EXECUTIVE SUMMARY

2018-2019 Early Childhood Court Evaluation

OVERVIEW

Children ages 0-3 years are the largest age group of children removed from their homes due to abuse or neglect. The first three years of life are critical for supporting young children’s optimal brain development, and a vulnerable time for risk. Child maltreatment early in life is linked to increased health and developmental risks across the life course.

Early Childhood Court (ECC) is designed to improve outcomes and promote timely permanency for children ages 0-3 who have been removed from their parents due to maltreatment. Relying on judicial leadership, a local community coordinator, and a team of other stakeholders, families receive comprehensive services that address their myriad needs. This integrated, team-based approach to dependency court is enhanced by frequent case consultation, including monthly team meetings and judicial hearings. In 2018, the Office of Court Improvement (OCI) contracted with the Florida Institute for Child Welfare to conduct a program evaluation of Florida’s ECCs.

EVALUATION

Between July 2018 and June 2019, researchers conducted a mixed methods evaluation of Florida’s ECCs. The statewide evaluation solicited feedback from ECC-involved professionals, families, and caregivers. In Fall 2018, ECC team members from 20 sites (N = 53) participated in one of 15 focus groups or individual interviews to discuss their ECC experiences. Additionally, ECC team members completed an online survey regarding ECC team processes and outcomes (N = 144), and some completed a second survey regarding their workload (N = 62). Team members identified as judges, community coordinators, attorneys, infant mental health specialists, child welfare workers, clinicians, administrators, foster parents, and parent partners.

In Spring 2019, the evaluation team conducted individual interviews with nine ECC-served parents and caregivers from six Florida counties to explore their experiences of ECC. Simultaneously, the team continued analyzing the data collected in Fall 2018, which included a cost-effectiveness analysis; an examination of fidelity to the draft Best Practice Standards; at both the state and team levels; and an examination of the relationships between community coordinator funding source and ECC processes and outcomes.

KEY RESULTS

The Early Childhood Court Team

Statewide, most team members:

- feel self-efficacious in their individual roles
- support their team’s decisions
- perceive that their peers are qualified to work on the team
- report high levels of team synergy and moderate levels of participation satisfaction

ECC has strong judicial leadership, with judges and magistrates who “set the tone” of the ECC and, across teams:

- demonstrate appropriate judicial demeanor, support parents and caregivers, and exercise inclusive decision-making
- are well-trained in best practice topics, the Safe Babies Court Team approach, trauma-informed care, ACEs, and historical trauma
- take a more personal approach to the courtroom
- demonstrate compassion when engaging with ECC-served families

While many professional team members have received training on Best Practice-specific and additional related topics, not all team members participate in training on an annual basis, in accordance with Best Practice Standards. In addition, not all team members are familiar with the Best Practice Standards and, even among those who are familiar, many have not read them. Still, team members generally perceive their teammates to be knowledgeable about ECC-related topics.

ECC team members, including some community coordinators themselves, expressed concern over the lack of neutrality of the coordinator role when it is funded by an entity or entities other than the court. There was also concern that when a coordinator is funded by multiple sources, it can create competing responsibilities. Coordinators noted that without a lack of consistent funding and support, the team could not grow to its full potential. Survey data analyses found few, but important differences by coordinator funding source. While teams with non-court-funded coordinators met several Best Practice Standards with more fidelity (i.e., family team meetings, post-reunification support groups) than teams with court-funded coordinators, the opposite was true for outcomes. Teams with court-funded coordinators had a significantly faster time to case closure and a higher frequency of cases ending in reunification. A separate funding issue noted was that CPP providers might be deterred from participating in ECC due to the amount of non-billable hours they put into cases.

Fidelity to the Model

While ECC demonstrates much promise to serving some of Florida’s most vulnerable children and families, as a whole, the program is not yet operating with Beginning fidelity to Best Practice Standards. Evaluators anticipate that this is due in part to the fact that the Best Practice Standards are still considered a draft and are pending Supreme Court approval and the fact that individual teams are operating with varying levels of fidelity. Notably, no team has reached what the evaluators consider “expected” fidelity, defined as meeting 70 percent of Best Practice Standards, though the vast majority were considered “developing” fidelity—meeting 40 to 60 percent of Best Practice Standards.

At the statewide level, team members reported numerous areas of strength: 1) equivalent access to and treatment within ECC for disadvantaged groups; 2) fulfillment of judicial roles and responsibilities; 3) implementation of infant mental health screenings; 4) fulfillment of community coordinator duties; 5) carrying out necessary discussions during family team meetings; 4) fulfillment of judicial roles and responsibilities; 3) implementation of infant mental health screenings; 4) fulfillment of community coordinator duties; 5) carrying out necessary discussions during family team meetings; 6) team decision-making; and 7) consistent participation of ECC team members at status hearings. Conversely, there were also several areas for improvement noted: 1) familiarity with Best Practice Standards for all team members; 2) meeting the target population (related to existence and application of written eligibility criteria); 3) post-reunification support for families; 4) increasing meaningfulness and frequency of family time; 5) ensuring annual ECC training for team members; 6) monitoring and evaluation efforts; and 7) maintaining appropriate caseloads.

Parent and Caregiver Involvement

While parental and caregiver inclusion scores were generally high, professional team members often did not describe parents and caregivers as operating with Beginning fidelity to Best Practice Standards. Evaluators noted that parents and caregivers engaged primarily with a few members of the larger team was corroborated by parents themselves. With regard to caregivers, the professional team members consider them to be an important part of the ECC process.

Parents and caregivers who participated in interviews indicated overall satisfaction with services. Generally, parents and caregivers felt supported and received necessary community-based services, though this was not always the case. Housing and transportation options were noted as particularly scarce. Relationships with parents are an integral part of ECC, both between parents and caregivers, as well as between parents/caregivers and the rest of the team. There can be inherent power imbalances as well as emotional challenges when participating in ECC, and a way to engage parents effectively is an area for improvement. Challenges when communication does not occur (e.g., not informing parents of a change in ECC team member), it can decrease parents'/caregivers’ satisfaction with their overall ECC experience.
Parents/caregivers who completed interviews indicated that the judges/magistrates greatly impact their ECC experience. Their stories indicate that, overall, ECC court is more family-friendly and compassionate than traditional dependency court. While caregiver motivation was not directly measured, foster parents/caregivers who participated in interviews were generally satisfied with ECC. Still, some were critical of certain aspects of the approach:

- meeting logistics are not always communicated in a timely manner
- caregivers are not afforded enough time to provide their case input in family team meetings
- the intensive wraparound approach can seem “enabling” and not give parents “an opportunity to fail”
- some cases are allowed to “drag out” when parents were not compliant with case plans

Caregiver motivation to participate might be reduced when they encounter these challenges or circumstances.

Costs
To determine the cost-effectiveness of the approach, the evaluation team explored the costs of ECC vs. traditional dependency court and triangulated that data with previous OCI analyses of differential outcomes for the two courts. The cost analyst examined several variables related to cost: salaries, hours per case, and cost per case. With its limitations in mind, this evaluation found that direct monthly costs (i.e., salary, fringe) are similar for both ECC ($1,012) and traditional dependency court ($590). Though, given data that ECC cases close more quickly than traditional courses, over the life of the case, ECC is less expensive ($18,422 vs. $22,561). In Florida, ECC cases have both a lower average cost and better average outcomes (i.e., faster to permanency and lower recidivism/re-entry rate, as previously reported by the OCI). The ECC approach is the dominant option relative to a traditional dependency court approach.

Notably, Foster and McCombs-Thornton’s cost analysis of the Safe Babies Court Team (SBCT) approach found that ECC was more expensive per child than the comparison group ($29,499 vs. $19,218). However, that analysis accounted for additional costs, such as in-kind services, Medicaid reimbursement, and out-of-home care cost. Still, even with these added costs Foster and McCombs-Thornton concluded that 70 percent of direct costs associated with the SBCT approach are recouped within the first year and that if children do not re-enter the system, long-term savings will accumulate and pay for the program.

General Answers to Evaluation Questions

How does ECC differ from traditional dependency court in terms of implementation and outcomes?
Both professional team members and parents/caregivers reported that ECC meets more frequently, moves on a quicker timeline, and has a more compassionate culture compared to traditional dependency court experiences. The general consensus is that the higher frequency of meetings provides greater accountability and faster time to permanency. Prior OCI analysis does, indeed, indicate that ECC cases close on average, 142.1 days faster than traditional dependency court—a difference of over four-and-a-half months. Parents/caregivers, many of whom have experience in both types of court, reported the ability to co-parent as a strength of the ECC approach.

Are some ECC teams more successful in their ECC implementation and, if so, what factors lead to being successful?
Statewide, ECC is operating with beginning fidelity to the approach. However, among the 15 teams analyzed individually, the majority are considered to be “developing fidelity,” meaning they are implementing between 40 and 60 percent of the Best Practice Standards with little to no remedial action recommended. Team members noted that elements of successful facilitation include effective, frequent, clear communication among all team members and families, as well as establishing trust. This was corroborated in the parent/caregiver interviews. As judges/magistrates, “set the tone,” their strong leadership was considered essential by both professionals and parents/caregivers. Individual agency and community capacity can provide additional support in implementing the ECC approach.

What challenges and successes have been encountered in Florida’s ECC?
Common challenges for professional team members include conflict and communication barriers; working with clients with complex trauma; accessing community resources, particularly housing and transportation; and maintaining consistent funding for several roles. For parents/caregivers, common challenges include issues with parents (e.g., co-parenting challenges); substance misuse; and being very young and/or dually involved in the criminal justice or foster care systems. Team members described “success” in two primary ways: 1) a team-based culture of respect and inclusion with effective communication among all team members; and 2) engaged parents. Tapping into a parent’s motivation and partnering with them for the safety and well-being of the child is important. Importantly, success was not always defined as reunification, but rather safety and permanency for the child. Parents/caregivers discussed co-parenting and developing and maintaining healthy relationships between foster parents and parents when possible.

Are there particular circumstances in which ECC may be significantly more effective than traditional dependency court?
Professionals shared that parents had to be willing to commit to the numerous meetings and services, more than what is required in traditional dependency court, and be comfortable with changes to the case plan based on the safety and permanency needs of the child. Results also indicated that from a parent/caregiver perspective, the approach is useful for providing effective therapeutic, mentoring, and wraparound services for families. Professionals noted the importance of caregivers being “on board” with the approach and demonstrating a willingness to mentor parents by serving as a positive parenting role model.

Recommendations to the Office of Court Improvement
In addition to individual team fidelity reports, the evaluation team made the following recommendations to the OCI based on evaluation findings:

- The OCI should work with community coordinators to enhance coordinators’ capacities to fulfill their duties.
- The OCI should consider funding all community coordinator positions through the court.
- The OCI should explore options for Medicaid reimbursement for ancillary and therapeutic services.
- The OCI should provide or arrange for a statewide training for ECC team members on Neonatal Abstinence Syndrome.
- ECC should prioritize frequent, timely, and clear communication with parents and caregivers.