The Prevention and Family Recovery Initiative

Case Study: Pima County, AZ

Advancing the capacity of Family Drug Courts to provide comprehensive family-centered treatment that improves child, parent and family outcomes.

About the Prevention and Family Recovery Initiative

Prevention and Family Recovery (PFR) seeks to advance the capacity of Family Drug Courts (FDCs) to provide and sustain a comprehensive family-centered care approach that improves outcomes for children, parents and families affected by substance use disorders and child abuse and neglect.

In April 2014, Children and Family Futures (CFF), with the support of the Doris Duke Charitable Foundation and The Duke Endowment, began working with four diverse FDCs to integrate evidence-based parenting programs and children's developmental and therapeutic services into their larger FDC systems of care. The FDCs received a direct financial grant and intensive technical assistance and coaching via a dedicated PFR Change Team.

The grantees' original project period was April 1, 2014 to May 31, 2016. After recognizing that two years was not enough time to integrate evidence-based interventions while simultaneously tackling more global systems change, the four grantees received an additional year of capacity-building support. Their PFR grant period ends May 31, 2017. (Visit the PFR web page for more information.)

PFR is about broader, sustainable systems improvements rather than a single intervention. It is about transforming the way FDCs and their cross-system collaborative partners make decisions about policies, programs and resource allocations, and ultimately how to better serve, support and improve outcomes for families in the child welfare system that are affected by parental substance use disorders.

About the PFR Case Studies

PFR is multifaceted and complex. The grantees implemented different evidence-based interventions in four varying county and state sociopolitical contexts. The PFR case studies provide a context-rich story of each site's PFR journey – their successes, challenges and lessons learned about effective evidence-based service implementation within the FDC context.

These case studies tell how each FDC's initiative evolved during the initial two-year PFR grant period. They highlight practice and policy changes grantees made at the project, organizational and systems levels to shift from being an independent program within a single system (the court) to an integrated family treatment collaborative that is part of the larger systems of care (involving child welfare and substance use disorder treatment) for these families.

The grantees' stories will continue to unfold during their continuation year, as they further examine the effectiveness of their PFR enhancements and modifications, and assess their initiative's impact on child, parent and family well-being. At the end of the second year, most of the grantees' families were still involved in the FDC program and receiving services. As such, the case studies do not provide outcome data at this point in time.

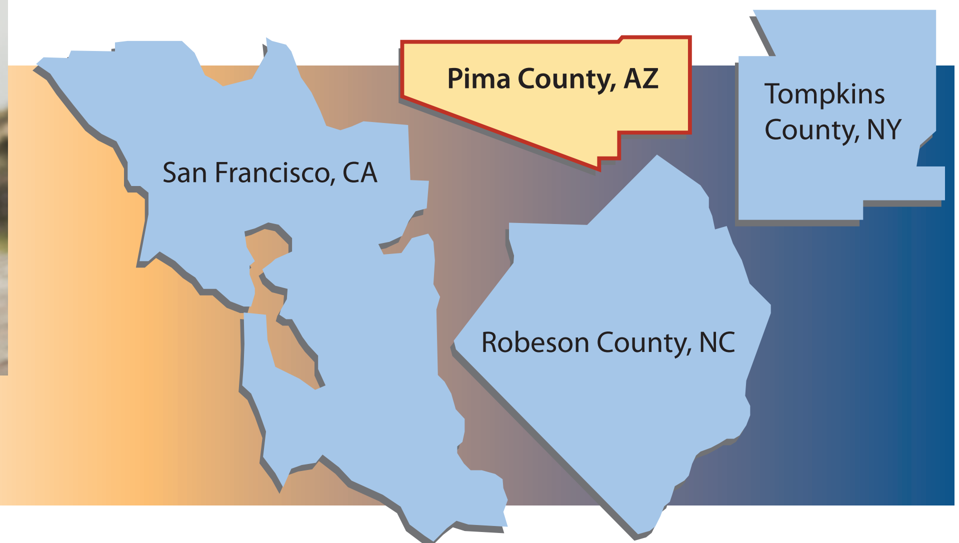
Acknowledgments

Children and Family Futures (CFF) acknowledges and thanks the grantees for their tremendous effort and hard work. The four grantees' perseverance and willingness to share their successes and challenges provides guidance so that other collaborative courts might learn from their experiences. These case studies reflect a significant collaborative effort of the grantees, the PFR Change Teams and the larger PFR Project Team. PFR would not have been possible without the generous support and commitment of the Doris Duke Charitable Foundation and The Duke Endowment. Their understanding of the difficulties and time-intensive nature of systems change work, coupled with their leadership and forward-thinking, adaptive funding approach created a robust and supportive peer learning environment. This level of involvement and support has resulted in a richer, stronger and more comprehensive set of outcomes. Finally, the "PFR community" would not be complete without the PFR National Advisory Council, whose expertise and insights helped guide the larger PFR initiative as well as advance the work of the four grantees in immeasurable ways.

This case study is one of a series of four that describe how a group of diverse Family Drug Courts, under the Prevention and Family Recovery (PFR) initiative, are transforming the way they work to better serve, support and improve outcomes for children, parents and families affected by substance use disorders and child abuse or neglect.

WHAT PFR SEEKS TO ACHIEVE

- Comprehensive family-centered treatment
- Effective cross-systems collaboration
- Child safety – no repeat maltreatment
- Timely and sustained reunification
- Improved parent-child relationships



This case study tells the story of the Pima County (Tucson, AZ) PFR initiative. The case studies for the other three grantees—Tompkins County (Ithaca, NY), Robeson County (Lumberton, NC) and San Francisco, CA—are available on the PFR web page.

An Introduction to the Pima County Family Drug Court

Target Population

Born out of a 1999 Model Dependency Court initiative, the Pima County Family Drug Court (FDC) started in 2001 to address the alarming trend of parental substance use disorders as a contributing factor in child welfare cases and declining reunification rates. The FDC began by serving only one zip code in Tucson, but gradually expanded over the years to serve all zip codes in the greater Tucson area. Today, approximately 70% of all dependency cases in Pima County involve a parent with a substance use disorder.

Since its inception, the FDC has benefited from the strong and continued support of the Juvenile Court Presiding Judge and the Juvenile Court Administrator—even through transitions in these leadership positions. The former (and now retired) Presiding Juvenile Court Judge, Karen S. Adam, was the past FDC Judge and is a nationally-recognized expert on specialty courts. With more than 15 years of operation, the FDC has been a proving ground for best practices in serving these families. For instance, the FDC team was the first in the Pima County Juvenile Court to recognize and subsequently implement trauma-focused therapy for parents in 2006.

The FDC's current target population is parents with a substance use disorder whose children are in the legal custody of the Department of Child Safety. Most of the referrals to the FDC come through child welfare, the attorneys or the dependency court. At the Preliminary Protective Hearing that occurs within five to seven days of the child's removal, parents receive an initial case plan, which includes a task to observe a session of FDC. FDC team members attend Preliminary Protective Hearings to conduct direct outreach with potential participants. These initial steps are the beginning of an intensive outreach and engagement process (described later in greater detail). Parents must join the FDC within four months of the child's removal.

The FDC can currently serve approximately 70 adults and 95 children at any given time for its approximately 14-month long program. During the initial two-year PFR grant period, the FDC served 118 PFR adult participants and their 196 children. The FDC's total capacity and enrollment numbers have fluctuated over the years. As discussed later in this case study, engaging more families to maximize FDC capacity is a priority improvement area for the Pima County FDC team.

Parents in the FDC are typically mothers (77%) in their mid-20s to early-30s (66% are ages 25 to 34 years) who are unemployed and looking for work (44%) Approximately 9% of females are pregnant at time of FDC admission (and have other children in out-of-home care). Whites make up the largest proportion of adult participants (48%), followed by Hispanics (39%). A small number of participants are American Indian (6%), African American (3%) or multiracial (4%). The majority of children (70%) are 0 to 5 years old at FDC enrollment, with more than half (55%) ages 0 to 3 years. The racial and ethnic makeup of children differs somewhat from the adults, with 51% of children being Hispanic and an additional 40% who are White.* All children are in out-of-home care at time of FDC enrollment.

Among participants discharged from the FDC program by the end of PFR year two, 44% graduated and an additional 26% were other "successful" discharges (e.g., parent was voluntarily terminated from FDC due to the dependency case closing before completion of FDC program). Less than one-third (30%) of participants discharged unsuccessfully (e.g., parent terminated due to non-compliance, parent drops out and no longer pursues reunification). On average, participants stayed in the FDC program for 11.7 months (all discharge reasons).

**Snapshot based on grantee data submitted June 2016.*

Integrating PFR into the Existing Behavioral Health System: An Ongoing Contextual Challenge

To fully understand Pima County's story, it is important to understand the behavioral health system in which their PFR initiative operates. In Pima (and statewide), the Regional Behavioral Health Authority (RBHA) is the state-designated organization responsible for planning, implementing, funding, monitoring and administering publicly-funded behavioral health care for Medicaid-eligible children and adults with substance use and mental health disorders. The state contracts with the RBHA to distribute Medicaid funding. The RBHA, in turn, contracts with multiple child and adult community service providers to deliver services.

Children are enrolled with one of five different children's community service providers shortly after their removal from the home. The RBHA requires the children's community service providers to hold monthly Child and Family Team (CFT) meetings, which are a consensus model of coordinated case planning involving the children's treatment provider, child welfare case managers, parents, out-of-home placement providers and FDC staff. The child's behavioral health case manager facilitates the CFTs. It is through this CFT process that the FDC requests and advocates for needed developmental and therapeutic services for the children of FDC participants. The adult providers have a similar case-planning process called the Adult Recovery Team (ART) meeting; however, the ARTs are not required. In December 2015, the RBHA combined the CFT and ART meetings to better integrate parents' and children's case planning.

About midway through the initial PFR grant period, the RBHA for Pima County changed, resulting in what one team member described as the entire behavioral health system "playing musical chairs." The challenges and opportunities associated with the change in the RBHA are discussed later in this case study.

Out of Crisis, Emerges Opportunity

The Pima County FDC has and continues to be affected by events at the state child welfare agency, including major agency reorganization (which began prior to PFR), director changes and shifts in priorities and focus. For instance, Arizona's Child Protective Services has been under scrutiny from state leaders and the public for quite some time, with rising caseloads, severe backlogs in investigations and multiple child deaths. Pima County alone saw a 50% increase in dependency cases from 2011 to 2012.

In January 2014, then-Arizona Governor Jan Brewer issued an Executive Order placing Child Protective Services directly under her authority (removing it from the Arizona Department of Economic Security) and appointing a new child welfare director. This reorganization of what is now the Department of Child Safety (DCS) became permanent in 2014.

The then-Governor's prioritizing of child welfare opened the door for reform, and out of this crisis, came opportunity. The Pima County DCS Program Manager advocated for and received more than 40 new positions and established four new case management units, including a specialized and dedicated FDC-DCS unit responsible for case management of families in the FDC (discussed in more detail below). The collective leadership of the Juvenile Court, the FDC and county child welfare—and their concerted outreach to state child welfare—has been essential to overcoming and responding to this complex, changing environment.

Court Structure

The Pima County FDC is a parallel court—i.e., the FDC judge presides over the FDC progress reviews and manages the parent's participation in the FDC, while a different judge conducts the dependency case proceedings on the regular dependency court docket. Pima County Juvenile Court has a total of 14 dependency judges, including the FDC judge, the Honorable Susan A. Kettlewell. While the FDC Judge typically rotates every three years, Judge Kettlewell requested to remain on the Juvenile Court bench to ensure continuity in FDC and to keep the PFR efforts moving forward. Her request was approved and she will serve as FDC Judge through 2018. The dependency bench is well-versed on and supports the FDC's mission and goals. Four of the dependency court judges substitute in for Judge Kettlewell, when needed.

The FDC runs all day on Wednesdays, with two sessions for mothers and a third session for fathers. When PFR first began, pre-court case staffings took place Wednesday prior to the first session and included the FDC and the dedicated FDC-DCS unit staff. Staffing was not as robust as needed, as the substance use treatment providers were not actively or regularly involved. As described later in this case study, about one year into PFR, the team decided to restructure its treatment staffings to improve cross-systems collaboration and communication, particularly with the substance use treatment providers.

Like the vast majority of FDCs around the country, Pima County began its FDC using a traditional phasing system, in which participants progress primarily by achieving a certain number of compliances and set tasks. However, just prior to PFR, the FDC had begun work to shift their phasing to a behavioral-based approach, which they called Milestones, to better align with the family's progress towards reunification. As the case study later explains, the Milestones would help to integrate and sustain the team's PFR service enhancements and move the team to a more family-centered approach.

FDC Core Team and Leadership

Pima County FDC began the PFR project with a strong court team. The Juvenile Court employs the Judge, the FDC Director (who is Director of the court's Division of Children and Family Services), the FDC Supervisor, five Recovery Support Specialists (RSSs), an FDC Intake Coordinator and two evaluation staff. DCS supports the specialized FDC-DCS unit dedicated solely to FDC participant families. The specialized unit is staffed with a DCS supervisor and up to six DCS Case Specialists who are highly involved in all aspects of the FDC and provide intensive case management for FDC families. The court also employed an FDC Program Manager up until July 2015 (midway through PFR), when it eliminated the position due to county budget cuts and the implementation of the dedicated FDC-DCS unit.

The FDC Director, the then-Program Manager and several key court staff were all founding members of the Pima County FDC. Moreover, many had a long history with the Juvenile Court, working for both DCS and the FDC. This consistency and cross-systems institutional knowledge provided a strong foundation from which the Pima County team could undertake the PFR initiative.

The DCS Case Specialists and RSSs work in tandem with a family as their system navigator and treatment coach team until the parent graduates from the FDC. The Case Specialist focuses on communication and collaborative case planning with the parent's substance use treatment provider and therapist and the children's service providers. The RSS provides peer support, helps with concrete services such as food, transportation and housing, and acts as a community service expert. Importantly, the RSS also accompanies the parent to dependency court and participates in the Child and Family Team meetings and Adult Recovery Team meetings (see earlier sidebar, "Integrating PFR into the Existing Behavioral Health System: An Ongoing Contextual Challenge").

> ***"One of the unique things for this unit is the case managers are working hand in hand with our Recovery Support Specialists. They are all sitting in the same area. Their cubicles are touching each other, they talk to each other over the cubicle walls, they hang up the phone from just talking to a client and they yell over to one of the case managers."***
>
> – Pima County FDC Director

There was no formal governance structure in place at the time of PFR. Early in year one, however, the team established a PFR Steering Committee, with all key system partners represented. This group grew increasingly cohesive and evolved into the larger FDC Steering Committee, which meets monthly to discuss FDC operations. In addition, the FDC has a Leadership Team that also meets monthly to discuss data, system barriers, policies and procedures. The Leadership Team consists of the FDC Judge, the FDC Director, the FDC Supervisor, the Intake Coordinator, the PFR Evaluator, the court's Research and Evaluation Manager, and both the Program Manager and Supervisor of the dedicated DCS unit, as well as representatives from the Regional Behavioral Health Authority and Terros. (The next section provides more information on these partners.)

During the second half of PFR year two, the Leadership team developed several subcommittees to address emerging challenges with data, visitation services and FDC recruitment. In the coming year, the team plans to develop an Executive Committee to focus on policy changes, sustainability and succession planning for the the FDC Director's upcoming retirement. (She also plays a larger leadership role as the Division Director of Children and Family Services.)

Existing and Developing Collaborative Partnerships

The Pima County FDC began the PFR project with a solid collaborative foundation and highly invested group of agencies and providers. At the time of the PFR application, key partners included the Juvenile Court Presiding Judge, the Department of Child Safety (child welfare), the Regional Behavioral Health Authority (RBHA), contract attorneys and the Attorney General's office, all of whom were part of the original implementation team for the FDC more than 15 years ago. With PFR, existing collaborative relationships were strengthened and new partnerships were formed, as described below.
(See also Meet the Pima County PFR Core Team and Partners sidebar.)

- **Collaboration with child welfare.** The active involvement and buy-in of child welfare (with support extending to the state level) is one of the key reasons for Pima County FDC's success. Having a dedicated FDC-DCS unit as an integral part of the larger FDC team has helped with cross-systems information sharing and trust building. Team members describe an environment of mutual respect and ongoing learning from one another in their respective roles. The DCS Case Specialists' knowledge about substance use disorders, trauma, the importance of parent-child bonding and related issues helps ensure families are referred for needed assessments and services. Indeed, FDC participants see the DCS Case Specialists as a strong source of support, which is unique among many FDCs. While the co-location was originally a temporary situation, the FDC-DCS specialized unit is now housed permanently at the court, with an Intergovernmental Agreement in place.

- **Collaboration with the Regional Behavioral Health Authority (RBHA)**. As the state-designated organization responsible for coordinating all publicly funded child and adult behavioral health services, the RBHA is the first layer of a complex behavioral health system that controls how services are provided to FDC participants. As such, they are an essential partner to any larger community and systems change initiative such as PFR. This key partner changed midway through PFR. The FDC had a long-standing collaborative relationship with Community Partnership of Southern Arizona (CPSA), who had a 20-year run as the RBHA in Pima County. CPSA was an important partner in PFR and served on the Steering Committee and Leadership team during the first year. However, about midway through PFR, CPSA lost the RBHA renewal contract, and effective September 2015, Cenpatico became the new RBHA.

Fortunately, the CPSA PFR representative obtained a position with Cenpatico and was able to retain her critical role with the PFR initiative as Cenpatico's new DCS Liaison. This continuity was essential in maintaining effective collaboration and momentum through the RBHA transition. The FDC and Juvenile Court leadership also established ongoing monthly meetings with Cenpatico leadership to stay abreast of provider and service changes, and to keep the needs of families involved with DCS and FDC foremost in the RBHA's mind.

- **Collaboration with Terros.** As the administrator of the Arizona Families First (AFF) program in Pima County, Terros is essentially the second layer in the behavioral health system. AFF is a statewide community program that provides contracted substance use assessments, treatment referrals, related recovery support services and case coordination to parents or caregivers whose substance use disorder is a significant barrier to maintaining or reunifying the family. The FDC had an established working relationship with Terros. However, their collaboration deepened in 2013 when Terros received the AFF contract. The Director of the Pima Region for Terros is a member of the FDC Steering Committee. The relationship with Terros further grew during the PFR initiative when they partnered with the FDC in early 2016 (under a separate federal grant) to provide the Strengthening Families Program (SFP) to FDC participants.

- **Collaboration with the community substance use treatment providers.** The community substance use treatment agencies are the final, ground-level layer in the treatment system. The FDC works with 11 community treatment agencies, some of which provide trauma-focused treatment and gender-specific treatment programs for mothers and, more recently, fathers involved in the FDC. The FDC's collaboration with these providers is somewhat complicated by the first two layers in the system (the RBHA and AFF). When PFR began, the community substance use treatment providers were not routinely engaged in the FDC. A couple of providers attended FDC staffings and court hearings, but their participation was minimal and inconsistent. The FDC did not actively reach out to involve the providers, citing the larger system barriers.

  However, during the course of PFR, the FDC team, including child welfare, acknowledged the need to better understand what treatment services are provided and how effective that treatment is for families in the FDC. Beginning in March 2015, the FDC began concerted efforts to engage in candid conversations with the substance use treatment providers around the shared goal of family well-being.

  These ongoing facilitated discussions among the treatment providers, the FDC-DCS unit and FDC leadership resulted in clarified roles and responsibilities, more regular treatment updates on FDC participants and providers' active participation in the newly restructured weekly FDC staffings. As the Terros PFR representative remarked, "We have worked through the bumps and some trust issues." Providers are more confident they can have open conversations with child welfare and FDC staff about clients who relapse and how to respond to these cases. The providers value seeing how their information is used in FDC decisions.

- **Collaboration with Easter Seals Blake Foundation (ESBF).** Although the FDC, DCS and ESBF had previously worked together, ESBF was really a new partner to the FDC team. The FDC capitalized on the PFR opportunity to strengthen this collaborative relationship. As the Pima PFR Project Director explained, "The FDC had long recognized the excellent work that Easter Seals Blake Foundation was doing with infants and young children and they really were the expert in our community. We just brought them to the table and said here's a unique opportunity … It's not a lot of money but it's going to be groundbreaking work."

  Since the very beginning of PFR, ESBF has been committed to the collaboration and ensuring that families receive the services they need. They have stepped up to address identified problems or gaps in services that went beyond the original scope of the outlined partnership for PFR. As this case study conveys, through their shared accountability for the whole family system, the collaborative relationship between ESBF and the FDC grew throughout PFR. ESBF has become a truly integral member of the team.

"I've noticed, especially over the last year, if I'm staffing cases or talking with any of our staff about cases … if it's a family drug court case, [the DCS Case Specialists] know more about the services that are being provided. They're talking the same language, and it's a higher level, deeper next level conversation. If it's a regular DCS case, it's really going back to square one explaining what we do…. The level of knowledge that unit has and the level of communication from that unit and with all of the providers, I think is huge and I think it makes a huge difference in serving families."

– Director of Clinical Services, Easter Seals Blake Foundation

Meet the Pima County PFR Core Team and Partners

- **Pima County Juvenile Court** – serves as the lead agency for the PFR initiative. The court employs the FDC Judge, the PFR Project Director (who is the Division Director for Children and Family Services), the FDC Supervisor, the FDC Intake Coordinator, the Recovery Support Specialists (RSSs) and the PFR in-house Evaluator (part of the court's Research and Evaluation Unit).
- **Department of Child Safety (DCS)** – supports the specialized, dedicated FDC-DCS Unit, which includes a Supervisor and up to six Case Specialists that provide intensive case management to families in the FDC.
- **Terros** – is the contracted provider of the Arizona Families First (AFF) program, which provides substance use prevention and treatment services to parents in the child welfare system who have a substance use disorder. Terros also recently began providing the Strengthening Families Program (ages 6 to 11 and 12 to 17) to FDC participants (under a different grant).
- **Cenpatico** – the Regional Behavioral Health Authority (RBHA) for Pima County, which is responsible for coordinating publicly-funded child and adult behavioral health services for all Medicaid-eligible adults and children. Cenpatico became the RBHA in October 2015 (midway through year two of PFR). Community Partnership of Southern Arizona (CPSA), the prior RBHA, was a major partner in the PFR initiative until this transition.
- **Easter Seals Blake Foundation (ESBF)** – provides mental health services for all children and families involved in Pima County's child welfare system. For PFR, ESBF provides Parent-Child Relationship Assessment (PCRA) and Parent-Child Relationship Therapy (for children ages 0 to 8 years), Child-Parent Psychotherapy (CPP) for children ages 0 to 6 years, Incredible Years parenting program for families with children ages 0 to 12 years and the Incredible Years Dinosaur School for children ages 4 to 8 years.
- **Pima County Public Health Nurse Program (PHN)** – provided medical and dental assessments and sought to provide subsequent home visits for families in the FDC. The contracted partnership between the FDC and PHN ended after the initial two-year grant period.

The Gap that PFR Sought to Fill

All children in the Pima County dependency system are connected with one of the Medicaid children's services providers soon after removal from their homes. At the time of PFR, children's services available in the community included play therapy, other types of mental health therapy and Parent-Child Relationship Therapy. Additionally, developmental services, such as speech, occupational and physical therapy, were available, primarily through ESBF or the Arizona Early Intervention Program. However, the FDC began to recognize that availability did not necessarily equate to access – and many children involved in the FDC were in fact not receiving all the services that they needed.

There were also gaps in services for children involved in the dependency system. Therapeutic services were often inconsistent and not evidence-based. There was a lack of trauma-informed and responsive programs, and those that did exist were not always readily available. Further, adult and children's services remained distinctly separate in the Pima community.

When PFR began in April 2014, the FDC had already made some inroads into identifying children's needs and advocating for child trauma assessments and services. The implementation of Celebrating Families! (for children ages 4 to 17) in 2010 allowed the FDC to see parents in the context of their families, creating a more holistic view of participants. But as described later, CF! was not sustained beyond 2014.

These prior efforts provided a good foundation. However, there were no specific parenting services for FDC families with infants and toddlers. Most FDC parents were required to attend community-based parenting classes as part of their child welfare case plans, yet these classes tended to be generic, not evidence-based and of varying quality. In addition, they did not address issues such as child development, attachment and bonding. PFR provided the FDC with an opportunity to address these gaps and build on the other reforms recently put in place (e.g., the FDC-DCS dedicated unit) to focus on the family as a whole.

Under PFR, the Pima County FDC proposed to enhance and expand its existing services so that FDC families receive:

- Evidence-based parenting: Incredible Years for families with children ages 0 to 8 years
- Evidence-based Child-Parent Psychotherapy (CPP)
- Incredible Years Dinosaur School for children ages 4 to 8 years
- Public Health Nurse medical assessments and referrals

Through the PFR initiative, Pima County sought to:

- Develop and demonstrate a model for safe, early reunification
- Demonstrate that DCS case management for FDC families is effective
- Demonstrate that the right support services for families are available in the community
- Strengthen collaboration between adult and children's services providers
- Disseminate results and recommendations for permanent changes

This approach to parental recovery in the context of the family would be a catalyst for systems change resulting in improved outcomes for families and a philosophical shift from the goal of parent recovery to one of family recovery. The team came to realize that moving the FDC team and its partners to this next stage sounded a lot easier than it actually was.

This case study of Pima County continues with how the team implemented these specific enhancements, the early challenges they encountered with each strategy and how they overcame those barriers.** Their story conveys how, as the FDC team carried out their chosen strategies, they ultimately encountered a need to deal with two fundamental challenges: ensuring families were referred and linked to these enhanced services and then tracking what happens to them.

** *During the first quarter of PFR, the Pima County team implemented a Public Health Nurse (PHN) program component for in-home developmental and health assessments. Though well-intentioned, this enhancement never reached full fruition, as intended. The case study thus focuses on the implementation of the evidence-based parenting programs and Child-Parent Psychotherapy.*

Strengthening the Parent-Child Relationship with Child-Parent Psychotherapy

Selecting an Evidence-Based Practice: Why Child-Parent Psychotherapy?

The addition of Child-Parent Psychotherapy (CPP) for families in the FDC was a central component of the Pima PFR initiative. The FDC used the bulk of their PFR funding to support the Easter Seals Blake Foundation in the development, implementation and monitoring of CPP for all FDC families.

ESBF was already providing children's assessment and therapeutic services that followed the evidence-based principles of CPP. The plan to train and credential approximately 50 Master's level therapists at ESBF in CPP was an opportunity to advance best practices for families, as there were no known rostered CPP providers in the state, let alone Pima County. Through this widespread training, they would build the community's capacity to provide CPP to all FDC families as well as the more than 2,000 families in the Pima County dependency system. Because CPP is covered by Medicaid, the intervention would be sustained as long as the therapists stay with ESBF (or another children's provider contracted under the RBHA).

The FDC team and partners chose CPP because it was evidence-based, trauma-informed and, importantly, focused on the family. As the ESBF Clinical Services Director explained, "With ESBF's focus on birth to 5 … and knowing that children do not exist in isolation, they exist as part of a relationship, looking at the family as the system that you're working with is a no-brainer…. It was why Child-Parent Psychotherapy was such a good fit."

Child-Parent Psychotherapy (CPP) is an evidence-based, dyadic attachment-based treatment for children ages 0 to 6 years who have experienced a traumatic event. The parent-child relationship is the primary focus of the intervention. The program's key components are designed to return the child to a normal developmental trajectory and restore and protect the child's mental health. CPP is one of the most frequently identified therapeutic interventions for children involved in the child welfare system. The recommended intensity is weekly sessions for approximately one year. For more information, contact the National Child Traumatic Stress Network.

Early Implementation Challenges – The Quest to Obtain Training

The Pima County team experienced two primary implementation challenges with CPP: obtaining training and ensuring that families were referred to ESBF for CPP. Barriers with the referral and linkage process would be an ongoing, larger systems challenge that affected the provision of CPP as well as some of the other evidence-based PFR service enhancements. This overarching challenge is thus discussed later—see "If You Build It, Make Sure They Can Come." This current section recounts the significant challenges ESBF encountered with obtaining training.

Prior to submitting the PFR grant proposal, ESBF had already arranged for CPP training. However, shortly after receiving the PFR award in April 2014, the Pima County PFR team learned that the two identified trainers (along with nearly all other CPP trainers nationwide) were no longer considered "rostered" and approved CPP trainers. The developers' unexpected change in the credentialing process resulted in a shortage of rostered CPP trainers.

It took the first six months of PFR and CFF's direct intervention with the CPP trainers on behalf of Pima County to resolve the situation. Finally, in March 2015, almost a full year into PFR, approximately 50 Master's level thera-

pists received the initial three-day CPP training. (The complete CPP training is 18 months and involves three in-person trainings, clinical consultations twice a month and monthly supervisor calls.) Although the implementation of official CPP services was delayed, ESBF was able to continue to provide dyadic parent-child services that follow the evidence-based principles of CPP.

The specialized FDC-DCS Unit Supervisor and Case Specialists also attended part of the initial training to learn about the CPP model. With this increased understanding, the court and child welfare could better advocate for the evidence-based services that FDC families need. Attending the training also reinforced the importance of addressing a family's trauma.

CPP's Positive Effect on Families and the Systems

Due to implementation delays, the significant barriers encountered with the referral process and the length of the intervention, only a small number of families had fully completed CPP by the end of the initial two-year grant period (not enough for rigorous analysis). However, ESBF therapists report that families are responding well to CPP and that services are a better match for families' needs. DCS Case Specialists are getting positive feedback from the families in CPP. Further, preliminary data show that families in CPP have a higher rate of reunification and receive more services than families who are not in CPP.

As the ESBF Clinical Services Director noted, "What we've found is a lot of times the [early] engagement of the family in services is what helps them on their road to sobriety and they see that the impact of that in what they're doing with their children." She added that CPP "really puts the trauma front and center, which is where it needs to be." The CPP principles of trauma-informed care are now infused throughout their ESBF program and interwoven into everything the agency does.

The Pima County team also emphasized the positive effect of CPP implementation at the larger systems level. The use of CPP is expanding organically in the community. As they move into the PFR continuation year, ESBF will train a second cohort of therapists (with a separate grant). Some of the other children's community service providers plan to have their therapists trained in CPP as well. For this second training, ESBF is collaborating with another community children's services provider—a partnership which ESBF notes is "a huge sea change."

The increased capacity of ESBF and now other community agencies to provide CPP means that more families in the larger dependency system have access to this evidence-based, trauma-focused service. During the continuation year, as more families complete CPP, the FDC team will conduct more in-depth outcomes analyses and share the results to help ensure the continued expansion and sustainability of CPP.

Expanding the Array of Evidence-Based Parenting

Adapting the Original Plan

In 2010, prior to PFR, the FDC had implemented Celebrating Families! (CF!) for FDC parents and their children ages 4 to 17 years. CF! resulted in positive outcomes (e.g., increased graduation and reunification rates), but only for the small number of FDC families that completed the program voluntarily. Thus, under PFR, the FDC planned to continue and expand CF! by requiring families to complete the 16-week program to graduate from the FDC.

However, shortly after Pima County received the PFR award, their contracted CF! provider merged with another agency and lost its facility and many key staff members. The result was a major disruption in services and unclear vision for future CF! services. These events provided pause for the FDC team to consider several other identified challenges, including the fact that CF! did not fulfill child welfare's parenting requirement, parents had trouble staying engaged for the full program, and the program required significant staff time and resources.

Given the above issues, the Pima County team decided to discontinue CF! and adopt an evidenced-based parenting program that would better fit the needs of families

as well as those of the FDC and DCS. The team knew that various parenting services already existed in the community. However, they lacked a solid understanding of whether those services were evidence-based, included a parent-child interaction component and demonstrated positive outcomes.

Leveraging Existing Partnerships

With the help of the RBHA representative on the FDC Steering Committee, the team completed an initial "parenting services inventory" to fill in these information gaps. The resulting inventory revealed a lack of evidence-based parenting from the other community service providers, which came as a surprise to the RBHA as well as the dependency judges. The parenting inventory served to open up a larger, ongoing discussion in the community about available evidence-based parenting and children's interventions.

In the meantime, ESBF agreed to provide the evidence-based Incredible Years parenting program to FDC families with children 0 to 8 years old. ESBF was already providing Incredible Years (as a community provider) and therefore had existing capacity to serve the FDC families who would already be referred to them for CPP and the other PFR enhancements. To fulfill DCS's interactive component requirement, ESBF staff agreed to enhance Incredible Years and the Dinosaur School with an interactive family snack and activity time, which enabled FDC and ESBF staff to observe family interactions.

For families with children 9 years and older, the FDC team would refer parents to the evidence-based Systematic Training for Effective Parenting (STEP), provided by one of the substance use treatment providers, while they continued to explore opportunities to leverage other existing community parenting programs.

Beginning in January 2016, with a federal FDC expansion and enhancement grant, the FDC contracted with Terros to provide the evidence-based Strengthening Families Program (SFP) for families with children 6 years and older. Terros conducts SFP at a family resource center close to the court. The FDC provides transportation to the children who are in out-of-home care, if needed.

Strategies to Promote Parent Engagement

Towards the end of year one, in response to an increasing number of referrals to Incredible Years and the desire to further strengthen parent engagement, ESBF agreed to also implement an Incredible Years group at the court on Wednesdays, when parents are there for their FDC session. The success of this co-located approach led to the addition of a second Incredible Years group at the court on Tuesdays. ESBF continues to conduct Incredible Years at court, as well as other community locations.

By the end of year two, ESBF had doubled the number of staff providing Incredible Years and Dinosaur School and were providing approximately nine weekly parenting and children's groups. A total of 61 parents had begun Incredible Years or another evidence-based parenting program and an additional 30 had been referred to, but not yet started parenting.

In February 2016, the FDC also contracted with ESBF to provide coached visitation with transportation for all families, with an emphasis on parents with infants and toddlers. The expansion provided additional incentive to parents joining the FDC and an opportunity to practice what they learned in Incredible Years (or other evidence-based parenting). The coached visitation also provides the team with information about parents' progress that can help inform reunification decisions.

Advancing Proven Practices as the Expected Standard of Care

The Pima County team says that perhaps the most significant influence the PFR initiative has had on their community and dependency system is the increased understanding of—and rationale for—evidence-based parenting programs that improve outcomes for all families. They have changed from a system that did not talk about evidence-based practice at all to one where evidence-based practice is completely infused in the culture of Pima County. The push for proven practices that improve outcomes is now common among child and adult behavioral health service providers and has become standard language for many judges and attorneys. For example, by the end of year two:

- Evidence-based parenting was a requirement built into the FDC's Milestones. The team feels this may have prompted several other community providers to recently add evidence-based parenting curricula (including Incredible Years, Triple P, SFP and Nurturing Parenting for Families in Substance Abuse Treatment and Recovery). This increased community capacity benefits all families with dependency cases, not just FDC participants.

- The comprehensive, evidence-based Parent-Child Relationship Assessment was included on nearly every dependency case plan, not just for families in the FDC. The team says this systems change and infusion into the larger dependency system are the direct result of the FDC Judge's leadership and active outreach with the bench to increase awareness that families need these services.

In short, the PFR initiative has brought a wider view of the benefits of evidence-based practices to the community and created an environment where tough conversations have begun about the effectiveness of existing services in meeting families' needs.

Revising the FDC Phasing to Support the Shift to a Family-Centered Approach

At the same time the Pima County FDC was implementing its selected evidence-based interventions, the team was also undertaking larger systems improvements. As part of its shift to family-centered practice, the FDC planned to restructure its original, traditional set FDC phasing to a behavioral-based approach. This approach, which they called Milestones, better aligns with the family's progress in the FDC program and the stages of reunification. Currently, Pima's five Milestones are achieving a 30-day sobriety coin, unsupervised visits, overnight visits, placement of child, and FDC graduation and dependency case closure.

Shortly before PFR started, the Pima FDC had already begun initial planning on the Milestones. From the outset, they emphasized to their child welfare partners that children's safety was tantamount to parents' recovery. As the FDC Director explained, "[Child welfare] needed to see that we understood what their job was, and that they could not endorse any plans we came up with for moving cases through Family Drug Court that put kids at risk."

FDC leadership conducted extensive outreach with the dependency bench, the Office of Children's Counsel and the parents' attorneys to explain the Milestones and address any stakeholder concerns about the goal

of earlier reunification (as appropriate). The Milestones were successfully launched on January 1, 2015, with the court's widespread buy-in and support. The FDC provided extensive training and education to DCS staff, the dependency judges, court personnel, attorneys and the adult and children's community treatment providers. The team is continually assessing and modifying the Milestones to streamline processes for families and move them to reunification more quickly (as appropriate).

"When we moved to the Milestones, we had meetings with the bench…. We gave them copies of the Milestones and explained what we were trying to do. One thing that came out of that that I thought was pretty dynamic was the fact that the judges said, 'Well, not only am I going to encourage this for the family drug court folks, but I am going to use these Milestones in my other cases as benchmarks of where a parent needs to be before they move toward unsupervised visits or overnight visits.' I thought that was compelling."

– Pima County FDC Judge

Promising Early Results

Though it is still relatively early in the full implementation, the shift from a traditional FDC pre-set structure focused on compliance to one that accounts for parents' strengths, readiness and desired behavioral changes is showing promising results. The Recovery Support Specialists say parents like the clarity of the expectations and the FDC team says it is seeing less no-shows at the scheduled intakes. Conversations with child welfare, attorneys and the dependency bench reveal that FDC families are making noticeable progress very quickly, leading to an assessment that safety risks have been eliminated.

In a true sign of systems change, dependency judges are giving the DCS Case Specialists discretion in recommending unsupervised visits. Moreover, the dependency court judges have granted FDC Judge Kettlewell discretion to close the child welfare case at the time of FDC graduation. The team attributes these shifts to the long-standing respect that the dependency court has for the FDC, the knowledge that intensive case management and comprehensive family-based services work, and the FDC Judge's leadership and continuing education about the FDC to the dependency bench.

The Milestones have served as a mechanism to integrate and sustain the provision of evidence-based parenting and children's interventions into the larger FDC system of care. They require that all parents are referred to a Parent-Child Relationship Assessment to move to unsupervised visits and that parents complete Incredible Years or another evidence-based parenting program to petition for overnight visits.

If You Build It, Make Sure They Can Come

Once the PFR enhancements were in place and a rich array of evidence-based services were available to families, the Pima County team bumped up against a larger contextual, systems issue that hindered their full success. As explained earlier, all parenting and children's treatment services are coordinated through the Child and Family Team (CFT) consensus model, as required by the RBHA. With the backing of the RBHA, the FDC planned to use the CFT process to ensure families were referred to ESBF for needed evidence-based parenting and children's services. During the first six months of PFR, the RBHA Steering Committee representative worked diligently to lay the groundwork with all the children's services providers to ensure a smooth FDC-ESBF referral process.

Unfortunately, this outreach did not fully resolve the issue. Overcoming the barriers inherent to the existing community infrastructure proved to be the biggest—and most pervasive—challenge that the Pima County PFR team faced. The problem was multifaceted and complex, involving several interrelated issues:

- **Inopportune timing.** Given how the behavioral health system works, by the time a parent enrolls in the FDC and their case is officially transferred to the FDC-DCS specialized unit, the family typically is already enrolled with a community provider, has a service plan, may have begun services and has likely participated in one or more CFT meetings. This puts the DCS Case Specialist in the awkward position of having to request families move from their existing provider to ESBF and sets up an "undoing" of services and referrals that is confusing to parents, providers and even the attorneys and judges.

- **Community providers' reluctance to refer out.** The CFT model is meant to be a consensus process, with no one entity or individual exercising decision-making power over another. In reality, this did not pan out. Rather than refer families to ESBF for the specific evidence-based interventions, the community service providers, as CFT facilitators, tended to refer to their own agency, stating they could provide the services in-house. Asking providers to refer families to outside organizations presented an inherent financial conflict, as they would be passing up funding for services. Despite the providers' upper management agreeing to the arrangement, the CFT facilitators resisted making outside referrals and the process stalled.

- **Lack of knowledge and experience about the needs of FDC families.** Another factor that contributed to the referral barriers was the lack of knowledge and experience that the CFT facilitators and other community service providers had about the unique needs (e.g., trauma, parent-child bonding) of the target FDC population and the services most effective in meeting those needs. Certain providers felt families did not need the requested services or they claimed to offer the same or equivalent parenting and children's services. Consequently, they would not refer FDC families to ESBF for needed assessments and services.

To overcome these challenges, the Pima County team:

- **Continually refined the referral protocol.** The RBHA gave the DCS Case Specialists explicit guidance and language to use in both the CFT meetings and follow-up emails to the community providers when referrals to ESBF were delayed. When this was met with limited success, the team developed a procedure to escalate communication to the clinical directors at each of the behavioral health organizations. Slowly, referrals started to happen.

- **Solicited more direct involvement from the new RBHA.** As the breakdowns in the referral process continued, the team recognized the need to tackle the issue from a bigger-picture, systems perspective rather than address challenges on an individual, case-by-case basis. The transition to a new RBHA provided such an opportunity. Through regular monthly meetings between Cenpatico and Juvenile Court leadership, the FDC gained needed support and buy-in. Towards the end of PFR year two, Cenpatico implemented a monthly call with the providers, reiterating the need to make timely referrals to ESBF for services.

- **Developed a tracking process.** To better catch breakdowns in referrals, the team, under the leadership of the Evaluator, developed a process to track service referrals and linkages. As part of this process,

ESBF assigned a Data Liaison to the FDC to ensure accurate tracking and timely communication of families receiving services at ESBF. The team says the tracking protocols make them aware of referral glitches in a timely manner and have improved collaborative efforts within the team. (See "Evaluation Capacity and Performance Monitoring" for more information about the PFR Tracking Sheet.)

By the end of year two, the referral process had improved, but the data continued to show a lower-than-expected number of families referred to and starting CPP, in particular. The FDC team and ESBF will continue to assess the situation to understand if the underlying problem is truly one of low referrals or merely a need to improve tracking.

Restructured Staffings to Improve Information Sharing

As the FDC team and its partners worked to connect families to services, the team also identified a need to increase communication among all partners about families' progress in services. In response, they restructured their staffings. As mentioned in the case study introduction, FDC staffings originally took place the morning of court and included the Judge, core FDC staff and staff from the FDC-DCS dedicated unit. However, missing from the table was a critical partner—the community substance use treatment providers.

Beginning in May 2015, the FDC moved staffing to the day before court, increased the time to three hours to discuss all cases on the docket (not just those in non-compliance) and changed the format to set aside time for each treatment provider. They also redesigned the staffing form to include updates on the children and shift the focus to the family's progress on their specific behavioral change goals (rather than standard reports on treatment attendance). To help prepare team members for the shift, the FDC Manager gave the Recovery Support Specialists a structure for their verbal reporting, while Terros/AFF sent out guidance to the substance use treatment providers.

In addition to the FDC and DCS staff, staffing now includes representatives from the substance use treatment and mental health providers and a Clinical Liaison from ESBF, who provide updates on the FDC participants that ESBF therapists are serving as well as consultation and advice on other cases, as needed.

The restructured staffings have strengthened and improved cross-systems relationships and communication, in particular with the substance use treatment providers. All members of the team feel ownership in the staffings. The DCS Case Specialists say they are getting more and better information on families. Treatment providers are consistently attending and focusing on parents' engagement and progress in treatment. As the Judge remarked, "There is more of a coming together, meeting of the minds in terms of the services that are being provided."

Moving forward, the team will continue to work on maintaining the focus on desired behavioral changes and enhancing two-way communication so that the providers are also taking back the information they receive during staffings to inform therapy and treatment.

Ensuring Everyone Has a Seat at the Table – Literally and Figuratively

As part of its restructured staffing, the FDC also changed the physical environment of the meeting so that the whole group sits in a circle and everyone can see each other. Prior to that, everyone sat in a semi-circle with limited space, so that some partners had to sit off to the side or in the back of the room. Now, everyone literally and figuratively has a seat at the table.

Striving to Reach More Families

Given the substantial amount of financial, human and other resources being invested in the FDC program to expand the scope of parenting and children's interventions for families, FDC and DCS leadership wanted to ensure that as many families as possible accessed and benefited from these services. Now that the team was making continued progress with increased referrals of FDC participants to the evidence-based interventions, they needed to take a step back to figure out how to get more parents enrolled in the FDC.

On average, throughout PFR, the FDC operated at less than two-thirds of its capacity. The FDC team recognized that by not reaching their full capacity, families that needed these intensive, effective services were missing out. In short, low FDC enrollment translated into lower-than-desired referrals to parenting and children's services. In year two, the team began to turn their attention to increasing parent engagement in the FDC.

As previously stated, all parents with substance use identified on their dependency petition are ordered to observe the FDC as part of their case plan. The dependency court does not typically enforce this, though the judges strongly encourage parents who are struggling with their case plan to join the FDC. On average, each month there are about 80 families with substance abuse identified on their petition. Yet less than half of parents follow through on the requirement to observe FDC.

The team recognized that not operating at full capacity was a substantial problem and sought to address it.

Strategies to Boost Participant Engagement

It has been the FDC's long-standing practice that nearly every member of the FDC team acts as an engagement specialist. When parents come to observe an FDC session, the FDC Judge speaks with them prior to the hearing about the benefits of the FDC program (highlighting the high reunification rates) and answers questions. Most weeks, a current FDC participant also speaks with observers about her (or his) experiences and success. After the FDC session, observers complete a short survey about their desire to join the FDC, including reasons why they may not be interested. The FDC Supervisor and Recovery Support Specialists collect the surveys, answer any questions that parents have and work to engage potential participants using Motivational Interviewing techniques. If the parent is interested, they do an initial pre-intake and schedule a full intake with an FDC Intake Coordinator, usually within one to two weeks. After the intake, the assigned RSS and DCS Case Specialist each meet with the parent to go over the process, again using Motivational Interviewing to engage parents.

To build on their current outreach and engagement and improve recruitment to increase the FDC's scale, the team took the following actions:

- **Emphasized the FDC observation requirement on the initial dependency case plan.** To help ensure FDC observation remains at the forefront of a parent's many demands, it is now emphasized as one of only six priority tasks that parents are supposed to focus on in the first 30 to 45 days. The use of this initial services plan has helped increase the number of parents observing the FDC early in their cases. In addition, the FDC now directly follows up with eligible participants who have not yet joined one month after their observation.

- **Looked at their data.** Early in year two, the Evaluator worked with FDC staff to add information to the monthly data snapshot on the number of observers, their enrollment status and the reasons they were ineligible or uninterested. The larger team discusses these data each month and identifies ways to respond. For example, the data showed that a main reason parents do not join is that they feel they already have too much on their case plan. The RSSs and FDC Supervisor now make sure to ask potential participants about their case plan, address their concerns and emphasize that the FDC team is there to support them in meeting their overall goals.

- **Streamlined the FDC intake processes.** The team recognized that the lengthy FDC intake process, typically taking up to three weeks, delayed parents joining. They identified and streamlined duplicative and

inefficient processes to get families into the FDC more quickly. Now, when clients come in for the intake, they receive a potential FDC join date for the following week, rather than waiting up to another month for the next CFT meeting. Also, the Intake Coordinator emails the completed intake assessments to the team for their immediate approval electronically, rather than waiting for weekly meetings to discuss new participants. In this way, the parent often joins at very next FDC session.

- **Established a Recruitment Committee.** In March 2016, the FDC Leadership Team established a Recruitment Committee that meets weekly to discuss how to address engagement barriers and increase participant observation and enrollment. As part of its charge, the committee will systematically document the FDC team's efforts to identify what strategies are effective (or not) in increasing FDC enrollment.

- **Developed a pilot to order a subgroup of higher-risk families to FDC intake.** Currently all families are only ordered to observe the FDC. Ordering them to an FDC intake would move the process one step further. Driven by the FDC Judge's leadership and backed by the support of the dependency judges and the attorneys, the FDC will begin a pilot to order cases involving substance-exposed newborns, with an emphasis on those with domestic violence, to FDC intake. The FDC team and DCS partners agreed to focus first on this subgroup of parents who are at high risk and can benefit the most from CPP and the extra visitation coaching. The team completed the protocol at the end of year two and will begin the pilot in July 2016.

At the end of year two, the FDC team was experiencing continued challenges with FDC recruitment, with peaks and valleys every few months in the number of observers and joiners. For instance, in March 2016, 14 adults joined the FDC (a significant increase); however, in April, only 4 new adults joined. The team is still unclear why these swings are happening and what is driving them. Increasing FDC enrollment will continue to be a priority in the coming year.

Evaluation Capacity and Performance Monitoring

As part of the larger PFR project evaluation, all four grantees:

- Provide monthly data "snapshots" on basic FDC operations, provision of substance use treatment and referrals and service linkages to parenting and children's interventions

- Submit cumulative, semi-annual, aggregate-level data on core FDC, child welfare and substance use treatment performance measures

- Administer the North Carolina Family Assessment Scales for General Services and Reunification (NCFAS G+R) at baseline and discharge to help assess improvements in family functioning

- Provide basic demographic information on parents and children and their service needs at FTC intake and discharge

The Existing Data Landscape and FDC Team's Infrastructure

Like the other PFR grantees, at the start of PFR, Pima's data existed in multiple places and systems and to varying degrees of completeness, quality and complexity. For instance, the collection and reporting of substance use treatment data was not standardized, with information coming from multiple sources and often based on self-report. Child welfare information resides in the state's antiquated database, with one person at the county level who can request reports.

The FDC's existing database was used primarily for case management, not performance monitoring, and had limited report-generating functionality. The ability to modify the existing web-based platform was limited. Further, the team noted that key data were unreliable (e.g., important dates and outcomes were missing or inaccurate), forcing them to rely on others outside of the FDC to pull information from their systems for more accurate data.

None of these data systems were linked together, which meant the FDC could not readily access child welfare, substance use treatment, parenting or children's services data on the families it served. In short, there was no centralized system that could provide the FDC team and partners with a complete picture of what was happening with the whole family across all systems.

To temporarily fill this void and track the new parenting and children's interventions and other key data in one place, the Evaluator—in consultation with FDC and DCS team members—created a "PFR Tracking Sheet" (an Excel database). Over the course of the initial grant period, the PFR Tracking Sheet became more comprehensive and an increasingly reliable source of data to report on FDC outcomes.

Though essential, the Pima County team recognized the PFR Tracking Sheet was only a temporary solution to a longer-term problem. Ultimately, during year two, the FDC team agreed they needed to invest in building the FDC's data infrastructure to sustain data collection, reporting and analyses and institutionalize ongoing performance monitoring. With the help of an outside vendor, they will develop a new relational FDC database by the end of year three. The new data system will have the capacity to generate extensive outcomes reports and a data dashboard.

Learning to Embrace Data

Throughout PFR implementation, the Pima County team faced significant challenges with establishing effective, routine data collection and reporting processes to accurately monitor how many and which families received FDC services and what outcomes they achieved. These challenges were due in large part to the existing fragmented and disconnected data landscape.

However, internally, the team had difficulty embracing the importance of data and understanding they all had a role to play in performance monitoring. Key challenges the team encountered included:

- **Burden on front-line child welfare staff to collect data.** A significant amount of data collection responsibility fell to the DCS Case Specialists, who were also struggling to acclimate to their new FDC duties and manage their regular DCS case management functions. Their heavy workloads made it challenging to get data in a timely manner. As the FDC-DCS Unit Supervisor explained, historically, data was not something that Child Protective Services or DCS case managers even thought about or obtained. For the DCS Case Specialists to take on a data collection role has been a cultural shift. The team learned there are differences in individual's comfort levels and experience with data. Persistence, ongoing training and open dialogue have helped front-line staff incorporate data collection and reporting into their day-to-day operations.

- **Lack of perceived value of the data.** Towards the end of PFR year one, the FDC core team acknowledged they were not doing a very good job of collecting and using their data. Data were not reviewed in a systematic way and information was not shared regularly. The DCS Case Specialists did not feel like the data was helping them and, worse, was getting in the way of their important work with families. The larger FDC team initially did not see the value in—

and resisted the need for—ongoing, regular tracking of families' outcomes. They initially viewed the PFR data collection as strictly a grant requirement. They struggled with reconciling the need to invest time and resources into establishing a performance monitoring process when previous (though dated) evaluations showed the FDC worked for participants. With the PFR Change Team's continued coaching and the Evaluator's leadership and initiative, the FDC team and its partners worked through these challenges. The team has grown to appreciate the value of being a data-driven collaborative.

Taking Ownership to Overcome Data Challenges

Ironically, while data was one of Pima County's most difficult and ongoing challenges, it would also become one of their major successes. This would not have been possible without the leadership, commitment and hands-on involvement of the FDC Director and lead Evaluator (see Overarching Lessons Learned). As the Evaluator noted, "By deciding to track it, it means we have to look at it."

The required PFR monthly data "snapshot" became a vital tool for identifying and responding to challenges with lower-than-anticipated service referrals and linkages. The data raised discrepancies in numbers and shined a light on ongoing problems in cross-systems communication. It also led to establishment of an ESBF Data Liaison to provide more timely and accurate referral and service delivery information for all FDC clients getting ESBF services.

Throughout PFR, the Evaluator continually modified the monthly data tables to make them more useful to the team. She added data elements to better understand the drop off from FDC observation to FDC enrollment, as well as cumulative data points to provide a bigger-picture perspective of the FDC's progress. By the beginning of year two, the team really began to see the value of the data snapshots. The team now uses this expanded report to inform discussions in the Recruitment Committee and FDC Leadership Team meetings. Monthly calls to review and discuss data have been vital to making sure every team member and partner realizes they have a critical role in accurate data collection and reporting.

The Shift to a Data-Driven Collaborative

Though it has taken the initial two-year PFR grant period, the FDC team seems to now truly embrace the value and importance of data for program and practice improvement. This is not to say that they do not still face some substantial data collection, reporting and evaluation challenges. However, the political will now exists to try to address these challenges.

The FDC team and its partners now recognize that if they want to measure larger outcomes, and if they want to modify the program, they need to draw upon solid evidence for making those changes and document them well. The team acknowledged that "it took us a long time to get there to use data and develop strategies. That was not part of our vocabulary when we started this grant. It was very uncomfortable in the beginning, but now we do it. In retrospect, collecting good data prior to PFR would have helped us to make many important past programmatic decisions."

At the end of year two, the PFR team had established a Data Committee, in which all FDC and DCS team members meet monthly to resolve cross-systems data challenges and use data to clarify and strengthen referral and service delivery processes. The FDC had completed a data-sharing agreement with Cenpatico (the RBHA) to get behavioral health data, and they were close to finalizing an agreement with DCS to obtain child welfare data.

Case managers, supervisors, judges and project directors will not be around forever. Our efforts going forward must focus on analyzing and disseminating solid data about the effects of our efforts. It will only be through frequent and accurate reporting to our collaborative partners that we will be able to sustain true system changes and a family-centered focus on dependency court cases with parental substance use disorders.

– Pima County PFR Team

Overarching Lessons Learned

During the initial two-year PFR project period, the Pima County team experienced many successes and overcame some substantial challenges to make progress towards their overall goals. During their journey, the team learned several overarching lessons.

- **Becoming a data-informed collaborative takes leadership and perseverance.** Shifting to a data-driven decision-making culture takes time, effort and a key person to lead the charge. The FDC team members state that the benefit of having an in-house Evaluator as an integral member of the team (actively participating in both the Steering Committee and Leadership Team) cannot be underestimated. The Evaluator's questions helped the team clarify what they were trying to accomplish. She continually reminded all team members of the importance of documenting their decisions and efforts, so they could adequately determine the effects of their program enhancements and practice and policy improvements. Through the Evaluator's leadership and perseverance, which was supported by the FDC Director, the FDC team and its partners are increasingly using data for continuous quality improvement.

"Having an Evaluator as part of the team was a first. I had no idea what we were missing. It has made a huge difference in not only asking questions, but also memorializing changes along the way. I don't ever want to go back to not having an Evaluator as a key team member."

– Pima County FDC Director

- **The co-location of partners and critical services improves cross-systems collaboration and service integration.** The FDC began PFR with the distinct advantage of having key team members (including the Recovery Support Specialists, the dedicated FDC-DCS unit and the Evaluators) co-located at the court. Throughout PFR, the Pima County team expanded co-location efforts to include Incredible Years parenting classes, PHN assessments (through year two) and other services at court. The co-location of staff and services has increased information sharing, promoted more frequent communication, strengthened collaborative relationships, established trust and mutual respect among partners, and reduced barriers to services for participants.

"The Family Drug Court team is constantly thinking of ways to improve the program…. Having the DCS unit and the court right there, we formed a [Visitation] subcommittee right there. It wasn't like this waiting game and coordinating and trying to figure it out. We were able to move that forward and have a lot of voices that I don't think we would have had, had they not been at the court."

– Pima County PFR Evaluator

- **Strong collaborative relationships and broad-based leadership are essential to adapt to an ever-changing contextual environment.** The Pima County team embarked on PFR, and persevered during the initial two-year grant period, amid changes at the state-level child welfare agency and the county-level behavioral health system. The Pima County team's ability to successfully implement its PFR enhancements and achieve many of its goals was due in large part to the breadth and depth of its cross-systems collaborative relationships and the FDC, DCS and Juvenile Court leadership. Through PFR, the FDC team has come to see the Juvenile Court and FDC processes from a broader lens and understands the need to creatively navigate the larger systems in which the FDC operates.

Looking Forward – Plans to Build on the Momentum

In their PFR continuation year, the Pima County team plans to focus on strengthening and growing several priority areas and sustaining their system changes. Moving forward, they will continue to:

- **Increase FDC outreach and engagement.** During the continuation year and beyond, the team will continue to identify and implement recruitment strategies to increase the number of FDC participants to reach full scale. The Recruitment Committee will continue to meet weekly to analyze drop-off rates and develop ideas to expand enrollment. The FDC will launch and assess the results of their pilot effort to order families with substance-exposed newborns to an FDC intake. Further, they plan to develop a clearer protocol for determining the "readiness" of a parent to join the FDC. The team expressed that current practice is more subjective than objective—and that subjectivity often differs between FDC staff and DCS staff, which creates tension between them.

- **Increase timely reunification.** Achieving early reunification is an outstanding goal for the FDC and will be a priority for the coming year. Current data shows that the FDC has increased its graduation and reunification rates and—perhaps even more importantly—reduced the number of reactivated cases. Yet, they have not seen marked decreases in children's time in out-of-home care, as originally desired. The team will conduct further analyses to identify common elements in successful cases and common (or missing) elements in unsuccessful cases, and determine if they need to reassess their original goal. They will also look at whether there are any unmet service needs among families (e.g., housing) that need to be addressed to promote earlier reunification.

Pima County's efforts are resulting in higher reunification rates for families in the FDC. As the FDC Director stated, "For a long time, we were stuck at about 60% to 65%. Now we're at 82%. That's in two years – that's a change and that's real numbers."

- **Strengthen collaboration with adult and children's community service providers.** The FDC will continue to reach out and strengthen relationships with the community substance use treatment providers to better integrate parents' treatment progress into the FDC and Dependency Court decision making. As a next step, they will also seek ways to better engage the other children's services providers (other than ESBF). The team recognizes that a lot of work with the family is happening outside of court, so it is important to bring that information about how family relationships are being repaired and how the family is recovering together into the court processes.

- **Continue to infuse effective FDC practices into the larger dependency system.** During the continuation year, the FDC team will continue to identify effective practices that can be infused into the broader dependency court docket to benefit other families in the child welfare system affected by parental substance use disorders. The new Court and Community Collaborative Supporting Families (the next generation of the county's Model Juvenile Court initiative) provides an ideal venue to align FDC efforts with court-wide goals. The initiative is focused on ensuring that all families, not just FDC families, get evidence-based and trauma-informed services. This directive is an acknowledgment and result of the work that the FDC has done. The FDC Judge is chair of its evidence-based service committee, while the FDC Director and the Cenpatico DCS Liaison provide support as co-chairs.

For more information about the PFR project, contact Children and Family Futures at pfr@cffutures.org

For more information about the Pima County Family Drug Court, please contact Kali Van Campen, Ph.D., Senior Research and Evaluation Specialist, at Kali.VanCampen@pcjcc.pima.gov, or

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About Children and Family Futures

Children and Family Futures (CFF) is a national nonprofit organization based in Lake Forest, California that focuses on the intersections among child welfare, mental health, substance use disorder treatment and court systems. CFF has over two decades of experience in practice, policy and evaluation arenas to support states, tribes, regions and communities in their efforts to improve outcomes for children and families who are affected by substance use disorders. CFF believes parents with substance use disorders should maintain hope of achieving recovery and family stability so they can care for their children. While no single system or agency working by itself can help parents achieve that goal, CFF recognizes that recovery happens within the context of the family and that professionals from a variety of agencies and systems must work together to meet the needs of families.

Children and Family Futures provides a full range of consulting, technical assistance, strategic planning, and evaluation services for substance use disorder treatment, child welfare, courts, and the communities they serve. To learn more about CFF, visit www.cffutures.org.

The mission of Children and Family Futures is to improve safety, permanency, well-being and recovery outcomes for children, parents and families affected by trauma, substance use and mental disorders.

About the Doris Duke Charitable Foundation

The mission of the Doris Duke Charitable Foundation (DDCF) is to improve the quality of people's lives through grants supporting the performing arts, environmental conservation, medical research and child well-being, and through preservation of the cultural and environmental legacy of Doris Duke's properties. The foundation's Child Well-being Program aims to promote children's healthy development and protect them from abuse and neglect. To learn more about the program, visit www.ddcf.org.

THE DUKE ENDOWMENT

About The Duke Endowment

Since 1924, The Duke Endowment has worked to help people and strengthen communities in North Carolina and South Carolina by nurturing children, promoting health, educating minds and enriching spirits. Located in Charlotte, NC, the Endowment seeks to fulfill the visionary genius and innovative legacy of James Buchanan Duke, one of the great industrialists and philanthropists of the 20th century. Since its inception, the Endowment has distributed more than $3.6 billion in grants. Now one of the largest private foundations in the Southeast, the Endowment shares a name with Duke University and Duke Energy, but they are all separate organizations. To learn more about the Endowment, visit www.dukeendowment.org.