



Cradle to Crayons

Maricopa County Evaluation

Prepared for
Maricopa County Juvenile Court
with funding from First Things First

Suggested Citation:

Krysik, J., Sayrs, L., Gearing, R., & Mabingani, D. (2016). *Cradles to Crayons: Maricopa County Safe Baby Court Teams Initiative, 2012-2016*. Phoenix, AZ: Arizona State University.

Acknowledgment

This report was prepared by the Center for Child Well-Being, ASU School of Social Work under contract number AVS0119 for the Maricopa County Juvenile Court. The evaluation would not have been possible without a grant to the Maricopa County Juvenile Court from First Things First. We would like to thank Rebecca Ruffner, Executive Director at Prevent Child Abuse Arizona, for working to promote evidence based child abuse and neglect prevention programs. Thank you as well to Rob Shelley, Court Improvement Program Manager at the Dependent Children's Services Division, Arizona Supreme Court, who helped facilitate this evaluation. Special thanks to Nicole Roskens, Clinical Director of Cradle to Crayons (C2C) for her management of this evaluation. The quantitative data were provided by the Arizona Department of Child Safety and the authors would like to acknowledge their support. Finally, the authors would like to offer their sincere gratitude to the C2C leadership and staff who participated in the telephone interviews and provided feedback on the report. The insights gained through this evaluation are instrumental in understanding those who receive services and to continuously improve practices in the child welfare and court systems.

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Executive Summary

The purpose of this evaluation is to provide information to key stakeholders on the implementation and outcomes of the Safe Baby Court Teams (SBCT) initiative (referred to as Cradle to Crayons or C2C) in Maricopa County. Data from eight stakeholder interviews conducted in 2015 and 2016 were synthesized to produce a description of program implementation. Adaptations made to the program model since its inception in July 2011 are described. Quantitative data from the DCS automated information system were used to describe the characteristics of 8,398 infants and toddlers on their first entry to out of home care in Maricopa County over a five-year period from January 2010 through December 2014. Outcomes in terms of time to permanency, safety, and stability were examined in relation to a comparison group of children who entered out of home care in Maricopa County 18 months prior to C2C implementation.

Findings on time to permanency, re-reports, and reentries for children removed eight days or longer suggest increasingly positive outcomes overtime associated with the evolution of C2C from July 2011 through 2014. Particularly notable are the following findings: 1) despite a 55% increase in the number of infants and toddlers entering out of home care, there was a 35% increase in the number of permanencies achieved within 12 months; 2) a significant decrease in median time to permanency for reunification and adoption; 3) 12-month post permanency re-report and reentry rates show consistent rates in the pre and post period in the context of quicker exits; and 4) compared with other Safe Baby Court Teams across the United States, C2C has achieved similar times to permanency for reunification and adoption and relatively low rates of re-reports and re-entries. The findings point to outcomes that are improving over time associated with the evolution of the SBCT initiative.

Maricopa County Profile

Demographic Estimates for children birth to five years ¹	2010-2014
Population size	308,033
Gender	
Female	49.0%
Male	51.0%
Race	
White not Hispanic or Latino	35.9%
African American or Black	5.5%
American Indian & Alaska Native	2.1%
Asian	2.9%
Native Hawaiian and Other Pacific Islander alone	0.2%
Two or more races	6.6%
Some other race	7.0%
Hispanic or Latino	39.7%
Births to unmarried mothers ²	43.0%
Income in the past 12 months below poverty level ³	28.9%
No health insurance ⁴	9.9%

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

² Arizona Health and Vital Statistics (2013), Bureau of Public Health Statistics, Vital Statistics Section, Arizona Department of Health Services

³ U.S. Census Bureau: American Community Survey (Table B107001: Poverty status in the past 12 months by sex by age)

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

Evaluation Question 1: How has Maricopa County implemented the Safe Babies Court Teams Initiative?⁵

The Zero to Three Safe Babies Court Teams initiative was launched in Maricopa County July 1, 2011. Implementation of this initiative in Maricopa County is referred to as Cradle to Crayons and is abbreviated C2C. The initiative is judicially led and has evolved considerably over the years. The C2C program coordinator and the juvenile court administrator are responsible for grants administration and the C2C program. The program currently involves a number of positions including program coordinator, community coordinator supervisor and community coordinators, conciliators, clinical director, trauma therapist, child parent therapist, visit coach supervisor and visit coaches, resource coordinator, and student interns. The program refers parents who may be struggling with substance abuse issues to a specialized *Dependency Treatment Court*. In addition, a new program component entitled the *Bridge Program* began receiving clients in February of 2016. This program component provides a ‘navigator’ who serves as a community resource coordinator to parents and guardians who have reunified and whose cases have been dismissed. The approach is described as a “warm handoff” and there is no time limit for how long services can be provided through the Bridge Program. The Bridge Program is currently staffed by a program coordinator and two navigators.

Originally, Maricopa County developed specialized birth to three judicial caseloads and stopped rotation from the bench to preserve the specialized knowledge and experience. Due to high C2C caseloads and inequitable caseload sizes among juvenile court judges, the decision was made to assign birth to three dependency cases to all 19 judicial officers. This change was implemented in July 2015. The C2C caseload had reached as high as approximately 700 children and is currently approximately 400. Case assignments are adjusted based on incoming petitions and involve a robust methodology for assignment. The next section provides further detail on the implementation of C2C as it relates to the 10 core components of the Safe Babies Court Teams project model.

Evaluation Question 2: How has Maricopa County operationalized the 10 core components of the Safe Babies Court Teams Project?

1. Judicial Leadership

Judicial leadership in Maricopa County is illustrated in the following key activities:

- The presiding juvenile court judge leads C2C implementation. Court administration assigns cases to the judges per the direction of the presiding juvenile court judge.
- The presiding juvenile court judge works to assure that judges are trained on infant mental health needs and how to handle C2C cases. Judicial officers are encouraged to follow best practices including more frequent hearings, visitation tailored to the child, reviewing the developmental assessment, etc.

⁵ Information to answer evaluation questions 1 and 2 was gathered through the analysis of data from telephone interviews with key C2C stakeholders. Two individuals were interviewed in 2015 and six in 2016.

- The judges are encouraged to order two visits per week, no less than two hours per visit, unless there is an indication that the visits are not in the child's best interest. Parents are ordered to attend all medical and dental appointments for the child. The Department of Child Safety (DCS) is required to provide the parents information on all of the child's appointments so they can attend.
- The judge(s) are encouraged to order more frequent hearings. After the initial hearing, families are generally back in the court within six to eight weeks (orders apply to all children on the case regardless of the child's age). Whereas this is the preferred timeframe for hearings, due to high caseloads, preference is often given to cases that have higher needs.
- Birth to five assessments are ordered to assess children's developmental needs.
- The judges determine if clinical services from C2C would be appropriate, and if so parents are referred to clinical services for a clinical intake. If there are allegations of substance abuse, the judge will refer the parent(s) to observe a session of Dependency Treatment Court. The referral process to Dependency Treatment Court has changed to also allow parents to self-refer and their attorneys to make referrals.
- The judges are encouraged to assure concurrent planning is occurring when appropriate to the case.
- The judge can order psychological assessments.
- Judges order drug testing and treatment.
- Judges inform parents of various actions the court can take.
- Judges investigate progress by reviewing reports and asking questions of case managers and other parties.
- Judges assure compliance with respect to required time frames being met by the court.
- Questions the judges ask in the courtroom prompt activity on the case, e.g., when it is mentioned that a baby never cries the judges realize that this is not normal behavior, prompting the need for an assessment of the baby for trauma. Judges have reportedly become more knowledgeable over time on what questions to ask.
- Efforts at uniformity are made to standardize best practices across all judges. This is done by recognizing there is judicial independence and judges have to make decisions, but also holding all parties to certain standards and adopting best practices. There has reportedly been no difficulty in "getting judges on board with wanting to be excellent." The challenge is that there are many tasks judges must attend to with high caseloads. Additionally, with the elimination of specialized judicial officers and the reinstatement of rotation, there is some concern that new judges may not receive the C2C trainings in a timely manner.

2. Local Community Coordinator

Maricopa County has a community coordinator supervisor and four community coordinators. Initially there was some difficulty in creating a broad understanding of what the community coordinator role should be, and the role continues to evolve. Juvenile court administration needed to go through the Supreme Court to get a court order to implement the community coordinator component. Initially the community coordinators were present in court rooms and observed and offered information; responded to questions that arose; and responded to the need for assistance by the various parties as directed by the judge. However, due to the expansion of

C2C cases to all 19 judicial officers, community coordinators currently receive referrals via e-mail at the judges' discretion. Community coordinators continue to provide education on services, including how to access behavioral health, developmental, and educational services. The community coordinator role was described as, "a help desk if things are not going right on a case." Community coordinators report to the judges and all parties on efforts made to resolve problems. Community coordinators are careful not to communicate with judges about any particular case unless the response is in writing to all parties.

The community coordinator role has changed from problem-based referral (i.e., working to solve systems barriers) to include case-based referral as well (i.e., solving barriers with regard to specific cases). Whereas DCS Child Safety Specialists would normally address problems in the case, high DCS caseloads and staff turnover propel the community coordinators to deal with problems that would slow the case from moving towards permanency (e.g., if a referral was reportedly made and the Child Safety Specialist does not know the status of the referral, the community coordinator may work on tracking the status of the referral and working to resolve any barriers to the receipt of services). The community coordinator position is further evolving based on the recognized impact and importance of the position.

A "hybrid" position has recently been developed in an effort to strengthen mediation services particularly during the pre-hearing conference phase. This position is called a conciliator and blends the community coordinator position with the role of mediator. Cross-training between the two positions has occurred with the goal of expanding to meet the increased demand. Additionally, Maricopa County has initiated enhanced mediation pilots at its two C2C locations. These pilots have assisted in the creation of a practice model that is truer to the mediation process.

3. Active Court Teams

Maricopa County Safe Baby Court Teams has two levels of advisement. A steering committee meets quarterly to provide direction to the initiative and covers a range of issues related to C2C. Subcommittees of the steering committee are sometimes created to work on specific issues, develop pilots, and make recommendations. The steering committee meetings are facilitated by the lead judge.

There is also an active community court team in Maricopa County that is managed by Prevent Child Abuse Arizona and the C2C Coordinator. These meetings create a problem-solving environment used to look at systemic issues and barriers to serving children and families through the court. Prevent Child Abuse prepares the agenda for the monthly court team meetings. Attendance averages about 40 individuals who are well represented by infant and toddler mental health professionals, DCS and Court personnel, and Regional Behavioral Health Authority staff. This group also serves as an educational forum.

4. Targeting Infants and Toddlers in Out of Home Care

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

- Shortened time frames between case hearings for children under 3 years of age.
- Training judicial officers in infant/toddler mental health.
- Specialized clinical services.

5. Placement and Concurrent Planning

Placement and concurrent planning activities occur in court through the judge and outside the court through the activities of the DCS Child Safety Specialist prior to a petition being filed with the court. Placement and concurrent planning in Maricopa County is illustrated by the following actions:

- Ensures completion of the development of the concurrent plan if not completed prior to the hearing.
- Reviews the concurrent case plan.
- Assures progress on the concurrent plan once plans are completed.

6. Family Team Meetings Monthly to Review All Open Cases

Family team meetings to review all open cases do not occur in Maricopa County outside of the Team Decision Making (TDM) meetings held by DCS, and the Child and Family Team (CFT) meetings coordinated through the behavioral health system. The results of these meetings should be reported in the DCS court report, however sometimes reporting is not considered consistent. This was observed to depend on the DCS Child Safety Specialist and his or her experience and expertise. It was also reported that families are not always meaningfully involved in case planning and sometimes are not aware of the details relating to their case.

The Court does hold case staffings for parents involved in the Dependency Treatment Court (DTC) which represents a subset of C2C cases. The DTC utilizes a trauma informed approach that is characterized by kind and respectful interactions. DTC staff, TERROS the substance abuse treatment provider, and the judge, evaluate each individual's case before entering court. The frequency of staffing varies depending on the stage of the case (weekly, bi-weekly, or monthly). Parents are able to have ongoing participation in their own DTC case when the judge requests them to speak on their own behalf. Parents' concerns and questions are then directed to a court employee who works with the parents to develop an action plan. Parent voice is incorporated in the DTC case and all parties receive reports from DTC.

Dependency Treatment Court staff can make referrals to the clinical services resource coordinator who develops community connection plans for families who are moving toward reunification. The community connection plan, in which the parent participates in the development, addresses child care needs, health care needs, and generally how to go about accessing resources after DCS closes their case. The community connection plan is a mandatory requirement for graduation from Dependency Treatment Court. Judges have discussed having this as a term for dismissal, i.e., the parent has to demonstrate that he or she knows where to get help to prevent re-entry of the child to the child welfare system.

Barriers and concerns to case planning include the following:

- Case plans that do not consistently have the voice of the parent.

- Case plans that are not consistently submitted as early as required.
- Consistently holding prior to removal, emergency removal and permanency TDMs as well as locating kin (these actions have the potential to reduce placements prior to removal and are considered important).

7. Parent Child Contact

Parent child contact is illustrated by the following actions:

- A coaching and shared parenting approach to visitation (i.e., that includes the birth parent and current caregiver) is utilized by C2C where positive interaction takes place in supervised, safe, and therapeutic conditions. Coaches are provided to support the visits but are in short supply. Visitation through C2C can occur in one of two fixed locations (East Valley and West Valley).
- Visitation is typically two times per week for at least two hours, but trauma experienced by the child may limit this frequency.
- The court is pressing for more creative solutions on how to extend visitation to more than two times per week. For instance, parents are encouraged to attend their child(ren)'s medical and dental appointments, unless it is deemed to be against the child's best interest. Volunteers may also be utilized to support visits.
- The court has observed DCS Child Safety Specialists often only conduct one visit per week, but the visits are longer which may be due to a lack of resources and staff.
- Visits between parent and child can be terminated or suspended if the court report mentions that visits are detrimental to the child; or a formal motion to suspend visitation can be filed by the parent, DCS Child Safety Specialist, guardian ad-litem (GAL), or the court appointed special advocate (CASA). If noted in the court report with no motion to suspend, the judge may raise the issue of who is going to file the motion about visitation. Judges have also issued orders to suspend visitation when visitation concerns are briefed in court.
- Main barriers to visitation are:
 - Limited visit coaching for all parents who need it. The court would like to see children visiting with parents twice per week for most cases as spending quality time has been shown to have a positive impact on reunification.
 - Lack of transportation to attend visit coaching sessions. The court cannot provide transportation. To attend visit coaching sessions at C2C either the caregiver must provide transportation or DCS has to provide a case aide. Although there has been a lack of transportation available, this is reportedly becoming less of an issue as DCS Child Safety Specialists value this service and make efforts for parents to attend.
 - Lack of support and education for foster parents on the concept of shared parenting. Varying levels of shared parenting can exist from sending a note home, a communication log, interaction before and after visits, or a visit in the foster parent's home, or in the community supervised by the foster parent. It is considered beneficial for young children to see their caregivers in the same room talking and supportive of one another.

8. Continuum of Mental Health Services

Clinical services provided to families through C2C include:

- Clinical assessment of the parent/child relationship which also identifies existing trauma between the parent and child, and the trauma caused by the child's removal.
- Therapy, including child parent psychotherapy that focuses on attachment and relationship.
- Individual parent trauma therapy.
- Family Time visit coaching.
- Triple P Parenting program.
- Resource coordination - if space is not available in C2C, family members may be referred to community services for resource coordination.

C2C assessments are sent to DCS for case planning and C2C services are integrated into the DCS case plan. DCS Child Safety Specialists document C2C service delivery in the case file.

Barriers and concerns to the receipt of services include the following:

- The supply of clinical services through C2C cannot meet the demand. There is a perceived need to offer C2C type services to all families with young children who need services in an effort to achieve quicker permanency and prevent recidivism. The court is looking to help children and families be better adjusted, thereby preventing them from later delinquency or dependency. It was noted that a number of children who were wards of the court are entering the court with their own children and there is a perceived need to help them to parent their children successfully.
- There is a perceived need for TDMs and CFTs to debrief and report on cases that have become unproductive in an effort to understand why and how to address challenges of low to no progression.
- Not all mental health providers that work with the birth to five population do dyadic work.
- The behavioral health and medical communities are examining the ability to offer services to the whole family, right now services are not coordinated, however conversations about coordination are happening and this is a target area for improvement.
- Due to the influx of referrals for services caused by case assignment expansion to all 19 judicial officers, a waitlist for clinical services has resulted.

9. Training and Technical Assistance

Prevent Child Abuse Arizona was instrumental in getting training to the community early in the implementation of C2C, during the planning phase, and the first six months. A significant number of trainings have occurred since the inception of the initiative, including the following:

- Child Parent Psychotherapy
- Collaboration
- Family time coaching
- Trauma intervention
- Trauma training for judges

- Zero to Three initiative training
- Child development
- Safe and Together to address domestic violence

Currently all 19 judicial officers have participated in initial training for the C2C program and have received the Best for Babies Guidebook. For judges to allocate additional time for extensive training is a challenge. Casey Family Services has recently provided funds for lunchtime seminars referred to as Bench/Bar meetings.

- Training needs include:
 - Looking nationally for what best practices are and bringing them to Arizona; such as Parent for Parents Program (P4P), which connects parents who currently have open dependency cases with “parent allies” who successfully navigated through the juvenile court system.
 - Understanding the importance of frequent visitation. There is a need to break down the idea that every visit needs to be supervised every minute all the time.
 - Effective reunification services that address the relationship between the parent and child. For example, the new development of “rostering” allows therapists to participate in 18-months of training in child/parent psychotherapy and receive certification. After being rostered, the clinician can provide training to other therapists which should help meet this need.
 - Training in child/parent therapy offered to DCS Child Safety Specialists, GALs, parent aides, and foster care licensing agency staff.

10. Evaluation

Evaluation in Maricopa County is illustrated by the following actions:

- There is currently an independent evaluation of the Maricopa County initiative performed by ASU.
- The court keeps statistics internally on outcomes and these data are used to determine if the initiative should continue to be funded and what additional resources are needed.
- There is a need to differentiate outcomes based on what services were provided.
- Need for longitudinal information on whether reunification results in subsequent maltreatment.
- Having community partners and external evaluations is perceived as helpful.

Future Goals in Maricopa County:

- It would be useful to know if the service capacity of the community has increased as judges are hearing about trauma therapy being more available in the community.
- Engage community providers to offer more clinical services including:
 - parenting and coaching services,
 - parent and child therapies and interventions including the need for dyadic parent child therapy, and
 - increased community service capacity to deliver best practices.
- Continue working to improve mediation during pre-hearing conferences – pilots currently exist in four court rooms at both C2C sites.

- Offer the Parent to Parent pilot peer mentoring program.
- Once fewer children are in care and caseloads are lowered, judicial officers will be able to offer more meaningful hearings.
- Improved data for evaluation.
- Development of standards of best practice for Cradle to Crayons and systems partners.

Evaluation Question 3: What child and family characteristics and outcomes are associated with the Safe Babies Court Teams Initiative in Maricopa County?

Data for the information in the following tables was made available through DCS and were extracted from the CHILDS data base. Data to determine which children came before a specialized judicial officer in the first 18 months of C2C was provided by the Maricopa County Juvenile Court. Data sharing was made possible through data sharing agreements and a court order. Following the first 18 months of C2C implementation, the number of specialized judicial officers increased to handle the entire birth through three dependency caseload.

Table 1 below shows that the number of children birth to three years of age who were removed from their parents or caretakers in Maricopa County has steadily increased each year. From 2010 through 2014 there has been a 55% increase in the number of first time removals of children less than three years of age.

The age distribution of infants and toddlers entering out of home care has remained remarkably consistent over the years with over 50% of children removed each year being less than one year of age at the time of removal. More boys than girls consistently entered out of home care, however, this was consistent with their representation in the population. African American children were also overrepresented compared to their representation in the population of Maricopa County. Maricopa County population statistics for children birth through five are presented with the state map at the beginning of this report.

Single parent status and English as a primary language characterized the parents or caretakers from whom the children were removed. Although the number of children removed increased substantially from 2010 to 2014, the demographic characteristics of the children and their parents/caretakers remained consistent across the years.

Table 1. Demographic Characteristics as a Percentage of First Time Entry Cohorts

Demographic Characteristics	Maricopa County					
	2010 (n = 1,336)	2011 (n = 1,480)	2012 (n = 1,732)	2013 (n = 1,774)	2014 (n = 2,076)	All Years (N = 8,398 ^a)
Age by days at removal						
Birth-30	24.6	27.0	28.9	28.2	27.1	27.3
31-180	15.9	15.3	15.9	17.7	16.0	16.2
181-365	12.2	13.3	12.6	12.9	12.9	12.8
366-730	24.0	22.7	21.2	22.0	24.4	22.9
731-1094	23.2	21.8	21.5	19.2	19.6	20.9
Gender						
Female	49.5	49.2	47.1	47.8	46.6	47.9
Male	50.5	50.7	52.9	52.0	53.4	52.1
Unknown/none specified	0.0	0.1	0.1	0.2	0.0	0.1
Race						
American Indian	6.6	6.9	7.5	7.4	5.2	6.7
Asian	0.2	0.3	0.2	0.2	0.2	0.2
African American	10.8	11.9	12.4	11.8	13.6	12.2
Native Hawaiian	0.2	0.3	0.1	0.0	0.3	0.2
White	73.4	73.1	68.9	66.9	65.9	69.2
Multiple	7.0	5.5	5.9	5.4	7.0	6.2
Unknown/none specified	1.7	2.0	5.0	8.2	7.9	5.3
Hispanic						
Yes	42.4	40.4	39.1	37.9	36.4	39.0
No	52.7	53.6	52.4	52.0	51.4	52.3
Unknown/none specified	4.9	6.0	8.4	10.0	12.2	8.7
Marital Status of Primary Caretaker						
Cohabitation	0.7	1.2	1.3	1.6	1.3	1.3
Married	11.3	11.2	10.7	10.4	10.0	10.6
Single	79.5	80.7	81.1	81.8	81.9	81.1
Other	8.5	6.8	6.9	6.3	6.8	7.0
Primary Language of Primary Caretaker						
English	88.2	87.6	86.7	84.3	83.9	85.9
Spanish	7.6	6.8	6.0	5.6	5.7	6.2
Other	4.1	5.6	7.3	10.1	10.4	7.8

^a Of the children less than three years of age with 1st removals from their parents or caretakers in Maricopa County from 2010-2014, 8,398 were associated with data indicating that the removal lasted for 1 day or longer and ended with a permanent placement, was still open, or ended for other reasons as of 01/21/2016.

Table 2 shows the removal characteristics of first entry cohorts by year. There were consistently high percentages of removals in Glendale, Mesa, and Phoenix. The most serious allegation related to removal was predominantly neglect; more than 85% of all children removed in each year were for neglect allegations. Some 49.5% of children were rated priority 1, and 23.7% were associated with a priority 2 rating. The DCS priority classification system sets the required response time. The lower the priority number the more urgent the response. Effective April 11, 2016, DCS changed its procedures at the Hotline so that allegations of abuse or neglect pertaining to children less than three years of age are systematically rated at least a response time 2, requiring a quicker initial response.

Table 2. Removal Characteristics as a Percentage of First Time Entry Cohorts

Removal Characteristics	Maricopa County					All Years (N = 8,398 ^a)
	2010 (n = 1,336)	2011 (n = 1,480)	2012 (n = 1,732)	2013 (n = 1,774)	2014 (n = 2,076)	
Location of removal						
Aguila	0.3	0.1	0.0	0.0	0.1	0.1
Apache Junction	0.1	0.1	0.5	0.2	0.6	0.3
Arlington	0.1	0.0	0.1	0.0	0.0	0.0
Avondale	3.1	2.5	2.0	2.8	3.2	2.8
Buckeye	1.9	2.2	2.8	2.3	2.1	2.4
Cashion	0.1	0.1	0.1	0.0	0.0	0.1
Cave Creek	0.2	0.2	0.3	0.2	0.3	0.3
Chandler	5.2	4.3	4.1	4.5	4.3	4.6
El Mirage	0.7	1.0	1.3	1.1	1.5	1.2
Fort McDowell	0.1	0.0	0.0	0.0	0.0	0.0
Fountain Hills	0.1	0.3	0.1	0.1	0.2	0.2
Gila Bend	0.0	0.1	0.2	0.0	0.0	0.1
Gilbert	4.1	3.9	4.1	5.0	4.2	0.5
Glendale	8.4	8.4	9.1	9.5	8.9	9.2
Goodyear	1.6	1.9	3.0	1.5	1.4	1.9
Laveen	1.6	3.8	1.8	1.7	2.0	2.2
Litchfield Park	0.5	0.5	0.4	0.7	0.5	0.6
Mesa	14.6	12.8	11.9	11.5	13.6	13.3
Morristown	0.1	0.0	0.0	0.0	0.0	0.0
New River	0.1	0.3	0.1	0.1	0.0	0.1
Paradise Valley	0.1	0.1	0.1	0.0	0.0	0.1
Peoria	3.4	3.4	3.5	3.7	3.3	3.6
Phoenix	39.3	38.6	39.0	41.3	39.0	41.0
Queen Creek	1.6	2.2	1.3	1.7	0.8	1.5
Scottsdale	1.9	2.4	2.3	2.0	1.7	2.1
Sun City/Sun City West	0.4	0.3	0.5	0.2	0.2	0.3
Surprise	0.0	0.0	0.1	0.1	0.0	0.0
Tempe	4.6	3.2	3.2	3.2	4.0	3.7
Tolleson	3.0	2.0	3.4	2.6	2.7	2.8
Tonopah	1.2	1.8	2.2	1.1	1.1	1.5
Waddell	0.1	0.1	0.1	0.4	0.1	0.2
Wickenburg	0.2	0.7	0.5	0.4	0.4	0.5
Wittmann	0.0	0.1	0.2	0.0	0.1	0.1
Youngtown	0.2	0.1	0.0	0.1	0.3	0.2
Other ^b	0.1	0.3	0.1	0.2	0.2	0.2
Report type (most serious allegation)						
Neglect	87.3	85.5	86.3	88.0	87.8	86.5
Physical abuse	11.3	12.1	11.3	10.4	9.8	10.8
Sexual abuse	0.7	0.7	1.3	1.1	1.7	1.1
Report Priority						
1	51.9	48.0	51.3	49.9	48.3	49.5
2	25.1	21.5	24.1	24.0	24.4	23.7
3	11.9	17.4	14.8	18.2	17.5	16.1
4	10.8	12.4	9.0	8.0	9.7	9.8
Alleged Perpetrator						
Father	2.4	1.5	2.3	2.6	2.3	2.3
Mother	43.9	36.7	35.8	35.5	33.8	36.7
Mother & father	42.4	52.6	53.3	49.9	52.6	50.6
Other ^c	11.3	9.2	8.5	11.9	11.3	10.5

^aAll 8,398 children less than three years of age removed from their parents or caretakers in Maricopa County from 2010-2014 were associated with data indicating that the removal lasted for 1 day or longer and ended with a permanent placement, was still open, no specific removal end reason was provided, or the removal ended for other reasons such as added in error, death of a child, transfer to another agency and runaway, as of 01/21/2016.

^bOther for cities of removal indicate zip codes that were entered incorrectly. ^cOther includes other relative and non-relative alleged perpetrators.

Table 3. Characteristics of First Placement as a Percentage of Each Yearly 1st Entry Cohort

Placement Characteristics	Maricopa County					
	2010 (n = 1,336)	2011 (n = 1,480)	2012 (n = 1,732)	2013 (n = 1,774)	2014 (n = 2,076)	All Years (N = 8,398 ^a)
Placement Type						
Non-Kinship						
Pre-adoption	0.7	0.5	0.2	1.5	0.9	0.8
Group care ^b	0.2	2.4	3.1	4.2	4.1	3.0
DDD foster care ^c	0.0	0.3	1.0	0.9	1.3	0.8
Family foster	58.5	55.9	52.7	50.0	45.3	51.9
Kinship						
Licensed kinship care	1.6	2.4	2.3	7.0	5.8	4.1
Unlicensed relative care ^d	36.2	35.9	37.2	25.6	30.0	32.4
Other ^e	2.8	2.6	3.6	10.8	12.7	7.1
Placement location						
In state	96.6	96.6	96.8	97.3	97.4	97.0
Out of state	2.2	2.2	1.7	1.1	0.2	1.4
None	1.2	1.2	1.4	1.6	2.4	1.6

^a All 8,398 children less than three years of age removed from their parents or caretakers in Maricopa County from 2010-2014 were associated with data indicating that the removal lasted for 1 day or longer and ended with a permanent placement, was still open, no specific removal end reason was provided, or the removal ended for other reasons such as added in error, death of a child, transfer to another agency and runaway, as of 01/21/2016.

^b Group care consists of placements such as shelters or group homes arranged by the child welfare agency.

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

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

^e Other indicates the absence of a valid placement type. This may be due to delayed data entry or data entry errors and thus may change with later data extracts.

As shown in Table 3, the most common placement type for infants and toddlers was family foster care, followed in frequency by unlicensed relative care. Excluding ‘group care’ and ‘other,’ 89.9% of all infants and toddlers were placed in a family setting. The practice of placing young children in congregate care facilities, i.e., group homes and shelters, has increased somewhat over the years, possibly due to a shortage of family foster homes as the overall numbers of children in out of home care has increased.

An additional trend in the data was the increased tendency to place young children *in* as opposed to *out* of state. This trend increases the likelihood that a lower proportion of young children are placed in the care of strangers upon removal from their parents or caretakers. Kinship care, including licensed and unlicensed options, has not increased as a proportion of all first placements, and may be influenced by the higher percentage of ‘other’ in these years as shown in Table 3. Again, with a later data extract the data may be more complete for 2013 and 2014.

Table 4 examines permanency for all those children who were removed and in care for eight days or longer. The reason for excluding children removed and returned in under 8 days is that

there is no way to determine if a dependency was filed and dismissed or if the children were returned home without dependency petitions filed.

As seen in Table 4, almost all children eventually achieve some type of permanency within four years of entering care. Also visible in Table 4 is the steady increase in the number of children who achieved permanency within 12 months of entering out of home care. This finding should be considered in the context of increasing DCS and juvenile court caseloads. The effect of more children achieving 12-month permanency was immediate with C2C implementation. In the 18-month cohort prior to C2C, 455 children achieved permanency within 12 months, whereas in the 18-month cohort following the implementation of C2C, 582 children achieved permanency within 12 months. In the 2013 cohort, 422 children achieved permanency within 12 months, and 486 did so from the 2014 cohort. Although the number of children achieving 12-month permanency steadily increased, the overall proportion of the total remained relatively constant due to the increased number of children entering care each year. Although this change appears to be related to the implementation of C2C, the exact components of the initiative associated with the change cannot be determined with currently available data. For instance, the addition of community coordinators, increased C2C clinical services, visit coaching, increased visitation orders, more frequent hearings, and referrals to the specialty Dependency Treatment Court may all have contributed to the ongoing improvement in the number of children achieving permanency within 12 months. Data on who received these various components were not available for this analysis. It is also important to note that C2C is a systems change initiative. Outcome could also be influenced by changes at DCS as well as among agencies in the community that serve children and families.

Table 4. Permanency Outcomes by Yearly 1st Entry Cohorts as of 1/21/16 ≥ 8 Days

Maricopa County															
Pre C2C				C2C											
2010 (n = 1,113)		1/1/11- 6/30/11 (n = 564)		7/1/11- 12/31/11 (n = 721)		2012 (n = 1,510)		2013 (n = 1,567)		2014 (n = 1,853)		Total (2010-2014) (N = 7,328 ^a)			
Removal Outcomes															
n		%		n		%		n		%		n		%	
Permanency Achieved		1109 99.6		563 99.8		705 97.8		1448 95.9		1329 84.8		950 51.3		6104 83.3	
Still in Care		4 0.3		1 0.2		16 2.2		62 4.1		238 15.2		903 48.7		1224 16.7	
Removal End Reasons															
n = 1,109		n = 563		n = 705		n = 1,448		n = 1,329		n = 950		n = 6,104			
Reunification		394 35.5		207 36.8		259 36.7		552 38.1		589 44.3		592 62.3		2593 42.5	
Adoption by Foster Parent		296 26.7		133 23.6		169 24.0		341 23.5		260 19.6		121 12.7		1320 21.6	
Adoption by Non-Relative		80 7.2		41 7.3		51 7.2		93 6.4		67 5.0		34 3.6		366 6.0	
Adoption by Relative		308 27.8		172 30.6		210 29.8		427 29.5		376 28.3		183 19.3		1676 27.5	
Guardianship by Foster Parent		1 0.1		0 0.0		0 0.0		0 0.0		0 0.0		1 0.1		2 0.0	
Guardianship by Non-Relative		0 0.0		0 0.0		1 0.1		1 0.1		3 0.2		0 0.0		5 0.1	
Guardianship by Relative		28 2.5		9 1.6		15 2.1		32 2.2		30 2.3		17 1.8		131 2.1	
Living with Other Relative		2 0.2		1 0.2		0 0.0		2 0.1		4 0.3		2 0.2		11 0.2	
Length of Time in Care in Days^b															
8-30		26 2.3		11 2.0		18 2.6		20 1.4		39 2.9		29 3.1		143 2.3	
31-180		96 8.7		54 9.6		54 7.7		101 7.0		116 8.7		143 15.1		564 9.2	
181-365		182 16.4		86 15.3		111 15.7		278 19.2		267 20.1		314 33.1		1238 20.3	
366-730		500 45.1		267 47.4		357 50.6		675 46.6		696 52.4		464 48.8		2959 48.5	
731-1095		236 21.3		115 20.4		137 19.4		317 21.9		211 15.9		0 0.0		1016 16.6	
1096-1460		54 4.9		25 4.4		22 3.1		56 3.9		0 0.0		0 0.0		157 2.6	
1461-1825		15 1.4		5 0.9		6 0.9		1 0.1		0 0.0		0 0.0		27 0.4	

^aThe total (7,398) includes all children under three years of age were removed from their parents or caretakers for the first time between 2010-2014 with a valid removal end date and a valid removal end reason. All 7,328 children were associated with data indicating that the removal lasted for 1 day or longer and ended with a permanent placement or was still open. The analysis of outcomes in Table 4 excludes 1,224 children still in out of home care, plus 878 children who were removed and whose removal ended in under 8 days. Another 100 children were excluded because their removal ended for reasons other than a permanency outcome including: added in error, death of child, transfer to another agency, and runaway; 92 children whose removal end reason was not provided were also excluded. Altogether 2,294 of the total 8,398 children removed were excluded from the analysis of permanency outcomes.

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

Figure 1 examines outcomes for children whose first entry into care occurred between January 1, 2010 and December 31, 2013 and follows the children through January 21, 2016. The year 2014 was not included in this analysis because as of the date of data extraction (January 21, 2016) only just over 50% of the 2014 cohort had achieved permanency. Including 2014 children in this analysis has the effect of artificially minimizing the number of days reduced to permanency. Allowing for at least two years of opportunity to achieve permanency provides a more realistic estimate of impact.

In Figure 1, four unique cohorts of children who were removed from their parents or caregivers between January 2010 and December 31, 2013 are compared. The first column represents the cohort of children whose first entry into care occurred up to 18 months prior to C2C implementation (January 1, 2010-June 30, 2011). The second column represents the cohort of children who were removed within 18 months after C2C was implemented between July 1, 2011 and December 31, 2012. These children were served by specialized judicial officers. The third column represents the cohort of children who were removed within 18 months after C2C was implemented, also between July 1, 2011 and December 31, 2012 and who were served by courts that did not have specialized judicial officers. The fourth column represents the cohort of children who were removed between January 1, 2013 and December 31, 2013. The cohorts were created this way to help differentiate the interim implementation period as C2C has evolved considerably over time from July 1, 2011 through December 31, 2013. Together, the four cohorts total 5,240 children who were removed between January 1, 2010 and December 31, 2013 and who had achieved permanency by January 21, 2016.

Median time to permanency for all four cohorts is provided in Figure 1 to estimate the impact of C2C on permanency outcomes. Only the medians are reported to make comparisons and assess impact. The median reflects the point at which 50% of all children in the cohort achieved permanency. Figure 1 shows that the cohort of children served by specialized judicial officers in the interim implementation period experienced a 28-day reduction in the median time to permanency compared to the pre C2C period. Non-specialized judicial officers, in contrast, demonstrated only a 1-day reduction. In the 2013 cohort, when all courts serving children birth to three years had specialized judicial officers and the initiative had evolved with expanded services, the impact on time to permanency was even more pronounced. Before C2C was implemented, half of all children took up to 530 days to achieve permanency. For the children served by the court in 2013, half of all children removed achieved permanency within 482 days, a 48-day reduction from the pre C2C period. The average days in care was significantly higher in

the pre C2C period compared to the 2013 cohort (see the footnotes to Figure 1 for means and significance reporting).

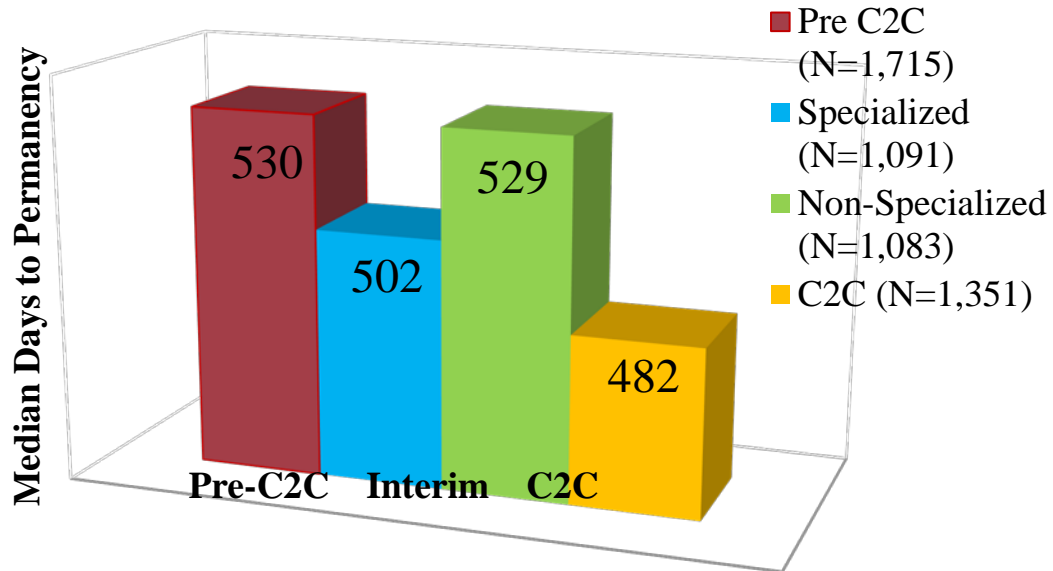


Figure 1. Impact of Specialized versus Non-Specialized Judicial Officers and Program Evolution on Days to Permanency for 2010-2013 1st Entry Cohorts \geq 8 Days

Notes to Figure 1:

1. Days to permanency is calculated as the difference in days between the first removal date and the first removal end date.
2. Mean difference in days pre-C2C ($\mu = 559$; $SD = 317.8$) as compared with C2C ($\mu = 479$; $SD = 239.5$) is statistically significant ($t(3062) 8.0, p = .000$), equal variances not assumed.
3. Mean difference in days pre-C2C as compared with Specialized Judicial Officers is not statistically significant ($t(2551) 1.9, p = .06$), equal variances not assumed.
4. Mean difference in days pre-C2C as compared with Non-Specialized Judicial Officers is not statistically significant ($t(2432) 1.2, p = .214$), equal variances not assumed.
5. In Maricopa County between 2010-2013, there were 5,240 children less than three years of age who were removed from their parents or caretakers for the first time between 2010-2013 and associated with data indicating that the removal lasted for 8 days or longer. The total number of children includes 123 children who were still in care as of 01/21/2016 but excludes 198 children who could not be classified into specialized or nonspecialized cohorts because of missing or invalid data.

Table 5 describes post permanency outcomes, specifically re-reports and reentries for children entering out of home care from 2010 to 2012. Twelve-month post permanency outcomes are reported for all children in these cohorts. Children were followed for 12 months past their permanency date to determine re-report and reentry rates. Table 5 does not provide results for the 2013 or the 2014 cohorts because data on these outcomes were only available to December 31,

2014. As a result, the data for re-reports and reentries did not include a long enough time period to allow for a full 12 months of follow-up if permanency was achieved after December 31, 2013.

Results for the 2010-2012 cohorts, however, do not suggest an impact on 12-month re-report rates for children who achieved permanency. The 12-month re-report rates were fairly stable for the time period starting at 4.2% for the 2010 cohort and ending at 4.5% for the 2012 cohort. Re-reports for children who were removed and returned rapidly (fewer than 8 days), however, demonstrate a different trend. Here we see much higher rates of re-report, with decreasing rates each year once C2C was implemented. For the 2012 cohort, the 12-month rate of re-report was 7.5% as compared to 4.3% for infants and toddlers who achieved permanency in 8 days or longer. It is unknown how many of these *rapid remove and return* children came before the court through a dependency petition.

It is interesting to note that the number of children who were removed and achieved permanency in fewer than 8 days remained quite stable over the three years. However, the 12-month re-report rate dropped from 13.3% in 2010 to 7.5% in 2012. There is a need to collect additional data on the court status of these children to determine the association with C2C.

Reentry for children removed from their parents or caregivers followed a trend similar to re-reports. Re-entry for children removed and returned greater than or equal to eight days appeared relatively stable over the entire time period. The overall rate of reentry, however, was almost 5 times higher for *rapid remove and return* infants and toddlers compared to the rate for those staying 8 days or longer in out of home care (29.3% as compared with 6.7%).

Table 5. Post Permanency Outcomes for 1st Entry Cohorts Pre C2C and C2C to December 31, 2014 ≥ 8 Days

Year	Pre C2C				C2C					
	2010		2011		2011		2012		Total	
	n	%	n	%	n	%	n	%	n	%
Re-reports post permanency^b	(n = 1,076)		(n = 517)		(n = 603)		(n = 786)		(N = 2,982 ^a)	
Re-reports within 12 months	45	4.2	20	3.9	25	4.1	34	4.3	124	4.2
0 re-reports	1031	95.8	497	96.1	578	95.9	752	95.7	2858	95.8
1 re-report	41	3.8	19	3.7	22	3.6	29	3.7	111	3.7
2 re-reports	4	0.4	1	0.2	3	0.5	5	0.6	13	0.5
Children with Removal < 8 days	(n = 181)		(n = 61)		(n = 96)		(n = 174)		(n = 512)	
Re-reports within 12 months	24	13.3	11	18.0	8	8.3	13	7.5	56	10.9
No re-reports within 12 months	157	86.7	50	82.0	88	91.7	161	92.5	456	89.1
Reentry post permanency^d	(n = 1,076)		(n = 517)		(n = 603)		(n = 786)		(N = 2,982)	
Reentry within 12 months	75	7.0	31	6.0	38	6.3	56	7.1	200	6.7
No reentry within 12 months	1001	93.0	486	94.0	565	93.7	730	92.9	2782	93.3
Children with Removal < 8 days	(n = 182)		(n = 61)		(n = 97)		(n = 175)		(n = 515)	
Reentry within 12 months	65	35.7	12	19.7	29	29.9	45	25.7	151	29.3
No reentry within 12 months	117	64.2	49	80.3	68	70.1	130	74.3	364	70.7

^a In Maricopa County, there were 2,982 children less than three years of age who were removed from their parents or caretakers for the first time between 2010-2013, associated with data indicating that the removal lasted for 8 days or longer, and had a valid removal end reason. The total number of children who achieved permanency excludes 2,172 children who achieved permanency after December 31, 2013 which did not leave 12 months for follow-up. There were 1,224 children excluded who were still in care as of 01/21/2016. A total of 878 children met the criteria for achieving permanency in fewer than 8 days but 363 did not meet the criteria for having at least 12 months of follow-up after December 31, 2013.

^b Re-report is defined as a report that occurred following the first removal end date. Re-reports are not provided for the 2014 cohort because removal and report data were truncated at December 31, 2014. As a result, 2014 reports do not include a full 12 months of follow-up reporting.

^c There were 21 children with a re-report that occurred between the first removal date and the first removal end date. In all 21 cases, this report is associated with the first removal. These children were excluded from the analysis for re-reports but included in the analysis for reentries.

^d Reentry was defined as any removal following the first removal end date

^e Days until reentry is the difference in the number of days between the second removal date and the first removal end date.

Appendix A shows the service codes available in the data extract from CHILDS and the frequencies that the services were provided. An examination of service data reveals that a broader methodology needs to be developed in order to meaningfully capture service provision.

Appendix A. Service Code Frequencies

Cradles to Crayons			
	Frequency	Percent	Cumulative Percent
Service Type Codes			
CLOTHING ALLOW	46476	16.7	16.7
PERSONAL ALLOW	46438	16.7	33.4
FAM FHM DAY	41816	15	48.4
UNLIC REL- FC	29993	10.8	59.2
EMRG CLOTHING	29138	10.5	69.7
GROUP HOME	12697	4.6	74.3
BOOKS/EDUCATION	11705	4.2	78.5
DIAPERS	10757	3.9	82.4
SHELTR DAY	8365	3	85.4
UNLIC NONREL FC	7061	2.5	87.9
UNLIC REL APPEN	6851	2.5	90.4
SPECIAL NEEDS	4469	1.6	92.0
SHELTR NBLK-DAY	2212	0.8	92.8
UNLIC GRPAR -FC	2177	0.8	93.6
DDD FOSTER CARE	1635	0.6	94.2
PSYC EVAL HOUR	938	0.3	94.5
DDD FC ZERO RT	884	0.3	94.8
FAM FHM THER RB	875	0.3	95.1
FAM FHM SP2-DAY	864	0.3	95.4
FOS CARE CRT OR	849	0.3	95.7
THER GPH T19 RB	701	0.3	96.0
PSYC CONS HOUR	686	0.2	96.2
IL MAINTENANCE	683	0.2	96.4
YOUNG ADLT-ILSK	630	0.2	96.6
FAM FHM SP3-DAY	616	0.2	96.8
THER GRPHM-NT19	563	0.2	97.0
IH REU ASSESSMT	529	0.2	97.2
IH REU DISCHARG	529	0.2	97.4
IH REU REF-PLAN	529	0.2	97.6
PHYSICIAN-CASE	427	0.2	97.8
RSDTRT-NT19	368	0.1	97.9
AS/CASEMGMT	342	0.1	98.0
RSDLTRT-T19	342	0.1	98.1
DDD GROUP HOME	305	0.1	98.2
SUB GUARDSHP-1	283	0.1	98.3
SUPP SCH TUIT	264	0.1	98.4
IL START-UP	241	0.1	98.5
CNSLG-IND-HR	236	0.1	98.6
IL INC OTH MN	232	0.1	98.7
FAM FHM MED FRG	228	0.1	98.8
DDD GH ZERO RT	181	0.1	98.9
PA SUPV BASE RT	180	0.1	99.0
Other ^a	2927	1.0	100.0

^a Other includes the remaining 1% of service codes. For a full list of other service codes please see Appendix A.

Appendix B. Service type codes designated as “other” in Appendix A

BEH GRPHM-NT19	PA LVL 3 ASSESS	AS/MAINT-2B
GRPHM MOTHR-INF	PA LVL 3 CLOSE	AS/PAR RESPITE
SHELTR INTENS	PA LVL 3 REFERL	CNSLG-IND-HR RU
THER OFFDR-NT19	SHELTR 1:1 SUPV	PSYCHIAT-CONSLT
AS/MAINT-CONTNU	ILG ALOW-GRAD	RLD CRTORD-T19
PAR GUARD 5 DAY	CNSLG-HOME BASE	BEH MTR/IF-NT19
THER SUBAB-NT19	PA LVL 1 ASSESS	DDD RESPITE-DAY
AS/MAINT-4B	PA LVL 1 CLOSE	IH INT EXTENSN
AS/MAINT-4C	PA LVL 1 REFERL	IH MOD ASSESSMT
BEH INFANT-NT19	AS/DENTAL SVCS	IH MOD DISCHARG
CNSLG-CONSULTRU	AS/MAINT-2A	IH MOD REF-PLAN
CNSLG-HOMEBS RU	AS/MAINT-3A	ADHM CERT-CMGMT
FCADHM CERT-CMG	IH MOD EXTENSN	ADREL NONCERT
HSG UTL-WARD	SUB GUARDSHP-3	PA LVL 2 REFERL
IH CLINIC ASMNT	UNLIC WITH SSI	PA SUPV CANCEL
INTERPRETER-HR	CHILD CARE-RGFE	CHILD CARE-HOUR
IL INC GRDED \$	AS/NON-RECUR	IL INC SAVE RM
CNSLG-CONSULT	SHELTR NBLK-MED	RLD CRTORD-NT19
PSYC EVAL HR RU	AS/MAINT-2C	SHELTER
GRADUATION	AS/MAINT-3C	CNSLG-GRP HOUR
IH EMERG FUNDS	CHILD CARE-DAY	IL INC OTH REM
EXTRA EMRG CLTH	AS/MAINT-1B	MISCELLANEOUS
IL INC SKL RPT	PSYCHIAT ASSESS	RSDTRT SUB-NT19
THER T19 OFD RB	IH INT ASSESSMT	AS/MAINT-1
HIGH IMPACT RES	IH INT DISCHARG	ILG ALOW-BK TUI
SHELTR MED	IH INT REF-PLAN	BURIAL
CHILD CARE-WEEK	CPS MED-REIM	CNSLG-ASSESS
BH GPHM T19 RB	FORMULA SPECIAL	IH REU EXTENSN
GRPHM INFT-DAY	THER T19 SUB RB	ILG ALOW-SUM SC
PASSPORT	RSDLTRT SUB-T19	AS/MAINT-2
GROUP HOME 1-1	AS/MAINT-3B	AS/MAINT-3
YOUNG ADULT-INC	ALL GROUP HOME	INT FAM-MONTHLY
AS/MAINT-1C	PSYC CONS HR RU	TANF BNEFIT CAP
RSDTRT OFD-NT19	RTC - ALL	TRANSPORT-TRIP
FAM FHM MTHR/IN	AS/ORTHODON-REM	AS/RESPITE-HR
RSDLTRT OFD-T19	PSYC IND CSL HR	GRPHM CRT ORDER
IH REU NO CNTCT	PA LVL 2 CLOSE	PAR GUARD 24 HR
IL INC SKL REM	PSYC INDC HR RU	PA LVL 2 ASSESS