners delivering the same or similar programs and services;
- B. Clarifying target populations and outcomes;
- C. Defining processes and plans to reach desired outcomes.
- D. Attend local or statewide collaborative meetings, as noted in the Scope of Work.

FTF recognizes the importance of collaborative partnerships among community partners that utilize a variety of formal and informal mechanisms to facilitate coordination of services in the community. The Coordination and Collaboration standard requires a grantee to:

- a. Develop and implement a plan to understand and make connections with other initiatives, strategies and efforts in the region or state that support the early childhood system.
- b. Develop processes that ensure staff implementing FTF funded strategies understand the connections between this strategy and the early childhood system to avoid duplication of services and promote collaboration between other services and supports offered to children and families in the regions.
- c. Coordinate with all other regional and statewide professional development providers including institutes of higher education.
- d. Providers of professional development are expected to partner with FTF during all stages of planning and implementation, and with local early care and education professionals and other early care and education stakeholders, including higher education institutions, in developing and marketing the program.
- e. Demonstrate pre-existing relationships and develop new partnerships with local organizations, agencies and community networks that offer professional development opportunities and professional memberships.

## V. Accountability/Quality Improvement Standards

**Accountability and quality improvement support specification of the mechanism to monitor and measure the success of the system of care, the achievement of goals, and the impact on children and families outcomes.** This may include evaluation, quality assurance and performance monitoring and is a collaborative, ongoing process that includes input from staff, families, program administrators, and community members. Activities may include pre- and post- testing, self-assessment and opportunities for feedback. Programs must demonstrate mechanisms to assess program effectiveness and to implement quality improvements. Programs must participate in data collection and reporting of performance measures to First Things First.

Information about Quality Assurance at First Things First can be accessed by clicking on “Quality Assurance Documents” in the Grantee Resources section of PGMS.

## VI. Cultural Responsivity

**Definition of Cultural Responsivity:** First Things First embraces cultural responsivity as an intentional life long journey that holistically explores, honors, and values the diversity of the human experience.

### Culturally Responsive Service Delivery

- Affirm, strengthen and promote families’ cultural, racial and linguistic identities and enhance their ability to function in a multicultural society.
- Adapt service delivery to include diverse children and families understanding the impact of cultural factors such as history, tradition, values, family systems and structure, social class, and religions and spiritual beliefs.
- Create a learning environment conducive to all children and families no matter their ethnic, cultural, or linguistic backgrounds.
- Use the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse children and families to make learning more appropriate and effective for them.
- Create opportunities for families of different backgrounds to identify areas of common ground and to accept and value differences between them.

### Culturally Responsive Staff

- Ensure all staff members provide effective, understandable, and respectful service that is provided in a culturally responsive manner compatible with their cultural beliefs and practices and preferred language.
- Ensure that staff at all levels and across all disciplines receive initial and ongoing education and training in culturally and linguistically responsive service delivery.
- Ensure staff provide participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and family-centered involvement to ensure that services are delivered in a manner that is consistent with the FTF definition of cultural responsivity.

- Hire staff who reflect the cultural and ethnic experiences and language of the families with whom they work and integrate their expertise into the entire program.

**Native American Tribes/Nations**

Service providers should understand federally recognized Native American Tribes/Nations are sovereign and governed by an appointed Tribal Government. Each Tribe/Nation operates under individual governmental systems and structures that may not be reflective of each other. Services to Tribal communities must be provided in a respectable manner compatible with the cultural beliefs and practices of the Tribe/Nation, which includes the preferred language of the tribal community, if possible. Services must also be rendered in accordance with the laws, policies and procedures of the Tribe/Nation. The effectiveness of services will reflect upon the provider's consideration of the beliefs, customs and laws of the Tribe/Nation.

Service providers can obtain information from various sources providing services in tribal communities. Sources may include the FTF Regional Director, Regional Council members, tribal websites and publications. Additional sources in tribal communities may include official representatives of the Tribe/Nation such as the governing body, standing committees, and authorized tribal departments. It is highly recommended that service providers meet and consult with one or more of these sources to seek guidance and direction prior to initiating services in tribal communities. Failure to do so could result in violation of the cultural beliefs, tribal laws, or sovereignty of the Tribe/Nation.

Staff employed in the programs will demonstrate their ability to operate within these parameters through prior experience working with Tribes/Nations. Staff members will demonstrate that they are culturally responsive, will partner with agencies serving Native American families, obtain knowledge in the cultural beliefs, customs and laws of the Tribe/Nation or a combination of these elements.

Related to data collection, evaluation or research activities:

In the United States, federally recognized Native American Tribes/Nations are sovereign and have complete authority with rights and responsibilities of a govern nation in protecting the health and safety of their people. To this end, Tribes have full ownership over any data collected on any tribal member that may or may not reside within the boundaries of their tribal lands. Therefore, Tribes can approve or deny any organizational program to collect data in regard to any early childhood development and health program or activities operating on tribal lands.

Any grantee implementing programs in tribal communities must have official tribal permission (e.g. resolutions, memorandums of understanding/agreement, etc.) to collect, utilize, and/or publish sensitive data in regard to any early childhood development and health program or activities.

**Resources:**

- <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>
- <http://www.naeyc.org/positionstatements/linguistic>