

*Thank you for joining*



# Infant/Toddler Courts: Nuts and Bolts?

October 20, 2020

Please stay tuned. The webinar will begin at 12 PM (ET)



# Welcome



## Infant/Toddler Courts: Nuts and Bolts?

Nora Sydow, NCSC

Please mute your audio.

This webinar is supported in part by Grant No. 2017-PM-BX-K037 awarded by the Bureau of Justice Assistance (BJA). BJA is a component of the Department of Justice's Office of Justice Programs. Points of view or opinions provided are those of the speakers and do not necessarily represent the official position or policies of the U.S. Department of Justice.



# Housekeeping

- Your audio is muted during the webinar.
- The webinar will be recorded and shared with registrants.
- Questions can be submitted through the chat function and will be answered throughout the presentation as time allows.



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# Agenda

- Core Components
- Continuous Quality Improvement
- Outcomes and Evaluation
- Funding and Sustainability





**ZERO TO THREE**  
Early connections last a lifetime

# The Nuts and Bolts of the National Infant Toddler Court Program

**Stephanie Etheridge**

Juvenile Court Manager/ Statewide Judicial Safe Baby Court  
Coordinator

Tennessee Supreme Court

Administrative Office of the Courts

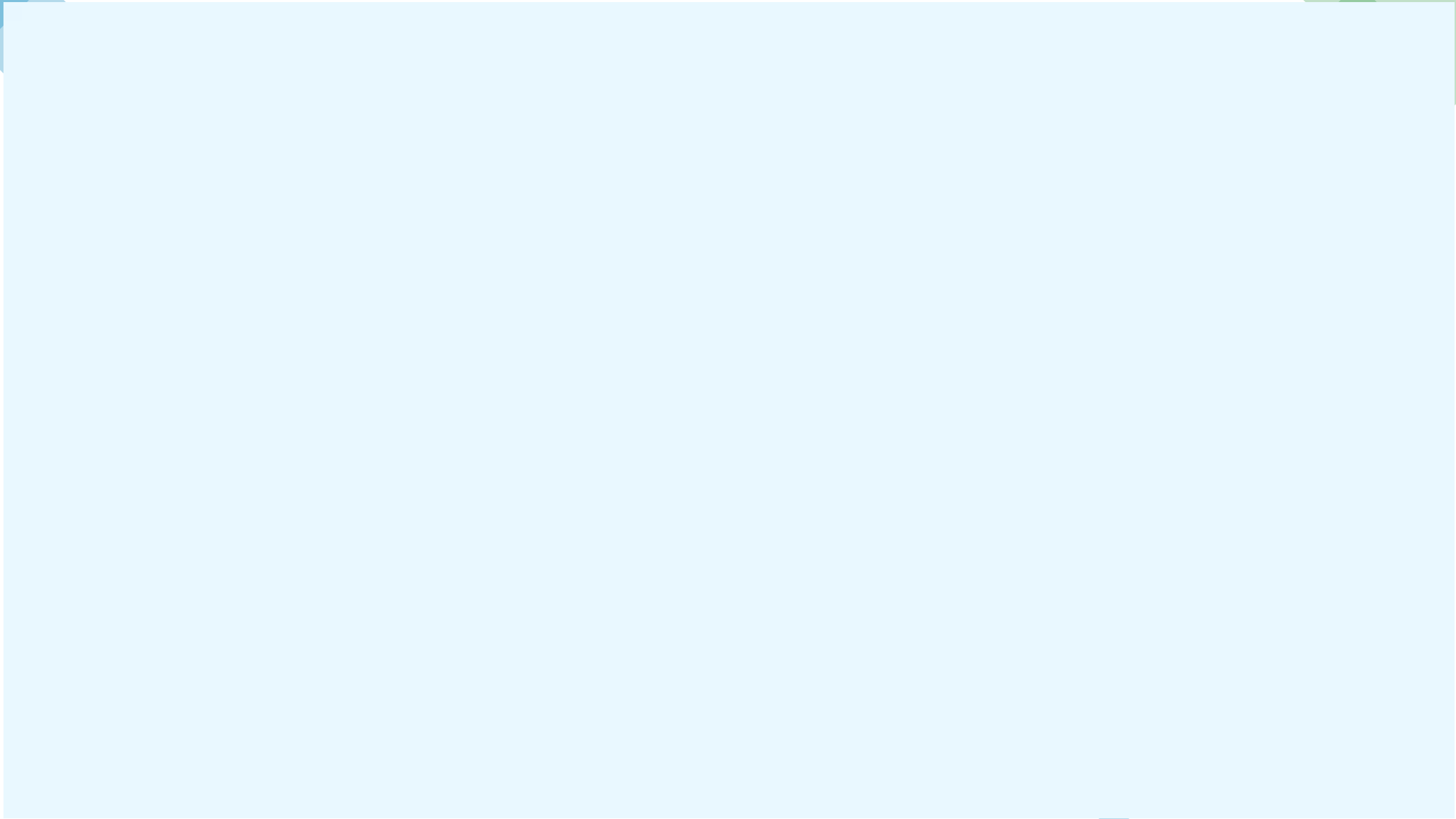
Office of Intergovernmental Affairs, Children's Justice Team

**Darneshia Bell**

Director of Practice and Field Operations

National Infant Toddler Court Program

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The Parent Voice



## **ZERO TO THREE's Safe Babies Court Team™ (SBCT) approach**

applies the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families and communities.



# The Infant Toddler Court Program: Our Mission

## Support

Support parents' strengths and needs in a respectful, holistic and individualized way

## Address

Address service gaps and disparities using Continuous Quality Improvement

## Remove

Remove barriers to racial equity and social justice

## Prioritize

Prioritize developmentally appropriate evidence-based interventions with very young children

## Infuse

Infuse a trauma-informed approach that supports children, families and professionals across a system of care

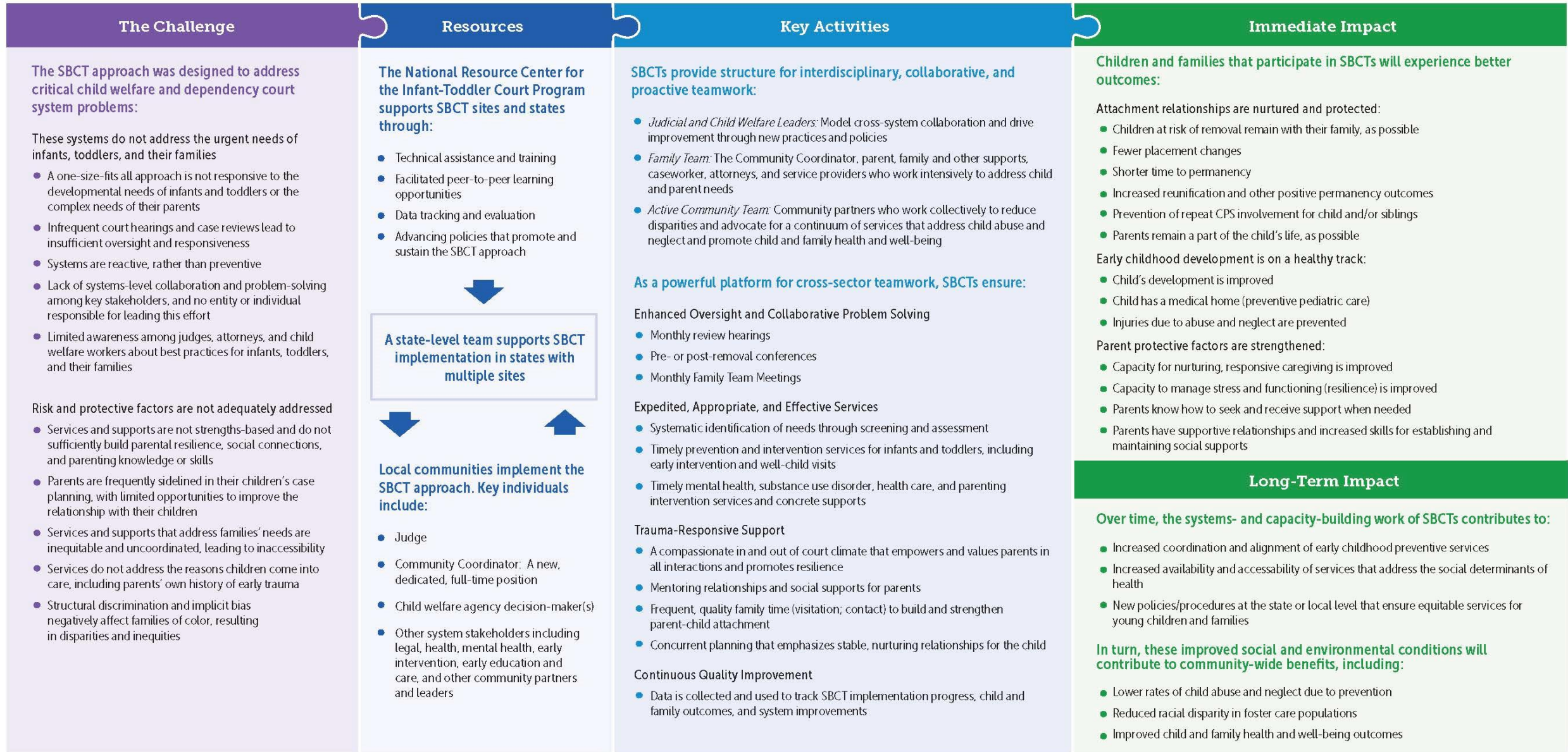


# The Safe Babies Court Team™ (SBCT) Approach: Logic Model

Advancing the Health and Well-Being of Infants, Toddlers, and their Families



Serving children 0 to 3 under court jurisdiction, in foster care or at risk of removal, and their families



## The Safe Babies Court Team™ Approach: Core Components and Key Activities



ZERO TO THREE's Safe Babies Court Team™ (SBCT) approach applies the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families.

- The goal is to advance the health and well-being of very young children and their families, so they flourish.
- The target population is children birth to three years of age under court jurisdiction, who are in foster care or at risk of removal, and their families.

### SBCTs focus intensively on:

- Driving best practices for babies, toddlers, and their families,
- Removing barriers to racial equity and social justice, and
- Empowering parents and elevating the parent voice.

### SBCTs provide structure for cross-sector teamwork that functions at two levels:

The **Family Team** uses a trauma-informed lens to ensure very young children and their parents receive expedited, comprehensive services and supports that:

- prevent children's removal and placement in foster care,
- promote reunification and other lasting permanency outcomes,
- strengthen family **protective factors** including enduring, positive social connections, and
- protect and build safe, stable, and nurturing early relationships.

The **Active Community Team** brings stakeholders together to address the needs of children and families involved with the dependency court and the child welfare system. It focuses on reducing disparities, addressing gaps in systems coordination, and driving improvement through new practices and policies. This team also advocates for comprehensive and equitable community services to prevent child abuse and neglect. These include **two-generation programs** and services that address the **social determinants of health**.

### ZERO TO THREE's National Resource Center supports implementation of SBCTs.

The National Resource Center for the Infant-Toddler Court Program provides training and technical assistance to any dependency court, family treatment court, child welfare agency, or statewide effort to support effective implementation of the SBCT approach.

This approach is guided by a strategic framework that identifies the following areas of focus:

- AREA 1** Interdisciplinary, Collaborative, and Proactive Teamwork
- AREA 2** Enhanced Oversight and Collaborative Problem-Solving
- AREA 3** Expedited, Appropriate, and Effective Services
- AREA 4** Trauma-Responsive Support
- AREA 5** Continuous Quality Improvement

### Within this framework there are ten core components.

Each of the SBCT ten components is necessary. They work synergistically to produce best outcomes for children and their parents.

The section that follows provides a description of each core component and its key activities.

See *Definition of Terms* on page 7 for explanations of bolded terms.

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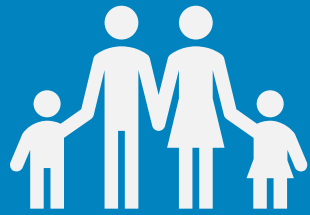
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### SBCTs focus intensively on:

- ✓ Driving best practices for babies, toddlers and their families.
- ✓ Removing Barriers to racial equity and social justice
- ✓ Empowering parents and elevating the parent voice



# Cross System Collaboration



## Family Level

- Parents
- Caregivers
- Children
- Assigned Attorneys
- Child Welfare
- Immediate Service Providers – Working Directly Each Specific Family



## Community Level

- Courts
- Child Welfare Agency
- Community Agencies
- Public Health Department
- Early Interventionist
- Child Advocates
- Foundations
- Law Enforcement
- Other Community Institutions





**GOALS:** Strengthen opportunities for parental capacity building and achieve lasting permanency for infants and toddlers under the Court's jurisdiction.

- **Use of evidence-based practices**
- **Minimize placement changes**
- **Access to mental health services**
- **Access to early intervention services**
- **Comprehensive and consistent healthcare**
- **Proactive concurrent planning from day one**
- **Identified post-permanency services and supports**



# Operationalizing the Work: Teaming to Support Family Resiliency



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Enhancing Quality Family Contact  
Normalizing parenting



Creating Safe Spaces for Effective  
Problem-Solving Meetings



Healing Centered Approach  
Informed & responsive engagement



Identifying Concrete Supports in  
Times of Crisis



Avoiding the Unintentional Setup:  
Being Conscious of the race to the finish  
line



Exploring Barriers to Expediting  
Access to Treatment Services for  
Parents and Children



Prioritizing Earlier Access to Early  
Childhood Intervention &  
Developmental Services



Promoting Quality Parental  
Capacity Programs



Exploring Policy & Practice to  
Influence Positive Outcomes

# The Safe Babies Court Team™ Approach

ZERO TO THREE's SBCT approach applies the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families.

- The target population is children birth to three years of age under court jurisdiction, who are in foster care or at risk of removal, and their families.
- The goal is to advance the health and well-being of very young children and their families, so they flourish.
- SBCTs promote healthy early childhood development, support family resiliency, and build community capacity to prevent child abuse and neglect.



**IMPACT**  
Children and families that participate in SBCTs experience better outcomes.  
Over time, SBCTs lead to systems improvements and community-wide benefits.

## LOCAL COMMUNITY

### KEY ACTIVITIES

A state-level team supports SBCT implementation in states with multiple sites

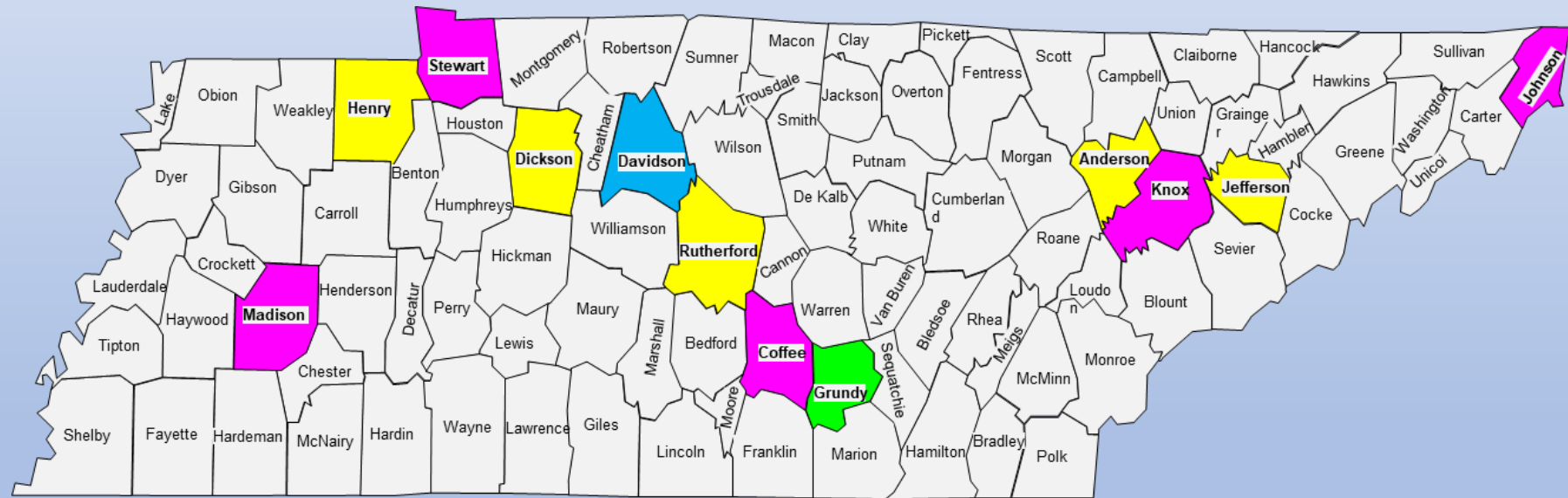
**The National Resource Center for the Infant-Toddler Court Program**  
Supports SBCT sites and states through technical assistance and training

**THE CHALLENGE**

- Child welfare and dependency court systems are not designed to address the urgent needs of infants, toddlers and their families
- Risk and protective factors are not adequately addressed

# Tennessee

## Safe Baby Courts



**2016**

**2019**

**2017**

**2018**



**2020**





# Tennessee Safe Baby Courts

## Statewide Partners

- Administrative Office of the Courts
- Department of Children's Services
- Department of Mental Health and Substance Abuse Services
- Department of Education
- Department of Human Services
- Faith Based Initiatives
- Infant Mental Health Experts
- Department of Health
- Intellectual & Developmental Disabilities (DIDD)
- Tennessee Early Intervention System (TEIS)
- Tennessee Commission on Children and Youth (TCCY)
- Association of Infant Mental Health in Tennessee (AIMHiTN)
- Tennessee Association of Alcohol, Drug & Other Addiction Services (TAADAS)
- Vanderbilt Center of Excellence for Children in State Custody (COE)
- Court Appointed Special Advocates (CASA)
- State Foster Parent Association



## Statewide Activities

Legislative Activities	Coordinator Support Calls with ITCP	Coordinator Academy/ Annual CC Retreat	Dissemination Of Materials & Resources
Annual All Sites Meeting	Reports: Evaluation and CQI (annually)	Regional & Statewide Trainings	Team Consultations with Local/National Experts
Oversee Process for Onboarding Coordinators	Finalizing State Protocol	SBC Training for Resource Parents	FASD/ SUD Training for All Sites
Education & Consults for Trauma - Responsive Practice	Hiring a Statewide Coordinator – Reports to State Team	Training & monitoring plan for fidelity of practice	State Calls to support Coordinators with regional community trainings

## Local Partners





- Mental Health and Substance Use Disorder Providers
- The Faith-based community (Monty Burks)
- The University of the South & Community Colleges
- Courts in their respective jurisdictions
- Department of Children's Services
- The Housing Authority
- Pediatricians and Nurse Practitioners (Specialized care of newborns)
- Court Appointed Special Advocates
- Family support service providers
- Community Mental Health providers
- Employment agencies & career centers
- CHANT (Dept. of Health Home Visiting)
- The Housing Authority
- Attorneys
- Foster Parents
- Local businesses
- Law Enforcement
- The Health Department
- Childcare Providers
- Private funders
- Head Start
- School Social Workers
- TN Early Intervention (TEIS)
- Resource Linkage Staff - DCS



## Local Activities

Quality Services (SUD/MH/EI)	Monthly Court Reviews	Family Team Meetings	Utilization of Evidence Based Interventions
Community Assessments	Frequent/Quality Family Contact	Promotion/ Support for Co Parenting	Screenings
On-going communication between the Coordinator and Case Manager	Information sharing in CFTMs	Quarterly Community Stakeholder Meetings	Monitoring the Case Flow Process for effectiveness & efficiency
Presence of ethical considerations in decision making process		Review of Permanency Planning; Concurrent Planning & Custody	

## Intermediate and Long-Term Outcomes for Safe Baby Court Families and Communities

 Intermediate Outcomes for Children	 Intermediate Outcomes for Families
<ul style="list-style-type: none"> <li>• Children at risk for removal remain with their families</li> <li>• Children experience fewer placement changes</li> <li>• Children exit foster care for permanent placements more quickly</li> <li>• Children in foster care experience positive permanency outcomes (reunification, placement with kin, adoption)</li> <li>• Non-custodial cases: permanent guardianship or a fit parent</li> <li>• Parent remains a part of the child's life, as possible</li> <li>• Child's cognitive physical, social and/or emotional development is improved.</li> <li>• The child has a "medical home" (continuity in pediatric preventive care), that includes developmental screenings and immunization, well child visits.</li> </ul>	<ul style="list-style-type: none"> <li>• Children and Parents experience court and child welfare processes that are strength based, resiliency focused and trauma responsive</li> <li>• Service needs of parents and children are fully addressed, including the Social Determinants of Health (SDOH) through the CANS/FAST connection</li> <li>• Parents feel engaged in Family Team Meetings, family time, and children's appointments</li> <li>• Parents feel an increase in social support and social connections through family engagement</li> <li>• Parent capacity to provide nurturing and protective care is improved through enhancing opportunities for positive growth over the life of the case.</li> </ul>
 Long-Term Outcomes for Children & Families	 Long-Term Outcomes for Local Communities & The State
<ul style="list-style-type: none"> <li>• Improved long-term health and wellbeing outcomes for children and families</li> <li>• Increased school readiness</li> <li>• Lower rate of maltreatment</li> <li>• Lower incidences of removal among young children</li> <li>• Increased awareness of inequities in foster care populations</li> <li>• Improved SDOHs: health, housing, food security, financial stability</li> </ul>	<ul style="list-style-type: none"> <li>• Increased coordination and alignment of existing early childhood preventative services and family support services: including two-generational programs and services that address the SDOH.</li> <li>• Equitable services for young children and families – accessing quality early learning centers (available, accessible, affordable)</li> <li>• Installation of new policies/procedures at the state and/or local level to reinforce best practices in child welfare and dependency court systems including legal representation.</li> <li>• Further implementation and increase of effective services that address family needs where needed (e.g. Child/Parent Psychotherapy, Medication Assisted Treatment, etc.)</li> </ul>

“Few things are more significant or sacred as the bond between a parent and a child. Few things are more powerful as witnessing the decision of a parent to leave bad decisions in the past, to ignore the sirens in their lives, to listen to their better angels. Safe baby court fosters, in a most intense way, the restoration of that parent-child relationship, and gives parents the opportunity to turn from the shadows and provide a safe and happy home for their children. Nothing in juvenile court is as important.”

*Judge Andy Brigham, Stewart County*



“Safe Baby Court... it’s an amazing opportunity to change the course for parents and their children. Similarly, that engagement goes far beyond the initial enrollment, it’s about building trusting and establishing transparent relationships with families so we can create a safe place to be honest about relapses and steps back. The course of addiction and recovery is not a straight line and I think we’re creating an atmosphere at SBC where we are responding to our babies and our families in ways that are sensitive and supportive of where they are in their journey.”

*Kaki Reynolds, Knox County Safe Baby Court Coordinator*

“Safe Baby Courts use a tested model which ensures a safe and permanent home for children removed from their parents by the Department of Children’s Services. In most cases children will go home to their parent(s) who have completed a structured and rigorous program designed to provide skills and discipline necessary to parent their child. Safe Baby Courts work. They keep children safe and reunite families. I am grateful to be part of this initiative.”

*Judge Tim Brock, Coffee County*





**[Tnsafebabycourts.org](https://Tnsafebabycourts.org)**

Stephanie Etheridge  
Juvenile Court Manager/Statewide Judicial Safe Baby Court Coordinator  
Tennessee Administrative Office of the Courts

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# Questions and Answers

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Desiree Caporaso  
Community Coordinator  
Milford, Connecticut

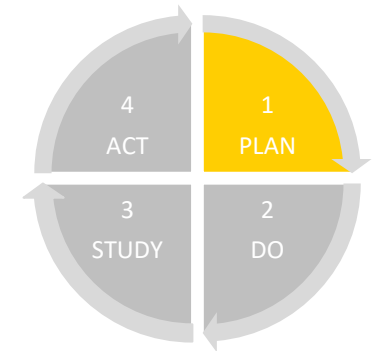
Janie Huddleston  
Project Director  
National Infant-Toddler Court Program

The National Infant Toddler Court Program:  
Continuous Quality Improvement: Our Data In Action

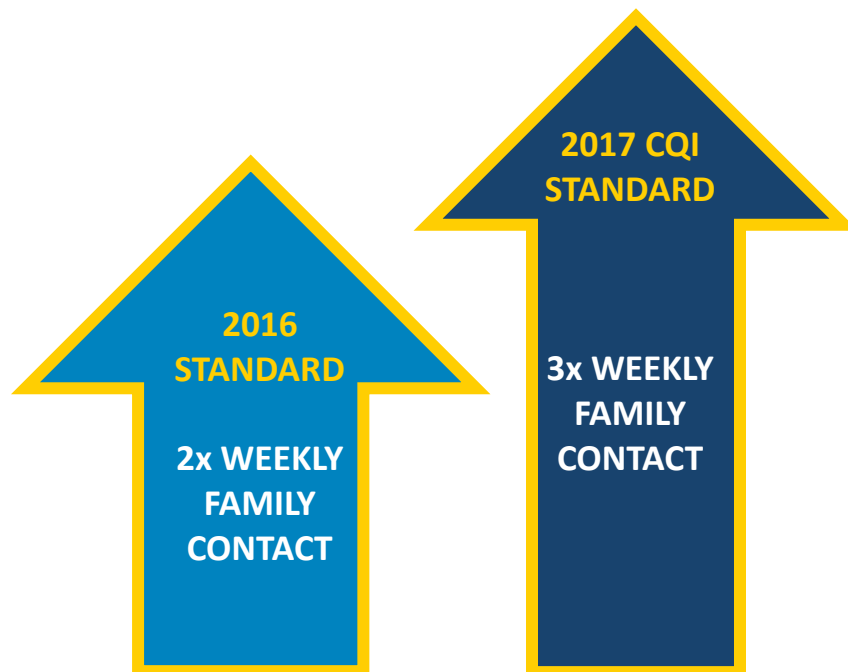


## Prioritizing Frequent, Quality Family Time

Milford, Connecticut



Current State  $\neq$  Desired State



### Plan: The Aim Statement

“By September 15, 2018, the Milford Court Team will support the effort to increase family engagement in 75% of the families with open cases as of March 1, 2017.”

The metric will compare changes on the actual visitation plan by looking at the progression of number of visitations from one Actual Visitation (e.g. 2 times a week) to the next value (e.g. 3 times a week).”

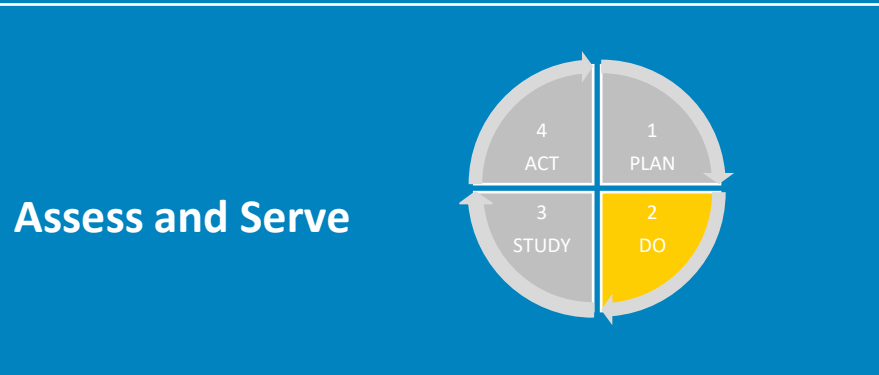


# Continuous Quality Improvement



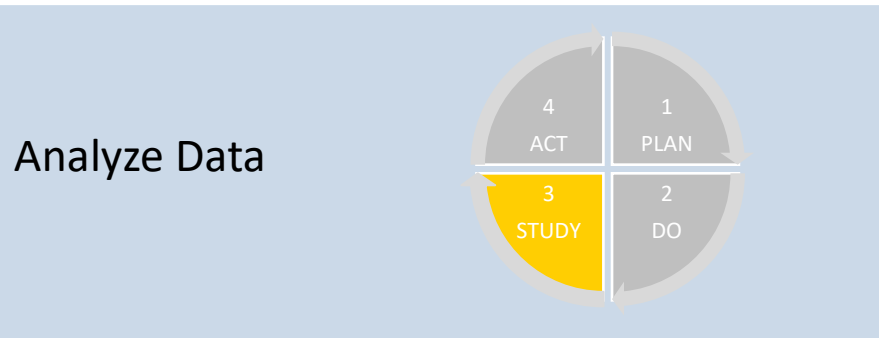
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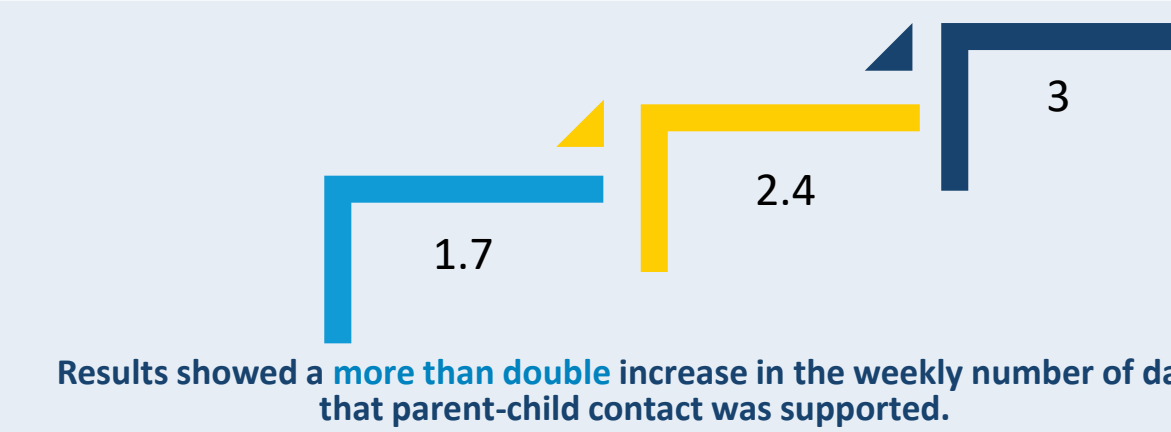
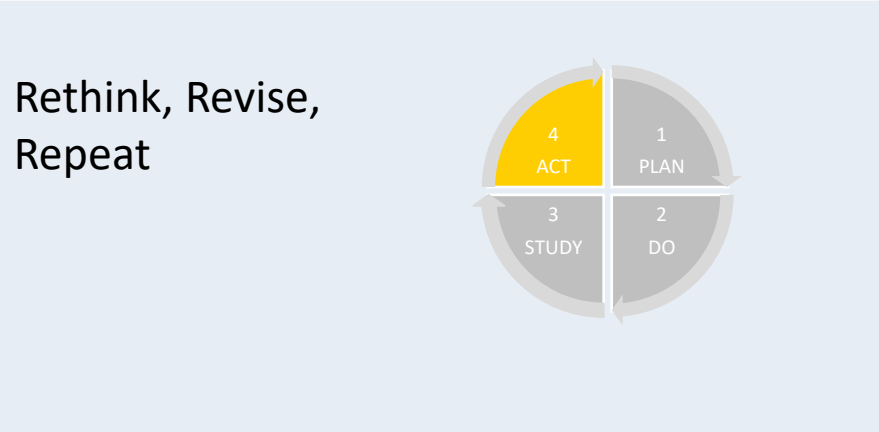
	Credentialed Provider Pool	PPSP Permanency Placement Services Program	SAME PROVIDER USUALLY	
			TFT Therapeutic Family Time	RTFT Reunification Therapeutic Family Time
<b>STEP 1: 90 DAY SETTLING PERIOD FROM CASE OPEN DATE</b>				
<b>STEP 2: REFERRAL</b>				
<b>Reimbursement</b>	Fee-for-Service DCF is Payor	Fee-for-Service DCF is Payor	Contracted DCF is Payor	Contracted DCF is Payor
<b>Rate</b>	\$45/hour	~ \$70/hour (cap at 137 hrs)	TBD	TBD
<b>TBD</b>	Unrestricted	Unrestricted	Unrestricted	Restricted
<b>Assessment Req</b>	None	None	Yes - 30 Days	Yes - 30 Days
<b>Transportation</b>	Child(ren) & Parent(s)	Child(ren) & Parent(s)	Child(ren) & Parent(s)	Child(ren) & Parent(s)
<b>Location</b>	DCF/Home/Community	In-Home	Visitation Center	In-Home
<b>Staff Credentials</b>	Bachelor's	Master's	Bachelor's & Master's	Bachelor's & Master's
<b>Typical Frequency</b>	1+/week	2+/week	Regular FC: 1/week SBCT 2+/week	2+/week
<b>Typical Duration</b>	Unlimited	Unlimited	Unlimited	60 – 90 days
<b>Intensity</b>	Low-Moderate	Moderate	Moderate	High
<b>Parent Skills Training</b>	One hour/week	One hour/week	Some Coaching (CoS)	More Coaching (CoS)

Study



April 2018			May 2018			June 2018			July 2018			August 2018			September 2018		
Active Parent Child Contact	N	Mean days per week	Active Parent Child Contact	N	Mean days per week	Active Parent Child Contact	N	Mean days per week	Active Parent Child Contact	N	Mean days per week	No meeting	Active Parent Child Contact	N	Mean days per week		
		Mean			Mean			Mean			Mean			Mean			
1st	18	1.7	1st	19	1.7	1st	22	1.7	1st	22	1.7		1st	23	1.7		
2nd	18	2.3	2nd	19	2.4	2nd	22	2.4	2nd	22	2.4		2nd	23	2.3		
3rd	18	2.5	3rd	19	2.5	3rd	22	2.5	3rd	22	2.5		3rd	23	2.6		
4th	18	2.8	4th	18	2.8	4th	20	2.7	4th	22	2.9		4th	22	2.9		
5th	15	2.8	5th	18	3.0	5th	19	2.9	5th	21	3.0		5th	22	3.1		
6th	11	2.7	6th	13	2.3	6th	17	2.6	6th	17	2.6		6th	19	2.7		
7th	10	2.8	7th	11	2.8	7th	13	2.5	7th	17	2.7		7th	17	2.7		
8th	4	2.8	8th	7	3.1	8th	11	3.3	8th	14	3.4		8th	16	3.4		
9th	3	3.7	9th	4	3.3	9th	8	4.0	9th	12	3.5		9th	14	3.3		

Act





## Healthy Infant & Toddler Development | Parent Skills

PARENT-CHILD CONTACT	Over 90% of all Milford children received at least 2 weekly contacts with parents.				
	Total Children	Total Receiving at Least Weekly Visitation	Percent Receiving at Least Weekly Visitation	Average Number of Weekly Visits	Median Number of Weekly Visits
••• SBCT •••	67	67	100%	3	3
••• Non-SBCT •••	30	28	93%	2	2





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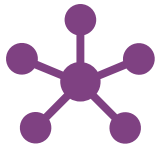
# Continuous Quality Improvement

Prioritizing Frequent, Quality Family Time  
Milford, Connecticut



## Reunification

Almost **60%** of Milford SBCT children reunified with parent(s), compared to 25% of non-SBCT children.



## Systems Change

**Higher utilization/emphasis** on parent-child contact within Milford non-SBCT cases due to SBCT influence.

We promote frequent, quality family time to **maintain and strengthen attachments** between babies and their parents.





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Early connections last a lifetime



**Reflection:** A System  
Commitment to  
Continuous Learning  
and Improvement

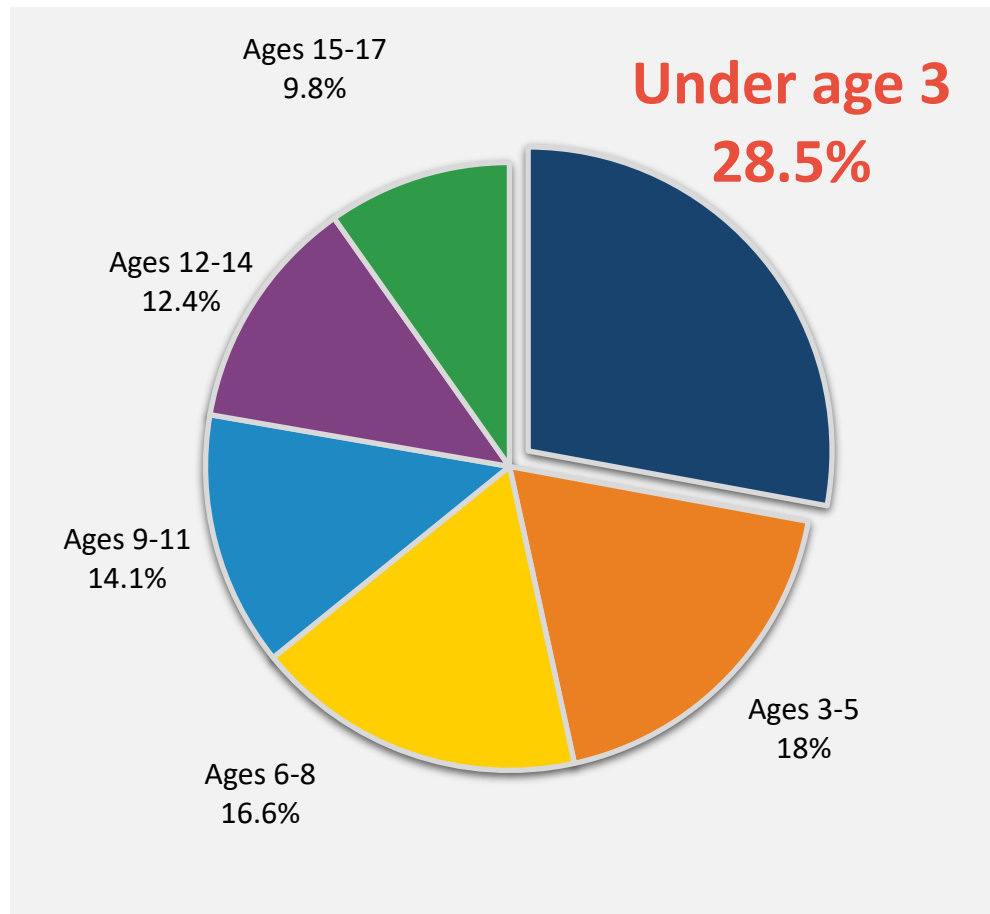


# A National Look: Risk Disproportionality by Age

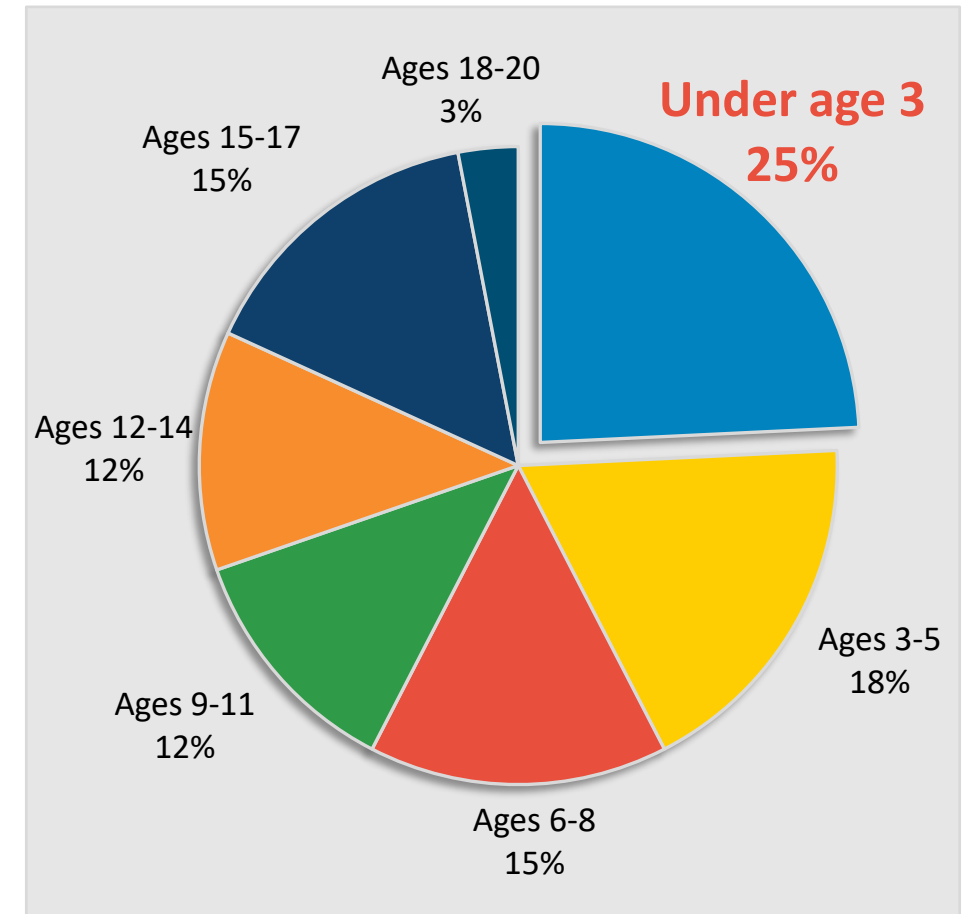


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## MALTREATMENT RATES



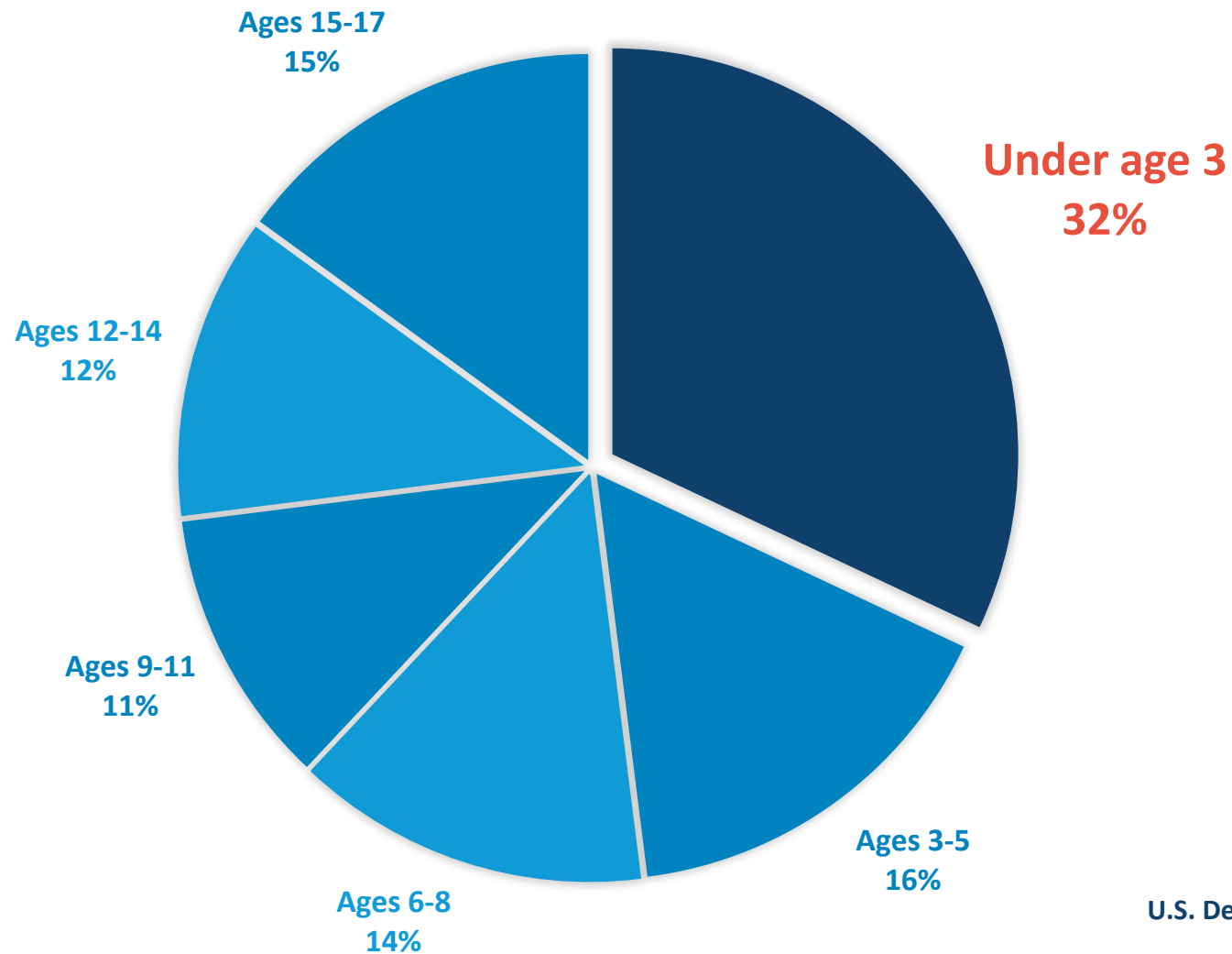
## FOSTER CARE ENTRY RATES



# Infants and toddlers are the largest group of children entering foster care



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U.S. Department of Health & Human Services,  
*AFCARS Report #23 (July 2016)*

# Exploration of Impact Areas: Tracked by the National SBCT Database



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## Placements

- Type of Living Arrangement
- Number of Placements

## Case Length

- Length of Time in Foster Care
- Length of Time in Program

## Family Engagement

- Family Team Meetings
- Court Hearings
- Stakeholder Meetings

## Parent-Child Interaction

- Visitation: Frequency

## Permanency

- Permanency: Timeliness
- Permanency: Reunification with Birth Parent(s)



## Meeting Frequency/Quality

- Court Hearings
- Parent Participation
- Stakeholder Meetings

## Adult Services

- Depression Screening
- Treatment Services: Access
- Treatment Services: Participation
- Perinatal/Postpartum Care
- Well-Women Visits

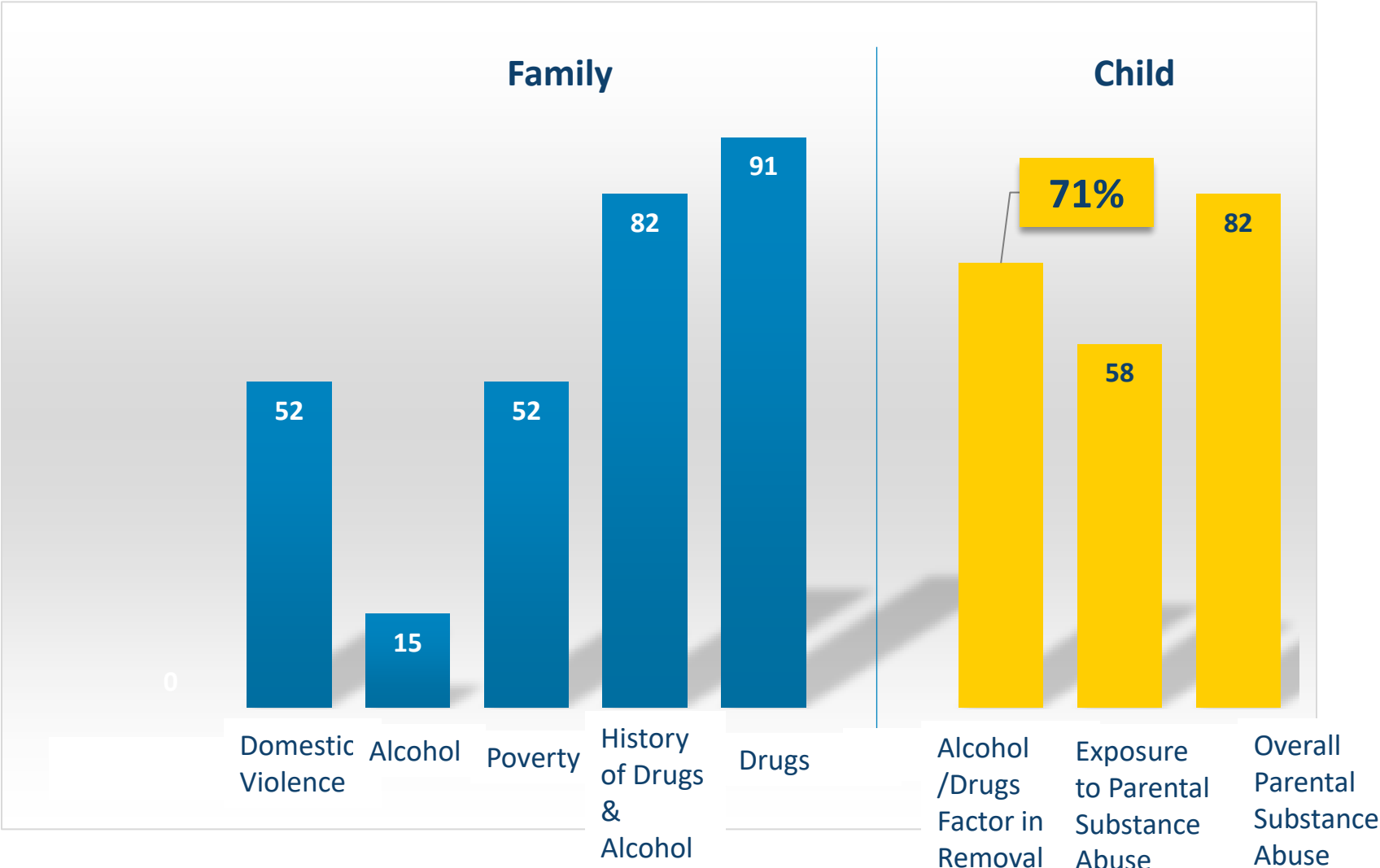
## Child Services

- Child Care
- Child-Parent Psychotherapy
- Developmental Screening
- Early Intervention Services
- Emergency Room Visits
- Injury Prevention (recurrence of maltreatment)
- Safe Sleep
- Well-Child Visits: Frequency
- Medical Home

# Family Risk Factors and Parental Substance Use



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# Substance Use Disorders and the Opioid Crisis

Among 290 young children involved with SBCT across 10 sites:

**69.4%** were removed from the home for reasons related to the use of substances.

**57.7%** Over half of children experienced exposure to parental substance abuse.

**82.4%** of parents had a history of alcohol or substance use.



# National SBCT Impact: **Safety & Placement**



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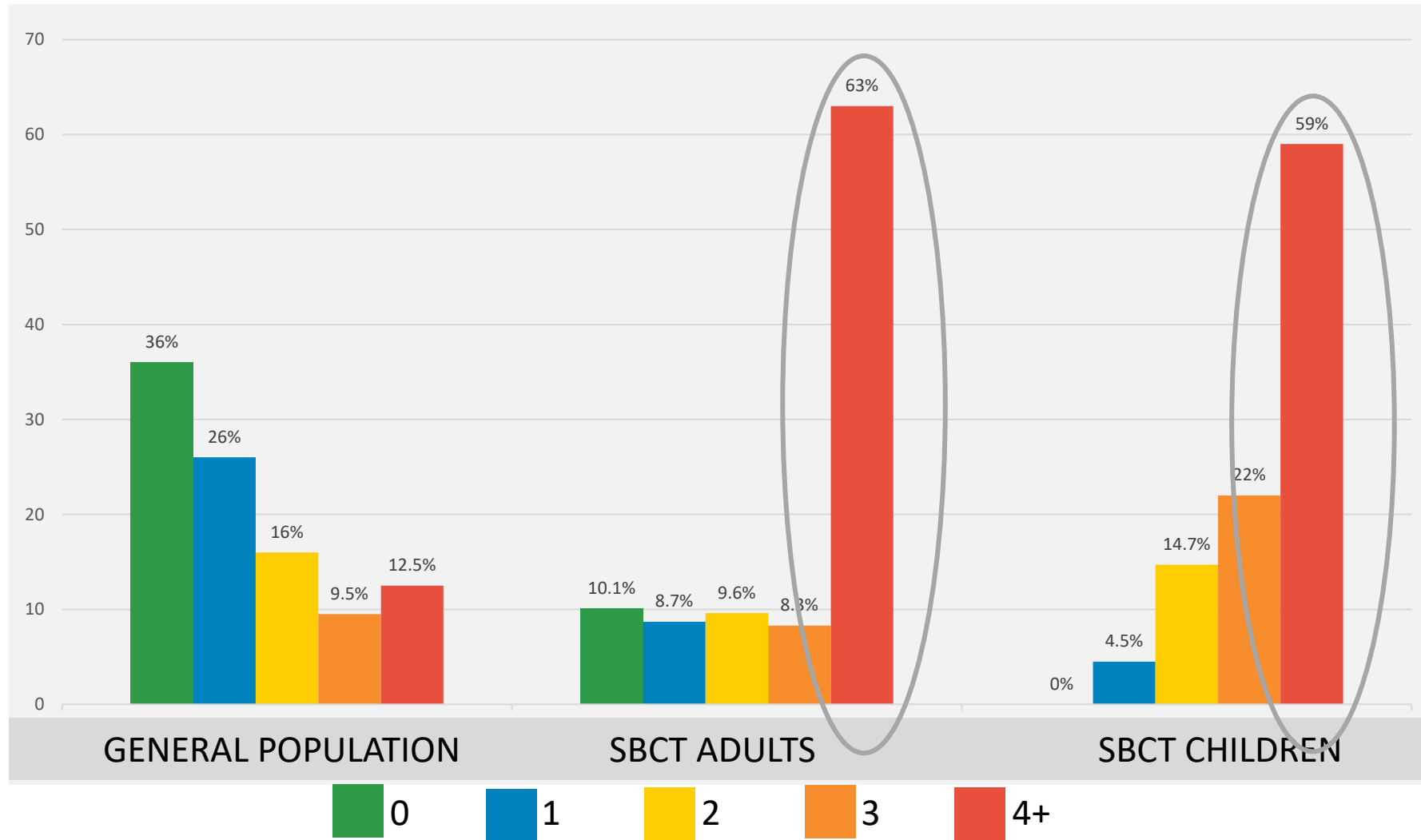
	SBCT	National Standard
MALTREATMENT RECURRENCE IN 12-MONTH PERIOD	0.7%	9.1%
TWO OR FEWER PLACEMENTS FOR CHILDREN IN CARE 12-23 MONTHS	79.4%	66.1%



# Adverse Childhood Experiences



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Osofsky, et al. (2018). *The Adverse Childhood Experiences of Very Young Children and Their Parents Involved in Infant-Toddler Court Teams*. Quality Improvement Center for Infant-Toddler Court Teams.

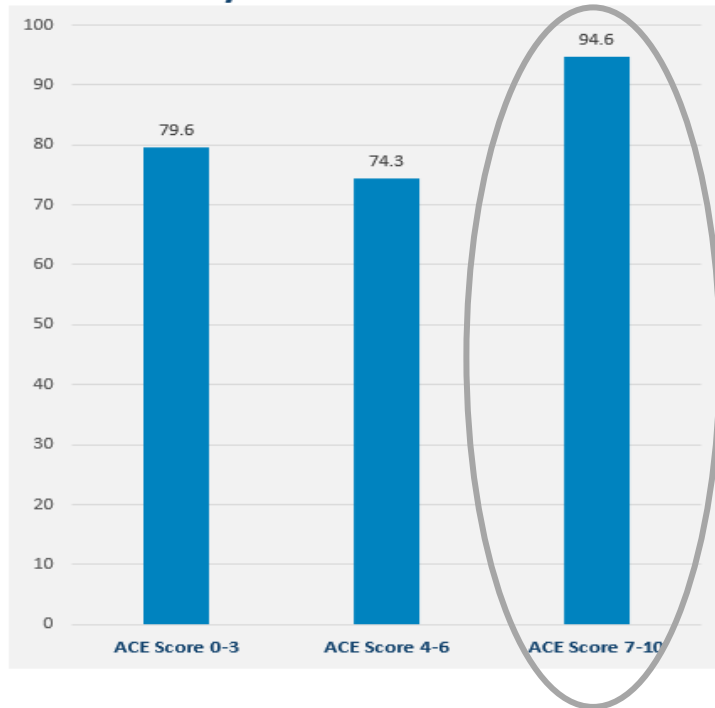


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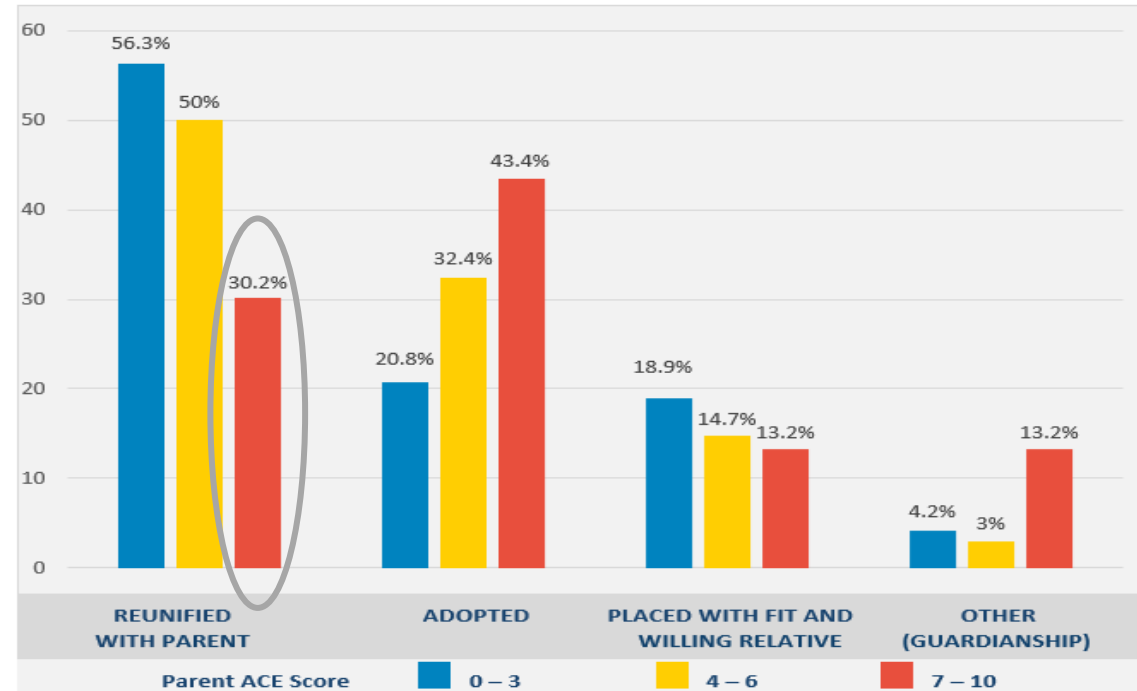
# National SBCT Impact: Reunification & Permanency

	SBCT	National Standard
PERMANENCY REACHED <b>*WITHIN ONE YEAR*</b>	83.7%	40.5%

Permanency Within 12 Months by Parent ACE Score



Permanency Type by Parent ACE Score



Casaneuva, et al. (2018). *Adverse Childhood Experiences, Family Risk Factors, and Child Permanency Outcomes of Very Young Children Involved in Safe Babies Court Team™ Sites*. Quality Improvement Center for Infant-Toddler Court Teams.



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# National SBCT Permanency Data

Nationally - Among 231 children with closed cases between April 2015 -  
May 2018,

**83.7%:** Reached permanency within 12 months.

**48.6%: Reunified with parents**

**32.2%:** Adopted

**14 %:** Placed a fit and willing relative

*No significant differences for permanency within 12 months by child's race/ethnicity.*

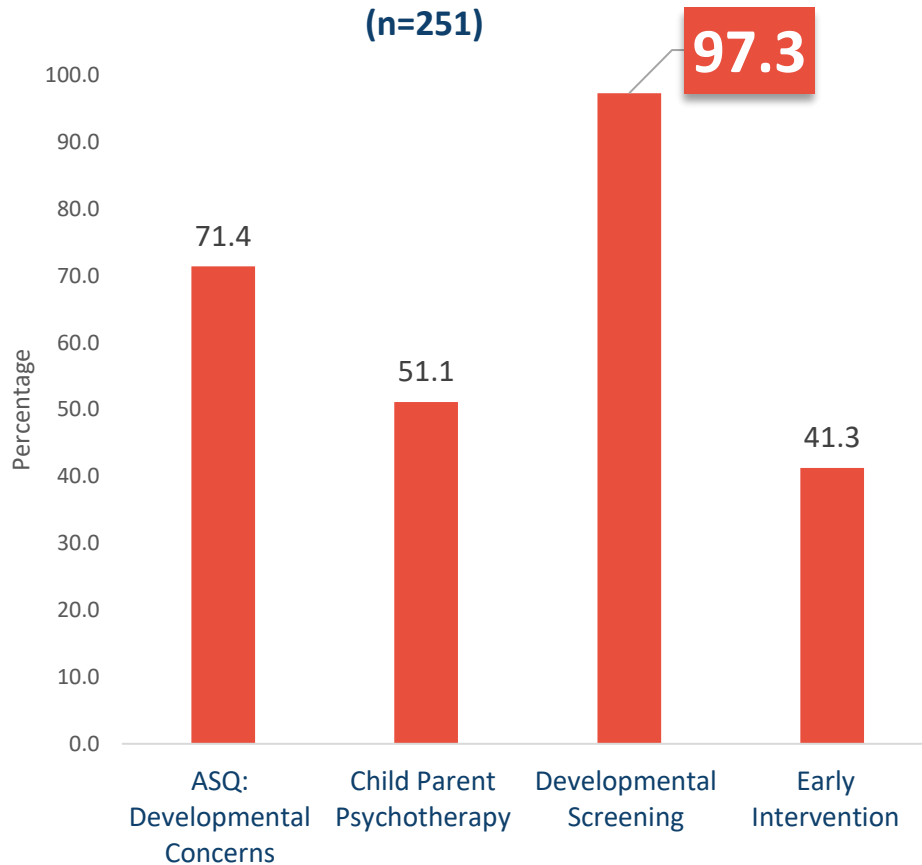




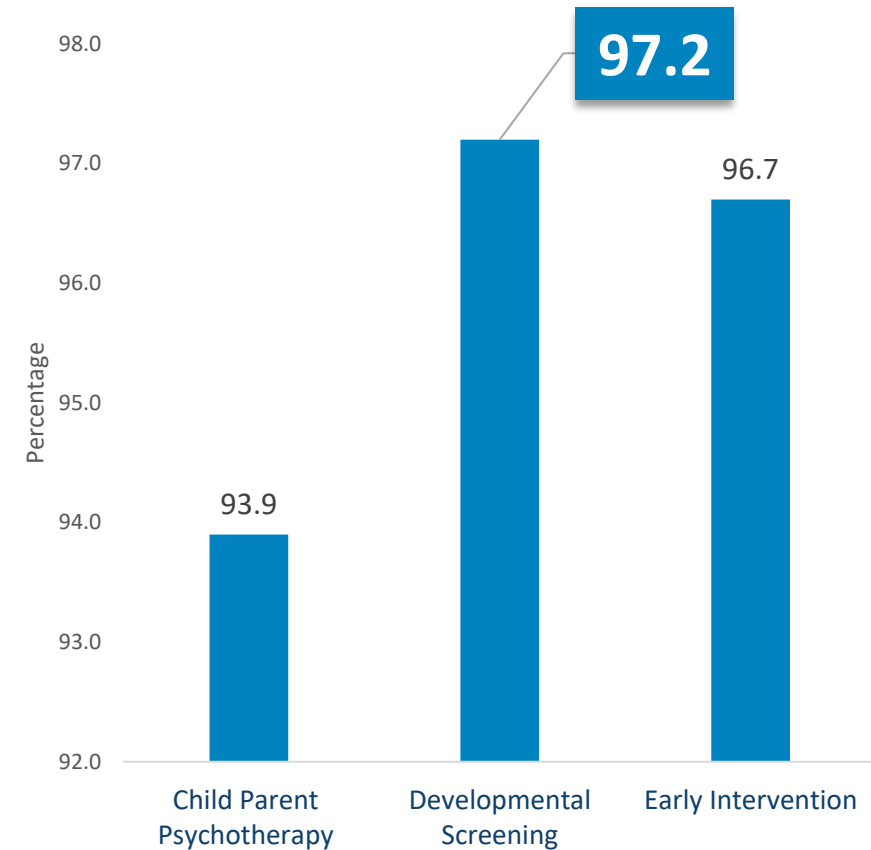
# Access to Screenings & Early Intervention Services

## Service Need Assessed

(n=251)



## Services Received



# National SBCT Impact: **Services and Supports**

- Over 95% of children identified as needing Early Intervention services received screening and treatment
- Over 90% of children needing CPP received services, and of these, over 70% were seen **within 30 days**
- 73.8% of parents needing SUD treatment services were seen **within a week**
- 80.1% of parents needing mental health services were seen **within 30 days**

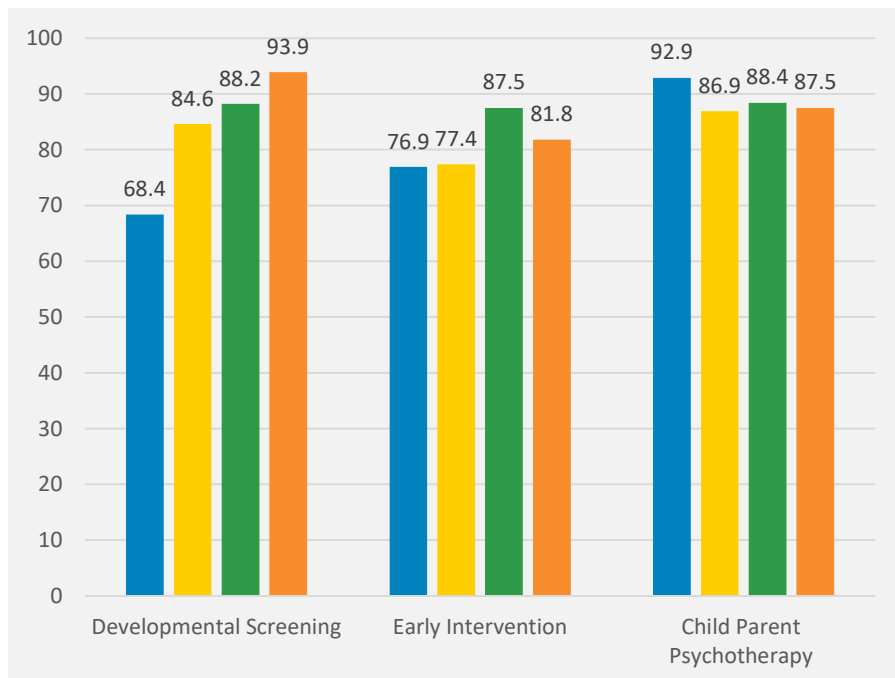


# SBCT Impact: Racial Equity



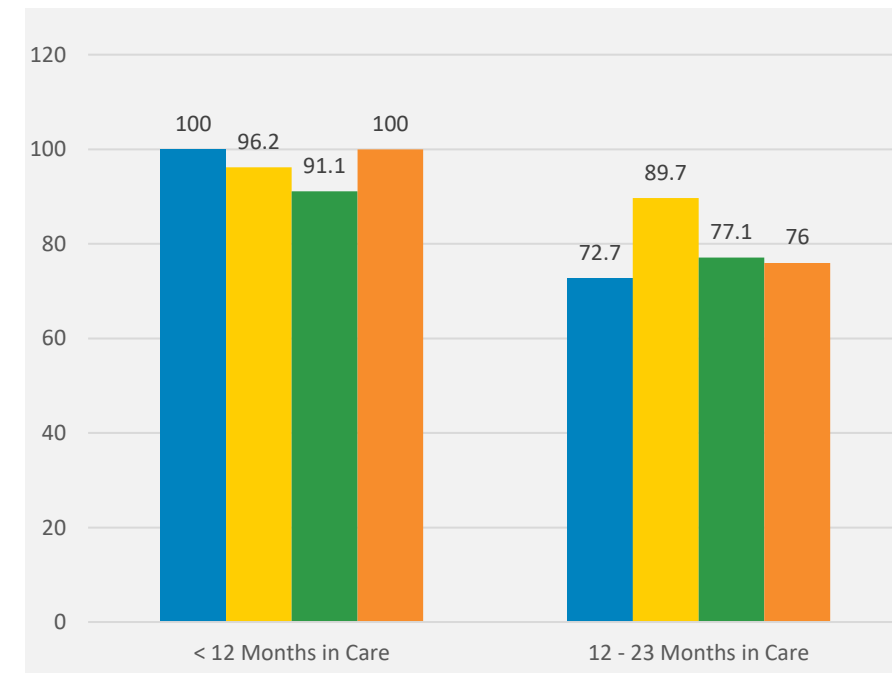
ZERO TO THREE

SBCT children experienced equitable access to services and reduction in number of placements regardless of race/ethnicity.



Percentage of Children by Race/Ethnicity Receiving Services within 60 Days

Hispanic Black



Percentage of Children by Race/Ethnicity Having Two (2) or Fewer Placements

White Other



# Systems Transformation = Healthier Families



ZERO TO THREE





**ZERO TO THREE**  
Early connections last a lifetime

# Questions and Answers

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**ZERO TO THREE**  
Early connections last a lifetime

# Financing and Sustaining Infant-Toddler Court Team Sites

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Torey Silloway  
Director of Policy and Financing  
National Infant-Toddler Court Program



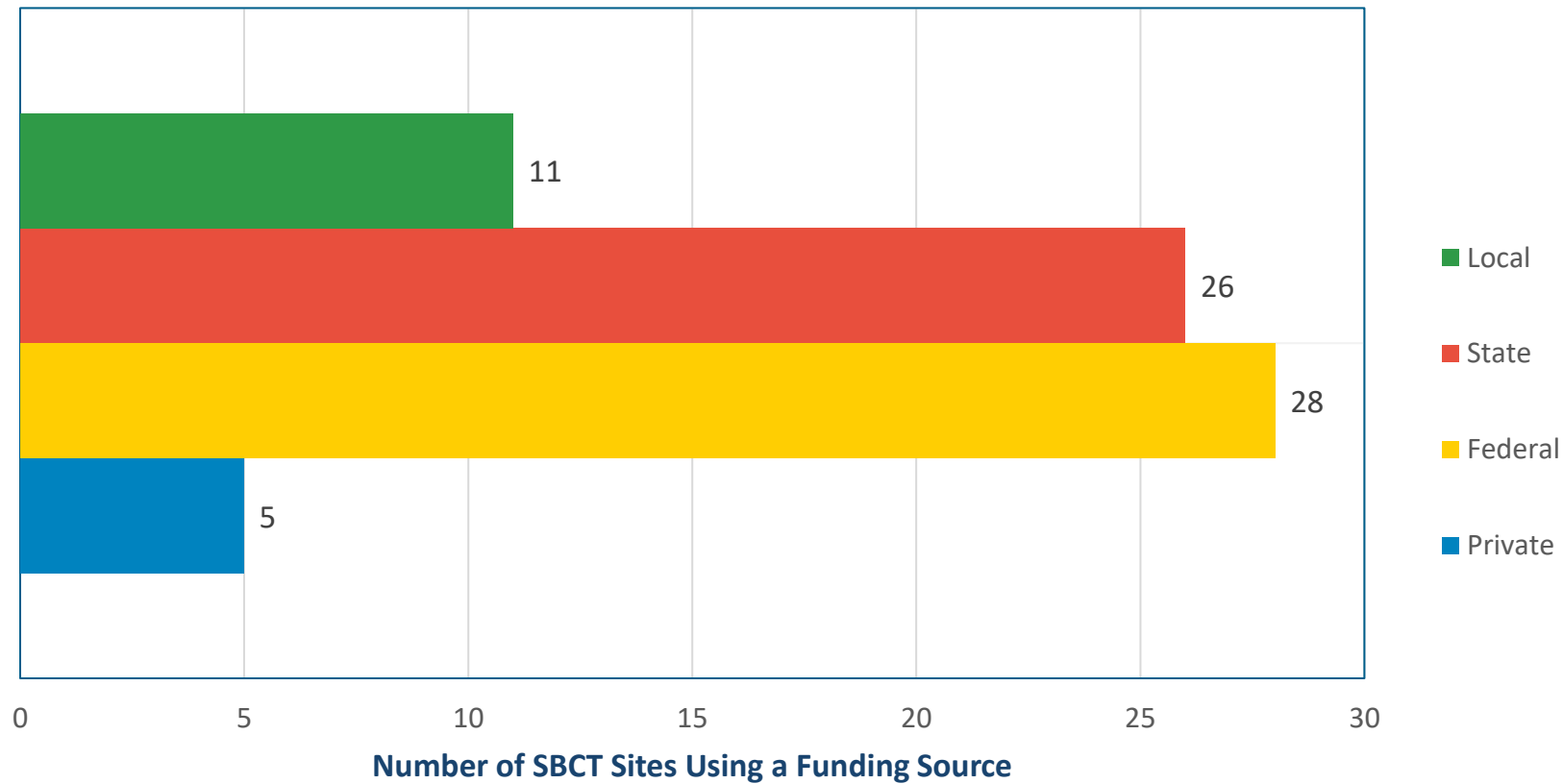
## We surveyed SBCT sites to find out how they funding and sustaining their work and how SBCT has influenced local or state policy

- Survey **sent** to 53 local sites
- 35 sites **completed** a survey
  - 8 evaluation sites
  - 27 implementation sites

# Funding for SBCT Sites



## SBCT Sites Rely on a Mix of Funding

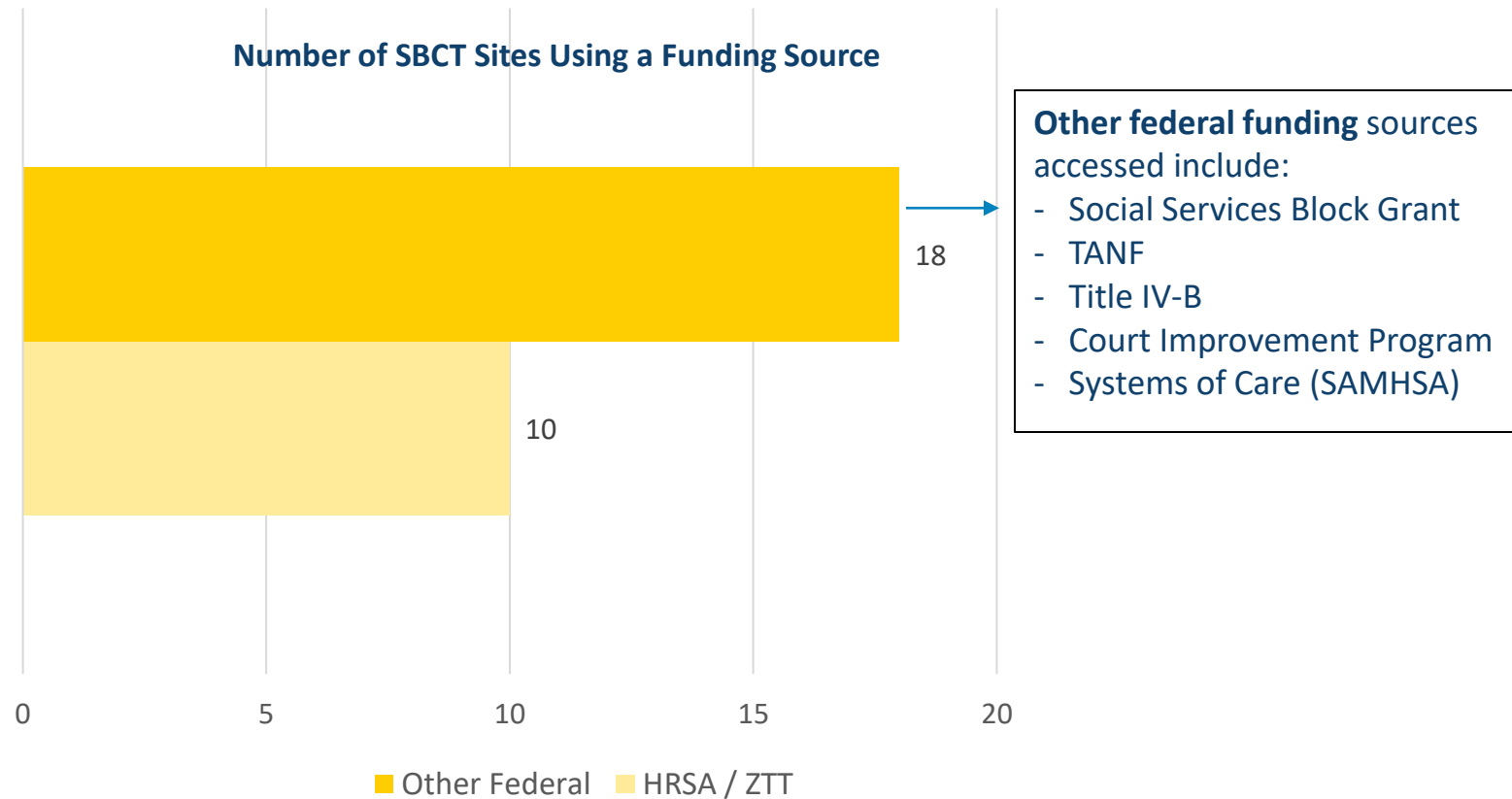


\*Sites may report more than one funding source.

\*\*Findings are based on a 2020 survey of SBCT sites. 23 SBCT sites responded, 10 of which are HRSA funded evaluation sites.



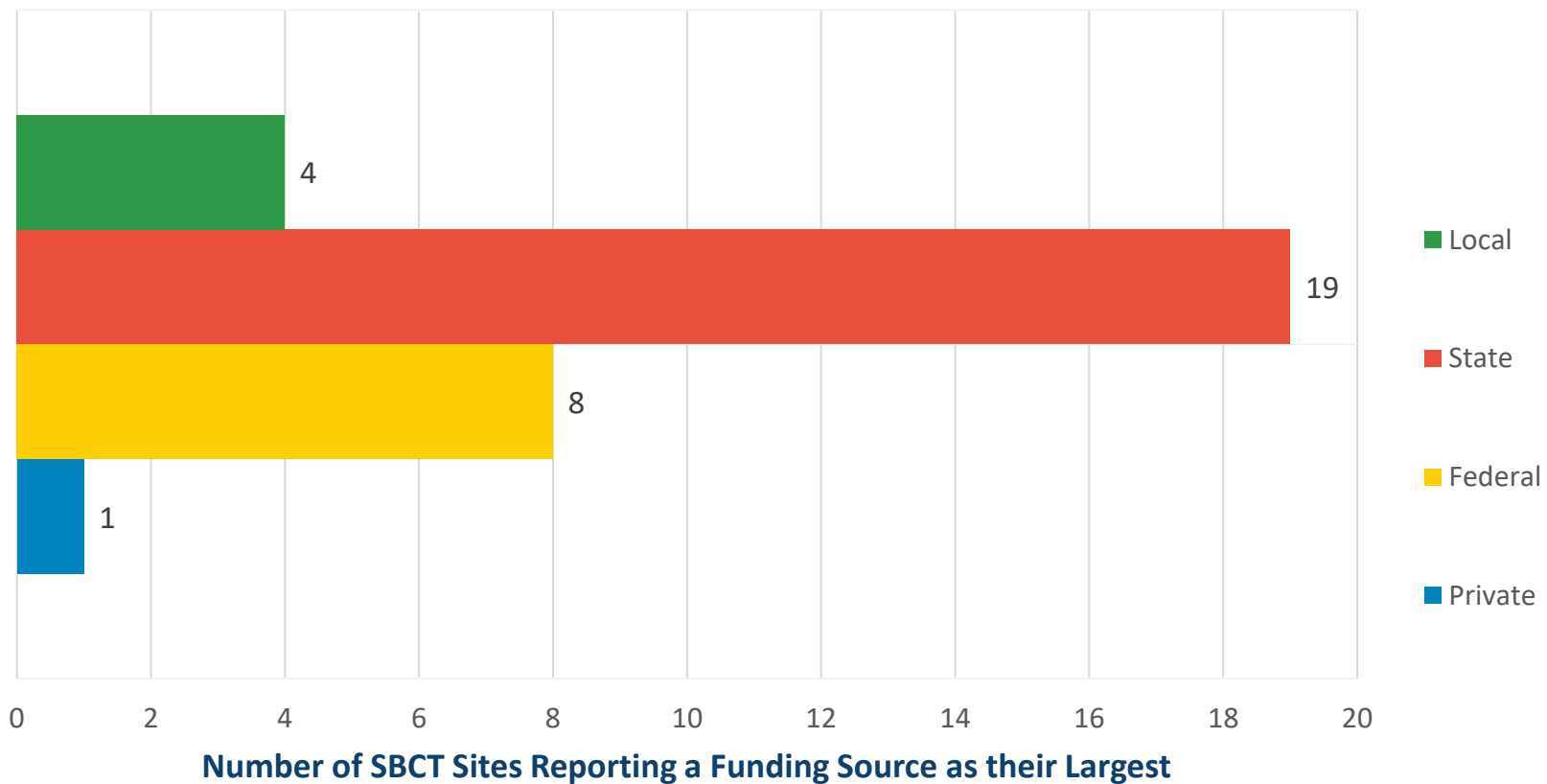
## Some SBCT Sites are Leveraging Other Federal Funding Sources



# Largest Funding Source



## State Funding is the Largest Funding Source for Most Sites

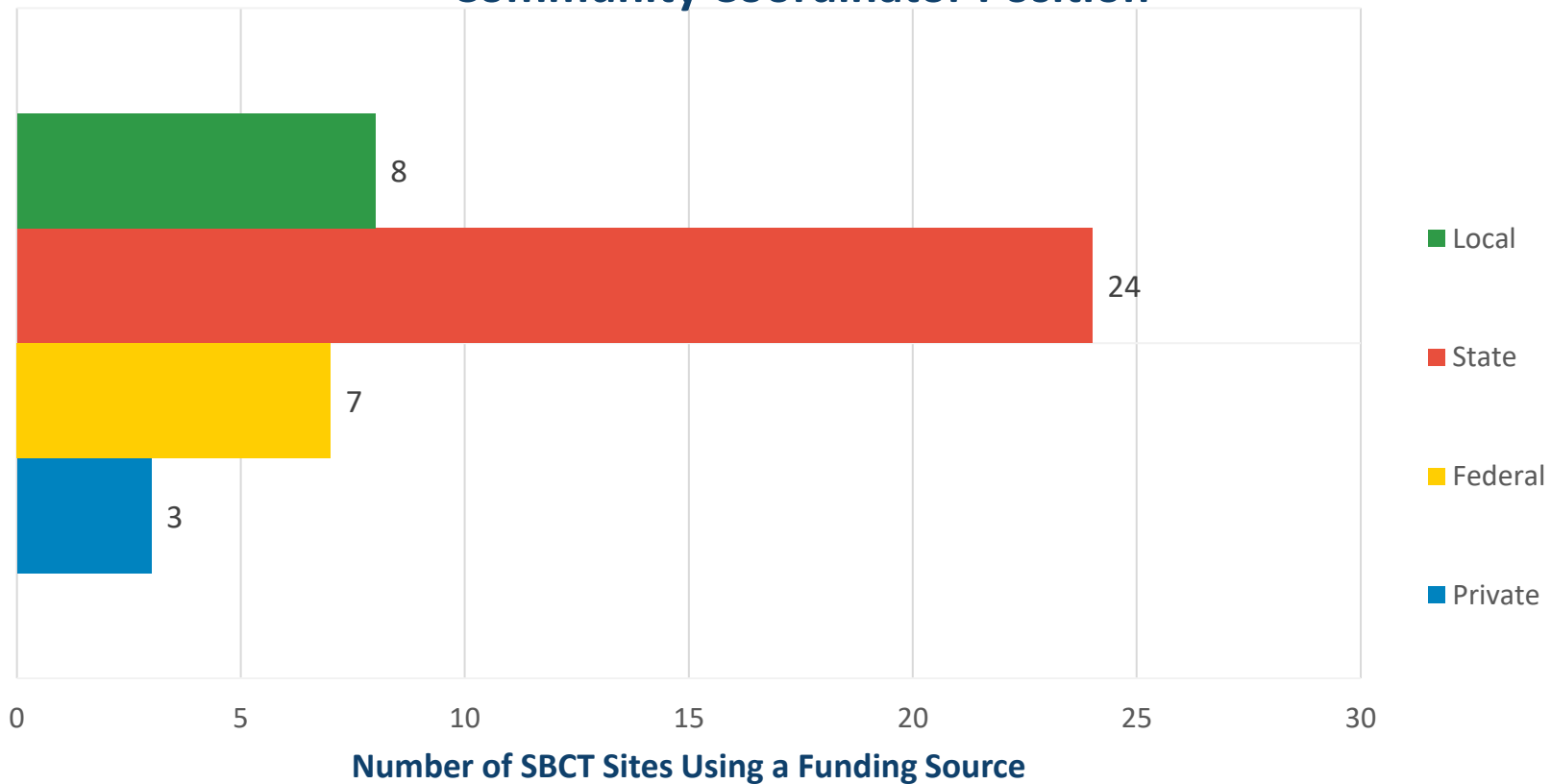


\* Sites can only report one funding source as largest.

# Funding for Community Coordinator



## State Funding is most frequently used to Support the Community Coordinator Position



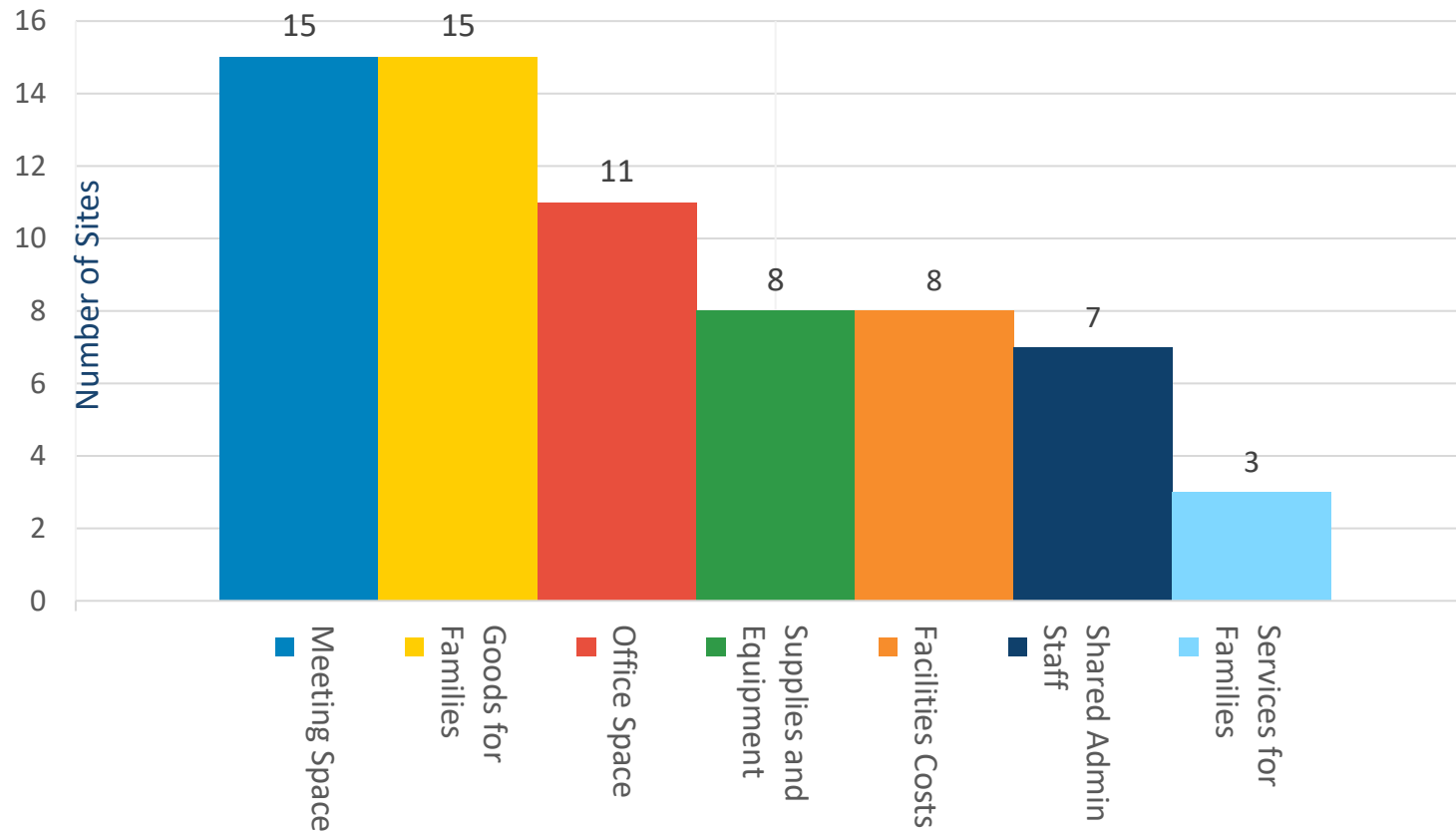
\* Sites may report more than one funding source.



# In-Kind and Donated Services and Supports



**SBCT Sites Leverage Many In-Kind and Donated Services and Supports**



\* Sites may report more than one in-kind or donated resource.

# Collaborations



Nearly all survey respondents identified several key partnerships in their community that have resulted in **enhanced services** for SBCT families, including:

- **Increased collaboration** among key human services/health partners as a result of SBCT in their community
- **Additional training** for staff, including members of the Community Team
- **Dedicated/priority service providers** who work with SBCT families, which helps to increase access to services.

# Sustainability Challenges



## **Sites identified a wide variety of challenges identified. Most common were:**

- Stable funding to support SBCT, particularly for the community coordinator position
- Staffing challenges, including the intensity of the approach (more than standard practice), turnover, lack of onboarding processes
- Getting and maintaining buy in and support from other key partners, including attorneys, case workers, as well as policymakers needed to support the work
- One site noted the lack of an evaluation of their local program made it difficult to get broader buy in for the approach in the state

# Challenges in Funding Services and Supports



**Most common challenges** identified (in order) are:

- **Transportation** for families to attend family team meetings, visits with their children / family time, receive services, etc.; also supervision for family time / visitation
- **Housing** related expenses
- Access to **Child Parent Psychotherapy**, including paying for services, availability of services in their community
- **Mental health** services for parents and children
- Funding for the **community coordinator** position

# Successful Funding Strategies



**Sites identified several strategies they have found successful in sustaining their work**

- Using **performance data** to make the case to local and state leaders
- Working with **community partners** to leverage additional supports and services
- Identifying **key champions** to support SBCT
- **Blending funding** from different sources



**SBCT sites have begun to see policy and/or practice change in the jurisdictions where they work to the larger child welfare system, including:**

- Greater frequency and quality of **family time**
- Increased use of **family team meetings**
- Increase in professionals **trained** on evidence-based interventions
- Increased **frequency of hearings**
- Increased **access to other services** for parents/children, including mental health and substance use

# ITCP Federal Funding Tool: Preview



- Analyzes **26 federal funding sources** that could support an infant-toddler court teams
- Considers **amount, flexibility, and alignment** of funding with ITCP Core Components
- Considers whether funding can support:
  - ***SBCT core activities***, including the community coordinator position; multidisciplinary training for various court team staff and/or partners; and data collection, analysis and continuous quality improvement; or
  - ***Supportive Services*** that families access including basic needs, physical health, infant and early childhood mental health, early care and education, early intervention, home visiting, substance use prevention and treatment, and adult mental health

# ITCP Federal Funding Tool Preview



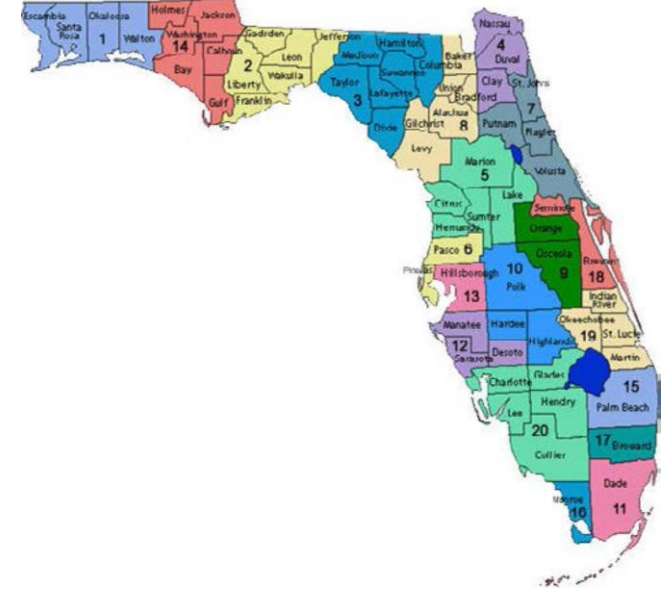
## Federal Funding Sources to Support Implementation of the Safe Babies Court Team™ (SBCT) Approach

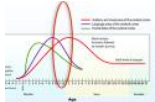
Funding Source	Overview	Services	Safe Babies Court Teams																						
<p><b>Child Abuse Prevention and Treatment Act (CAPTA)</b></p> <p>U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau</p> <hr/> <p><b>Where to Begin:</b> <a href="#">About CAPTA</a></p> <p><b>Who to Contact in Your State:</b> <a href="#">State Child Welfare Agencies</a></p> <p><a href="#">State CBCAP Contact</a></p> <p><b>Relevant Resources:</b> <a href="#">CAPTA Legislative History 2019</a></p>	<p><b>Funding:</b> CAPTA provides formula grants to states for child abuse prevention and treatment programs; and discretionary grants to public and private agencies. In FY2020, CAPTA funding totaled \$181M.<sup>iii</sup></p> <p><b>Eligibility:</b> There are no family-specific eligibility requirements.</p> <p><b>Summary:</b> CAPTA provides federal funding and technical assistance to assist states in: meeting their responsibilities for prevention and intervention in cases of child abuse and neglect and improving their child protective service systems; supporting research on the causes, prevention, and treatment of child abuse and neglect and the development and implementation of evidence-based training programs; and developing, operating,</p>	<p><b>Services At A Glance:</b></p> <table border="1" data-bbox="1136 482 1760 775"> <thead> <tr> <th>Basic Needs</th> <th>Physical Health</th> <th>Infant Mental Health</th> <th>Early Care &amp; Ed</th> <th>Early Intervention</th> <th>Home Visiting</th> <th>Adult Mental Health</th> <th>Substance Use</th> </tr> </thead> <tbody> <tr> <td>√</td> <td>√</td> <td>√</td> <td>√</td> <td>√</td> <td>√</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><b>Flexibility of Funds:</b> <b>Medium</b></p> <p><b>Allowable Use of Funds:</b> CAPTA includes four funding streams covering the following areas:</p> <ol style="list-style-type: none"> <li>1. CAPTA State Grants: Formula grants provided to states for the purpose of improving its child protective services system. Used for an array of activities including: mandatory reporting of child maltreatment; intake, assessment, screening, and investigations; improving use of multidisciplinary teams: ongoing case management: risk and safety</li> </ol>	Basic Needs	Physical Health	Infant Mental Health	Early Care & Ed	Early Intervention	Home Visiting	Adult Mental Health	Substance Use	√	√	√	√	√	√	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>SBCT Functions At A Glance:</b></p> <table border="1" data-bbox="1806 482 2328 775"> <thead> <tr> <th>Community Coordinator</th> <th>Multidisciplinary Trainings</th> <th>Data Collection and Continuous Quality Improvement</th> </tr> </thead> <tbody> <tr> <td>√</td> <td>√</td> <td>√</td> </tr> </tbody> </table> <p><b>Alignment with SBCT Approach:</b> <b>High</b></p> <p><b>Relevance for SBCTs:</b> CAPTA is well aligned with the SBCT approach, cutting across many of the core components. This funding stream can be used for many of the services supported by the SBCT approach, including:</p> <ul style="list-style-type: none"> <li>▪ <b>Core Component 2: Local Community Coordinator:</b> CAPTA State Grants focus on enhancing the capacity of community-based programs to integrate shared leadership</li> </ul>	Community Coordinator	Multidisciplinary Trainings	Data Collection and Continuous Quality Improvement	√	√	√
Basic Needs	Physical Health	Infant Mental Health	Early Care & Ed	Early Intervention	Home Visiting	Adult Mental Health	Substance Use																		
√	√	√	√	√	√	<input type="checkbox"/>	<input type="checkbox"/>																		
Community Coordinator	Multidisciplinary Trainings	Data Collection and Continuous Quality Improvement																							
√	√	√																							





Carrie Toy  
Court Improvement Program Director  
Florida's Office of the State Courts Administrator





## 0-5: A Critical Time for Services



Florida's 6<sup>th</sup> Judicial Circuit, Judge Lynn Tepper

## ECC Initiative 2012-2015

— Local Pilots in Pensacola & Dade City Florida



# IN THE BEGINNING



# FDCIS

FLORIDA STATE COURTS

## FLORIDA DEPENDENCY COURT INFORMATION SYSTEM



# EARLY CHILDHOOD COURTS KICKOFF



Please join us for

## Florida's Baby Court Initiative

**Statewide Kick Off Summit All Sites Meeting**

**April 29-30, 2015**

Holiday Inn Tampa Westshore

700 N. Westshore Blvd. Tampa, Florida 33609 (813-289-8200)

**Co-sponsored by Florida Supreme Court, Office of Court Improvement  
DCF Office of Child Welfare, FSU Center for Prevention & Early Intervention Policy**

This Summit will bring together baby court teams at all stages of implementation to learn from each other and to share best practices and innovative strategies for implementing Florida's Baby Court Initiative across the state. As a new site for the national *Quality Improvement Center for Research Based Infant Toddler Court Teams*, we also look forward to learning from national experts who will be joining us.



Quality Improvement Center  
*for* Research-Based  
Infant-Toddler Court Teams

**ZERO TO THREE Safe Babies Court Teams**





# BUILDING A NETWORK



# FLORIDA'S EARLY CHILDHOOD COURT

Target group: abused and neglected children who enter the dependency court system before age three

## STATEWIDE PARTNERS

- ❖ Office of the State Courts Administrator
- ❖ Department of Children and Families
- ❖ Florida Guardian ad Litem Program
- ❖ Center for Prevention and Early Intervention Policy, Florida State University
- ❖ Florida Institute for Child Welfare
- ❖ Florida State Foster Adoptive Parent Association
- ❖ Florida Association for Infant Mental Health
- ❖ Other universities and child-serving agencies

## LOCAL PARTNERS

### COURT TEAM\*

- ❖ Judge
- ❖ Community coordinator
- ❖ Caseworker
- ❖ Guardian ad Litem
- ❖ Attorneys
- ❖ Clinician
- ❖ Parents
- ❖ Caregivers
- ❖ Parent supports
- ❖ Early intervention providers
- ❖ Infant mental health providers
- ❖ Child-serving agencies
- ❖ Parent service providers
- ❖ Department of Children and Families leadership
- ❖ Child advocates
- ❖ Health and dental providers
- ❖ Funders
- ❖ And more

\*The judge led court team is comprised of key community stakeholders who are committed to restructuring the way the community responds to the needs of infants and toddlers in child welfare. Members of the court team who are directly involved with a family's case (including the parents but excluding the judge) have monthly Family Team Meetings to support the family and address specific needs.

## STATEWIDE ACTIVITIES

Best practice standard and certification	Statewide training events	Trauma responsive education	Technical assistance for local programs
Treatment and service provider capacity-building	Resource materials	Legislative activities	Statewide data collection
Maintenance of statewide data system	Evaluation	Continuous quality improvement	Funding and Sustainability

## LOCAL ACTIVITIES

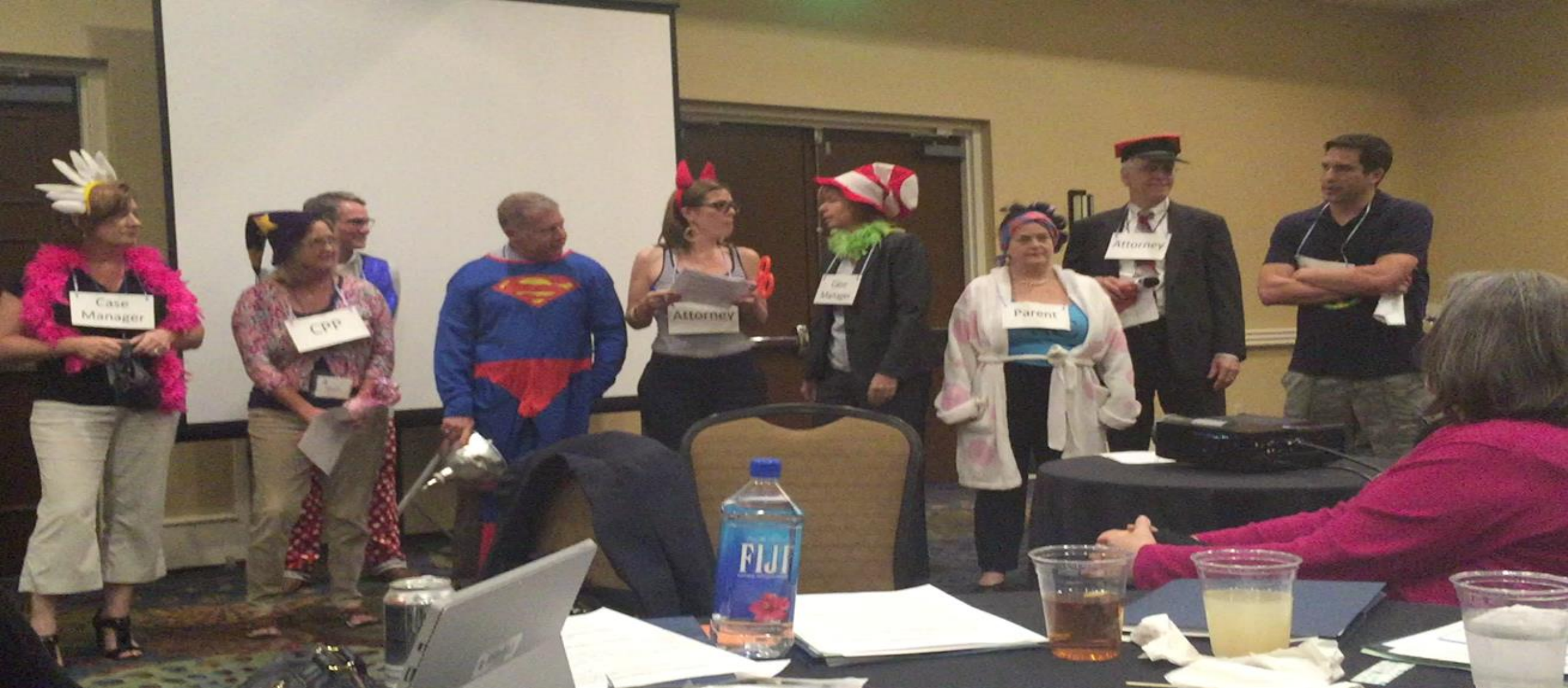
- Judicial leadership
- Monthly case review court hearings
- Monthly family team meetings
- Early childhood services
- Co-parenting
- Evidence-based treatment
- Frequently family contact
- Concurrent planning from day 1
- Continuous quality improvement

## INTERMEDIATE OUTCOMES

- Heals trauma and promotes parenting capacity
- Builds attachment
- Tracks progress
- Ensures developmental and family supports
- Placement stability

## LONG-TERM OUTCOMES

- Decreases time to a permanent home
- Reduces recurrence of maltreatment
- Improves child well-being
- Increases cost savings for taxpayers
- Breaks the intergenerational cycle of child abuse
- Enhances public confidence and satisfaction with the child welfare system



THE SECRET INGREDIENT?  
**RELATIONSHIPS**



**QUESTIONS?**

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# Thank you.



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