

Impact from Infancy

A coordinated child welfare system
response for maltreated children birth
to five

The Honorable Douglas F. Johnson

Carrie Strovers, JD

Objectives

- Learn how Child Advocacy Centers can be involved in a coordinated child welfare system response for all children birth to five involved with the juvenile court.
- Identify unique ways to train case professionals and interested community members while monitoring treatment and service capacity.
- Gain a better understanding of how early childhood best practices can be utilized at the beginning of the case to ensure that all child welfare decision are made through the lens of attachment.
- Learn how court enhancements can lead to better outcomes for young children and families.



Babies and toddlers, even before they can speak, can show us, through their interactions with others and their emotions that they are struggling and need help. We have to learn to be better observers and more knowledgeable about ways to identify them and provide them with the services they need.

Child Centered Practices for the Courtroom and Community: A Guide to Working Effectively with Young Children and Their Families in the Child Welfare System (Katz, Lederman and Osofsky)



- One of seven Child Advocacy Centers in Nebraska.
- Serve 16 counties in Southwest Iowa
- Co-location of 200+ professionals:
 - Department of Health and Human Services
 - Omaha Police Department CVSA Unit
 - Lutheran Family Services
 - Child Saving Institute

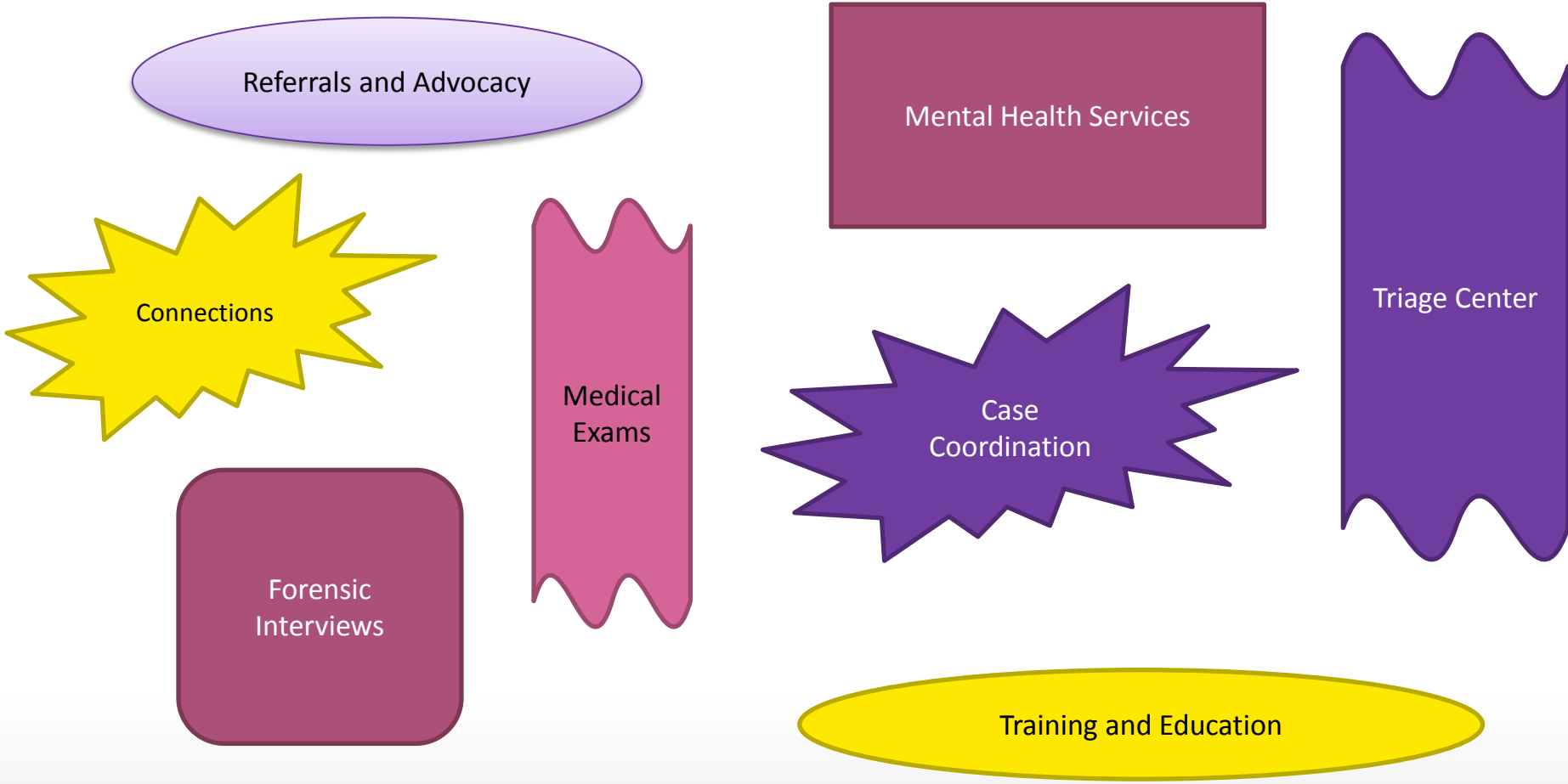
Mission:

**To protect and support children,
collaborate with professionals,
and engage the community to end
child abuse and neglect.**

2015 Statistics

- Served 2300+ children
- 1014 Forensic Interviews Conducted
- 866 Child Abuse Medical Exams Conducted
- 3487 Advocacy Service Contacts
- 914 Triage Center Crisis Visits
- 3731 Case Reviews Conducted
- 871 Mental Health Services Visits
- 10,334 People Trained





Case Coordination

- 5 full-time Case Coordinators
- 11 Teams
- Team composition
- Legislative Bill 1184
- Investigation and treatment
- Case referral



Statement of the Problem



Nationally

- September 30, 2014: **64,542** children birth to five were in foster care.
 - **39%** of all children. (AFCARS)
- **126,091** children birth to five entered foster care in 2014 (**46%**).
 - **45,535 (17%)** were children less than one year of age. (AFCARS)
- Children birth to three have the highest rates of victimization.
www.acf.hhs.gov (2007)
- In 2013, 71.4% of child abuse fatalities were children under 3.
www.childwelfare.gov/pubPDFs/fatality.pdf

Nebraska

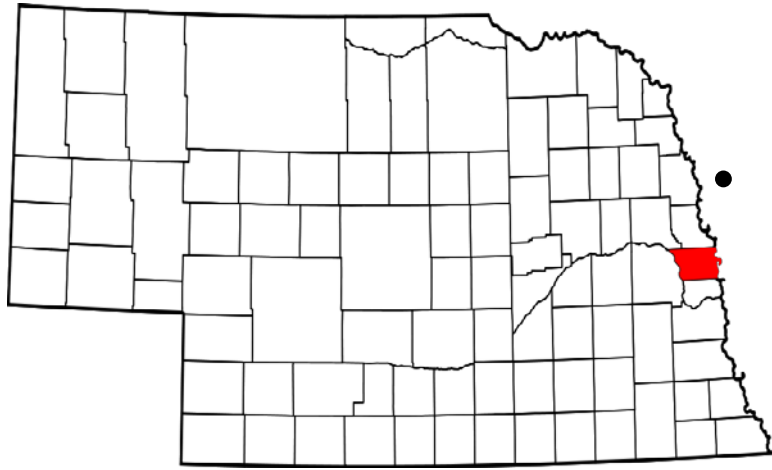


3,145 Nebraska Department of Health and Human Services wards in out-of-home care

- 46% in Eastern Service Area (Douglas and Sarpy Counties)

38% children in out-of-home care were infants and toddlers birth to five.

Douglas County



- Each week the CPS hotline accepts **40** cases of abuse/neglect for assessment in which at least one child is age zero to five.
- Of the cases accepted weekly for investigation, approximately:
 - **19** close after the investigation
 - **17** are offered ongoing services on a voluntary basis (non-court)
 - **4** result in court filings by the juvenile county attorney

In Douglas County, **550** children birth to five are in out of home care with court oversight.

Why does it matter?

Maltreatment interferes with the healthy development of the synaptic connections in the brain that are critical to intellectual functioning and to social and emotional wellbeing.

Jack Shonkoff, *Helping Babies from the Bench: Using Science of Early Childhood Development in Court*. Washington, DC: ZERO TO THREE, 2007.



Once they have been removed from their home and placed in foster care, infants and toddlers are more likely than older children to be abused and neglected and to stay in foster care longer.

Fred Wulczyn and Kristen Hislop, "Babies in Foster Care: The Numbers Call for Attention." ZERO TO THREE Journal 22, no. 4: 14-15.

Common misconceptions

Babies do not:

- Complain
- Notice changes
- Remember
- Perceive the feelings of others



The Hazards for Young Children

- Prenatal exposure to substances
- Parental abuse/neglect most often related to substance abuse
- Exposure to domestic violence
- Exposure to other forms of violence including conditions of war and community violence

Trauma before and after placement

- Trauma exposure leading to removal
- Inconsistent caregiving in placement
 - Disrupted foster care placements
 - Respite care
 - Child care changes
 - Child welfare worker turnover
- Cumulative negative developmental impact

FOUNDATIONS IN EARLY DEVELOPMENT

Key developmental tasks: attachment and bonding

While bonding is about trust, attachment is about affection.

- Attachment to primary caregiver
- Formation of trust in persons and environment
- Establishment and regulation of a mutually satisfying relationship between infant and parent





Early attachment is the affective child-mother bond that promotes survival through the child's reliance on the adult for protection.

Alicia Lieberman, PhD

Attachment Informed Decisions

Babies can't wait!

Every decision made in the child welfare system should be made through the lens of attachment.

- Does this decision **SUPPORT** healthy attachment of this child?
- Does this decision **SUPPORT** timely permanency for this child?
- Timing and intensity of services is critical.

Every parent, every policy maker, every educator, and every community needs to understand the astounding curve of development that occurs during the first five years of life, and to apply what we know to strengthen vulnerable children, families, and communities.

Dr Jack Shonkoff
“From Neurons to Neighborhoods”



The Young Child in the Courtroom

How enhancements in a courtroom lead to better outcomes.

The Importance of Developing Trauma-Informed Systems

- A trauma-informed system of care acknowledges and responds to the role of trauma in the development of emotional, behavioral, educational, and physical difficulties in the lives of children and adults.
- A trauma-informed system recognizes and avoids inflicting secondary trauma.

NCTSN: Judge Michael Howard and Dr. Frank Putnam, Ohio, 2009.

Problem Solving Courts

- **The judge models civility, respect, dignity and requires others to do the same.**
- **Emergency Room Response:** Act with a sense of urgency for the child and parent - as if this family is your own!
- **Front-load services:** Pragmatic, timely, effective response to abuse and neglect.
- **Affirmation with accountability:** Motivates parental improvement/resolution of permanency.
- **Alternative Dispute Resolution:** Pre-Hearing Conference, Family Group Conference, mediation.
- **Full parental participation from day one.**



Goals for Children

- Achieve a safe, secure, permanent home in a timely fashion according to ASFA guidelines: 12 month permanency hearing (or sooner).
- Best interests and safety: nurturing caregiver to meet this child's needs.
- Permanency from day one.
- Stop foster care drift.

Goals for Parents

- Active participation and responsibility.
- Achieve adequate parenting skills, demonstrate the ability to provide a safe, healthy family environment for their children.
- Early integrated evaluations
- Due process and fair hearings
- Engagement



Outcomes

- Good information leads to good judicial decisions.
- Timely services achieved by front-loading services.
- Disposition hearing at adjudication
- Timely permanency

- Every day, judges are faced with difficult decisions directly affecting the estimated 560,000 abused and neglected children in foster care in the U.S.

National Council of Juvenile and Family Court Judges: Training Guide – Resource Guidelines, Adoption and Permanency Guidelines and ASFA.



FOUNDATIONAL PRINCIPLES

- Avoid unnecessary separation of children and families if the child can remain *safely* in the home.
- A child's sense of time requires timely permanency decisions.
- Juvenile and family court judges have a responsibility to provide individual case oversight, as well as system oversight, to ensure that the vision is reached.

Vision: Every child deserves a safe and permanent home in the shortest time frame possible.

Front-Load the System

- Answer important questions
 - Prehearing Conference
 - Protective Custody Hearing
- Locate important family members
- Ensure proper service of process
- Appoint competent representation for all appropriate parties
- Develop comprehensive case plan that addresses all important needs of the child and family
- Engage parties in such a way as to encourage them to be part of the solution for the child
- Frequent court review

National Council of Juvenile and Family Court Judges: Training Guide – Resource Guidelines, Adoption and Permanency Guidelines and ASFA.

Did you know?

The average movement of a child to a less restrictive placement occurs 9 days before the next court hearing...no matter if that hearing is 6 months, 90 days, or 30 days away!

Key principle of ASFA:

Permanency planning efforts for children must begin as soon as a child enters foster care and services to families should expedite the goal of permanency.

Pre-Hearing Conference

Key questions:

- ✓ Should the child return home immediately? What services would allow the child to remain at home?
- ✓ Will the parties voluntarily agree to participate in such services?
- ✓ Has DHHS made reasonable efforts to prevent removal or allow reunification?
- ✓ Are relatives or other adults available for placement?
- ✓ Is the placement the least-disruptive and most family-like setting?

Key questions continued:

- ✓ Is the child placed in a foster adoptive home?
- ✓ Will delivery of services be monitored? By whom?
- ✓ Are orders needed for screenings, evaluations or immediate services?
- ✓ What are the terms for parenting time and sibling time?

How to conduct effective hearings:

- Know your system
- Read reports and files ahead of time
- Identify all persons in the room
- Ask who is not present but should be
- Where are the children?
- Follow a pattern of procedure
- Give everyone time to speak
- Create an atmosphere of respect to all - everyone is an important part of the solution to the problem.
- Be concise
- Ask questions about the case
- Make statements everyone understands
- Make clear findings that specify who is responsible to do what and when
- Set the next hearing date and give copies of order to everyone

National Council of Juvenile and Family Court Judges: Training Guide – Resource Guidelines, Adoption and Permanency Guidelines and ASFA.

Require reasonable efforts

- Meaningful and ample family time in a home environment
- Family time learning to do normal parental tasks: feed, play, bathe, change diaper, hold/rock, read/sing to the infant or toddler
- Parent training by an expert if oversight or skills are needed
- NB: Each family time over 1x per week triples the chances of achieving permanency (Brenda Jones Harden, Ph.D.)

Address lack of services early in the case

- Are the correct services in place?
- Do the parents have access to those services?
- Early inquiry into these issues will result in earlier determination regarding reunification.
- We need to serve the best interests of children and their families!

Outcomes

- Good information leads to good judicial decisions
- Timely services achieved by front-loading services
- Best interests and safety: nurturing caregiver to meet this child's needs
- More early admissions/continued adjudications in anticipation of dismissal because parents are voluntarily correcting issues
- Disposition hearing at adjudication - rehabilitative case plan developed at Protective Custody Hearing
- Both child and parent needs met: reunification or adoption through fair process/meaningful hearings
- Timely permanency stops prolonged foster care

Question



What is a snap shot hearing?

Impact from Infancy

Early intervention works!

- October 1, 2014
- Early childhood experts
- Support case professionals
- Best practices at the beginning of the case

IFI Eligibility:

Family with a child birth to five that has been removed from the parental home pursuant to an abuse/neglect filing in Douglas County Juvenile Court.

- 2005: Judge Douglas F. Johnson and Zero to Five Family Drug Treatment Court (FDTC)
- This FDTC model was the first of its kind in the state and country
- FDTC met the needs of babies and parents simultaneously through frequent court appearances
- Unfortunately, this model had a limited capacity to serve 15-20 families

Zero to Five Family Drug Treatment Court

Program Summary

- Screen Petition for eligibility
- Coordinator assignment
- Review court filings, database documentation, talk with case professionals.
- Attend Protective Custody hearing.
- Staff case at multidisciplinary team.
- Attend additional court hearings or other meetings as necessary.
- Data entry
- Referred cases

Considerations

- **Placement:** Paternity, permanency, and supports.
- **Connections:**
 - Visitation agency, # of workers/visitation plan
 - Are we following the parenting time guidelines?
 - What does the current parenting time look like? Any concerns or strengths?
 - Formal/informal supports?
- **Physical Health:**
 - Was the child seen at Project Harmony?
 - Have you received/reviewed the triage and medical reports from PH?
 - Does the child have a Primary Care Physician (medical home)?
 - Have the medical records been requested? Received?
 - Was the child exposed to substances prenatally?

Considerations continued

- **Development/Mental Health:**
 - Has the EDN (CAPTA) referral been made? Was collateral sent or did you discuss the case? Was it a screening or a full evaluation?
 - Has the trauma screen/tool been completed?
Concerns/behaviors?
Other trauma?
 - Childcare
 - What other services are in place? Home visiting?
- **Parents:**
 - Needs?
 - Does the parent have a mental health diagnosis?
 - Does the parent have a history of trauma?
 - Does the allegation include substance abuse or DV?

Multidisciplinary Team

- Infant mental health therapists
- Schools
- CASA
- County Attorney
- Department of Health and Human Services
- Nebraska Families Collaborative
- Medical
- Adoption specialists
- Foster Care Review Office
- Home visitors/VNA
- Triage Center
- Domestic Violence advocates

Evidence-based practices utilized

- Child Parent Psychotherapy
- Circle of Security
- Substance abuse treatment integrated with parenting support



—



Relationship between parental alcohol or drug abuse and child maltreatment

- Among confirmed cases of child maltreatment, 40% (as high as 70% in some areas) involve the use of alcohol or other drugs.
- Alcohol and drugs are factors in the majority of cases of emotional abuse and neglect.
- Neglect is the major reason why children are removed from the care of parents who are abusing drugs or alcohol.

Impact of parental substance abuse on parenting

- Impaired mental and physical functioning
- Concurrent domestic abuse and environmental dangers
- Spending limited resources on substances
- Arrests, incarcerations, court dates, disruptions of care for the child
- Time spent seeking, manufacturing, or using drugs
- Estrangement from family and other sources of support

Substance Abuse Treatment Integrated with Parenting Support



- Better Together (Heartland Family Service)
 - Family Centered intensive outpatient substance abuse treatment
 - Referrals come from Nebraska Families Collaborative (child welfare)
 - Families must be eligible for subsidized housing through U.S. Department of Health and Human Services
 - Evaluation must recommend IOP



Program Highlights

- Focus on keeping caregiver with their children to eliminate attachment trauma
- Family resides in apartment complex where they pay 30% of the rent after being approved for housing assistance
- Payment for treatment is grant funded until family becomes Medicaid-eligible
- Evidence-based and gender-specific curriculum
- Treatment supplemented with job assistance, computer training, parenting skills classes, and education about healthcare, nutrition, and budgeting
- Program duration averages 2 years



Family Works (Heartland Family Service)

- Residential SA treatment where mothers attend treatment and care for children.
- Families served since opening October 2007:
 - 224 total women admitted since opening in September of 2007
 - 57 drug-free babies born to mothers in the program
 - 158 children reunited with moms from a foster-care situation
 - 271 (including the 158 & infants) children onsite, receiving services
 - 125 non-custodial children served during parental visits
 - 216 family members served
 - 92 of these were fathers involved in programming

Child Parent Psychotherapy (CPP)

- Evidence-based dyadic therapy
- Caregivers and children birth to five
- Integrates focus on way trauma has affected the parent-child relationship
 - Child maltreatment, witness to DV, traumatic loss of a caregiver, disruptions of caregiving, serious accident/injury.
- Focuses on safety, affect regulation, and improving the child-caregiver relationship
- Average length of intervention: 6-12 months
 - Varies based on parent functioning

What does CPP look like?

- Sessions include child and caregiver(s)
- Therapist attention is focused on the parent-child relationship
- Therapist attuned to the context of the relationship
 - Cultural beliefs about parenting
 - Environmental factors such as poverty, immigration stressors

CPP Coordinated Referral

- All trained therapists in metro area invited to participate
- Track agency/provider availability to take new cases
- Family Permanency Specialist identifies family in need of CPP



Barriers/Solutions

- Created demand, supply needs to catch up
- Trained providers left agencies
- Existing providers did not have availability to take new clients
- Judges ordering CPP
- New training cohort in May 2016!



Systems Issues

- Identification of parents at the beginning of the case
 - File or placement
- Application of Indian Child Welfare Act
- Early Development Network/CAPTA
- Foster care medical exams
- Medical home



Numbers

- **472** families were eligible for *Impact from Infancy* (10/1/14-5/31/16).
- **342** families are currently in *Impact from Infancy* (as of 5/31/16)
- **291** cases were staffed at our multidisciplinary team (10/1/14-5/31/16)
- Coordinators attended **353** court hearings (1/1/16-5/31/16)

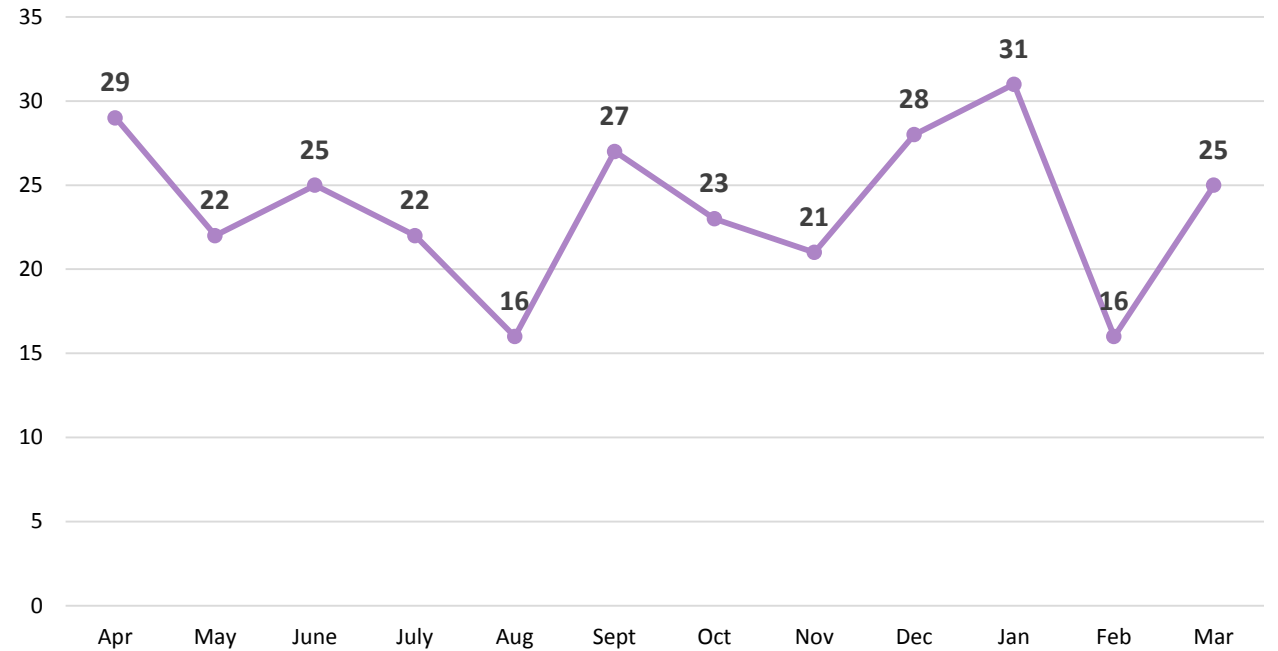
Numbers continued

- **124** cases closed (10/1/14-6/15/16)
 - **9** were dismissed before the protective custody hearing
 - **37** were dismissed after the protective custody hearing but before adjudication
 - **5** were closed at adjudication by the judge due to lack of evidence
 - **51** cases closed successfully via reunification (1 guardianship, 4 adoptions, 7 children with non-offending/non-adjudicated parents)
 - **9** were transferred to a tribe or another county
- **99** families have a case that has been open over a year

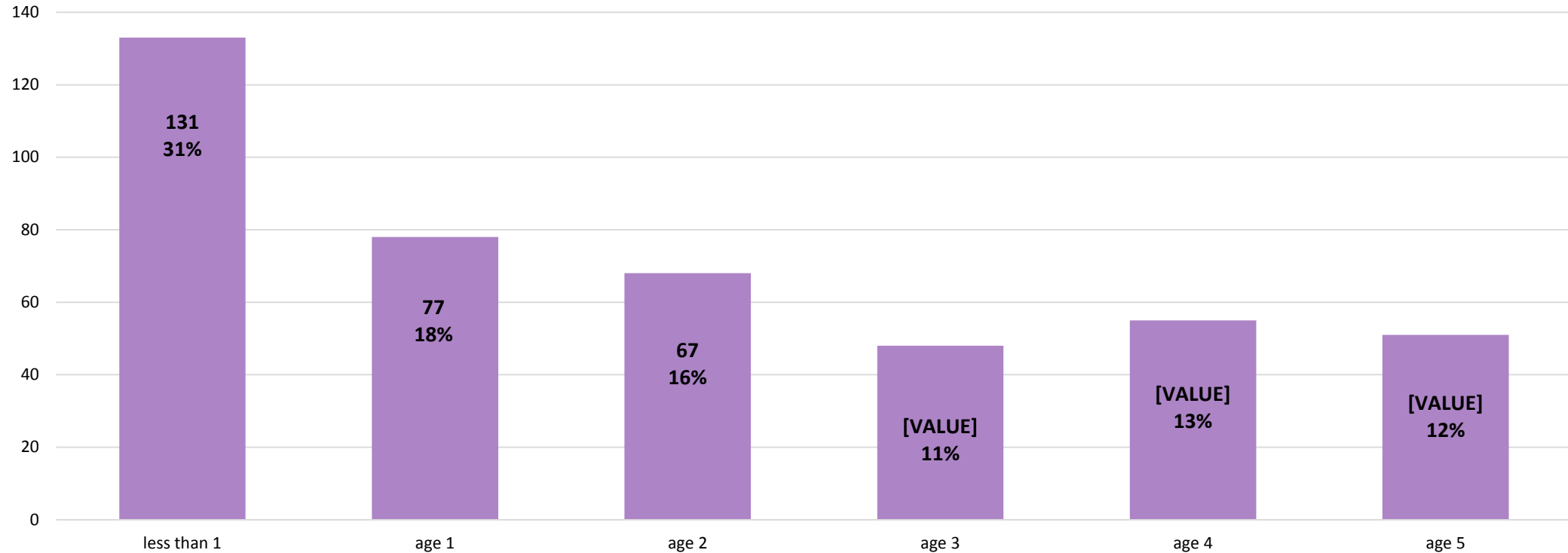
From 4/1/2016-3/31/2016:

- 285 Impact from Infancy cases opened

of New Impact Cases per Month
April 2015 to March 2016



Impact from Infancy- Children Ages 0-5 April 2015 to March 2016



There were 638 children total in these 285 new cases

- 428 were ages 0-5

Mental Health/Substance Abuse Issues (Caregiver)

- 139 caregivers had mental health concerns or diagnoses
- 185 caregivers had a substance abuse issue

Diagnosis/Issue	# of caregivers**
Depression	53
Anxiety-related	49
Bipolar	46
ADHD	12
Developmental delay/Lower functioning	11
Recent suicide attempt or suicidal ideation	11

** total number will exceed 139, as some caregivers had more than one diagnosis

Substance Abused	# of caregivers**
Meth	110
Marijuana	67
Alcohol	30
Cocaine	14
Opiates/Prescription Drugs	13
PCP	6

** total number will exceed 185, as some caregivers abused more than one substance

Additional Data

- 79 caregivers were former state wards
- At least 13 caregivers became pregnant after their juvenile court case opened (5% of female caregivers)
- Domestic violence suspected in 75 cases (26%)
- Family's prior CPS history
 - Average of 2.6 prior accepted CPS hotline intakes (range of 0-16)
 - Average of 1.8 prior screened out CPS hotline intakes (range of 0-12)

Other Data points

- Paternity
- Medical
- EDN
- Childcare
- Parenting time
- CPS History
- Court progress
- Services
- Placements
- Barriers



- Multidisciplinary team
- Court hearing attendance
- Zero to Three National Training Institute
- Project Harmony Training Institute
- Community Training
- Nebraska Young Child Institute
- National Council of Juvenile & Family Court Judges

Program Development

- Engaging partners
- Challenges
 - Caseload
 - Caseworker turnover
 - New program
 - Data collection
- Successes
 - Early childhood resources
 - Bringing awareness to the needs of young children
 - Professional relationships
 - Engaged Judges and Chief Justice



"one generation full of deeply loving parents
would change the brain of the next generation,
and with that, the world."

- Dr. Charles Raison

Questions?