



Improving Outcomes for Maltreated Children in the First 1000 Days of Life

Current Situation

While the First 1000 Days of Life offer the most opportunity for development, it is also the most vulnerable time for maltreatment.¹ According to the Health and Human Services Child Maltreatment Report for 2013, 50% (n = 24,389) of all children (n = 48,457) entering Florida's system with at least one maltreatment were under the age of 5² and 13% (n = 6,480) entered the child welfare system before their first birthday (the largest single age group). Florida's child welfare system has seen a spike in maltreatment in the last decade. Children under three have the highest rate of mortality from child abuse of any age group. Furthermore, the younger children come into the system, typically, the longer they stay and the less likely they are to be reunified.

Florida's Dependency Courts have been overwhelmed by this influx of young children. At the same time, for more than two decades, inefficient and non-therapeutic courts have been cited as a leading reason that children languish in out-of-home care across the United States. In Florida, half (52.7%) of the children in state custody stay in out-of-home care more than a year (median of 543 days) in violation of the federal mandate to get children into a permanent home within 12 months. Once placed, re-entry into the system is all too common among this vulnerable group of children. In 2015, of the 3,461 children who reached case closure and were under the age of 3 at the time of first removal, 289 were subsequently removed due to repeat maltreatment, a rate of 8.35%. Extended out-of-home care is expensive, as is re-entry. Both lead to costly adverse outcomes for young children. Recent research has made it clear that early maltreatment when compounded by family risks typically associated with court involvement (e.g., parental substance, mental illness, family violence) dramatically increases the likelihood that these young children will suffer from costly physical and mental health conditions across time.

To address these issues it is critical that Florida's Dependency Courts change the processes for handling dependency cases involving very young children. Legislative efforts at system reform are not yet effective. For example, s. 409.988 F.S. states that "A lead agency must provide dependent children with services that are supported by research or that are recognized as best practices in the child welfare field. The agency shall give priority to the use of services that are evidence-based and trauma-informed and may also provide other innovative services,

including, but not limited to, family-centered and cognitive-behavioral interventions designed to mitigate out-of-home placements.” However, the Florida Child Welfare Services Gap Analysis Report Survey showed only 13% of current services for child welfare involved families are evidenced based.

Background/History

Many adult issues, including chronic diseases, substance dependency, depression, and other mental health conditions, are now understood to be negative outcomes to experiencing trauma and toxic stress in childhood. The First 1000 Days offers the greatest opportunity for ensuring optimal lifelong health and well-being. Trusting relationships build neuronal pathways for essential skills for good mental health and healthy social emotional development.³ Conversely, early exposure to child abuse or neglect and other chronic stressors can change the neurobiology of the developing brain. Without the presence of a supportive adult, the prolonged activation of the stress response system can disrupt brain development and other organ systems, and is particularly toxic in young children during sensitive developmental periods. This illuminates the importance of ensuring that every child has a stable relationship with a nurturing caregiver during this early childhood window because it is the greatest opportunity for “hard wiring” the brain’s neuro pathways for a foundation of lifelong mental health.⁴

The cycle of maltreatment is perpetuated when maltreated children become parents because their emotional well-being and behavioral health significantly influences the development of emotional and mental health of their children. Many parents involved in the child welfare system struggle with their own unresolved early adversities and are less likely to have the capacity to provide the type of stable and supportive relationships that are needed to protect their children from the damaging impact of toxic stress.⁵ This is the basis of the intergenerational cycle of adversity with its predictable repetition of behavioral health issues that interferes with the capacity for good parenting. Parental mental health problems not only affect their children but new “epigenetics” research suggests that environmental experiences can interact with genetic structures to alter behavior for multiple generations. For example, a pregnant woman with a family history of extensive trauma who continues to live in an environment of chronic stress increases the likelihood of her child having mental health issues. This transgenerational transmission of risk requires the attention of the child welfare system because we have the potential to impact future generations if we appropriately intervene at an early age.^{6,7}

Early Childhood Courts are an innovative therapeutic approach to mitigating this cycle of multigenerational trauma and maltreatment. Courtrooms are transformed from being a place where traumatized parents are triggered by contentious hearings about parental fitness to a place where those parents are supported and even inspired to meet their young children’s needs. At the same time, the sharp focus that ECCs have on reaching permanency as quickly as possible becomes a preventive intervention. ECCs use concurrent planning: parents who come before the court are informed that the role of the judge is to meet the child’s

developmental need to be with a caregiver who is willing to be a permanent caregiver should the parents fail to stay on a path to reunification. The path to reunification for parents is most often through evidence-based and trauma-informed clinical practice. The majority of caregivers receive Child-Parent Psychotherapy and are bolstered with frequent visitation opportunities with their child(ren), and aggressive care coordination. Substance abuse and/or mental health treatment for parents often occurs in concert with developmental interventions for the young child. Court visits are more frequent than traditional dependency courts but once permanency is obtained sooner, the total length of court involvement is reduced.

Florida's Early Childhood Court Teams arose from a partnership between the Florida State University Center for Prevention and Early Intervention Policy (FSU CPEIP) and the Office of Court Improvement to address the influx of young children into Florida's Dependency Courts. There was no directive nor funding to create Early Childhood Court Teams. In 2013, the FSU CPEIP was awarded a grant to fund trauma-informed systems and provided funding to establish two pilot "Baby Courts" in Escambia and Pinellas Counties. This initial seed funding deepened the cross-agency work and since 2013, 15 additional Early Childhood Court (ECC) Teams have been created, serving almost 300 young children and their families to date.

The statewide Early Childhood Court Initiative has become a collaborative effort between the DCF, Office of Court Improvement, FSU CPEIP, local judicial circuits, community-based care agencies (CBCs), and community partners. FSU CPEIP's role is to spearhead the statewide initiative by presenting the science, galvanizing the funding, building the capacity for providing Child Parent Psychotherapy (CPP), linking early childhood systems with the judiciary, and supporting implementation. The Office of Court Improvement's role is to provide leadership for the statewide initiative by training judges to be trauma informed, housing the statewide coordinator, staffing the Dependency Improvement Panel, and ensuring a data management and evaluation system is in place to measure outcomes. In 2015, the FSU CPEIP and Office of Court Improvement team created a state-level interagency leadership team consisting of representatives from the following established court partners: universities, statewide guardian ad litem program office, child welfare agencies, early intervention services, the community-based care coalition, mental health and substance abuse providers, and early education systems. The ultimate goal of Early Childhood Courts is to integrate systems of care around the needs of children under age three who are in state's custody and to fulfill the legal mandate of realizing the best interests of those children.

The current dependency courts serve families with high-risk families with complex and multiple needs. More than 68% have a substance abuse problem, almost 50% report domestic violence and more than 45% have documented or suspected mental health conditions. About 35% have a criminal history with 28% having served time in jail. Almost 25% have been involved with the dependency system as parents in the past. Therapists who work with these families, report that many of these caregivers experienced child maltreatment and rates of post-traumatic stress symptoms are high. These family risk conditions impact the health of the infants and toddlers served by Early Childhood Courts: more than 25% have documented health needs at intake; more than 20% had prenatal drug exposure; and more than 10% were

born prematurely or small for gestational age.

The major challenge for Early Childhood Courts in Florida is that oversight of this initiative—the provision of training and necessary support to ensure each ECC has fidelity to the model—has been not kept pace with the rapid expansion of the courts.

1. What change is being proposed, e.g. statutory change or appropriation request? (Be specific, if possible regarding language or amount requested).

1. Propose statutory language to establish “treatment based early childhood courts as a problem solving court similar to drug courts, veterans’ courts, mental health courts. (see s. 397.334 F.S. Treatment based drug court programs) to improve outcomes and eliminate the multigenerational cycle of maltreatment.
2. Encourage use of Florida’s Title IV-E Waiver funding to support the Early Childhood Court model in alignment with Chapter 39 requirement for “trauma informed evidence based” child welfare services.
3. Work with AHCA, health plans, and community-based mental health programs to build clinical capacity and oversight for mental health care professionals with expertise in infant and early childhood mental health.
4. Because of the unique expertise required in infant mental health, early childhood systems and child welfare, fund and designate the FSU Center for Prevention & Early Intervention Policy as the multidisciplinary entity to provide oversight and leadership to:
 - work with the Office of Court Improvement and local ECCs to develop standards and fidelity measures and a process for compliance with the standards
 - assemble a statewide team to meet monthly, to review and analyze sentinel events and data trends, and provide recommendations
 - Award grants to local judicial circuits to develop, maintain, or enhance Early Childhood Court intervention, and treatment programs.
 - continue to educate the courts, child welfare and multiple systems about the science of adverse childhood experiences and brain development
 - continue to provide training and build capacity for mental health clinicians in promising and evidence-based practices and models for age appropriate diagnostic, treatment and early intervention for identifying and treating mental illness and behavioral disorders of infants and children resulting from exposure or repeated exposure to adverse childhood experiences or childhood trauma
 - galvanize blended funding sources to sustain this cost effective approach

- continue linking early childhood systems with the judiciary and child welfare systems with a goal of creating a statewide system of trauma-informed Early Childhood Court teams.

Proposed legislative change and appropriation

In August 2016, 8,482 of Florida's children ages 0-3 were in out-of-home care. Of these, approximately 225 children have been served in Early Childhood Court. This legislation would expand capacity in the 17 existing ECCs from an estimated 250 children and provide oversight of Florida's ECC's to ensure fidelity to the national model and document improved outcomes and increased savings for the state.

This proposal will allow the Department of Children and Families, and its contracted entities, to expand trauma responsive, evidenced-based interventions for the states most vulnerable young children in line with the aforementioned statutory requirements (s. 409.988 F.S.).

The expected benefits and outcomes from the implementation and expansion of Early Childhood Courts are the following (also directly linked to the department's Long Range Program Plan, recent legislative goals and subsequent statute changes, and Florida's Waiver Demonstration Project Terms and Conditions):

- Improved handling of cases involving children ages 0-5.
- Expanded capacity for CPP therapists to provide evidence based interventions
- Improved early identification of family needs by utilizing a multidisciplinary team assessment including the mental health and developmental needs of the child; the parents' capacity for safety and attachment with the child, and the appropriate interventions necessary for well-being.
- Child psychiatrist led case reviews of complex cases with multidisciplinary teams to inform treatment.
- Support given to providers to prevent/reduce vicarious trauma and staff turnover.
- Reduced preventable child deaths in active cases.
- Improved physical, mental health, developmental and educational well-being outcomes for children 0-5 and their families.
- Increased number of children who safely remain in their homes.
- Expedited achievement of permanency either through reunification, permanent guardianship, or adoption.
- Children protected from subsequent maltreatment and foster care re-entry.

Florida's Early Childhood Court teams are a promising alternative to the current system and have better outcomes in three critical areas: reduced time to permanency, reduced recurrence of maltreatment, and improved child well-being for children birth to five and their families.⁸ The funding requested will expand implementation of Florida's Early Childhood Court teams statewide to improve child and family outcomes in the dependency

system. The ECC teams will support DCF and its contracted entities in their mission to improve outcomes in safety, permanency, and well-being, while meeting the Department's primary goal to utilize its results-oriented accountability structure and continuous quality improvement system.

5. How will children and families ultimately be better off? (e.g. improved outcomes such as healthier children, reduced abuse and neglect, better attendance, grades, graduation rates and more successful in school and in life, etc.)

The science-based Early Childhood Court teams have significantly improved service delivery for young children in child welfare. ECCs implement trauma-informed, evidence-based interventions focused on the "right services to the right people at the right time." Trauma-informed judges provide an array of services to expedite permanency and team members provide therapeutic interventions to address the root causes of maltreatment and guide judges regarding when and whether a given caregiver has made the steps necessary to reunite with his/her child(ren). In summary, Early Childhood Court will help children and families by:

- **Expediting the achievement of permanency** either through reunification, permanent guardianship, or adoption reducing time in the expensive out-of-home child welfare system.
- **Reducing re-abuse** by strengthening families by interrupting the multigenerational cycle of maltreatment, substance abuse and mental health issues by addressing the root cause. Families in Early Childhood Court receive therapy to address trauma which almost eliminates the incidence of further maltreatment. Ultimately, court dockets will also be reduced as fewer families will be coming into the system.
- **Improving physical, mental health, developmental and educational well-being outcomes** for children 0-5 and their families. Identifying emerging mental health and developmental problems in the First 1000 Days and addressing with targeted supports is most effective before becoming more severe and "hard wired."
- **Reducing/eliminating preventable child deaths** in active cases.
- **Reducing mental health and substance abuse** in maltreated children as often the system in place to protect children compounds trauma with abrupt removals, stressful separations and all too often multiple placements. Nearly one-third of foster care alumni reported being re-traumatized while in foster care.^{9,10} A Casey Family Programs study of foster care alumni in Texas (n = 173) found that nearly seven in ten (68.0%) had at least one mental health problem at some point in their lifetime, while four in ten (39.0%) had experienced at least one mental health problem in the past year. The most common lifetime diagnoses included alcohol abuse (32.4%), post-traumatic stress disorder (PTSD) (30.3%), and drug abuse (26.6%). The most common past-year diagnoses included PTSD (13.5%), depression (12.0%), and social phobia (10.7%).¹¹

Children with serious emerging issues and diagnosable mental health concerns are overrepresented in child welfare. Intensive therapeutic interventions such as Child-Parent Psychotherapy, Parent-Child Interaction Therapy and other evidence based approaches can address these emerging issues early when most amenable to treatment.

- **Reducing children’s challenging behaviors** by addressing trauma and underlying emotional needs. Early adversity often manifests in challenging behaviors. National child welfare data shows that 12.8% of children ages 1 ½ – 2 years and 11.7% of children ages 3-5 in the child welfare system score in the clinical range on the Child Behavior Checklist (CBCL). Left untreated, early behavioral problems can develop into more serious mental health conditions.¹² Over 27% of 11-17 year olds had behavioral scores in the clinical range, more than double the rate for young children.¹³
- **Reducing use of psychotropic medications** for young children in Early Childhood Court with the expertise of licensed mental health professionals with expertise in children 0-5. The symptomatology of children in foster care who have suffered loss, experienced trauma and exhibit challenging behaviors is often misdiagnosed as ADHD or other disorders, and treated with psychotropic medications¹⁴ to manage behavioral issues when other therapeutic alternatives are either not considered or not available. Overall psychotropic medication use has increased two- to three-fold in the past 10 years, including the very young and privately insured children,¹⁵ despite that neither the effectiveness nor safety has been rigorously studied in young children.¹⁶ In Florida, nearly a quarter of foster children were prescribed at least one psychotropic drug and were four times more likely to be taking five or more psychotropic drugs simultaneously.¹⁷
- **Providing more effective interventions** as Early Childhood Court provides the evidence based Child Parent Psychotherapy, a powerful two-generational treatment. The Florida Child Welfare Services Gap Analysis Report found that only 13 (11%) of the 115 services identified in the report were classified as innovative or evidence-based practices.¹⁸ Utilizing evidence-based practices could substantially improve outcomes for young children in Florida’s child welfare system.¹⁹

6. How will the change or investment save the state money (ROI, avoided costs, etc.)?

Early Childhood Court is a relatively new, more efficient and effective approach to child welfare. ECC has a proven record in other states that shows substantial savings to taxpayers by linking the courts with fast tracked therapeutic services and innovative ways to keep families from languishing due to prolonged court processes. Four key areas of cost savings are anticipated in projecting the return on investment:

1. Cost savings associated with expedited permanency.
2. Cost savings associated with significantly reduced re-entries.
3. Reduction in preventable child deaths.
4. Improved safety, permanency, and well-being outcomes for Florida’s youngest children.

In late 2015, the cross-agency team conducted a preliminary cost analysis on the first 225 children involved with Early Childhood Court teams across the 17 sites. The median number of days to permanency at case closure for ECC-involved children was compared to the median number of days to permanency for all other under 3 year olds in Florida Dependency Courts in the same calendar year. Children served by ECC teams had an average of 117 fewer days in out-of-home care through to case closure (393 days versus 510 days) or a difference of roughly 4 fewer months per child in care. Published board rates for children aged 0-5 in Florida are \$439.90/month, thus a 4-month change equals \$1757/child (\$440 x 4 months). For the 225 children served, this is a savings of \$395,000 (225 children x \$1757/child) in the calendar year 2015 alone. Scaling up ECC Teams so they could serve all 8,482 children in the state's custody (2015 data)²⁰ would yield an estimated savings to the state of roughly 14.9 million dollars just in foster care board rates alone (8,482 children x \$1757 savings/child).²¹

Florida Tax Watch estimates it costs up to \$70,000 per year to care for one child in out-of-home care which for the 8482 children under age 3 across the state totals \$593,740,000. In Early Childhood Court, children spend an average of 117 fewer days in out-of-home care. This could yield an estimate savings to Florida taxpayers of up to \$190,539,648 per year (\$192 per day per child x 117 days x 8482 children). This is just the tip of the iceberg of taxpayer savings as Early Childhood Court also prevent recurrence of abuse. The national SBCT found a 99% reduction in re-abuse. Florida had 69 children ages 0-3 come back into the system which with Tax Watch estimates at up to \$70,000 per year per child at an estimated cost to taxpayers at \$4.8 million.

Using Florida Tax Watch estimates, roughly \$195 million dollars could be saved annually by scaling up ECC Teams so they could serve all 8482 children in state's custody (2015 data) (\$190 million saved in expedited permanency and \$4.8 million saved in preventing re-entry into the child welfare system).

Economics for the Public Good conducted a cost analysis of the Zero to Three (ZTT) Safe Baby Court pilot teams, finding that:

- The average direct cost is \$10,000 per child, similar to or lower than those found in other early childhood interventions (e.g. about half the cost of an Early Head Start program/year).
- Short-term savings generated by their earlier exits from foster care are estimated at an average of \$7,300 per child. In other words, the Court Teams' reduced costs of foster care placements alone cover two-thirds of the average costs per child.
- Children involved with ZTT Court Teams access more services than the comparison group. In particular, Court Teams children were significantly more likely to receive a developmental screening (92% v. 25%), health care visit (94% v. 76%), and dental visit (29% v. 18%), services known to be associated with improved outcomes.

The largest cost savings from programs like Early Childhood Court teams are the long-term effects over the lifespan. Longitudinal data often shows that programs impacting the young children at highest risk of adversity engender massive savings as outlined by James Heckman, PhD, Nobel Laureate for Economics. Compelling data from the Centers for Disease Control and Prevention's Adverse Childhood Experiences study found that early childhood maltreatment

increases the likelihood of many expensive societal costs in adulthood such as substance abuse, involvement with criminal justice system, extensive mental and physical health problems. Treating early adversity in childhood can prevent substantial costs in multiple systems throughout the life cycle.

Groups supporting Early Childhood Courts

- Florida Department of Children & Families, Office of Child Welfare
- Florida Supreme Court, Office of Court Improvement
- Florida Association of Infant Mental Health
- Guardian Ad Litem
- Florida's Children & Youth Cabinet

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¹² Shonkoff, J. P., & Garner, A. S., Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, Section on Developmental and Behavioral Pediatrics. (2012). The lifelong effects of early childhood adversity and toxic stress. *American Academy of Pediatrics, 129*(1), 232-264.

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