## The Strengthening America's Families Act

## Transforming the child welfare system for babies and their families



Challenge: Child welfare systems are not built for the needs of babies and families. The stakes couldn't be higher for babies entering the child welfare system—yet the system was not devised to support their unique developmental needs or those of their caretakers. Infants and toddlers are an outsized proportion of children in child welfare caseloads: babies experience abuse or neglect at higher rates compared to other age groups and a third of children entering foster care are between the ages of birth and three. Because of their rapid brain development, young children who experience maltreatment—and too often the instability of life in foster care—have a high likelihood of significant and detrimental impacts on their emotional and cognitive development, with lasting effects. Child welfare systems rarely provide age-appropriate developmental or trauma responsive services, which along with the instability it causes for young children, may contribute to harm.

The circumstances leading to family involvement in child welfare are complex, requiring multi-faceted solutions to prevent abuse and neglect or placement in foster care. Ensuring strong early development and addressing family trauma requires coordinating a broad array of family resources. Many states and communities lack the support structures to accomplish this goal for families in child welfare, much less those whose involvement could be prevented.

A solution that can change the odds: The Strengthening America's Families Act (SAFA) supports states in transforming child welfare policy and practice through community-based Infant-Toddler Court Teams (ITCT), led by judges. The teams work collaboratively to coordinate a range of comprehensive, trauma-informed infant, toddler, and family supports and services for families with babies in need of preventive services or in the child welfare system.

**How SAFA works:** SAFA will provide seed money to states through competitive grants to coordinate state service agencies and establish and support community Infant-Toddler Court Teams, working with judges and other community leaders. Communities and states will receive training and technical assistance to develop their programs with fidelity and deliver evidence-based services. Local projects will:

- Establish community coordinators as the project hub, who are the liaison with judge and child welfare officials;
- Use family teams to address individual family needs and challenges, with frequent family interactions to match babies' rapid development;
- Create community teams to integrate and facilitate access to services and problem-solve to fill service gaps;
- Collect data for real-time case monitoring and participation in evaluation activities.

## Measurable Success of the ITCT Approach:

- Maltreatment reoccurs in fewer than 1 percent of the cases served by ITCTs, an astonishingly low rate far below the national standard of 9.1 percent.
- The ITCT approach is cost effective with short-term public savings of \$14,000 per family exceeding program costs by 64 percent.
- 93 percent of infants and toddlers in the program achieved permanency within a year compared with the national rate of 18.6 percent.
- **Substance use disorders**, a reason for removal for almost 70 percent of foster care cases, did not lengthen permanency outcomes. Three-quarters of parents needing treatment started within a week.

"I've been a judge for 30 years, and I've never seen a single program that has more potential for changing the lives of this very vulnerable demographic. The goal is to break the multi-generational cycle of abuse with these kids. We're saving lives." – Sr. Judge Lee Haworth, Florida 12<sup>th</sup> Circuit Court

**History:** SAFA builds on a strong project in the Health Resources and Services Administration, the Infant-Toddler Court Program, funded through Maternal and Child Health Bureau special project funds. Currently, ITCTs are in 107 sites across 28 states. Authorizing this program through SAFA would enable it to spread to more states and communities. SAFA was introduced in the House in the 117<sup>th</sup> Congress as <u>H.R. 2973</u>.