Services Support for Young Children and Families in the Child Welfare System

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

July 2018

What Can You Do?

- Identify evidence-based programs in your community and establish relationships with service providers.
- Incorporate comprehensive developmental, medical, and mental health services into the case plan and confirm that primary consideration is given to the child's well-being in the resolution of the case.
- Ensure that parenting services support the parent-child relationship and improve a parent's ability to provide emotional support, create structure, set limits, and help the child learn.
- Offer parents support through integrated trauma and substance abuse services.
- Organize monthly family team meetings with the family, caregivers, service providers, attorneys and child welfare system staff to review the family's progress and track the referrals made, services received, and barriers encountered.

The Safe Babies Court Team™ (SBCT) Approach and the QIC-ITCT

In response to the needs of maltreated babies and toddlers entering the child welfare system (CWS), ZERO TO THREE developed the SBCT approach: a collaborative, problem-solving systems-change innovation focused on supporting the health, mental health, and developmental needs of adjudicated babies and toddlers and expediting safe, nurturing permanency outcomes. SBCT offers a structure for systems to work together—the court, child welfare agency, and related child-service organizations—to ensure better outcomes for the youngest children in care and for their families. The structure comprises (1) a Family Team (attorneys, case planner, service providers, and family) that comes together at least monthly to identify and address barriers to reunification, and (2) a community stakeholder team, or Active Court Team, that engages in broader systems reform efforts. In 2014, the Children's Bureau provided a grant to ZERO TO THREE and its partners to develop the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT), which provides technical assistance and training to participating sites. The QIC-ITCT provides access to evidence-based interventions and best practices for individuals and agencies working with the birth-to-3 population. The mission of the QIC-ITCT is to support implementation and build knowledge of effective, collaborative court team interventions that transform child welfare systems for infants, toddlers, and families (see http://www.qicct.org/).

Background

The number of children in the child welfare system (CWS) who need services is staggering. In many cases, exposure to abuse or neglect is accompanied by being separated from the child's parent. In this way, involvement with CWS aggravates the original insult of maltreatment. No other child-serving system encounters such a high prevalence of trauma [1, 2], which is associated with a high risk of health problems in adulthood [3, 4]. Infants are the most frequent victims and also had the largest increase in victimization rate in the past 5 years [5].

Unfortunately, children who have experienced child maltreatment do not always receive needed developmental and mental health services. Data from the first two cohorts of the National Survey of Child and Adolescent Well-Being (NSCAW)—the only nationally representative study of children investigated for maltreatment—show that among children aged birth to 3 years about a third have developmental delays [6] and half of preschoolers have high developmental or behavioral needs [7]. Among young children in need of early intervention services, only 13% had an Individualized Family Service Plan (IFSP) to receive these services [6]. Data on services nationwide is also available through the Child and Family Services Review (CFSR), a periodic review by the Children's Bureau to ensure conformity with federal child welfare requirements, determine what is happening in each state with children and families in the CWS, and assist states in helping children and families achieve positive outcomes. Preliminary results from the third round of CFSRs across 24 states show child welfare outcomes are not improving, and many children (33%) and parents (39% of mothers and 54% of fathers) do not receive needed services. At the same time, the number of children in care is rising, mostly related to neglect linked to substance use disorders and trauma [8].

SBCT Solution

The Safe Babies Court Team™ (SBCT) is a community engagement and systems-change approach focused on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children in the CWS [9]. Among the SBCT core components, *Judicial Leadership*, *Valuing Birth Parents*, and *Continuum of Mental Health Services* are fundamental in working with young children and their families, and getting them the services they need. Children are identified prior to removal, and at the first hearing, the community coordinator reaches out to parents directly or through the parents' attorney to describe the project, provide a package with information, and invite the family to participate. Comprehensive developmental, medical, and mental health services are incorporated into the case plan to ensure the child's well-being is given primary consideration in the resolution of the case. In communities using the SBCT approach, the list of services in the

SBCT Core Components

- Judicial Leadership
- Local Community Coordinator
- Active Court Team Focused on the Big Picture
- Targeting Infants and Toddlers Under the Court's Jurisdiction
- Valuing Birth Parents
- Concurrent Planning and Limiting Placements
- The Foster Parent Intervention: Mentors and Extended Family
- Pre-Removal Conferences and Monthly Family Team Meetings
- Frequent Family Time (Visitation)
- Continuum of Mental Health Services
- Training and Technical Assistance
- Understanding the Impact of Our Work

http://www.qicct.org/safe-babies-court-teams

case plan is available to the judge for inclusion in the judicial orders or incorporated when the judge accepts the CWS's case plan [9].

The SBCT approach recognizes that many parents of young children who enter the CWS have their own history of trauma. The primary goal is safe, nurturing permanency for young children. For over 90% of families involved with SBCT sites, reunification is the primary permanency goal, defined as the physical return of a child to parents or caretaker. The family teams use concurrent planning, a technique that requires the rapid identification of, and placement with, caregivers who are willing to become the child's permanent family if reunification with the birth parents is not possible. The stability expectation helps parents understand that the court's focus is on the child's urgent need for a permanent family.

"We really focused on getting all families assessed now. We have a much better understanding of services they need, as far as mental health.… Those assessments are all done so we have better direction by going off the recommendation from the assessments. We try to get the assessments done in the first couple weeks of entrance to the infant-toddler court team."

-Family team member

Family teams strive to support early relationships for the child's emotional well-being by encouraging a nurturing relationship between child and foster parent and strengthening the relationship between child and parent. Thus, parents receive comprehensive medical and mental health assessments including evaluation for their own childhood trauma, prenatal alcohol exposure, substance use disorders, and domestic violence.

The need for a continuum of mental health services guides the development of service plans that include supporting the parent-child relationship and increasing a parent's ability to provide emotional support, create structure, set limits, and help the child learn.

Based on the assessment of parents and child, clinicians provide recommendations to the family team and the court on the types of evidence-based and evidence-informed interventions

needed by the family, including visit coaching, psychoeducational parent education, and Child-Parent Psychotherapy (CPP). Parents also need services for mental health and substance use disorders to help them address their underlying mental or emotional concerns.

The primary evidence-based intervention used by SBCT sites is CPP. At most sites, a key change in practice was to make CPP a key referral, working with families to support participation, and communicating consistently that families are expected to engage in CPP services. A central goal of CPP is to support and strengthen the parent-child relationship. CPP assists parents in understanding how to best help their young children feel safe and secure. It helps parents learn that "behavior has meaning" and with that understanding, help their children name and cope with strong feelings [10, 11].

How Do We Know the Approach Is Working?

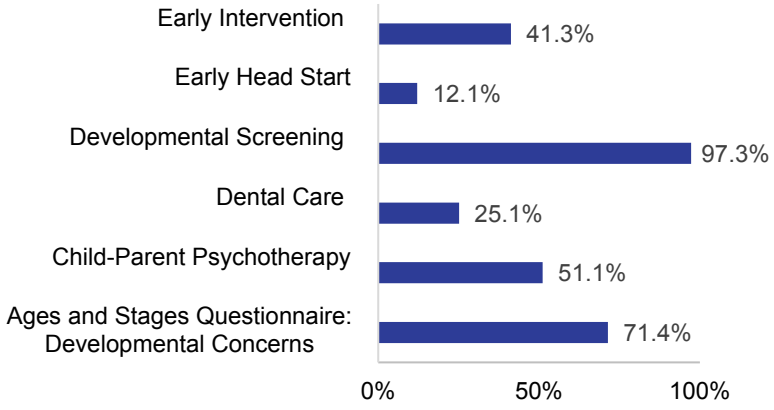
At each SBCT site, family teams work diligently to connect children and parents with services. The evaluation team analyzed the data collected for 251 infants and toddlers and their families served by the family teams from the initiation of the QIC-ITCT project at each site* through May 1, 2017.

> *"The community coordinator gets referrals timely, that is huge. Even when we don't have a lack of resources, people would use the same resources even if there is a wait list. The community coordinator makes sure that you are not in a wait list and you get [the service] now."*
>
> -Family team member

Services for Children

Based on the Ages & Stages Questionnaires (ASQ-3) completed with parents/caregivers of children aged 1 month to 5.5 years, about 70% of children have one or more developmental areas classified as "concern" that indicate a need for monitoring or below normal development. The SBCT's guidelines include that all children should be screened within the first 3 months of becoming involved with the family team [9]. For over 40% of children, early intervention (including occupational therapy, physical therapy, speech therapy, and early intervention education services) was identified among needed services. Other services needed by children included CPP (51%), dental care (25%), and Early Head Start (12%).

Service Needs among Young Children Involved with SBCT Sites



* The first QIC-ITCT site was initiated on April 1, 2015, and the last site on August 11, 2016.

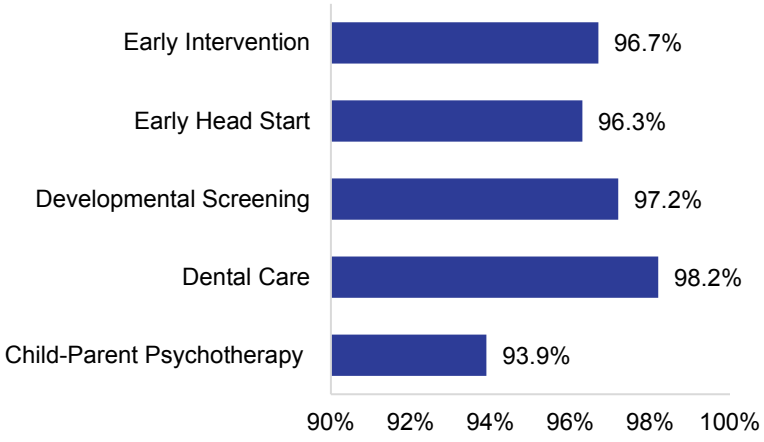
Among children identified as in need of a service, more than 90% had received their first appointment and for over half of children their first appointment was within 30 days. This ranged from 70% receiving their first session for CPP within 30 days to 54% for early intervention.

Most sites' stakeholders spoke highly of CPP and its positive impact on parents and children. Evaluators also observed court hearings and family team meetings during which parents made positive statements about CPP and shared examples of progress made in their CPP work.

> *"CPP services are remarkable. I think when the infant mental health specialist does appear in court she brings a different view—it is the child's view, more so than the parent's view. She brings that child mindset to the equation and that helps a lot."*
>
> -Family team member

The results achieved by SBCT sites are encouraging in comparison to NSCAW and the preliminary results of the third round of CFSRs. The finding in NSCAW that among young children with developmental problems only about one in ten had an IFSP, which is a proxy for receipt of early intervention services but includes children that are only being monitored [12], is in contrast with the results among SBCT sites of 9 in 10 children receiving early intervention services among those in need. These result also contrast with the 67% of children receiving appropriate services reported in the preliminary third round of CFSRs [8]. The finding that 94% of children involved with SBCT sites received CPP is higher than the CFSR results showing that 66% of children across all ages received mental health/behavioral services among those in need [8]. The contrast is even larger when compared to the 29% of children 1.5 to 10 years old at risk for a behavioral or emotional problem whom received any specialty behavioral health services in NSCAW [12].

The time between a service being ordered by the court and the first service session was also encouraging among SBCT sites. The time between referral to the date of receiving developmental screening among young children was less than a week for 19%, 7 to 30 days for 45%, and 31 to 60 days for 22%. Overall, about 85% of children received developmental screening within 60 days. Similarly, about 85% of children identified as in need of early intervention had their first appointment within 60 days, with over half having



the appointment within 30 days. For CPP, 30.7% of children in need received their first appointment in less than a week, 41.2% in 7 to 30 days, and 16.7% in 31 to 60 days, bringing the percentage of children starting CPP within 60 days to close to 90%. There were no significant differences by race/ethnicity across the SBCT sites for the time from order to service receipt for developmental screening, early intervention, and CPP. Overall, more than 80% of children received services within the first 60 days from referral to service.

"Because we come so often to court, we actually see what you are working on in that service. The judge looks into the quality of services and asks parents if they think they should continue with that agency or if they should look for someone else."

-Family team member

"Our provision of services is great; it's all assessment-based, not cookie cutter. In court, we're able to all talk and discuss what's working or not. We conduct assessments quickly and plan specifically to the parent."

-Family team member

"Referrals are more appropriate. We are working with the parents longer. We really are focused on infant mental health. We oversee the child visitation to guide services that way."

-Family team member

Services for Parents

The highest needs among parents were related to substance use disorders. More than 75% of parents needed substance abuse screening, 67% parent education, 56% mental health screening, and 46% mental health counseling. Parents also needed services for basic needs including housing (20%), employment (17%), child care (15%), and transportation (10%). Most parents involved with an SBCT site who needed services were receiving them. Of those in need, 91% received substance abuse screening, 97% received mental health screening, 84% received a psychological evaluation, and 88% received a psychiatric evaluation. Among those in need of substance abuse treatment, 95% received outpatient services without children, and a small number were identified as in need and received inpatient treatment. Close to 95% received mental health counseling, and 94% received parent education.

Overall, close to 80% of parents received services within 30 days of referral. For mental health screening, time to services receipt was less than a week for 64% and 7 to 30 days for 17% of adults. For substance abuse screening, time to services receipt was less than a week for 71% of parents and 7 to 30 days for 17%. Time to services receipt of the first mental health service (including mental health counseling, mental health medication management, or family counseling) was less than a week for 54% of parents and 7 to 30 days for 26%, and for the first substance abuse service was less than a week for 74% of parents and 7 to 30 days for 11%.

Delivery of evidence-based interventions can address the parents' underlying trauma and promote healing for infants, toddlers, and parents, which, in turn, strengthens parenting and the

parent-child relationship. The SBCT approach has not only helped professionals involved in the CWS understand the importance of mental health services, but it also has helped professionals bring important topics to bear when discussing services, including the critical concepts of quality, efficacy, and evidence-based practice. The SBCT approach recommends the use of evidence-based and evidence-informed practices that are:

- Supported by evidence of efficacy and a strong theory of change with infants, toddlers, and families in the child welfare system
- Guided by elements of early development and attachment between young children and parents/caregivers
- Informed by family, community, and professional values.

Services Support for Young Children and Families in the Child Welfare System is part of a series of briefs based on the evaluation of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams.

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Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CA1821-01-01. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit ZERO TO THREE.

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