Dependency Court Improvement Panel
Florida Early Childhood Court Recidivism Protocols

Dear Florida Dependency Court Stakeholders,

Since the inception of the Florida child welfare system and juvenile dependency courts, it has been the priority of all involved to protect and ensure the safety of children from maltreatment by their parents. Although there are instances where protective services can be provided while the child remains with a parent, the majority of dependency court cases involve the removal of the child from his or her parents. Most of the children removed are, however, reunified with a parent or placed with another caregiver in what is expected to be a safe and permanent living arrangement.

Nonetheless, there are often instances where children are re-removed from their parents or caregivers despite a prior decision that the family had achieved permanency and no longer needed services. Re-removals from parents often involve a history of substance use disorders, domestic/intimate partner violence, and/or mental health concerns. Although re-removals of young children occur less frequently in Early Childhood Court than in traditional dependency court, the fact remains that any removal of a child from his or her family can itself be considered a traumatic experience that is both emotionally and physiologically harmful, and therefore must be avoided.

For this reason, the Early Childhood Court Recidivism Protocols Workgroup of the Florida Dependency Court Improvement Panel has developed statewide protocols to: 1) provide a mechanism for systematic review of Early Childhood Court re-removals, 2) to evaluate adherence to the established Early Childhood Court approach defined in the Florida Early Childhood Court Best Practice Standards, and 3) to aid in identifying the case characteristics that correlate to high risk of child re-removal.

It is the committee's desired outcome that by using these protocols, Florida Early Childhood Courts, and even traditional dependency courts, will ultimately reach its intended goals of reducing re-removals and achieving sustained permanent placements for all of our children.

Sincerely,

Alicia L. Latimore

Early Childhood Court Judge, Ninth Judicial Circuit

Chair, Early Childhood Court Recidivism Protocols Workgroup

Florida Dependency Court Improvement Panel

Acknowledgements

Early Childhood Court Recidivism Protocols Workgroup:

Chairperson: *Judge Alicia L. Latimore, Ninth Judicial Circuit of Florida*
Workgroup coordinator: *Leigh Merritt, Florida Office of Court Improvement*
Lead Dependency Court Improvement Panel staff: *Carrie Toy, Florida Office of Court Improvement*

Workgroup members:

Judge Teresa Dees, Twelfth Judicial Circuit
Judge Katherine Essrig, Thirteenth Judicial Circuit
Judge Jose' Izquierdo, Seventeenth Judicial Circuit
Magistrate Kimber Strawbridge, Fourth Judicial Circuit
Judge Kimberly Todd, Sixth Judicial Circuit
Judge Jill Walker, Second Judicial Circuit
**Lynn Allen, Seventeenth Judicial Circuit*
Dr. Randall Alexander
Dr. Patricia Babcock, Florida Department of Children and Families
Jessica Boxer, Attorney ad Litem
Russia Collins, LMHC, Sixth Judicial Circuit
Eric Emery, Guardian ad Litem Program, Second Judicial Circuit
Ute' Gazioch, Florida Department of Children and Families
**Dr. Mimi Graham, Florida State University; Center for Prevention and Early Intervention Policy*
Brenna Radigan, Florida Department of Health-Child Abuse Death Review
Traci Leavine, Florida Department of Children and Families
**Dr. Lisa Magruder, Florida Institute for Child Welfare*
Kylie McCracken, Florida State Foster/Adoptive Parent Association, Inc.
**Adrienne Miller, MAT, Florida Office of Court Improvement*
**Ebony Miller, MSW, University of South Florida*
Timothy Niermann, Florida Department of Juvenile Justice
**Andria Peek, BayCare Behavioral Health.*
Trudy Petkovich, Florida State Foster/Adoptive Parent Association, Inc.
**Dr. Kimberly Renk, University of Central Florida*
Robin Wright, First Judicial Circuit

**Members of the writer's sub-workgroup*[1]

[1] Workgroup members were divided into three sub-workgroups: writers, researchers, and reviewers.

Table of Contents

Introduction 5

Florida Early Childhood Court Facts and Trends 6

Analysis/Evaluation 6

Early Childhood Court Recidivism Protocols 7

Considerations for Protocols 9

- Permanency 9
- Permanency Outcomes 10
- Services 11
- Case Characteristics 13
- Risk Factors 14
- Reasons for Re-Removal/Re-Referral to Early Childhood Court 14
- Re-Removals 15
- Considerations for Reacceptance into Early Childhood Court 17

Summary 17

Appendices 18

- Appendix A: Recidivism Review Materials 18
  - i. Florida Early Childhood Court Best Practice Standards 18
  - ii. Early Childhood Court Recidivism Protocols Reference Sheet 18
  - iii. Recidivism Review Worksheet 21
  - iv. Recidivism Review Conference Guide 26
  - v. Progress in Treatment Assessment 27
- Appendix B: Early Childhood Court Background 31
- Appendix C: Florida's Early Childhood Court Outcomes 32
- Appendix D: Adverse Childhood Experiences and Toxic Stress 33
- Appendix E: Attachment and the Impact of Trauma 35
- Appendix F: Costs and Savings Estimates 37
- Appendix G: Intimate Partner Violence 38
- Appendix H: Substance Use Disorder & Mental Health 40
- Appendix I: Progress in Treatment Assessment 41
- Appendix J: Conditions for Return 42
- Appendix K: References 43

Introduction

Florida's multidisciplinary Dependency Court Improvement Panel is comprised of judicial and child welfare leaders from around the state who have the purpose of directing dependency court improvement activities. Supporting Florida's Early Childhood Court activities is a primary focus of the Dependency Court Improvement Panel. In 2019, the panel created an Early Childhood Court Recidivism Protocols Workgroup, which was charged with the development of Early Childhood Court recidivism protocols. These protocols are meant to enhance continuous quality improvement efforts, support timely permanency for young children, and prevent re-removals. These protocols are also intended to be equally applicable to traditional dependency cases.

In Florida, our youngest children are most vulnerable to maltreatment. As of January 2019, 13,175 children in the dependency court system were under the age of three when they were removed from their homes due to alleged maltreatment (Florida Dependency Court Information System,1/9/19). Newborns made up 31% of this sample of children. In August 2019 alone, 1,263 Florida children were placed in out-of-home care, 41% of whom were 0- to 3-years of age (Florida Department of Children and Families, 2019). Specifically, 21% of statewide removals involved young children under 1-year of age. The most common reason for removal among this age group was parental substance involvement, with other reasons including domestic/intimate partner violence, inadequate supervision, inadequate housing, and caregiver's inability to cope (Department of Children and Families, 2019). Unfortunately, re-entry is all too common, with the recidivism rate for young children reported to be 12.8% from August 2014 to August 2019 (Florida Office of Child Welfare, October 2019). An Early Childhood Court re-removal, whether prior to or after case closure, should not be viewed as a failure on behalf of the family or the Early Childhood Court team. Rather, it is an opportunity to take a closer look at issues that may need further attention and to build upon the strengths that already exist in the family. The recidivism protocols included here will address re-removals of Early Childhood Court children as well as those of children in traditional dependency court.

Florida Early Childhood Court Facts and Trends

Below are the findings from an analysis conducted by the Office of Court Improvement on Early Childhood Court re-removal cases from 2014-2018.

- From the inception of Early Childhood Court in Florida through 2018, two-thirds of Early Childhood Court children who experienced re-removal were re-removed for the same reasons that were included in their initial referral to Early Childhood Court. Reasons include parental substance use disorder, domestic/intimate partner violence, and/or mental health concerns.
- Referral reasons that included a parental mental health concern were inclusive of mental health and either substance use disorder alone or substance use disorder and domestic/intimate partner violence combined. There were no re-removals in which the reason was a parental mental health concern alone.
- Those children with re-removal reasons that included a parental mental health concern had shorter times from case closure to re-removal than those with other reasons.
- The median time for all Early Childhood Court cases from case closure to re-removal is less than one year.
- Seventy-one percent of children who experienced a re-removal were not reaccepted back into Early Childhood Court after case closure.
- Most re-removal cases had a goal change to adoption or the immediate assumption of adoption as a concurrent goal upon re-removal.
- The longer a case is open in Early Childhood Court, the quicker the time to re-removal.

Analysis/Evaluation

In order to achieve the purpose of the Early Childhood Court recidivism protocols, the continuous quality improvement process (i.e. Plan-Do-Study-Act) is used to measure Early Childhood Court's success by site and statewide. This process is also used to ensure fidelity to the best practice standards and to support successful permanency for young children. Thoughtful, consistent analysis and evaluation are paramount to the continuous quality improvement process.

Considerations for analysis/evaluation include the following:

- The Early Childhood Court data tracking system is a module within the Florida Dependency Court Information System. The tracking system is designed to measure permanency outcomes and re-removal data of young children up to 5-years of age.
- Timely data collection and entry into the Early Childhood Court data tracking system is essential.
- Trends are detected by site and across the state.
- Stage of Early Childhood Court implementation at each site is noted

- ➢ Recidivism review worksheets (See Appendix A., iii.) are coded for data entry into the Early Childhood Court tracking system.
- ➢ The Office of Court Improvement conducts the following data reporting activities:
  - Regular review (e.g., monthly, quarterly, annually) of re-removal rates and permanency outcomes/timelines data by site and across the state
  - Regular review of re-removal case characteristics
- ➢ Comparison to non-Early Childhood Court re-removal rates and permanency outcomes is conducted:
  - By site
  - Across the state
  - Across the nation
- ➢ Early Childhood Court Recidivism Protocols and the *Recidivism Review Worksheet* are aligned with traditional dependency cases to allow for use in re-removal review for those cases.
- ➢ Alterations to the tracking system may include:
  - Adding an option for listing the reasons for Early Childhood Court referral (e.g. risk indicators, allegations) at any time during the case.
  - Adding a mechanism for capturing case data when there is a re-removal, but the case is not reaccepted into Early Childhood Court (i.e. re-start and re-end plus reasons for removal).

Early Childhood Court Recidivism Protocols

The protocols listed below are intended to serve as a guide for the court teams after an Early Childhood Court case re-removal. An accompanying recidivism review worksheet, which corresponds with the protocols is included in the appendices. These protocols may be adjusted for application for traditional dependency court cases as well.

1) Cases are subject to recidivism review when:
   - A previous or current Early Childhood Court child has been re-removed from a parent or caregiver due to allegations of abuse or neglect;
   - A sibling of a previous or current Early Childhood Court child has been removed or re-removed from the same parent or caregiver due to allegations of abuse or neglect;
   - A previous or current Early Childhood Court child is removed due to the death of a parent, caregiver, or sibling.
   - A new petition for dependency is filed pertaining to a prior Early Childhood Court parent or child.

2) Timeframe to schedule review conference and notice.
   - The Early Childhood Court community coordinator is responsible for identifying previous Early Childhood Court cases at the shelter or arraignment hearing. The

Florida Office of Court Improvement also provides monthly re-removal data to each site.

- Upon identification of a recidivism case, the community coordinator shall provide notice to all necessary parties that a Recidivism Review Conference will be conducted.
- The Recidivism Review Conference shall be scheduled no more than ten (10) days from the date of notice.
- Participants may appear in person, by videoconferencing, or by phone. In-person attendance is strongly encouraged.

3) Recidivism Review Conference participants (the court team) shall include the current (if open) or previous:

- Community coordinator
- Dependency case manager
- Guardian ad Litem volunteer
- Guardian ad Litem Program attorney/Orange County Bar Association Guardian ad Litem
- Parent attorney(s)
- Child Welfare Agency attorney
- Attorney ad Litem
- Service providers, such as the Child-Parent Psychotherapist, substance use treatment provider, etc.
- Child protective investigator(s)
- Other court partners (e.g., foster parents, relative caregivers)

Should the original court team be no longer available, representatives from each role shall participate in the review.

4) Documentation and Records.

- All invited Recidivism Review Conference participants should review and share any pertinent inquiries believed to be relevant to provide a thorough understanding of the matters that potentially contributed to unsuccessful permanency and/or repeated child maltreatment.
- Recidivism Review Conference participants should remain cognizant of the confidential nature of information gathered, as well as statutory and federal mandates providing strict protection of same. To avoid any obstruction or delay in receipt of information which may be relevant and important to any protocol review held before case closure, it may be necessary for the community coordinator to obtain a signed waiver and consent to the exchange or sharing of information from parents upon initial acceptance of a case into Early Childhood Court.
- To obtain a full picture of the circumstances that may have led to the re-removal, it is important to obtain input from former team members and providers in the review conference process. However, if those persons are no longer available or authorized

to release information, a new waiver of confidentiality and consent to exchange of information may be necessary in order to obtain the requested information.

5) Consideration and Completion of *Recidivism Review Worksheet*. (See Appendix A. iii. for sample Review Worksheet)
   - During the scheduled Recidivism Review Conference, the participants shall consider, discuss, and evaluate each item contained within the recidivism protocols.
   - The community coordinator shall complete the worksheet in response to the identified inquiries and upload the information into the Florida Dependency Court Information System – Early Childhood Court Tracking System. A report shall be generated by the community coordinator for quality improvement purposes.

6) Recommendation regarding new case process.
   - The court team, based on a thorough review and assessment of the re-removal, shall make a recommendation as to whether the case shall be considered appropriate for reacceptance into Early Childhood Court. This is based on the eligibility criteria and whether additional services and participation in Early Childhood Court again is likely to achieve sustained permanency for the child.
   - Review court team considerations related to *Early Childhood Court Best Practice Standards, I. Target Population, A, Eligibility Criteria*
   - If the court team should recommend that the family be reaccepted into Early Childhood Court, the community coordinator shall immediately file a *Request for Transfer of Case to Early Childhood Court* with the Court for consideration.
   - Should the court team determine that reacceptance to Early Childhood Court is not recommended, the *Recidivism Review Worksheet* shall be uploaded into the Florida Dependency Court Information System Early Childhood Court Tracking System, and the case record shall be updated with re-removal information. No further action shall be taken by the court team.

Considerations for Protocols

In addition to the broader goal of stopping intergenerational cycles of trauma, abuse, and neglect, the Early Childhood Court Recidivism Protocols more narrowly focus on the goal of standardizing the way in which Florida's Early Childhood Courts address re-removal cases. The following are considerations for Early Childhood Court cases upon a re-removal when considering whether the family should be reaccepted into Early Childhood Court.

Permanency

Early Childhood Court is a systems change initiative focused on how dependency courts, child welfare agencies, and local community partner organizations work together, share information, and expedite services for young children and move them toward permanent outcomes within one-year of removal, based on current Adoption and Safe Families Act federal guidelines. However, if there is a re-removal, there will be additional considerations. Understanding that

the reasons for re-removal will be complex, judges and community providers will have to determine parents' ability to address the issues presented upon re-removal in a timely manner. If it is clear that reunification is no longer a feasible goal due to risk factors and/or mandated timelines, alternative outcomes that have ideally already been explored through concurrent planning should be re-visited and implemented with urgency. Additionally, there is a goal to maintain all healthy connections and bonds for young children with all adults that have provided care in their short lives.

Permanency Outcomes

- **Reunification.** In accordance with Chapter 39, Florida Statutes, services are provided to achieve reunification, the preferred form of permanency for children, while a concurrent plan is in place to achieve permanency if the family is unable to reunify. True concurrent planning ensures that permanency goals are accomplished in a timely manner, especially in cases where the family is unable to be reunified successfully.

- **Adoption** is the best practice for the stability of young children when reunification is not feasible (39.621(2)(c)(3), Florida Statutes 2019), whether it be with a foster parent or relative/non-relative caregiver. If there is a previous foster home or relative placement for a child upon re-removal, their intentions to provide a permanent, forever home should be explored immediately.

- **Permanent Guardianship** is an option ratified by the court in cases in which it has been determined that reunification or adoption is not in the child's best interest (39.622(1) Florida Statutes 2019.) Permanent guardianship may be a viable option when a caregiver is hesitant to adopt, when the biological parents are teenagers, and/or when the biological parents are likely to complete a case plan shortly after the case plan expires.

Generally, the issues listed below should be explored on a case-by-case basis:

- Criteria used for acceptance into Early Childhood Court
- Number of times the child has been removed
- Number of times the parent has had other children removed
- Judicial engagement and decision-making
- Child-parent therapist recommendations throughout the case
- Child welfare agency attorney recommendations
- Parent attorney input
- Guardian ad Litem recommendations
- Whether the permanency goal has been achieved
- Concurrent plan
- Timelines to permanency
- Safety planning

- ➢ Transition visits: preparing and walking the children through transitions to a new caregiver (healthy goodbyes, healthy hellos)
- ➢ Stage of Early Childhood Court implementation at re-removal
- ➢ 12-month constraints in cases with substance use disorders and/or mental health
- ➢ Nuances in the circumstances surrounding the reasons for re-removal
- ➢ Noted objections by the court team prior to reunification or closure
- ➢ "Red flags" observed by the court team at reunification or closure
- ➢ Department of Children and Families Five Conditions for Return (See Appendix J for more information on the Five Conditions for Return)
- ➢ Progress in Treatment Assessment (PITA) scores at beginning of case and at reunification or closure (See Appendix I for more information regarding the PITA)

Services

To support standardization in re-removal cases and to follow Early Childhood Court best practices, the use of *evidence-based programs* is recommended where applicable and feasible. Many of the following services need to be administered by a credentialed and qualified provider.

Child Services

- ➢ Referral for an infant mental health assessment and evidence-based child-parent therapy intervention services should be made as soon as possible. In Florida, Child-Parent Psychotherapy is the primary type of child-parent therapy used as an intervention.
- ➢ Active involvement in infant mental health/child-parent therapy should begin within the first month of entering Early Childhood Court or as soon as is feasibly possible when considering any extenuating circumstances involved with the case.
- ➢ Infant mental health/child-parent therapy should be provided with fidelity to the respective intervention model chosen. If Child-Parent Psychotherapy is the selected intervention model, services should be provided by an infant mental health clinician who is in the process of being or has already been officially rostered with the Child-Parent Psychotherapy roster. The roster is maintained by the Child Trauma Research Program at the University of California-San Francisco.
- ➢ Referrals should be made for early intervention services such as physical therapy, speech therapy and occupational therapy, so that an appropriate assessment can be completed, and other appropriate services utilized. If a child has a developmental screening to identify developmental delays, eligibility for a wide range of services may be authorized by Part C of the Individuals with Disabilities Education Act (IDEA). To learn more about Part C of the IDEA, view or download: Healthy Beginnings, Healthy Futures: A Judge's Guide.
- ➢ The child should be provided with access to a high-quality early learning center.
- ➢ Medical, dental, and vision services should be provided.

- ➢ A safety plan should be created for the child.
- ➢ Any other necessary services should be provided for the child.

Parent Services

- ➢ Parents should receive services that match their original needs at the onset of the case, if still applicable, and that can address any additional needs identified during the case. Parent services include, but are not limited to, the following:
  - Substance use screening, assessment, and treatment
  - Medication-assisted treatment
  - Medication management
  - Mental health screening, assessment, and treatment
  - Trauma assessment and treatment
  - Participation in infant mental health/child-parent therapy, with the Progress in Treatment Assessment being completed at the start of services and end of services (reunification or closure)
  - Domestic violence/sexual violence support services
  - Batterers' Intervention Program
  - Couples counseling, if parents plan to stay coupled and if domestic/intimate partner violence is not a concern[2]
  - Housing and transportation assistance
  - Medical (including prenatal services), dental, and vision services

Family Services

- ➢ Families should receive services that match their original needs at the onset of the case, if still applicable, and that can address any additional needs identified during the case. Family services can include, but are not limited to, the following:
  - Monthly family team meetings
  - Monthly court hearings
  - Accessible and frequent parent-child interaction time or visitation (therapeutic in nature, when needed)
  - Caregiver supports (e.g. financial, therapeutic, inclusive)
  - Co-parenting
  - Reunification supports
  - Aftercare supports following case closure, including:
    - Support groups
    - Home visitation
    - Ongoing counseling
    - Head Start/early childhood education and childcare

[2] Batterers' intervention program completion is generally recommended (and in some states mandated) prior to other therapeutic interventions for IPV, such as couples' counseling, anger management, and family therapy (National Association for Court Management, 2017).

        - Early intervention services (Early Steps or developmental therapies and other services)
    - Prevention services prior to re-removal
    - Community supports for parents

Unmet or continuing needs for services at the time of reunification can increase reentry rates into out-of-home care (Metz, Bartley, Farley, & Cusumano, 2018). Post-reunification services, which connect families to community resources and enhance parents' ability to address their children's needs, enhance participant engagement in services; reduce the risk of harm to children, repeat maltreatment, and reentry into foster care; and increase the likelihood of sustained permanency (Metz et al., 2018; National Academies of Sciences, Engineering, and Medicine, 2016). In parent partner programs, parents who have successfully overcome the issues that led to their child welfare involvement serve as peer mentors and provide guidance, support, and education to other parents currently involved in the child welfare system. These programs increase service engagement and produce positive outcomes, including increased compliance with case plans and visitation, more frequent presence at court hearings, reduced parental stress, higher reunification rates, and decreased likelihood of the child's subsequent removal from the home and reentry into foster care (Berrick, Cohen, & Anthony, 2011; Bohannan, Gonzalez, & Summers, 2016; Enano, Freisthler, Perez-Johnson, & Lovato-Hermann, 2017; National Resource Center for In-Home Services, n.d.). For example, the Parents for Partners program, which educates parents about the dependency system, has been found to reduce parents' anxiety and other negative feelings about the child welfare process (National Council of Juvenile and Family Court Judges, 2011).

- See Early Childhood Court Best Practice Standards Commentary: V. Additional Treatment and Social Services; E. Post Reunification Treatment, Supports, and Services (See Commentary V. E.)

Case Characteristics

- Child demographics
- Parent demographics
- Relationship dynamics (e.g., with other important caregivers in the life of the child).
- Age of children at initial removal and at re-removal
- Timing of re-removal (i.e., during initial open case or after case closure)
- Life changes for the child between closure and re-removal
- Life changes for the parent after closure that may create additional stressors that may contribute to reasons for re-removal

Risk Factors

- The presence of domestic/intimate partner violence at any time during the case
- The Adverse Childhood Experiences (ACE) score for either the infant/young child and/or the parent(s) is elevated (i.e., a score of 4 or more across the ten ACEs surveyed)
- Parents' involvement in the child welfare system as a child, including the extent of their involvement and outcomes
- Lack of protective factors in the family's background, such as natural support systems, fictive kin, or extended family
- Five Conditions for Return not met (which conditions were not met?)
- The issues present at the time of the initial removal have not been alleviated
- New issues have arisen since the time of the initial removal
- New issues have arisen during the post-reunification period or since case closure
- Parent history of domestic/intimate partner violence
- Parent history of incarceration
- Identification of trauma experiences in infants/young children during the post-reunification period or at case closure
- Identification of trauma experiences in parents during the post-reunification period or at case closure
- Identification of special needs in infants/young children during the post-reunification period or at case closure
- Identification of special needs in parents during the post-reunification period or at case closure
- The parent's emergency plan and contact list

Reasons for Re-Removal/Re-Referral to Early Childhood Court

As previously mentioned, a re-removal, whether prior to or after case closure, should not be viewed as a failure on behalf of the family or the Early Childhood Court team. Rather, it is an opportunity to take a closer look at issues that may need further attention and to build upon the strengths that already exist in the family.

Re-Removals

Nationally, nearly one in three infants who were reunified with their parents returned to foster care. For infants who were placed with relatives, nearly one in seven returned to foster care (Wulczyn, Chen, Collins, & Ernst, 2011). Both national Safe Babies Court Team™ data and Florida's Early Childhood Court data showed fewer re-removals than traditional dependency courts. Safe Babies Court Team™ initial data consistently showed fewer removals, as 99.05% of young children served were protected from any further maltreatment (James Bell Associates, 2009). Newer data showed national rates for recurrence of maltreatment at 9.1% vs .7% in Safe Babies Court Team™ (Quality Improvement Center for Infant-Toddler Court Teams, 2018).

Florida Courts (2019) also found that between 2014 and 2018, young children served by Early Childhood Court, relative to those served by traditional dependency court, were re-removed at a lower frequency (6.2% vs. 9.8%, respectively). As part of the Florida Institute for Child Welfare's evaluation, Early Childhood Court recidivism was explored in Spring 2019, finding that 11.8% of 449 closed cases resulted in a re-removal: 4.7% prior to case closure and 7.1% after case closure (Magruder, 2019b). These increased rates were likely due to the evaluation's larger sample size as well as longer follow-up time (i.e., there was more opportunity for re-removal as a function of time).

It must first be determined if the case has been closed. If the case is closed and the court's jurisdiction has been terminated, then the re-removal of young children would result in a new dependency case. It is recommended that a recidivism review conference be held upon re-removal/shelter of the children with the original Early Childhood Court team members (as noted above in the protocols) to determine if the case meets the criteria for reacceptance into Early Childhood Court. The original Early Childhood Court team has the benefit of understanding the unique needs of the family and could offer insight on issues that may need further attention. The unavailability of all or some of the original Early Childhood Court team should not prevent the Recidivism Review Conference from occurring.

If the case is closed and the court retains jurisdiction, or if a case is still open and the young children have been reunified but are at risk of being re-removed, the Early Childhood Court team should reconvene and develop a therapeutic transition plan for the re-removal of these young children. It is recommended that they be placed with their pre-reunification placement/caregiver, if possible, to mitigate any trauma as a result of a re-removal.

The following circumstances should be considered carefully if the reasons for re-removal differ from the original allegations that brought the case into care:

- ➢ Parent incarceration
- ➢ Primary and secondary reasons for removal
- ➢ Parent/Caregiver relapse to a prior substance use disorder
- ➢ Death of a parent or caregiver and the cause of death (e.g. overdose, accident, natural causes, other)
- ➢ Parent disabled or impaired in such a way that he or she can no longer safely care for the young child
- ➢ Permanency outcome of the initial case

Considerations for Reacceptance into Early Childhood Court

TRADITIONAL DEPENDENCY COURT	EARLY CHILDHOOD COURT
• Capacity not considered • No court team approach • No family team meetings • Parents have no choice whether to participate • Trauma lens may not be commonly used • Infrequent hearings • No family team meetings • Possibly limited infant mental health/child-parent therapies available • No further tracking to permanency in the Early Childhood Court tracking system • A continuous quality improvement process not implemented	• Capacity considered • Court team approach resumes • Parents' voluntarily participate • Trauma lens is used • Monthly hearings resume • Family team meetings resume • Infant mental health/child-parent therapy interventions resume, regardless of goal • Data tracking in the Early Childhood Court tracking system resumes • A continuous quality improvement process is implemented

Summary

Florida's Early Childhood Courts began with a pilot through a grant through Florida State University in 2013. Over the past few years, it has been designated as a therapeutic problem solving court. Substantial data have already demonstrated significantly improved outcomes in permanency and well-being, as well as reduced rates of re-removal in Florida's Early Childhood Courts relative to traditional dependency courts. The newly adopted Florida Early Childhood Court Best Practice Standards will support statewide implementation and promote the standardization of court practices to achieve greater fidelity of the Early Childhood Court approach and consequent shorter times to permanency. With such practice improvements, fewer re-removals are anticipated. It is prudent for Early Childhood Courts to learn from the re-removals that have occurred in Early Childhood Courts as well as in traditional dependency courts and assess systemic improvements so that even better results can be achieved.

Appendices

Appendix A: Recidivism Review Materials

i. **Florida Early Childhood Court Best Practice Standards**

ii. **Early Childhood Court Recidivism Protocols Reference Sheet**

1) Cases subject to recidivism review involve a previous or current Early Childhood Court participant and:
   - Child(ren) re-removed
   - Sibling of child removed or re-removed
   - Death of a child, sibling, or parent
   - New petition for dependency filed pertaining to prior Early Childhood Court participant parent or child.

2) Timeframe to schedule review conference and notice.
   - The Early Childhood Court community coordinator is responsible for identifying previous Early Childhood Court cases at the shelter or arraignment hearing.
   - Upon identification of a recidivism case, the community coordinator shall provide notice to all necessary parties that a recidivism review conference will be conducted.
   - The recidivism review conference shall be scheduled no more than ten (10) days from the date of notice.
   - Participants may appear in person or by phone. In-person attendance is strongly encouraged.

3) Recidivism review conference participants shall include the current (if open) or previous:
   - Community coordinator
   - Dependency case manager
   - Guardian ad Litem volunteer
   - Guardian ad Litem Program attorney/Orange County Bar Association Guardian ad Litem
   - Parent attorney(s)
   - Child Welfare Agency attorney
   - Attorney ad Litem
   - Service providers, such as the Child-Parent Psychotherapist, substance use treatment provider, etc.
   - Child protective investigator(s)
   - Other court partners (e.g., foster parents, relative caregivers)

   **Should the original court team be no longer available, representatives from each role shall participate in the review.*

4) Documentation and Records.
   Documentation and Records.
   - All invited Recidivism Review Conference participants should review and share any pertinent inquiries believed to be relevant to provide a thorough understanding of the matters that potentially contributed to unsuccessful permanency and/or repeated child maltreatment.
   - Recidivism Review Conference participants should remain cognizant of the confidential nature of information gathered, as well as statutory and federal mandates providing strict protection of same. To avoid any obstruction or delay in receipt of information which may be relevant and important to any protocol review held before case closure, it may be necessary for the community coordinator to obtain a signed waiver and consent to the exchange or sharing of information from parents upon initial acceptance of a case into Early Childhood Court.

- To obtain a full picture of the circumstances that may have led to the re-removal, it is important to obtain input from former team members and providers in the review conference process. However, if those persons are no longer available or authorized to release information, a new waiver of confidentiality and consent to exchange of information may be necessary in order to obtain the requested information.

5) Consideration and Completion of *Recidivism Protocol Worksheet*. (See Appendix I. for sample Review Worksheet)
   - During the scheduled Recidivism Review Conference, the participants shall consider, discuss, and evaluate each item contained within the recidivism protocols.
   - The community coordinator shall complete the worksheet in response to the identified inquiries and upload the information into the Early Childhood Court Tracking System within the Florida Dependency Court Information System. A report shall be generated by the community coordinator for quality improvement purposes.

6) Recommendation regarding new case process.
   - The review team, based on a thorough review and assessment of the re-removal, shall make a recommendation as to whether the case shall be considered appropriate for reacceptance into Early Childhood Court. This is based on the eligibility criteria and whether additional services and participation in Early Childhood Court again is likely to achieve sustained permanency for the child.
   - Review team considerations related to Early Childhood Court *Best Practice Standards, I. Target Population, A. Eligibility Criteria*
   - If the review team should recommend that the family be reaccepted into Early Childhood Court, the community coordinator shall immediately file a *Request for Transfer of Case to Early Childhood Court* in the case for consideration by the Court.
   - Should the court team determine that reacceptance to Early Childhood Court is not recommended, the *Recidivism Review Worksheet* shall be uploaded into the Early Childhood Court Tracking System within the Florida Dependency Court Information System, and the case record shall be updated with re-removal information. No further action shall be taken.

iii. Recidivism Review Worksheet

FLORIDA EARLY CHILDHOOD COURT RECIDIVISM PROTOCOLS REVIEW WORKSHEET

The goal of Early Childhood Court is to improve timely permanency, stop the cycle of trauma, and reduce maltreatment for young children in the dependency court system.

Florida Early Childhood Court is searching for lessons that can be shared across sites as well as throughout the traditional dependency court system.

Early Childhood Court recidivism review conferences complement the Recidivism Protocols. They are important for implementation of the Early Childhood Court Best Practice Standards and for fidelity to the Early Childhood Court approach.

It is important for Early Childhood Court team members to understand that recidivism reviews are not about figuring out who made a mistake and how to reprimand those team members.

The goal of recidivism reviews is to get an unvarnished view from the court team participants about each unsuccessful reunification so that processes can be improved.

The families Early Childhood Court teams serve are complex and face many challenges; serving those families is never simple.

This worksheet will help court teams focus on the details of each Early Childhood Court re-removal and help organize the associated recidivism review conference. Much of the information in the worksheet has been automatically populated from the Florida Dependency Court Information System (FDCIS).

Special thanks to Dr. Neil Boris for the early implementation of the Early Childhood Court recidivism review process, and to the Dependency Court Improvement Panel Early Childhood Court Recidivism Workgroup members for their contributions to this effort.

FLORIDA EARLY CHILDHOOD COURT RECIDIVISM REVIEW WORKSHEET

(Fields will be auto populated from FDCIS. Date may be changed in Word doc.) Review Conference Date: *March 9, 2020*	*(Fields will be auto populated from FDCIS)* Site/County: *Hillsborough*
(Fields will be auto populated from FDCIS. Please remove FSFN #'s prior to circulating for review) Child(ren)'s Name, Age, Race, Gender, Ethnicity (if applicable), ACE score, and FSFN #: *Kendra, 0.03, Black, F, 5, 10000000*	
(Fields will be auto populated from FDCIS. Please remove FSFN #'s prior to circulating for review) Parents' Name, Age, Race, Gender, Ethnicity (if applicable), ACE score, and FSFN #: *Mom, 29, Black, F, 6, 2000000* *Dad, 29, Black, M, 9, 3000000*	
Community Coordinator: *Coordinator Extraordinaire*	*(Field will be auto populated from FDCIS)* Judge or Magistrate: *Judge Extraordinaire*
Review conference participants (names): *For example: mother's attorney, father's attorney, community coordinator, child-parent therapist, dependency case manager, Guardian ad Litem team members, child welfare agency attorney, foster parents, etc. Please note whether the participants are current or former case team members.*	
Parent(s) input: *Input to be provided here by parent(s) prior to review conference.*	

Permanency Timelines

(Fields will be auto populated from FDCIS) **Kendra timeline # 1** Removal Date: *2/27/2020* ECC Start Date: *2/27/2020* ECC Stop Date: *2/27/2020*

Closure Date: *N/A* Time from removal to closure is *N/A days.* **Kendra timeline # 2** Removal Date: *2/27/2020* ECC Start Date: *2/29/2020* ECC Stop Date: *3/1/2020* Closure Date: *N/A* Time from removal to closure is *N/A days.*

If case was closed in another permanency type, please adjust accordingly.

Case Summary

Case Summary narrative (court team input):	*Input to be provided here from each member of court team to build the summary (community coordinator, child-parent therapist/other service provider, dependency case manager, attorneys, Guardian ad Litem team members, foster parents, etc.)*
PITA scores Mother at intake: Mother at reunification: Father at intake: Father at reunification:	*(Progress in Treatment Assessment scores will be auto populated for both parents from FDCIS)*
Reasons for initial removal/referral to ECC and reasons for re-removal/re-referral to ECC:	*(Fields will be auto-populated here from FDCIS)* **Kendra timeline # 1** *Malnutrition/Dehydration; Mental health issues (of parent); Sexual abuse; Substance abuse (of parent)* Removal Drugs: *Benzodiazepines (e.g. Xanax, Ativan, Klonopin); Cocaine; Methamphetamine; Opioids- Heroin; Other* **Kendra timeline # 2** *Abandonment, mental health issues (of parent.)*
Case positives:	*Court team to provide input here.*
Red flags:	*(Fields will be auto-populated here from FDCIS)* **Kendra timeline # 2** *Concerns regarding medical neglect; Concerns regarding parental acknowledgement of safety; Conditions for return not met; Inadequate after-care plan; Inadequate co-parenting participation; Inadequate progress in PITA scores; Parents in new relationships* *Red flag(s) occurred prior to reunification ***Red flag(s) occurred at reunification** *(auto-populate)* *Red flag(s) occurred prior to closure

	*Red flag(s) occurred at closure
Other Red Flags:	*Any additonal concerns from court team provided here by court team.*
Systemic Issues	*Any systemic issues that impacted this case to be porvided here by court team.*
Five Conditions for Return	*Any concerns that the Conditions for Return were not satisfactorily met at reunification to be provided here by court team.*
Services provided:	*(Fields will be auto-populated here from FDCIS.)* **Kendra timeline #1** After Care Service; Employment Assistance; Housing Assistance; Medication Management; Participation in Infant Mental Health/Child-Parent Psychotherapy **Kendra timeline # 2** After Care Service; Medical, Dental, and Vision services; Participation in Infant Mental Health/Child-Parent Psychotherapy
Providers:	*Providers identified here by court team.*
Considerations for Reacceptance into ECC:	*(Fields will be auto-populated here from FDCIS)*
Goal change as a result of re-removal? (Yes/No)	*Response provided here by court team.*

CQI - Recidivism Review Action Plan

S M A R T Goals* & Action Steps *for this case*	**Time Frame**	**Persons Responsible**	**Follow-Up Activities**
Problem Statement: Goal: *(All to be provided by the court team)*			
Problem Statement: Goal:			

Problem Statement: Goal:			
Problem Statement: Goal:			
Problem Statement: Goal:			
S M A R T Goals* & Action Steps *for ECC site*	**Time Frame**	**Persons Responsible**	**Follow-Up Activities**
(All to be provided here by the court team) Problem statement: Goal statement:			
Problem statement: Goal statement:			
Problem statement: Goal statement:			

Problem statement: Goal statement: Problem statement: Goal statement:			
Problem statement: Goal statement:			

***S M A R T Goals: S**-Specific **M**-Measurable **A**-Achievable **R**- Realistic **T**-Timebound

Sample Smart Goal Statement: The community coordinator will enter outstanding ECC data into the tracking system during the last week of each month to promote timely data integrity.

Follow-up review date: _____

iv. Recidivism Review Conference Guide

Recidivism Review Conference Guide

1. Prior to the review conference, the community coordinator shall:
    a. upload removal information into the recidivism review worksheet
    b. schedule the review conference (in-person meeting, by conference call, or by using a virtual platform)
    c. circulate the ECC Recidivism Protocols and the review worksheet to the conference participants (after removing identifying information from the worksheet/or providing a password to protect identities)
2. During the review conference, the community coordinator shall:
    a. facilitate the review discussion by following the flow of the worksheet, allowing for all conference participants to provide input
    b. note participant input to include in the worksheet
3. Upon conclusion of the review conference, the participants shall:
    a. use the CQI approach to develop SMART goals that relate to the problem statements identified during the review conference
        i. for this case
        ii. for ECC

b. identify activities that relate specifically to the problem statements and will allow the goals set to be achieved in a timely manner
c. determine a date to revisit the status of each goal, activity, and outcome with the ECC court team

4. Upon completion of the review conference, the community coordinator shall: complete the worksheet, upload it into each removal child's record in FDCIS, and
    a. file worksheet with court if case is open
    b. circulate in writing if case is closed
5. The Office of Court Improvement shall provide technical assistance as needed and make reports available to each ECC site that includes the following data elements:
    a. permanency timelines
    b. re-removals
        - demographics
        - permanency timelines
        - reasons for re-removal
        - red flags
        - services provided
        - ACE scores of children and parents
        - Progress in Treatment Assessment (PITA) scores of parents
        - considerations for reacceptance into ECC
6. On the date determined by participants, the participants shall revisit the status of each goal, activity, and outcome with the ECC court team.

v. Progress in Treatment Assessment

Progress in Treatment Assessment

Child name: _____ DOB: _____ Date: _____

Evaluator(s) / Parent evaluated: _____

1. Degree of responsibility the parent assumes for state of child/children (the fact that the child has been maltreated)

0=parent accepts no responsibility for child's condition – such as does not think neglect/abuse has occurred, does not feel child has been impacted, blames others for contact with the system

1=parent accepts limited responsibility for child's condition – e.g. admits some problems may exist, does not feel child was impacted

2=parent recognizes that child was impacted by behavior and begins to accept personal responsibility

3=parent accepts personal responsibility for child's abuse/neglect and can provide convincing detail about ways in which child was impacted

2. Sustained awareness demonstrated by the parent of the need to change his/her own behavior

0=parent demonstrates no awareness of need to change his/her own behavior – e.g. feels unjustly accused or picked on

1=parent demonstrates limited awareness of need to change his/her own behavior - e.g. begins to voice awareness of problematic behavior

2=parent demonstrates some progress in awareness of need to change his/her own behavior and actively works to alter behavior, demonstrates changes in behavior – e.g. can describe problematic behavior and its impact on life

3=parent demonstrates significant progress in awareness of need to change his/her own behavior, consistently demonstrates change in behavior – e.g. parent reflects on impact of problematic behavior, details efforts made to alter behavior, awareness of impediments to changing problematic behavior

3. Evidence the Parent can put child/children needs ahead of their own needs

0=no evidence that parent can put needs of child ahead of their own – e.g. shows no ability to identify child's needs, actively resists suggestion that child's needs should be priority

1=limited evidence that parent can put child's needs ahead of their own needs – e.g. agrees when child's needs are pointed out, starting to identify child's needs but may focus on instrumental needs only

2=increasing evidence that parent can put child's needs ahead of their own, begins to identify and meet some basic emotional needs of child

3=significant evidence that parent can put needs of child ahead of their own – e.g. parent actively identifies and quickly meets instrumental and emotional needs of child, even if parent's wishes/needs may be sacrificed; parent values their ability to meet child's needs

4. Does not blame child for his/her maltreatment

0=parent actively and consistently blames child for his/her own maltreatment – e.g. cites child's "bad" behavior; states that child left the house in disarray, blames other children in the home for maltreatment, failure to clean up, etc.

1=parent sometimes or passively blames child for his/her own maltreatment

2=parent rarely blames child for his/her own maltreatment

3=parent does not blame child at all for his/her own maltreatment

5. Recognize need to address personal, marital, relationship problems to improve parenting

0=parent has no recognition of need to address personal, marital, or relationship problems to improve parenting – e.g., parent does not feel that any changes are necessary to deal with family involvement in child welfare

1=parent has limited recognition of need to address personal, marital, relationship problems to improve parenting, just beginning to identify relationship issues that impact parenting

2=parent has some recognition of need to address personal, marital, relationship problems – e.g., can identify several personal, marital, or relationship issues impacting parenting

3=parent has clear recognition of need to address personal, marital, relationship problems to improve parenting and continues process of addressing problems – e.g., actively participates with clinician in identification of issues and seeks ways to address issues

6. Recognition by parent of need to address substance abuse issues to improve parenting

0=parent has no recognition of need to address substance abuse issues – e.g., despite positive drug screens or being high in visits, parent denies drug use and/or its impact on parenting "everyone does it" "getting high doesn't affect my parenting" multiple excuses for failing to participate in treatment

1=parent has limited recognition of need to address substance abuse issues to improve parenting – e.g., occasional positive drug screens, may attend occasional meetings, attendance at drug treatment inconsistent

2=parent has some recognition of need to address substance abuse issues to improve parenting – e.g., more consistent attendance at drug treatment, attends 12-step meetings, obtains a sponsor

3=parent has significant recognition of need to address substance abuse issues to improve parenting – e.g., parent identifies effects of drug abuse on parenting, actively attends and values treatment, has obtained a sponsor and is actively, honestly working 12-steps, can identify a "home meeting" -- or "parent does not have substance abuse issue

7. Recognition by parent of need to address psychiatric disorder in order to improve parenting

0=parent has no recognition of need to address psychiatric disorder to improve parenting – e.g., parent does not feel that their mental state warrants intervention, shows active evidence of illness such as psychosis, marked depression, significant dysregulation

1=parent has limited recognition of need to address psychiatric disorder in order to improve parenting – e.g., somewhat able to identify psychological distress, unwilling to receive psychiatric evaluation to address issues

2=parent has some recognition of need to address psychiatric disorder to improve parenting – e.g., parent has participated in psychiatric evaluation but has not followed up on recommended intervention

3=parent has significant recognition of needs to address psychiatric disorder to improve parenting – e.g., actively engaged in psychiatric treatment, can identify ways in which psychiatric illness impacts parenting – or parent does not have psychiatric disorder

8. Willingness/capacity to cooperate with involved professionals in process of treatment

0=parent shows no willingness and/or capacity to cooperate with involved professionals in process of treatment – e.g., parent cannot be reached to schedule appointments, parent refuses all evaluation/treatment

1=parent shows limited willingness and/or capacity to cooperate with involved professionals in process of treatment – e.g., parent "no-shows" multiple appointments, parent refuses some interventions such as DV or drug treatment, parent seems unable to understand/integrate

treatment efforts, parent attends appointments but does not actively engage in treatment process

2=parent shows some willingness and/or capacity to cooperate with involved professionals in process of treatment – e.g., parent misses occasional appointments, at times, but generally engages actively in treatment, parent appears open to treatment process and shows some overall ability to benefit from process of treatment

3=parent shows significant willingness and/or capacity to cooperate with involved professionals in process of treatment – e.g., parent rarely misses appointments, thinks about treatment outside of session, actively brings issues to treatment for consideration, has incorporated information from treatment into day-to-day parenting

9. Potential for change, flexibility, and willingness to try different approaches within a time frame appropriate to child

0=parent shows no potential for change, flexibility, or willingness to try different approaches within time frame appropriate to child – e.g., parent unwilling to think about different approaches to parenting

1=parent shows limited potential for change, flexibility, or willingness to try different approaches within time frame appropriate to child – e.g., parent shows beginning willingness to try different approaches, seems inflexible in approach to parenting child, not open to change

2=parent shows some potential for change, flexibility, or willingness to try different approaches within time frame appropriate to child (e.g., parent demonstrates flexibility, willingness to change in some areas

3=parent shows significant potential for change, flexibility, or willingness to try different approaches within time frame appropriate to child and implements changes – e.g., shows flexibility, demonstrates change in most areas

10. Makes use of available community resources needed to assist family

0=parent makes no use of available community resources needed to assist family – e.g., parent makes no attempt to follow up on suggestions re: housing, food stamps, other resources to assist family

1=parent makes limited or inconsistent use of available community resources needed to assist family – e.g., even when parent is directed to community resources, makes little effort to pursue resources for family

2=parent makes some use of available community resources needed to assist family – e.g., begins to independently seek, make use of community resources

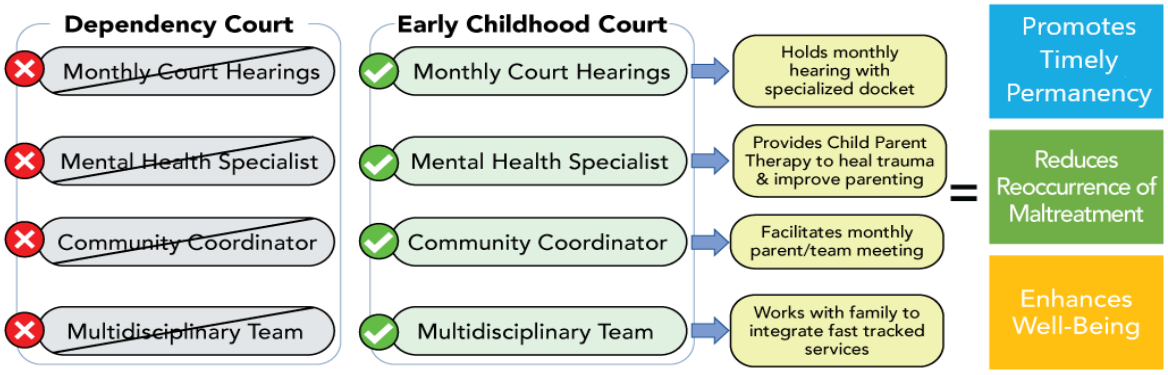
3=parent makes significant use of available community resources needed to assist family – e.g., independently seeks a variety of community resources, collaborates with agencies in meeting needs of family, makes good use of community resources

Appendix B: Early Childhood Court Background

Florida's Early Childhood Court is based on ZERO TO THREE's Safe Babies Court Team™ approach. The Safe Babies Court Team™ approach aims to protect very young children from further maltreatment while addressing trauma and identifying the systemic child welfare barriers that families face on their path to success (Florida Supreme Court, 2019). The Safe Babies Court Team™ approach has been designated as "promising" on the California Evidence-Based Clearinghouse for Child Welfare and Child-Parent Psychotherapy, the primary therapeutic intervention, is also evidence-based (CEBC, 2018.)

Florida's Early Childhood Courts have adapted the Safe Babies Court Team™ approach to include the leadership of trauma-informed judges, integrated multidisciplinary teaming, fast tracked service identification by a community coordinator, monthly parent-team meetings and judicial hearings, and child-parent therapy. This combination of components promotes healthy child development while simultaneously getting children to a permanent, stable home in less time and with fewer re-removals than traditional dependency court. Internal data analyses by the Office of Court Improvement demonstrated initial positive outcomes for Florida Early Childhood Courts. Specifically, children served by Early Childhood Courts reach permanency significantly sooner (i.e. on average 4.5 months sooner for all types of permanency and 8.5 months faster for reunification) and are re-removed at a lower frequency than children served by traditional dependency court (6.2% vs. 9.8%; Florida Courts data analysis, 2018, 2019)

How is Early Childhood Court Different than Traditional Dependency Court?



Appendix C: Florida's Early Childhood Court Outcomes

Florida's Office of Court Improvement maintains an Early Childhood Court Tracking System. Using Florida's Dependency Court Information System, the Office of Court Improvement compiled these data and compared the permanency and safety of Early Childhood Court children who ranged in age from 0- to 3-years (at the time of removal) to a random sample of non-Early Childhood Court (but comparable) children over a five-year period. The matched sample consisted of approximately 360 children in Early Childhood Court and non-Early Childhood Court from 2014 to 2018 in the Florida Dependency Court Information System. Of the 353 closed cases, 49% (n=173) were reunified with a parent, 37% (n=134) were adopted, and 13% (n=46) were in a permanent guardianship. Early Childhood Court children achieved permanency more quickly regardless of the type of permanency that was achieved (whether reunification, adoption, or permanent guardianship).

Average Time to Permanency by Traditional and Early Childhood Courts

	Early Childhood Court	Traditional	Difference for Early Childhood Court
Overall permanency*	553 days	695 days	142 days less
Reunification	477 days	736 days	259 days less
Adoption	697 days	699 days	2 days less
Permanent Guardianship	453 days	683 days	230 days less
Re-removal	6%	10%	40% less

**Overall permanency = mean time across all types of permanency: reunification, adoption, and guardianship.*

The Florida Institute for Child Welfare (hereinafter, the Institute) conducted a mixed methods evaluation of Florida's Early Childhood Courts in 2018-2019. Much of this evaluation focused on process, including fidelity to the Early Childhood Court approach based on the *Florida Early Childhood Court Best Practice Standards*. Importantly, although Early Childhood Court teams were aware of the *Best Practice Standards* at the time of the evaluation, these standards were still awaiting approval by the Florida Supreme Court. The *Best Practice Standards* were approved by the Florida Supreme Court in November 2019. Results of this evaluation showed that statewide, Early Childhood Court is operating with beginning fidelity (i.e., meeting 30% of the *Best Practice Standards*); however, most individual Early Childhood Court sites are operating with developing fidelity (i.e., meeting 40-60% of the *Best Practice Standards*; Magruder, 2019a). Surveys and interviews with Early Childhood Court professionals indicated that they feel self-efficacious in their roles, perceive high levels of team synergy, and support their team's decisions (Magruder, 2019a; Magruder, Tutwiler, & Pryce, 2018). Interviews with parents and caregivers found an overall satisfaction with Early Childhood Court, with the view that the approach is more family-friendly than traditional dependency court (Mackie, Foti, Agu, & Marshall, 2019).

Preliminary cost analyses indicated that when the shorter time to permanency for Early Childhood Court cases is taken into account, personnel labor costs (i.e., salary and fringe) are less for Early Childhood Court ($18,422) than for traditional dependency cases ($22,561; Quast, Marshall, & Magruder, 2019). This reduction in costs, coupled with Early Childhood Court's better permanency outcomes, suggested that Early Childhood Court should be viewed as the recommended approach (i.e., outcomes are better and time to permanency is shorter). Notably, this analysis is not comprehensive of all costs, such as out-of-home care. Additional research across four states in disparate areas of the country found higher costs for the Safe Babies Court Team™ approach ($29,499) versus a traditional approach ($19,218) when additional expenses are included, such as Medicaid reimbursement and out-of-home care costs (Foster & McCombs-Thornton, 2012). Still, even with higher initial expenses, the researchers concluded that 70% of Safe Babies Court Team™ -related direct costs are recouped within the first year if re-removal does not occur. Thus, additional long-term savings are possible.

Assuming the Institute's evaluation of labor costs for all the young children who are 0- to 3-years of age in the system as of 1/9/2019, Florida is currently spending an estimated $22,561 per young child in traditional dependency x 13,175 children for a total of $297 million. If all these same young children were served in Early Childhood Court at labor costs of $18,422, the total estimated cost would be $242.7 million. Such estimates suggest a savings of $54.5 million in labor costs if Early Childhood Court were used (Florida State University Center for Prevention and Early Intervention Policy, 2019).

Appendix D: Adverse Childhood Experiences and Toxic Stress

Adverse Childhood Experiences

In preparation for constructing the Early Childhood Court Recidivism Protocols, the Early Childhood Court Recidivism Workgroup began its work with a closer examination of *adverse childhood experiences* (*ACEs*). ACEs include a variety of abuse and neglect experiences (i.e., physical, sexual, and emotional) as well as various household dysfunction experiences (i.e., having a parent who is substance-involved, incarcerated, or diagnosed with a psychiatric condition; domestic violence; and divorce; Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, & Marks, 1998). Of particular note, ACEs generally are viewed as intergenerational in nature, with parents repeating the same patterns with their own children that they experienced when they were children themselves (Berlin, Appleyard, & Dodge, 2011). Further, seminal works by Dr. Felitti and colleagues (1998; Edwards, Holden, Felitti, & Anda, 2003) that examined a national sample of approximately 18,175 adults between 1995 and 1997 suggested that experiencing four or more ACEs during childhood put an individual at significant risk for a variety of problematic physical (e.g., cancer) and psychological (e.g., substance misuse, depression) outcomes.

Later examinations of ACEs have suggested that they are related to a variety of other problematic outcomes as well. For example, research examining 22,575 delinquent youth involved with the Florida Department of Juvenile Justice suggested that ACEs increase an

individual's risk of becoming a serious, violent, and chronic offender by the age of 35-years. In fact, each additional ACE increased the likelihood of an individual exhibiting severe criminal behavior, with ACEs having predictive value above and beyond any other risk factors that were examined (Hahn Fox et al., 2015). In addition, Kolomeyer, Renk, Cunningham, Lowell, and Khan (2016) found that ACEs predicted negative parenting behaviors in a national sample of mothers. Of particular concern in cases of re-removal from parents, maternal separation, and multiple placements (i.e., risk factors associated with foster care) can counteract the action of protective factors on childhood adversities. Consequently, child welfare services should work to preserve and strengthen families so that the number of ACEs experienced before and during foster care can be reduced (Bruskas & Tessin, 2013).

It is noteworthy that the sample from the original ACEs study was composed mostly of individuals who were middle/upper-middle class and Caucasian. Consequently, those individuals from lower socioeconomic and/or diverse racial groups who already may be characterized by a variety of risk factors also would be at an increased risk for experiencing ACEs. In fact, a study designed to specifically examine the frequency of conventional ACEs as well as community-level ACEs in more diverse samples (e.g., with regard to income and cultural diversity) noted that those individuals who are from lower income and culturally diverse backgrounds tend to experience more ACEs than those in the national sample examined in the original ACEs study (Cronhom, Forke, Wade, Bair-Merritt, Davis, Harkins-Schwarz, Pachter, & Fein, 2015).

Toxic Stress

The Harvard Center for the Developing Child defined tolerable stress as occurring for a child when a trusted caregiver helps them cope with difficult experiences. What was tolerable with support becomes intolerable in the absence of a familiar caregiver, however. Without this buffering adult, stress can become toxic, resulting in physical and mental health problems. Toxic stress is particularly damaging during the first three years of life when a young child's stress response system develops rapidly. The early postnatal period is a particularly vulnerable time in development. Persistent toxic stress during this early period can alter the stress response system, with stress hormones (e.g., norepinephrine, cortisol) becoming dysregulated (Bremner, 2005). Prolonged experiences of traumatic stress can result in the shrinkage of brain areas responsible for learning and memory and can affect regulation (Newberger, 1997) as well as in higher resting heart rates, high levels of stress hormones, and poor sleep patterns (McHale, 2013). Such alterations may be the source of susceptibility to inflammatory processes that promote problematic physical and psychological outcomes when ACEs have been present during childhood (as noted above).

Given the potential long-term impacts of ACEs and toxic stress, early supportive relationships and appropriate intervention is important to prevent the occurrence of additional ACEs while promoting continued healthy child development. This point is particularly important to consider in dependency cases involving re-removal. Certainly, research has suggested consistently that earlier intervention, particularly during a child's first years, is best. Fortunately, ACEs are not an

intractable problem, but rather can be buffered by nurturing relationships and promoting resilience and positive childhood experiences. The first five years of life are the most pivotal opportunity for establishing a strong foundation for lifetime well-being. Fostering safe, nurturing relationships for children can promote their well-being and protect them from toxic relationships (Bethel et al., 2019).

Appendix E: Attachment and the Impact of Trauma

Secure attachment between an infant/young child and a consistent, caring caregiver is a critical foundation for lifelong mental health and emotional well-being. The quality of the caregiver-infant/young child relationship is derived from an infant/young child having repeated experiences of attachment needs being met and a caregiver's consistent provision of comfort, support, nurturance, and protection. Variations in the caregiver's sensitivity and responsiveness to the needs of an infant/young child leads to variations in the quality of attachments.

The precursors of attachment are present early, as newborns can recognize their caregiver's voice, odor, and face. By nine months of age, infants selectively seek comfort, support, nurturance, and protection from familiar caregivers and begin to protest when separated from these familiar caregivers. Stranger anxiety emerges when unfamiliar adults approach, and infants seek the physical closeness of a "secure base" when they are distressed, uncertain, or frightened. This combination of stranger anxiety, secure base seeking, and preference for a familiar caregiver is evidence of a beginning attachment. Routine caregiving and nurturing continue to build the attachment relationship over time. See Bowlby (1988) and Boris and Renk (2017) for more information.

Separation from important attachment relationships, even when they are unhealthy, can be painful for young children. Secure base relationships buffer stress. Losing an attachment figure who helps the infant/young child to cope in the face of challenges can create a serious risk for long-term harm for that infant/young child, especially if there is no other available and appropriate attachment figure. Stress that was tolerable with a familiar caregiver becomes intolerable without this secure relationship.

The sooner that young children are settled in safe, stable placements, the more likely that these problems can be prevented. Early Childhood Courts help families address these collective issues with fast tracked, trauma informed services. Biological parents can be reunified with their infants and young children as soon as possible, but concurrent planning efforts ensure that

Common signs of distress in infants include sadness or flat affect, lack of eye contact, failure to thrive, lack of responsiveness, preference for a "stranger" relative to a familiar caregiver, and/or rejection of being held or touched. For toddlers, common signs of distress may be similar, particularly an apparent lack of attachment or an indiscriminate preference for random adult caregivers. Toddlers also exhibit behavioral challenges, such as disinterest in toys, withdrawal, frequent and unprovoked aggression, and/or problems in bodily functions (e.g., lack of appetite, nightmares, or other sleep problems). For preschoolers, there may be a lack of exploration, as preschoolers may become hypervigilant about something bad happening. Preschoolers also may exhibit repetitive play about a frightening event as children try to make sense of what happened, or they may refuse to play at all. Skills regression is common as children revert to baby talk or thumb sucking, lose toileting skills that had been acquired previously, and/or exhibit escalating behavioral challenges (e.g., attention deficits, aggression), especially when young children are left to "cry it out" or struggle with emotions on their own.

Young children, especially toddlers, can be overwhelmed by emotions and depend on trusted caregivers to help them calm down and learn to control their behaviors (i.e., to organize their feelings). Children with disrupted relationships often do not develop the capacity to manage stress or to self-regulate, with such difficulties mimicking challenging behavior. The higher-level prefrontal cortex (or the "thinking part of the brain") is hijacked by the amygdala (the fear center of the brain), so that every situation is processed in survival mode. Impacted young children instinctively respond to perceived threats with fight, flight, or freeze responses that can cause problems for learning, controlling impulses, and maintaining relationships (Streeck-Fischer & van der Kolk, 2000). Being on chronic high alert contributes to health and relationship problems, sleep and eating disruptions, as well as difficulty managing emotions and controlling impulses. The accumulation of these behaviors makes it challenging for the relatives, foster families, and childcare professionals who care for these children. Of particular relevance to the Early Childhood Court Recidivism Protocols, these behaviors also contribute to failed adoptions, expulsions from childcare centers and preschools, and multiple disrupted placements, as young children move from home to home (a process that undoubtedly can be retraumatizing to young children).

alternate appropriate placements (e.g., with relatives, through adoption) are being explored and can be pursued as soon as possible when reunification is unlikely. Timely permanency is accomplished through a combination of intensive services.

A multidisciplinary team lead by a community coordinator fast tracks integrated services so that families can complete their case plans as expediently as possible. Infants and young children need substantial amounts of regular contact with caregiving adults in order to sustain meaningful attachments, so frequent visitation and family time is encouraged. Most parents involved in the child welfare system struggle with their own unresolved early adversities, including substance abuse, early childhood victimization, psychosocial maladjustment, stress mismanagement, and self-esteem deficits (Hesselink & Booyens, 2016). Any or all of these adversities may make parents unable to properly support and nurture their children (Lenings et al., 2014).

The primary evidence-based intervention for Florida's Early Childhood Court is Child-Parent Psychotherapy, which is one of the few interventions proven to work for children ages 0-5 and their families in child welfare. It is meant to strengthen parenting skills and enhance family functioning while simultaneously addressing the emotional needs of both the parents and the infant/young child, thereby healing trauma, building parenting capacity, strengthening the parent-infant/young child relationship, and promoting stable reunifications.

Appendix F: Costs and Savings Estimates

Estimated Recidivism Savings

	For All 0-3 in Out-of-Home Care	Recidivism Rate	Total Labor + Out-of-Home Costs	Total Recidivism Costs & Savings
Traditional Courts	13,175 children	12.8% =1686 children	$33,201 cost	$55.9 million
Early Childhood Courts	13,175 children	7.1%= 935 children	$26,915 cost	$25.2 million
Estimated Annual Savings with Early Childhood Court			$6,286 savings	**$30.8 million savings**

Potential Recidivism Savings

Using a similar time frame and similar age group, a recent report from the Florida Department of Children and Families Office of Child Welfare (2019) showed a 12.8% recidivism rate for traditional dependency cases, whereas the Florida Institute for Child Welfare evaluation (2018-2019) showed a 7.1% recidivism rate for Early Childhood Court cases. Such estimates can be informative for the computation of cost savings estimates. With 13,175 children who were under three years of age in care as of 1/9/2019, the traditional dependency case 12.8%

recidivism rate would result in a total of 1,686 children being re-removed. At a case cost of $33,201, a total of $55.9 million would be spent on re-removals. In contrast, the Early Childhood Court 7.1% recidivism rate would result in a total of 935 children being re-removed. At a case cost of $26,915, a total of $25 million would be spent on re-removals, saving an estimated $30 million annually (FSU CPEIP, 10/29/19).

Cost estimates are preliminary and calculated by Florida State University Center for Prevention and Early Intervention Policy (10/28/19). For more information, contact Dr. Mimi Graham at mgraham@fsu.edu.

Appendix G: Intimate Partner Violence

Considerations for intimate partner violence/domestic violence

While type and severity of the intimate partner violence incident should be taken into consideration, intimate partner violence in all its forms can cause physical and/or psychological harm (Centers for Disease Control and Prevention, 2019a). Research has consistently demonstrated the negative impacts of witnessing intimate partner violence in childhood, such as internalizing and externalizing problems (Evans, Davies, & DiLillo, 2008). Any incident in which the child has witnessed the abuse, whether or not there was co-occurring child maltreatment, should be considered an adverse childhood experience (CDC, 2019b). Survivors who do work might experience employment instability due to on-the-job harassment, loss of work hours, and loss of employment (Showalter, 2016). This is particularly important in the context of dependency court as parents are often required to acquire new resources for their families (e.g., housing, employment). Note: this point is not intended to place blame on the victimized parent, but rather help the professionals who serve them to better understand the additional supports that might be needed within dependency court.

It is also important to promote empowerment of victimized parents and acknowledge that they often know what is best for themselves in terms of safety. In some instances, victimized parents remain in abusive relationships out of fear of greater retaliation for leaving, including a fear that the abuser will hurt or kill the child (National Coalition to End Domestic Violence, n.d.). Sometimes survivors are mistakenly identified as perpetrators even if they cite that their use of violence was a defensive response to abuse (Stuart et al., 2006). Removals may also occur in instances of "failure to protect" a child from witnessing intimate partner violence, though this may not acknowledge steps one or both partners took to attempt to avoid this. Notably, researchers have found that child protective services workers frequently focus on the actions of intimate partner violence victims, as opposed to abusers, particularly as it relates to failure to protect (Lapierre & Côté, 2011).

Within the child welfare system, abusers might continue to exert power and control over their victims. This can include "paper abuse," such as unnecessary lawsuits and false child maltreatment allegations (Miller & Smolter, 2011, p. 637) as well as intentional prolonging of the case and custody/visitation or child support battles (Watson & Ancis, 2013). Importantly,

within civil and criminal court, women who have experienced intimate partner violence report positive treatment by court personnel, quick and efficient processes, and referrals to resources as helpful (Bell, Perez, Goodman, & Dutton, 2011). Conversely, victims reported unwelcoming or unkind court personnel, feeling "rushed" or "like a number" (p. 79), and feeling "exposed" (p. 80) due to the public nature of the court as harmful (Bell et al., 2011).

Given these considerations, Early Childhood Court sites should assess for the following upon recidivism:

Risk for recurrent intimate partner violence. What are the intimate partner violence histories of both partners? Is this the first time the child has been removed due to intimate partner violence? Do the partners plan to remain together? Is the perpetrator a parent, stepparent, or another parent figure in the child's life? That is, is it reasonable to expect this person to be in the child's life for the foreseeable future?

Ongoing parent and child safety. Is the victimized partner in contact with a victim advocate or other intimate partner violence-related provider for support? If not, are they willing to be connected with an agency or professional who can offer specialized support and resources? Does the victimized partner have a safety plan in place? If not, are they open to discussing a safety plan with a professional?

Context of perpetration. Is the perpetrator the same or a new partner? Was there bidirectional violence? That is, were both adults using violence against one another? Is there any reason to believe the perpetrator was acting in self-defense? Did one or both partners attempt to reduce the likelihood of the intimate partner violence and/or the child witnessing the intimate partner violence (e.g. going outside, removing the child from the immediate vicinity, calling for help)?

Early Childhood Court site capacity. Are Early Childhood Court professional team members knowledgeable about the dynamics of intimate partner violence? Can the Early Childhood Court site support the family in remaining safe throughout the life of the case? For example, can compliance with orders of protection be accommodated (i.e., at family team meetings, court hearings, supervised visitation sessions, etc.)? Are there specialized intimate partner violence services available in the community? Is there an intimate partner violence advocate or service provider willing and available to serve on the Early Childhood Court team?

Those who have experienced intimate partner or domestic violence may identify as either a "victim" or a "survivor." To honor both preferences, we use the terms interchangeably throughout this section.

Appendix H: Substance Use Disorder & Mental Health

Considerations for parents/caretakers with mental health and/or substance use issues
It is estimated that one in five minor children have a parent with a mental illness (Reedtz, Lauritzen,et al). Children of parents with a serious mental illness are at risk of developing mental illness themselves. Parental mental illness often impairs parenting skills, the quality of care provided for the children, and parent-child interactions. These impairments may include reduced involvement with the child(ren), insensitivity, hostility, rejection, neglect, and potential abuse.

The early years of childhood are the most crucial time period as children are learning to attach to their caregivers. If the caregivers are unable to respond to the child's needs, the child's attachment relationships may suffer. Young children learn to form attachments by consistent, attuned interactions with their caregivers. Insecure, and especially disorganized, attachments between young children and their caregivers are known to be a risk factor for subsequent psychosocial issues (Zeanah and Zeanah, 2018).

Nationwide, it is estimated that about one in eight children aged 17 or younger live in households with at least one parent who had a past year substance use disorder (Lipari and Van Horn). Children whose parent(s) have a substance use disorder are at risk of experiencing parental abuse or neglect or they may be endangered when the parent or caregiver's substance use interferes with their ability to provide a safe, nurturing environment. These children may experience difficulties in academic and social settings, are at an increased risk of experiencing medial problems, psychosocial and behavior challenges, and commonly experience educational delays and inadequate medical or dental care. They are also at risk of experiencing indirect effects, such as fewer household resources and a lower socioeconomic status. Children with parents or caregivers with substance use disorder are at a greater risk of experiencing mental health or behavioral health problems, including substance use disorder themselves.
Given these considerations, Early Childhood Court sites should assess for the following upon recidivism:

Parental mental health concerns. What is the mental health history of both parents? Are the parents able to provide adequate parenting to the child(ren)? Have the parents been hospitalized under a Baker Act in the last year? If so, how many times? Are the parents in treatment for their mental health concerns? If not, would they benefit from treatment?

Parental substance use disorder concerns. What is the substance use disorder history of both parents? Are the parents able to provide adequate parenting to the child(ren)? Are the parents, or have they in the past, receiving treatment for substance use disorder? If not, would they benefit from treatment?

Child mental health and substance use concerns. Is the child displaying any mental health concerns? Is the child's functioning at home, school, or community impacted by any mental health concerns? Has the child been hospitalized under a Baker Act in the last year? If so, how many times? Would the child benefit from any counseling services due to their own mental health needs or due to the mental health/substance use disorder of the parent(s)? Has the child's ability to form attachments with others been impaired? Is there any reason to suspect that the child is using substances (including taking parents prescription medications, smoking cigarettes, or vaping) themselves?

Early Childhood Court site capacity. Are the Early Childhood Court professional team members knowledgeable about child development and attachment theory? Are they knowledgeable about mental health or substance use disorder treatment services available in their area? Can the Early Childhood Court site support the family in remaining safe throughout the life of the case? Do the parents have insurance or Medicaid to provide access to needed services? If not, does the Early Childhood Court team know how to refer the parent to community behavioral health providers that serve individuals who are uninsured or underinsured? Are there specialized services available in the community, such as Child Parent Psychotherapy?

Appendix I: Progress in Treatment Assessment

The Progress in Treatment Assessment is a tool designed to assist in assessment of progress for families in Early Childhood Court. It was developed by the Tulane University Infant Team over a period of years of working with families in dependency court (Zeanah et al., 2001). The ten indicators were derived from a review of factors related to successful reunification and then collated into a tool to assist child welfare teams in the often-difficult process of assessing the family's progress in treatment. Ideally, the Progress in Treatment Assessment would be reviewed at a regular interval (e.g., monthly) to document progress (or lack thereof) of one or more caregivers. The Progress in Treatment Assessment provides the intervention team and the family with a common rubric and language for describing treatment progress. The Progress in Treatment Assessment also helps the clinician to report on progress by focusing on domains known to be related to successful reunification rather than divulging personal information. The Progress in Treatment Assessment can be reviewed directly with family members as it makes it clear how their progress is being measured and what key changes in family function need to be made. In this way, the Progress in Treatment Assessment is a tool that provides transparency and sets expectations for caregivers of children in out-of-home care. In cases where there is termination of parental rights, the Progress in Treatment Assessment provides evidence over time that progress was not sufficient to warrant reunification. Likewise, in cases of reunification the Progress in Treatment Assessment documents the progress made, giving the team and judge more reassurance that the child will be safe when returned to the parents.

Appendix J: Conditions for Return

The Florida's Department of Children and Families Operating Procedure, March 15, 2018 CFOP 170-7, include Conditions for Return, which describe what must exist or be different with respect to specific family circumstances, home environment, caregiver perception, behavior, capacity and/or safety service resources that would allow for reunification to occur with the use of an in-home safety plan. While the statements are based on the common criteria that must be met in order to establish an in-home safety plan, they are uniquely tailored to the specific behaviors, circumstances, or conditions of each family.

The criteria for Conditions for Return are as follows:
(1) Whether or not the parent(s)/legal guardian(s) were willing for an in-home safety plan to be developed and demonstrated that they would cooperate with all identified safety service providers.
(2) Whether or not the home environment was calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely.
(3) Whether safety services (formal or informal) were available at a sufficient level and to the degree necessary in order to manage the way in which impending danger manifests in the home.
(4) If a professional evaluation is needed, what needs to be learned from the evaluation in order to develop an in-home safety plan?
(5) If the parent(s)/legal guardian(s) do not have a physical location in which to implement a plan, what needs to happen in order to have a location?

If all five of the conditions for return are met, the children can be reunified with their parent(s). These must be met for reunification to occur.

Appendix K: References

Adoption and Foster Care Analysis and Reporting System https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport26.pdf

Adoption and Safe Families Act https://www.govinfo.gov/content/pkg/PLAW-105publ89/pdf/PLAW-105publ89.pdf

Berlin, L. J., Appleyard, K., & Dodge, K. A. (2011). Intergenerational continuity in child maltreatment: Mediating mechanisms and implications for prevention. *Child Development*, *82*(1), 162-176.

Berrick, J.D., Cohen, E., & Anthony, E. (2011). Partnering with parents: Promising approaches to improve reunification outcomes for children in foster care. *Journal of Family Strengths, 11*(1), 1–13.

Bethel, C., Jones, J., Gombojav, N., et al. (2019). Positive childhood experiences and adult mental and relational health in a statewide sample: Associations across childhood experiences levels. *JAMA Pediatrics, 173* (11), e193007. doi:10.1001/jamapediatrics.2019.3007

Bohannan, T., Gonzalez, C., & Summers, A. (2016). Assessing the relationship between a peer-mentoring program and case outcomes in dependency court. *Journal of Public Child Welfare, 10*(2), 176–196.

Boris, N. W., & Renk, K. (2017). Beyond reactive attachment disorder: How might attachment research inform child psychiatry practice? *Child and Adolescent Psychiatric Clinics of North America, 26,* 455-476.

Bowlby, J. (1988). *A secure base.* New York: Basic Books.

Bremner, J. D. (2005). Does stress damage the brain? *Phi Kappa Phi Forum, 85,*1-7.

Bruskas, D., & Tessin, D. H. (2013). Adverse childhood experiences and psychosocial well-being of women who were in foster care as children. *The Permanente Journal, 17* (3), e131-e141.

California Evidence-Based Clearinghouse for Child Welfare [CEBC]. (2018). *The Safe Babies Court Team.* Retrieved January 7, 2019 from http://www.cebc4cw.org/program/safe-babies-court-teams-project/detailed

Casanueva, C., Harris, S., Carr, C., Burfeind, C., & Smith, K. (2018). Helping young children and their families: Outcomes among families at Safe Babies Court Team sites. *Zero to Three, July* 29-37,

Cronhom, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American Journal of Preventive Medicine, 49*, 354-361.

Edwards, V. J., Holden, G. W., Felitti, V. J., & Anda, R. F. (2003). Relationship between multiple forms of childhood maltreatment and adult mental health in community respondents: Results from the adverse childhood experiences study. *The American Journal of Psychiatry*, *160*, 1453-1460.

Enano, S., Freisthler, B., Perez-Johnson, D., & Lovato-Hermann, K. (2017). Evaluating Parents in Partnership: A preliminary study of a child welfare intervention designed to increase reunification. *Journal of Social Service Research, 43*(2), 236–245.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, *14*(4), 245-258.

Florida Courts. (2018). *Early Childhood Court comparative analysis.* Retrieved March 28, 2019 from https://www. courts.org/content/ download/426436/4628572/early-childhood-court-comparative-analysis.pdf

Florida Courts. (2019). *Early Childhood Courts.* Retrieved April 24, 2019 from https://www. courts.org/Resources-Services/Court-Improvement/ Problem-Solving-Courts/Early-Childhood-Courts

Florida Center for Child Welfare, CFOP 170-07, Chapter 9. http://centerforchildwelfare.org/kb/DCF_Pol/CFOP_170/CFOP170_7-Ch9.pdf

Florida Department of Children and Families. (2019). Dashboard home: Children entering out-of-home care – statewide. Retrieved October 2, 2019 from https://www.myflfamilies.com/programs/childwelfare/dashboard/c-entering-ooh.shtml

Florida Dependency Court Information System. (2019) https://www.flcourts.org/Resources-Services/Court-Improvement/Family-Courts/Dependency/Florida-Dependency-Court-Information-System-FDCIS

Foster, E. M., & McCombs-Thornton, K. L. (2012). *Investing in our most vulnerable: A cost analysis of the ZERO TO THREE Safe Babies Court Teams Initiative.* Birmingham, AL: Economics for the Public Good, LLC.

Hahn Fox, B., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent, and chronic juvenile offenders. *Child Abuse & Neglect, 46,*163-173.

Kolomeyer, E., Renk, K., Cunningham, A., Lowell, A., & Khan, M. (2016). Mothers' adverse childhood experiences and negative parenting behaviors: Connecting mothers' difficult pasts to present parenting behavior via reflective functioning. *The Zero to Three Journal, 37*, 5-12.

Mackie, J., Foti, T., Agu, N., & Marshall, J. (2019). Chapter 2: Parent and caregiver experiences of Early Childhood Court. In L. Magruder, M. Tutwiler, & J., Pryce, *2018-2019 Early Childhood Court Evaluation: Final Report to the Office of Court Improvement* (pp. 6-15). Retrieved from cw.fsu.edu.

Magruder, L. (2019a). Chapter 3: Fidelity to the *Early* Childhood Court approach. In L. Magruder, M. Tutwiler, & J. Pryce, *2018-2019 Early Childhood Court Evaluation: Final Report to the Office of Court Improvement* (pp. 15-29). Retrieved from: ficw.fsu.edu

Magruder, L. (2019). Chapter 5: Relationships between community coordinator funding source and *Early* Childhood Court processes and outcomes. In L. Magruder, M. Tutwiler, & J. Pryce, *2018-2019 Early Childhood Court Evaluation: Final Report to the Office of Court Improvement* (pp. 32-37). Retrieved from: ficw.fsu.edu

Magruder, L., Tutwiler, M., & Pryce, J. (2019). *2018-2019 Early Childhood Court evaluation: Interim report to the Office of Court Improvement.* Retrieved from the Florida Institute for Child Welfare website: https://ficw.fsu.edu/sites/g/files/upcbnu1106/files/pdf-files/FR%202018-2019%20Early%20Childhood%20Court%20Evaluation%20Interim%20Report%20to%20the%20Office%20of%20Court%20Improvement%20020519.pdf

McHale, J. P. (2013). *The importance of quality early education in the child welfare system: Considerations from a co-parenting and attachment framework.* Presentation given for a "Just in Time Florida Training Video". Retrieved from centervideo.forest.usf.edu/qpi/qualityearlyed/qualityearlyed.htm.

Metz, A., Bartley, L., Farley, A., & Cusumano, D. (2018). *Effectively implementing effective practices for sustainable permanency: A synthesis of research and practice*. Chapel Hill, NC: National Implementation Research Network, University of North Carolina at Chapel Hill.

National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting matters: supporting parents of children ages 0-8* [Internet]. Washington, DC: The National Academies Press. Available from: https://www.nap.edu/catalog/21868

National Association for Court Management. (2017). *A guide to domestic violence cases*. Retrieved December 10, 2019 from https://cms.flcourts.org/core/fileparse.php/531/urlt/Domestic-Violence-Guide2017_0.pdf

National Council of Juvenile and Family Court Judges. (2011). *Evaluation of the Parents for Parents Program, King County, Washington* [Internet]. Reno, NV: Author. Available from:

http://www.ncjfcj.org/sites/default/files/Parents%20for%20Parents%20Process%20Evaluation%20Final%20 Report.pdf

National Resource Center for In-Home Services. (n.d.) *Parent peer support programs in in-home services* [Internet]. Des Moines, IA: University of Iowa. Available from: https://clas.uiowa.edu/sites/clas.uiowa.edu.nrcfcp/files/Parent%20Peer%20Support%20Issue%20Brief%20NRCIHS.pdf

Newberger, J. J. (1997). Brain development research-Wonderful window of opportunity to build public support for early childhood education. *Young Children, 52,* 4-9.

Quast, T., Marshall, J., & Magruder, L. (2019). Chapter 4: Cost effectiveness analysis. In L. Magruder, M. Tutwiler, & J., Pryce, *2018-2019 Early Childhood Court Evaluation: Final Report to the Office of Court Improvement* (pp. 30-31). Retrieved from: ficw.fsu.edu

Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
Showalter, K. (2016). Women's employment and domestic violence: A review of the literature. *Aggression and Violent Behavior, 31*, 37-47. https://doi.org/10.1016/j.avb.2016.06.017

Supreme Court of the State of Florida [Supreme Court]. (2019). *Florida Early Childhood Court Best Practice Standards*. Approved draft.

Wulczyn, F., Chen, L., Collins, L.. & Ernst, M. (2011) The foster care baby boom revisited: What do the numbers tell us? *Zero to Three*, *31* (3), 4-10.

Zeanah C. H., Larrieu J., Heller S., Valiere J., Hinshaw-Fuselier S., Aoki Y., et al. (2001) Evaluation of a preventive intervention for maltreated infants and toddlers in foster care. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*, 214–221 .
ZERO TO THREE (2016). *The core components of the Safe Babies Court Team Approach.* Retrieved from www.qicct.org/sites/default/files/2016%20Core%20Components-4%20page%20version-1.pdf.