

**MCHB/DCAFH**  
**Court-Involved Children**

April 15, 2009

AUDREY YOWELL: Good afternoon and thank you for joining us today for conversation about court involved children. I am Audrey and I'm the program director for the alliance for information on maternal and child health at the U.S. Department of Health and Human Services and before we get started, I'm going to review the ways you can use your computer interface during this web cast.

Slides will appear in the central window on your screen and will advance automatically. The slide changes are synchronized to the speakers' presentations so you don't need to do anything to advance them. You may need to adjust the timing of the slide changes to match the audio. You can use the slide delay control at the top of the messaging window.

We encourage you to post questions for the speakers at any time during the presentation. Simply type your question into the white message window on the right of the interface, select question for speaker from the drop down menu and hit send. If your question is intended for a particular speaker, please include that information in your message as well as your state organization so we'll know from where you're participating. If time allows, the speakers will address your questions near the end of the web cast but if there isn't sufficient time, an email response will be sent to you after the web cast. We encourage you to submit questions any time during the web cast.

On the left of the interface, you can adjust the volume control slider. Those of you who selected accessibility features when you registered will see text captioning underneath your video window. At the end of the broadcast the interface will close automatically and

you'll have the opportunity to fill out an online evaluation and please take a couple of minutes to do so since your responses will help us plan future broadcasts and improve our technical support. Our web cast today will focus on the collaborative efforts between two national, professional membership organizations funded by HRSA's maternal and child health bureau, both working to address issues on children and families involved in the court system.

These two organizations participate in the AIM program which is the collaborative of maternal and child health program grantee. All membership organization with people making the decisions of women, children and family. They include organizations of state and local government officials, maternal and child health professionals, foundations, legal professionals, the health insurance industry and large businesses as well as family advocates. Aim grantees work with the bureau on two different levels. First each is funded individually to educate the constituents and promote dialogue among them about maternal and child health issues and second, each individual grantee participates in the aim collaborative.

Slide four. The purpose of the individual grants is to promote a two-way communication by making new research findings and policy information accessible to professionals to help them make public policy and program for women, children and family. And also by creating a channel for professionals in the field who alert the bureau to emerging concerns and issues they're facing. On the second level of the aim program, each grantee organization participates in the collaborative. This collaborative was formed when all of the individual grantees began meeting together, initially just to share information and ideas but later also to partner in improving maternal and child health. These partners meet twice annually but also work together on specific issues in smaller groups between meetings.

The 16 grant funded aim partners are listed on the slide you now see on your screen. First is maternal and child health bureau is the 17th and equal partner in this collaborative. From this list you can see the diversity, too, among the types of organizations participating in the aim collaborative. So you can see that beyond the value of the individual grants, there's the added value from convening their representatives together. This provides opportunities for these organizations that have very different perspectives to share their expertise and concerns and also to educate one another as well as the bureau about emerging issues and promising maternal and child health practices.

Next slide. For more information about aim or our web casts, all archived, please feel free to contact me as indicated on the slide you now see. You can phone me at 301-443-4292. Or you can email me at ayowell @ hrsa.gov. Today our presentation will address the challenge of the negative physical and mental health consequences for children whose families are involved in the legal system including children in foster care and children whose parents are incarcerated. I am pleased to introduce our first speaker who is director of child and adolescent health, the American bar association's center for children on the law. Next slide, and I'm turning it over to you.

>> Thank you. The two organizations that collaborated to bring you today's web cast on court involved children are grant makers for children, youth and families and the American bar association's center on children and the law. Both are aim grantees working to improve maternal and child health by working with our specific constituencies. The goals of the project called the practical matters for improving, understanding of maternal and child care and child care issues project are to improve the understanding of maternal and child health and health care issues in the children and youth sector, to build application of evidence based research and best practices and private philanthropic grant problems and

to build and strengthen public/private partnerships designed to enhance and promote transfer and applications, and investments and programming and policy making.

Slide 11, please. Similarly, the center on the children and law project works to raise awareness of the health care needs of this population, primarily working with the welfare population. The facility state services. We also work to enhance the leadership around issues related to the health of court involved infants, and toddlers and preschoolers. I invite you to visit the webpage to explore a wealth of information related to these issues, including practice and policy briefs and best practices information and just a wealth of early childhood information. I would first like to welcome Phyllis who is our first speaker. She's the executive director of the Irving Harris foundation located in Chicago. She's worked for the foundation since 1996 in the area early child development and child and family welfare, Jewish and community giving. As the executive director, she works closely with the foundation's partners and nonprofit advocacies, philanthropy and government agencies to ensure the grants are having optimal impact on the fields of early childhood development and public policy. Some of the larger prompts very manages include the foundation's partnerships with national replication, the birth to five policy alliance, the edu care learning network and the early childhood professional network training development. She has a masters in public policy from the University of Chicago's Irving B. Harris School of Public Policy Studies and a bachelor of arts from the University of Michigan. Today she's going to speak to us about the importance of attachment to a child's well-being and mental health. I'm turn it over to you.

>> I want to thank everyone for having me and to all of you for listening to me and this is my first web cast so I'm going to do my best to communicate as effectively as policy but thank you for -- in advance for your flexibility with my presentation. I'm going to talk today

about toxic stress and trauma and understanding the impact on young children's development and mental health and I'm going to try to relate it to how it impacts the systems and services where most of you work.

Next slide. Then the next slide, I want to start by acknowledging that I am only here today speaking because I've learned so much from the many experts that we've had the good fortune to work with. And two of those experts, Alicia Lieberman, San Francisco general, and Joy from Louisiana state university, were generous enough to share some of their slides and information with me so I would make sure I was giving you the best data and information possible. So many of these slides reflect their work and I'm going to do my best to channel their immense knowledge and capacity in this area.

Next slide. Today I'm going to talk about what is infant mental health and attachment? How toxic stress and child impact development, what are the implications for practice, some examples of models and the role of philanthropy.

Next slide, please. The capacity to love well and to work well is how he would define mental health. If we can keep that in our minds for what we would want our children to grow up with the capacity to do, loving well, working well, the ability to form successful relationships and to succeed in work and in life has a lot to do with that capacity. So that's going to be our overall framework for mental health. Now to take it into what it means for infant mental health? The definition from zero to three is babies and young children thrive when they're cared for by adults who are crazy for them. Responses to relationships with persistent, primary caregivers, build attachments that create healthy social development and these relationships form the foundation of mental health for infants, toddlers and preschools. There's extensive research that has shown that the quality of experiences in

the first three years of life has a profound impact on later development, how children perform in school and their ability to form satisfying relationships with teachers, friends and others. Having caring relationships is the most important factor in determining later outcomes. Healthy infant development rests on the relationships and relationships that help the baby feel secure and confident his needs will be met. Without that confidence, babies have a lot of trouble exploring and learning about their worlds. And that, I think, is critical for us to remember, that children are born with the capacity to build relationships but how those relationships get formed has everything to do with their ability later in life to interact and be successful. One definition and it is defined by the healthy, social, emotional development of children birth to three and there's a growing field of research and practice devoted to promoting healthy social and emotional development, preventing problems in mental health and the treatment of mental health and we're going to talk about some of that today.

Next slide. I think we're now on slide 19. The core concept of development are the early environments matter and as we said, nurturing relationships are essential. Human relationships and their effects are the building blocks of development, effective interventions in early childhood can be -- early childhood can alter development by changing the balance between risk and protection. Well designed interventions can inhibit the short-term performance of those in poverty. It's not nature or nurture. It's both. Each of us is a product of the influence of our personal experiences and the contribution of our unique genetic endowment within the culture with which we live. In plain English, it's no longer a debate between nature and nurture. Are we born a certain way? Too we learn a certain way? We know from science that the developing child is influenced by genetics and experience and it's not about does experience matter but how it matters and that's where the research is right now. Focusing on how do experiences change the biological

and brain of our babies and how do negative experiences and stressful experiences impact the children's development. That's where we're learning more and more every day and we already know a lot. So it's important to remember as I've now stressed that relationships matter and children need to be understood in the context of relationships and in the child welfare system, that's particularly important. It's about what has happened or experienced in their homes and then where they're placed and that will come back to. But babies are active players so even though they're not -- may not understand the meaning of what they've seen here, they're absorbing the images that surround them and they're deeply impacted by the emotions and actions by the people they rely on for love and security.

Next slide. I think we're now on slide 21. As you can see, there's a continuum of stress to trauma or normal development stress to emotionally costly stress or traumatic stress. Babies are born with a stress experiences are necessary for normal development. Babies need to know that when they cry, they'll be responded to. If they get startled that they can recover and all of that happens through every day stresses that babies experience and then the reactions the parent gives them or the caregiver gives them in response that teaches them what is OK stress and not OK stress and we all want to have that notion of fight or flight because there are going to be times we need to respond to a stressful situation. But it's when we go beyond the normative experience and start to move to where we start to see impact on children, emotional costly stress and the traumatic stress. There are a lot of factors that impact that. For instance, poverty and other stressors are very costly we know on children's development and capacity to function well. When you take it a step further to neglect and abusive experiences, combining those factors together can become toxic for a child.

When I say toxic, next slide, please, traumatic experiences and situations that involve extreme threat or violence, serious injury or violation of physical integrity, for example, often like sexual abuse, can result in traumatic stress for a child. It also happens from witnessing violence, injury or death and are accompanied by extreme terror, horror and helplessness. That is what we mean by toxic stress and toxic stress can also occur when there's a combination of multiple factors. I don't know how many of you are familiar with the adverse childhood experiences study that looked at over a longitudinal period what the long term impact is on children from adverse experiences in childhood. When parents fail to protect their children, it's particularly a violation of the trusting relationship. If you go back to the beginning when we talked about the importance of relationships and primary caregivers, when that relationship gets impacted or broken, babies don't know how to respond and relate and young children don't know how to respond and relate and those breaches can have a serious impact because of the break of trust and the insecurity that that creates in a child. And the aces study took a look at what the long-term impact is of those issues and when they're combined and there's more than four or five what the impact are on children. Some of the adverse experiences that they looked at, emotional, physical and sexual abuse, domestic violence against the mother, household member with a mental illness, household member with substance abuse, a household member ever imprisoned, neglect, separation from the parents and what they found is that it predicts 10 leading causes of adult death and disability, some things such as smoking, heart disease, substance abuse, obesity and leads to more problems in school, more problems in the criminal justice system and the child welfare system, violent behavior, high school dropout, et cetera. A number of long-term, very negative outcomes for children. In addition, different kinds of violence overlap so if one child is exposed to domestic violence, they're 15 times more likely to be abused than the national average. They're 30% to 70% overlap of child abuse and a serious risk of sexual abuse. Battered women are twice as

more likely to abuse their children than the comparison group. For the foster care and the child welfare system, it's important to look at usually incidences don't happen in isolation and oftentimes when there's violence in a home, other things are happening in that home that are impacting and compounding the impact that young children are experiencing. Emotional and cognitive disruptions in the early lives of children have the potential to impair brain development. When this was first stated in 1995, it was fairly controversial and many of you who are -- have been in this for a long time will remember Bruce Perry and others who came and talked vividly about young babies' brains stopping in their development and it was at the time fairly controversial because there wasn't hard core evidence to that fact to say, yes, the brains look different and yes, these are critical periods in infancy and young development where you might not have the opportunity to fix problems that happen. And over the last 13 years, we've done a lot more research and we can actually now look at the cycle of biology of traumatic stress. What they found is that indeed there is a biological response to traumatic stress that's lasting and permanent and what happens is children who experience traumatic stress have chronically elevated levels of stress hormones, lower levels of cortisol. They end up with anatomical brain structure related to memory and planning and that these changes lead to -- some people will talk about the lower level of cortisol and the stress hormones as an acid bath on the brain and it has an impact. Early exposure to violence is highly stressful experience for the developing child and science tells us when young children are subject to stress, chemicals are in their brains that leads to abnormal architecture it can lead to greater risk for violent behavior later in life. It does not have to be that way and there are ways to intervene. This is a picture that we have found in public policy. It's been a very powerful slide for helping people understand the importance of intervening early in the lives of children who are in very abusive or stressful situations and it's a stress P.E.T. study and it shows that constant stress affects early brain development and that this is a vivid description and a

visual of the smaller brain volume, larger fluid filled cavities and smaller areas of connection and the severity of the findings are correlated with the duration of trauma, meaning if you start early and have a longer period of trauma, you see a larger impact on the brain. So on the left is a healthy brain. On the right is a picture of an abused brain. And some of this can be compensated for over time but some of this is permanent damage that happens to the brain and it's a very strong visual of just what is going on for young children when they are fearful and feeling stressed and are scared in the home and what we need to be thinking about and why it's so important for us to intervene early. So one of the things I was supposed to focus on and forgot to mention too much earlier is attachment and I think probably most of you, when I was talking about relationships, that is my way of talking about attachment, responsive, relational experience with the primary caregiver. That's the ability for a baby to attach in a positive, healthy way with a primary caregiver. It has everything to do with their ability to be resilient over time and be able to form healthy relationships with others, to feel safe and secure in exploring their world and to go out and pay attention and be responsive to teachers and others in their lives. We know that securely attached babies have much greater chance of healthy development and success in school than babies who are what we call disorganized or insecure attachment. And oftentimes I'm sure in the child welfare world, what you're seeing and experiencing are babies who do not have a secure or organized attachment with a primary caregiver. That can be a parent, it can be a caregiver at a child care agency, it can be a relative. It's not necessarily the who as much as it is that they need at least one strong primary caregiver where they can have attached relationship to learn the give and take of what it means to cry and be responded to and to have somebody understand and read their cues. So when a baby is lacking in their capacity to attach and is feeling stress, some of the things you might see, signs that the babies emotional needs are not met are lack of eye contact, weight loss, lack of responsiveness, sensory processing problems and the

rejection of being held or touched. Those are signs that when a baby can't talk that one should be looking for trouble in the home.

Next slide, please. Signs of emotional problems in toddlers and preschoolers can look like aggressive behavior, attentional problems and deficits, the lack of attachment and sleep problems or disorders. And that doesn't mean that every child that Exhibits these behaviors is in an abusive home or having, you know, abnormal stress but these are signs that problems could exist and that somebody needs to be paying attention and doing a screen and intervening in the life of that child. Now, how does this all relate to the child welfare system beyond what we talked about? Approximately one out of four maltreated children are under the age of four.

And next slide, infants who have the greatest ability to be impacted from negative situations, infants under the age of one are the largest cohort of children in the child welfare population, approximately 20%. We know that separations occurring between six months and three years of age, especially if prompted by family discord and disruption are more likely to result in subsequent emotional disturbances than earlier separations if followed by good quality of care. That was from the American Academy of Pediatrics report and I think that has a lot to do with what we'll hear the judge speak about later and the sporns of paying attention and understanding child development in the context of making decisions about interventions and placements for children entering the system. So what do young children in foster care look like these days? They're more likely to be abused and neglected, 79% of child fatalities occur under the age of four, many young children remain in placement longer, 33% return to placement, there's a lower rate of reunification with families, developmental delay is four times greater than children in the general population and more than half suffer from serious physical health problems.

Next slide. What is the prevalence of developmental delays? In foster care it's 60%. Language 57%, cognitive 33%, gross motor 31% and overall growth problems, 10% compared to a four to 10% range in the general population. So increasing numbers of infants and children with complicated and serious physical, mental health and developmental problems are being placed in foster care. Judges, attorneys and others must become aware of the importance of using placement to meet the needs of this growing population. The prevalence of psychological and psychiatric problems are also very high. Foster care, 25% to 40% of children under the age of six have significant behavioral problems. Most displaying externalizing behaviors, aggression, anger, kinds of things that you see kids getting kicked out of child care for. This is getting in the way of children being able to succeed in school and life because they can't control their behavior, they don't understand where the aggression is coming from, they haven't been responded to and as a result, they're lashing out which is very understandable given where they've come from and given the lack of attention to helping families heal or helping children get the kind of services that they need. So the overall message is make the first placement the last placement if possible. Placement in a foster to adopt home in case reunification efforts do not succeed, particularly for infants is critical, infants and young children, and adoption quality home studies on all potential placements including relatives. We have to make sure that we're not doing what seems to be the easiest in putting children right back into an environment that will continue to be detrimental to their development.

Next slide, please. There are a number of promising new practices that are coming out and you're going to hear from the Judge about the court teams project and I have a link here for you to you to get there and get information about it. It's a very interesting project that's come out of Florida and now being replicated by zero to three to try to integrate our

best knowledge about child development into the way judges, child advocates, lawyers, et cetera, work with families and within the system to do what's best for children. And then there's child parent psycho therapy which is a manualized, multimodal relationship based treatment for infants, toddlers and preschoolers exposed to domestic violence, child abuse or traumatic loss. That's part of the national childhood traumatic stress network and they're doing training models where they're replicating this across the country. I'll come back to that in a minute. Early childhood interventions can shift the odd to more favorable outcomes. Programs that work are rarely simple, inexpensive or convenient. Knowledge based interventions by well compensated staff with appropriate skills can produce outcomes that generate a substantial return on investment. But if we really want to reduce the economic, political and social cost of violent crimes, we have to provide effective treatments for young children who are victimized by abuse, neglect or early exposure to family violence. Sign says that the key to reversing this trend is providing skilled mental health services for young children. The child-parent psycho therapy models and other models of mental health consultation are starting to get much more noticed within states and within communities. The challenge there, I think, is a training and infrastructure capacity issue which is why the learning collaborative model is so interesting and compelling. What we have found here in Illinois is that although we're far along thinking about mental health systems of services for families with young children, particularly those at risk, there are not resource and referrals for the treatment end of the spectrum so much like there's a continuum of stress that children experience, there's also continuum of intervention from prevention to intervention to treatment. I think many states are doing a good job of trying to do prevention work, training front line providers who work with young children about the impact of trauma on child development and even intervention with models around mental health consultation to child care and school settings, work within the court system. Where we're lacking I think across the country is in having a deep

enough treatment meaning we don't have enough professionals trained in how to specifically work with young, very young children, birth to five, and their parents who have experienced trauma. That's what the psycho therapy is designed to do and the treatment network and the learning collaborative are out working across states to train a work force on how to do this work. I think for states interested in thinking about how to deepen their capacity to provide more intensive treatment for young children who have experienced trauma, they should look at how this model is being replicated and whether there are opportunities to create a learning collaborative in your own states on how to do that. I know we're, in Illinois, about to launch our first learning collaborative that specifically just targets mental health centers and other treatment and social service and domestic violence centers in Illinois working with families with young children and I would be happy to answer questions about that later. I think it's a very exciting opportunity to try to quickly gain expertise in your communities about where -- how to actually provide intervention and treatment. This is a model that has been tested and research supports it. Psycho therapy is not enough. And it's not needed necessarily by everybody. There are other ways to think about integrating, as I said, on the information about child development and treatment. So there's early intervention, thinking about preschool, starting at birth for those who need it, building bridges between adult and child mental health treatment, intersystem coordination in early identification and referral systems and child friendly public policies that are brought to scale. Children who enter foster care with neglect, abuse, serious mental illness, homelessness or chronic poverty, they must cope with the separation and loss of their family members and uncertainty of out of home care. Accumulative effect of these experiences can create emotional issues that need the attention of mental health professionals who can develop a treatment plan to help strengthen the children's emotional well-being with their caregivers. Services can include clinical intervention, home visiting, early care and education, early intervention services and caregiver support. So as

Alicia Lieberman likes to say, there are angels inside and outside the nursery. Don't have to be a therapist to be therapeutic. Building health, promoting intervention in the child care settings, in pediatric care, family resource programs, home visiting, mental health, the child protective services and legal systems are critical to us figuring out how we're going to break the cycle of violence and transgenerational transfer of these issues from one generation to the next and just really keep the child as our primary focus in thinking about what does a child need to be successful and what do we need to build around the family and then within the community to provide safer, less stressful and less toxic environments for our children.

Next slide, please. From where I sit at the Irving Harris foundation, and I haven't told you anything about us, we've been in existence for almost 40 years, the focus of our foundation has primarily been investing in early childhood development, prenatal to the five years of life. We invest in leadership development and training, particularly in infant mental health and trauma, in public policy advocacy systems building, reproductive health and women's empowerment and in development of innovative programs and the replication of those programs. Over many years we've learned about the importance of figuring out how to build the capacity and the quality of the care families are given. For this conversation, one of our more important initiatives is called our Harris professional development network. It's a network of 18 infant mental health centers of excellence around the country, including a few in Israel. That's why I've had the opportunity to work with Alicia and joy and others who make up this network of infant mental health centers and through their training work that they're doing both within their institutions and within the systems of services dealing with families and young children experiencing trauma, we've been able to both build a work force, build the capacity and knowledge of the field through applied research and develop innovative programs such as child parent psycho

therapy, children's witness to violence program and others that are out working with home visitors, et cetera, to train and to bring the knowledge and the capacity out to a larger audience. The court teams project, for instance, came out of work between three of our centers. And we think that this kind of investment is particularly important since foundations don't traditionally invest in training and leadership development and because without an infrastructure and the capacity, we cannot move forward with both our knowledge of what we need to be doing and our capacity to do it. In our replication initiative, we've also looked at less technical ways of intervening through treatment and looked at ways to influence systems and to create programs that are prevention focused and I was telling Audrey earlier, we've been investing for many years in the community based program and HRSA is now replicating that with public funding and we're excited about that. That's an intervention targeting first time at-risk moms when they're pregnant and providing support services and that we see as a prevention strategy. It's about empowering the mother to understand her capacity to nurture and attach to her child and the power of attachments and interactions can do to buffer that child and build the capacity of her baby to be successful. The same is true with fussy baby network which is a model intervention working with at-risk families who have children and babies who are fussy which often leads to shaken baby and other abuse situations. This is a service that works to intervene early by providing support to those families around helping them cope with their fussy baby and the court teams project and others that I've talked about are examples of how philanthropy can help move that forward. We also invest in public policy advocacy and systems building because we feel that we need to start talking across systems and use resources more effectively to really help support at-risk children and families so we've invested in things like the build initiative, multistate initiatives to integrate systems, the birth to five policy alliance which is a group that funds national organizations to work in states to advance best practices. We do our work at the state,

local and national levels. And then we also invest in strategic research and communication to help advance better understanding and knowledge about these issues so, for instance, we've been funding professional heckman at the University of Chicago to communicate more effectively the economic benefit of investing in early childhood development and in the kinds of programs that we've talked about today and we've invested recently in the national center for children in poverty to look at how states are building mental health policies to serve young children. I included some resources. Developing child.net is where you can find work on the neurons to neighborhoods and the national traumatic stress network. You can download a lot of useful tools and information. And that's the end of my slides and I think we now turn it back to Eva. Thank you. Excellent information to lead us to our next speaker. I would like to welcome the judge. He was appointed to the juvenile court bench in the fifth judicial district of Iowa in 1994. Her jurisdiction includes dependencies, delinquencies, termination of parental rights, juvenile commitments and adoption. The judge received her bachelor's, masters and law degrees from Drake University and prior to attending law school she was a teacher and an administrator. The judge is the lead judge of the model court projects for which they received the court innovation award in 2004. She is also a member of the court improvement project oversight committee in addition to many other appointments. The judge received the Iowa Judge's association award of merit in 2003. She is also the recipient of the Drake University School of Educations Outstanding Alumni award for 2007 and in that same year, the judge was awarded the Congressional angels and adoption award. She's going to talk today about her court's approach to very young children and also some other legislative developments related to foster care. The judge's court is not only a national council of juvenile and family court judges model court but also a court team site which we've heard a little bit about already and hopefully she'll give us some more information.

>> Thank you so much for that kind introduction and for inviting me to participate in the web cast today. This is my first crack at going about this as a presenter. I've attended a couple as a participant so I hope that it will be meaningful for everybody and I'll plan to talk for, oh, around a half hour, a little less so that there's time for questioning. The courts. We are the -- sort of the elephants in the living room because there is a whole body of knowledge out there that knows what's best for babies and toddlers. Yet if we don't apply that body of knowledge to our best practices, then everybody's work in that field really is for not because we make those sometimes life and death decisions based upon the information that we have at hand, the evidence that we have. And if we cannot tap into the information that we really need to know, we cannot possibly make decisions that address a child's safety, well-being and permanency to the extent that we're supposed to do so. Judges were not included in a lot of the conversations, not that many years ago. Even when the first children and family services reviews came about in the past 10, 12 years, we were not invited to the table at all. And through the efforts of a lot of other organizations, joining hands saying, look. Judges need to be there to explain some things and we also need to be there to learn because it doesn't -- like I said, it doesn't matter how good their body of knowledge is out there if we don't connect what we are doing in court to that child's health, well-being and permanency, then we are going to have some pretty terrible outcomes. And so I was fortunate enough to attend the national council of juvenile and family court judges annual conference in about 2001 and happened to select the breakout session that the other speakers were presenting. And I was sitting next to a friend of mine who presides over juvenile court in Omaha, Nebraska, Doug Johnson, who subsequently became a fellow at zero to three and is now president elect of the national council of juvenile family court judges and he and I walked out of there with our jaws dropped. You know, we're both parents. And I had the benefit of having some child development education in my background because I was an elementary school teacher

for 12 years before I went to law school and I thought I knew a fair amount of information about child development. We came out of there with our jaws just dropped because we both had the same gut reaction. How could I begin to be making all of these decisions without having known all of that information that I just heard? So we set about trying to bring education to our states and we were able to collaborate and get that done and experts on babies and toddlers in the system all gathered together to teach us. Now, I would tell you that when we started that presentation, I introduced the day and asked people to raise their hands if they heard part c services and out of 150 people, maybe six raised their hands. And so that was where we were in about 2002. And I'm happy to say we've come a long way since then. And judges that attended that day long training who make decisions about divorce visitation, custody, those sorts of matters over which I do not preside were also shocked because I venture to say if anyone had been asked before that day whether six month old baby could tell you she was depressed, they would have thought never in a million years. But after seeing the slides of the still face where you can watch a child deteriorate so quickly when her mother, who is usually so attentive to her turns away and then comes back with a face that's nonresponsive and you watch that child just fall apart before your eyes until she crawls into they are own little shell and ignores the world, most of us would not have believed that that could occur. We've talked so much and told us how a baby's face tells a story so we've changed a lot of our practices to embrace what we know about infant and toddler well-being and their mental health because this is a huge part of what we do. Think about 118 babies. Just think about that. 118 babies leave their home because their parents cannot take care of them every single day in the United States. And this is a statistic from the U.S. Department of Health and Human Services from 2005. And a lot of us who weren't as informed as some of you may be, you know, we always hear and presume that, well, babies, you know, they're the easy ones to find homes for. But in fact, they are not. Children age three and younger are

34% more likely to be placed in foster care than are children ages four to 11. Again, a 2005 statistic from the U.S. Department of Health and Human Services. And then once they've been removed from their homes and placed in foster care, these infants stay in foster care longer than other children. Half of the babies who enter foster care before they're three months old spend 31 months or longer in placement. That dates back to 2002. Hopefully we're doing better now. And even sadder was a statistic that one third of all infants discharged from foster care reenter the child welfare system and this re-entry is something that is really important in my world because we know that that is the last thing any of us wants. We try to do no harm but in fact, the court system is a crisis creator. Let me take you to a scene that ended up being a federal case that arose out of a family's removal. This removal occurred in the old fashioned way with a knock on the door, the cop with guns drawn, children running amuck, parents screaming, children trying to hide and the cop is trying to take the young child out of the mother's arms and the child becomes basically the rope in the tug of war. And those of us who want to do no harm are party to an experience like that, we need to relook at the way we do things. I've been on the bench for 15 years and I was in the county attorney's office prior to that, but I never did attend a removal. And I consider myself fairly tough. I can get through a lot of tough things, but people who describe removals just make the hair on my neck stand up. And I do force myself, however, to think about that tug of war, that baby screaming, terrified, reaching out for her mother whenever I find a removal order because I know that I'm creating a crisis. I know that I'm imposing a loss on a family that may never be healed. And then think about what we used to do with these families. We used to separate them and they wouldn't see each other for a while and I'll talk a little bit about the anatomy of a removal then and now in a little while. But my point is before I get started on my slides, that the judge, the lawyers, we all are critical players at the table and we were designated as a court team for maltreated and toddlers to change the way we do business for young children in the

system and fortunately it's rippled out to benefit all children in our system here in Polk county, Iowa.

Slide 43, please. Our court teams for change decided given our business as it is that teams kind of scared off some people, we generally refer to ourselves as zero to three of the zero to three project because when parents' attorneys think of judges teaming up with prosecutors or guardians adlitem or child welfare folks, they get a little bit scared and so we decided, well, what's in a name. Some things are in a name and we were going to try to make it as inclusive as possible and not make anyone go on the defensive right away. The first thing that changed in our community was a focus on family team decision making. And family group conferencing is another name for this event but we wanted to build on the strength of families and build teams to support families when there's a risk of serious harm. We wanted to engage families. We wanted early, front loading of services so that we could identify the problems that existed and not waste time and precious resources on problems that really were not rising to the level of needing attention. And so facilitators were trained and family team decision making came to Iowa as part of the redesign of the Iowa department of human service says several years ago. This lists the values and beliefs that help guide family teams and many of you probably are very familiar with this. I'll just highlight a few of them. We all know that families have strengths. There are very few families that don't have strength. I remember when I was overseeing a proceeding of two young teenagers and this had been a Rollercoaster case involving a lot of meth use by the parents but the children had a voice. They were very loyal, didn't want to be adopted by a relative that was caring for them but finally, after too many broken promises, they decided enough was enough. The first thought occurred to me was how could these children come from those parents? They are bright, articulate, healthy, amazing, smart kids and how could this happen? It just amazed me. And then, of course,

right away it hit me as it should have earlier that, you know, the parents at one time were bright and articulate and energized and doing the right thing until methamphetamine took over their lives. So families always have strengths and we need to build on those. And their protective capacities. I would venture to say that any time I've been in a group of people that there's no one in the room that can raise their hand when they say raise your hand, that probably has a child who would be defined as a child in need of assistance because of mental health problems, neglect, drug problems, for whatever reason every family has one. Not every child thankfully is in the system because the families rally around and fill in the gaps when mom is going to go on a bender, grandma steps up and says I'll take the kids this weekend. I know you want to go out partying. And so the court doesn't have to get involved with every family but every family has their strengths and weaknesses and we need to identify those so that we know what we need to protect. One size fits all, which is what we were employing before, simply doesn't work. And the cookie cutter case plans don't work. They have to be individualized. Families truly are the experts on themselves and their situation. No matter how bad the circumstances are that bring a family to the attention of juvenile services, I would say always know more about that child than anybody who is walking through the door to remove that child, whether it's your favorite blanket, you know, she can't sleep without that. They're are the immunization records. This is the last time she went to the dentist. But the crisis situation that we're creating hardly lends itself to that sort of conversation if you just are knocking on the door and wanting to disrupt the family and take the children. It's also difficult to preserve dignity and respect in a situation like that when most of us, if they tried to take my children or grandchildren or even my dog, I would probably not be feeling like I'm going to treat these people with dignity and respect. That Goes out the window and you're deer in the headlights when it comes to what's going on. But by using a different way of doing business, families can

help make better informed decisions about their children and how to keep them safe when we involve them in the decision making and identification of family resources and strengths, then we see more change. We see better engagement and with the adoption safety families act deadlines of six months for the young children to have permanency, we don't have time to waste. We need to front load so we can support the best outcome for these children which is always reunification with the protective concerns resolved. We also know that in our own families, our relatives that care about us and the people that step up to the plate to help, they have high standards, probably higher than the state's standards. In Iowa as in most jurisdictions, the standard is minimally, adequate parenting. I know that would not have been good enough for my parents when I was raising my children. They never would have tolerated minimally adequate parenting from me. And most families are like that. Their standards are generally higher and with the family team approach, we can respond to those families' unique strengths and needs and preferences and also expect a higher standard of care from these relatives. Cultural competence is another huge issue with the disproportionately problems that have permeated. Not only our prison system but our child welfare system also. And as paternity issues arise and we need to always have this ongoing inquiry about the child welfare act applicability because different standards apply if a child is eligible to be enrolled or is enrolled in a federally recognized program and oftentimes even the guide -- guy that the mom put on the birth certificate may not have been the father. He was just going to be there to help her take care of the child. These inquiries are ongoing as well as family history of health and those sorts of things. This is the family that's the expert in these issues. And will help us ensure cultural competence.

Slide 45, please. We evolved and it didn't happen overnight. There were a lot of trust issues but we did introduce alternative dispute resolution and then through mediation and

then family team decision making so it became an accepted part of our legal culture in the state and particularly the county. The removals we were looking at were still trouble some. We got a new county attorney that had a little different attitude about some things and he got somewhat creative and was giving a fresh look to things and he determined that about 90% of our emergency removals, and that would be the child's life or health are in imminent risk, about 90% of them happened Monday through Friday. Not only that, about 80% of them happened on Monday or Friday. So we really didn't feel we could legitimately conclude that Tuesday, Wednesday, Thursday, Saturday and Sunday people didn't harm their children, but it was a tail wagging the dog kind of system. And so he decided to staff the agency with an attorney to go over specific protocols and be available on a daily basis to determine whether or not there truly was imminent danger. So with this enhanced oversight by competent attorneys, we began to see this even out a little bit and we didn't have the 4:15 emergencies on Friday every week that we were accustomed to or the line at the door first thing Monday morning to ask for removals. And then a while later, a couple of leaders in our children, one who is director of the children's rights center at Drake law school's clinic and a coordinator had the idea of developing a specialized family team meeting which we now called PRCs, prior/post removal conference. This was an effort to identify the family's team and the whole goal was to reduce trauma to children who would be experiencing otherwise this feeling of the tug of rope between the state and the parent. And so we got to thinking, what -- all right. What could we do to minimize the trauma? About that time, because of our zero to three, our work in the community where we were building more and more collaborations with agencies due in large part to the ability to engage a coordinator who really had a gift for that, Judy had been able to get our visiting nurses involved at a level that no one else in our community ever had before. They were coming to the table and they really had a lot of wonderful resources. And we, in fact, had the opportunity -- they ended up with some money they had to spend and so I got a

call from the director saying, what would the judges think if a registered nurse went on emergency removals? And I thought, wow. What could be wrong with that? And when we were having our first meeting to flush out the programming, the department of human services supervisor who was at the table and was a little unsure if this was really, you know, just another something I have to do to keep the judge quiet for a while or worth her time, she received an emergency call and she was converted because on the other end of the line was a worker participating in a removal with a child who was a diabetic and no one knew how to read the test strip. So what a concept. We're supposed to be making decisions that are in the best interest of children and we had the opportunity to have not only a registered nurse but they had a couple of trained people ready to start on day one and someone who was only there for the child, who was going to attend to immunization records, listen for asthma, get the medications and get school records, get whatever everybody else is forget to go think about because of this stress. So we had already made some inroads having the services involved but this was a real turning point when we developed the pre and post removal conferences.

These are the things that I am going to be asking about at a removal hearing. Now, before the removal hearing a lot of work has been done. And we have been able to avoid those horrible scenes of the trauma removal in most cases because the protocol is now that after the judge signs the order, the parents are invited to bring the children to the department of human services conference room, they are invited to bring whoever else they want to bring and a trained facilitator is going to have a conversation with them, a family team meeting basically. Lawyers aren't there. No lawyers, no judges are allowed. I have first hand experienced the wonderful outcomes. And nowadays, now that we have our PRCs in place, when I asked about family contact, within five days of the removal, we have our hearing. There have been two, three, maybe even four family contacts. We've

identified these relative resources. We've identified people in the communities that can be trusted because we can get background checks and drug screens done right away. And they are there raising their hand. I can take the child here. I can bring mom to a visit. I can do this. I can supervise a visit. I can have the child and mom can spend the night on Fridays if she wants to. And so we get all of these things planned out ahead of time. We have the records that we need, we have had the child checked out at the regional child protection center that is operated by our Dr. Shaw and we've already connected with early access, we've connected with other resources such as substance abuse evaluations and education on developmental delays. We've gotten vital records, we've got our daycare needs figured out, all of these things pretty much we can go down the line and check off. We have fewer hearings, we have fewer problems at the hearings and there's more time for truly contested matters. A big delay is that second to the last one on the right, the releases signed by parents. Any releases that haven't been signed get signed in court. And we just take care of it as much as we can. For transportation, also a big problem, a big barrier, we can get gas cards, provide bus tokens right at the hearing so the parent doesn't have to figure out how to get to D.H.S. to get their bus tokens. It allows the parents every opportunity to be successful and it also tells the rest of us what their level of engagement is going to be because if they're afforded all of these front loaded opportunities and they miss four out of five visits every week, that's how the case is going as well.

>> Judge, you've got about 10 minutes.

>> Thank you. Slide 46 is sort of a summary of what I just talked about and committee does implement a can-do study approach which means a pilot. We planned it out, we did very few of them, we studied how they went and then implemented it system wide in our

county and we had the buy-in because they worked. The parents were so much happier. The other big piece of this was a patient partner mentoring group that was so effective because they can talk to people like nobody else can and the whole experience for parents who had been involved in the system prior to our beginning the P.R.C.s and then had a subsequent child born and become system involved literally were saying at the P.R.C., does D.H.S. know you're doing this? It was such a different experience. And they come to the table ready to work, ready to roll up their leaves.

On slide 48, please, there's a side by side comparison of the old and the new and these are not just pulled out of the area but from the area manager who was able to document these and we have much better outcomes for children and the parents who are not able to reunify within their time lines generally will relinquish when it comes time for the termination of parental rights hearing because we do feel they were fairly treated, they were listened to and honored and respected.

On slide 49, we have some more family team meeting results.

The satisfaction, ratings are very high and on page 50, slide 50, some parent testimonials as I suggested before. And I want to just say a little something about that last one on 50, how the meeting allowed a stronger relationship between me and a couple of family members who stepped up to offer unexpected assistance to me and my children since the family team meeting. As a judge it was always heart wrenching for me to find that there was this wonderful family member in Virginia who never knew about the child, this baby, until this baby had had an opportunity to bond with a pre-adoptive foster family and it occurred to me if I were doing something really wrong, my top notch relative would be the

last people I would want to come. And this opened the door for them to relax and identify these folks that could really step up to the plate.

Slide 51 contains a social worker testimonial and slide 52 incorporates some of the new public law, the fostering connections to success and increasing adoptions act of 2008.

And this act went into effect in 2008. Most states did get a waiver for one year so they will be holding off implementation but it speaks to many of the barriers to child well-being that are zero to three project and our P.R.C.s helped to resolve. On slide 53, the state plans must include health, oversight and coordination for children placed out of the home, the nurses that go on the removals and we do have post removal conferences for case where is there cannot be pre-removal conferences. Say there's a drug raid and that's how we first become aware of the children. We will have a post removal conference as soon as possible. And one more thing I wanted to mention because I know you're probably wondering, by tipping them off, don't you lose a lot of people? Don't they scramble and bug out if they know you're coming to take their child? We haven't had one, knock on wood, yet. We haven't had one in two years do that. And of course, there are safeguards. If we think that's a problem, then somebody is staking out the house. We have police at the ready. But we do have to ask the parent for consent unless the judge makes a finding that in doing so would endanger the children and erupt in flight. We take that into consideration but we have yet to have this result.

Slide 53, the fostering connections also allows subsidized guardianship programs for relatives and allowing tribal access. They used to have to go through the state department of human services. They don't have to now. And on the relatives, it's a very strong statement about relatives.

And if you would -- I don't know if it's on there. We can go to 55. If you look at the relative notification, judges must assure that all relatives, all adult relatives, both mothers and fathers and fathers as they come to be known, identified and noticed of their option to become a placement resource for the children. And this must happen within 30 days of the child's removal. So we are going to be under the gun to comply with the federal law to make sure these relatives are notified. Not only that but the siblings also are entitled to reasonable efforts to be placed together and the judge has to make that finding. And if the siblings are not placed together, the judge has to document what efforts are being made to facilitate regular intervention and ongoing contacts. And so many of the requirements of the new public law speak to the permanency and well-being and safety issues for our babies and toddlers in the child welfare system and we're pretty much out of time but I wanted to just share that this email that I received from an adoptive mom, how important belonging is for these children regardless of their age. And the babies we know from what we heard earlier, their brains have that small window of opportunity to develop in a healthy way, that architecture from zero to three is formed to such a great extent and proper interventions can make a world of difference, whether the child is exposed to violence or drugs. And this was Devin's adoption. When the judge swore him in, he shot his arm up in the air to be sworn. I think that Devin, three at the time, has relaxed emotionally since the adoption. Emotional tenseness and the tendency to overreact has lessened. He was terribly excited about the adoption. It was the first thing he talked about each morning. The day after the adoption I took him to his speech therapist. Another therapist told me he was back there telling everyone that he had been adopted. She added he was making everyone cry because I told me, I'm not a foster boy anymore. I'm a son. Thank you for your kind attention.

>> Thank you so much, judge. We have two questions. One is from the Washington state office of public defense and the question is, my concern is determining when the intervention should be removal from the home. The removal from the home creates its own trauma. When is the trauma of the removal worth it for the child? It is obvious in physical and sexual abuse cases but much less obvious in neglect cases. Any guidance?

>> Well, I'm assuming that he wants the judge to speak to that. In our state we do have a very specific recipe for findings that must be made in order to authorize a removal and that is, there's substantial evidence that the child's life or health are in danger and it is a terrible thing to do to a family and I am always, as I said, I am thinking of that child just being totally traumatized. I know I'm going to harm that child by removing them. There have been maybe five times in my entire career on this bench in 15 years where the child wanted to leave the home regardless of the circumstances. They really can't tell you as much as an older child can obviously, but, you know, they have to come and we have a fairly long conversation about that. And what else have you explored. Is there a less restrictive way to ensure the child's safety? And it's a very tough call and it should be. The standards are very high and they should be. Imminent risk to life or health.

>> Any other comments in answer to that question?

>> I don't have an answer because this is not my field of expertise. What I would say is one of the biggest challenges to this field as a whole and there aren't enough services that provide the kind of intervention therapeutic services that families in these situations would need to heal and that would help keep families together, whether that's substance abuse treatment, mental health services that are with people who are trained particularly to work with the young children and families who have experienced trauma. I think the more we

can do to strengthen those kinds of support structures and services, the better chance we can have of keeping families together in a way that's positive for I didn't think ever young children's development.

>> And once a removal has occurred, of course, it's everyone's duty to make that a temporary removal if at all possible. And that's exactly right. There are limited resources but as we expand this family team meeting, we find more and more resources and more ability to help this family. We know that the biggest indicator of reunification is how much contact will the child have with the parent in the very beginning. And judges and lawyers need to be asking a lot of questions. There is a wonderful technical assistance bulletin by some called questions every judge and lawyer should ask about the child welfare system and they need to be asking those questions. It's a technical assistance bulletin from the national council of juvenile and family court judges.

>> I think Eva, you said that was posted somewhere? I had sent that as a resource.

>> We have lots of resources on our website. That particular publication comes from the national council of juvenile family and court judges, I believe, so it would have to come from their website.

>> Thanks. We have a couple of minutes for our last question that comes from smart start in Oklahoma. Here is the question. Judges tend to listen to judges. How do we get the judiciary to listen? Who do we bring in to educate them? How do we convince them that they need to know?

>> You are so right. And that was certainly the beginning of my journey was when I heard judge Lieberman and the doctor. Judges like to hear it from other judges. We have a wonderful gift in Iowa and that is our Supreme Court Chief Justice. Prior to the children's justice summit in Minneapolis which was -- and maybe someone can help me -- 2006 maybe, we had support for child welfare law in our state but it was largely lip service. And that all changed because Chief Justice Blatt from the Minnesota Supreme Court called a meeting and just as trial judges listen to trial judges often, Supreme Court Chief Justices listen to Supreme Court Chief Justices. And you must get them talking because she took all of the chief justices from every state in the union with their teams and the territories to task for not recognizing that this is the most important work that's done by the judiciary and it needs the priority and the resources in order to make it something much more than it has been which was generally, you know, getting the leftovers, the step child getting the leftovers. And the sea has changed in Iowa because the chief justice came back as a believer and has really put her money where her mouth is. You can use court improvement project money to educate. I would say get in touch with your court improvement project director and also the national council of juvenile and family court judges, judge judicial training. There's the child abuse and neglect institute every year and numerous other trainings that judges should be supported in attending. And many of the other assigned programs through the A.B.A. and other programming as well. But judges, you're right, do best when they hear it from other judges or appellate judges and when you have a chief justice as we are fortunate enough to have tell the district judges that do not do juvenile court work that if they have an attorney who does both in their courtroom who says I'm sorry, I have a conflict that day, I have a termination of parental rights hearing, then the judge who is presiding over that criminal sentencing needs to pick a different date for that criminal sentencing because there is no trumping of a child welfare case anymore in Iowa. It has top priority.

>> And correct me if I'm wrong, judge, but I believe there's also a training video that was done on the court teams project with judge Lieberman and joy.

>> Yes. Thank you for reminding me of that.

>> For those who can't get a judge, leadership is the best. If you have leadership, I think that matters. Sometimes a picture is worth a thousand words and this video, I've seen it and it's effective and it delivers strong messages and at least it can start potentially a conversation in your state.

>> That's a great contribution. Yes. It's called helping babies from the bench. And if you contact zero to three.org, I'm sure they'll be glad to share it with you. It's a wonderful conversation beginner.

>> Thank you so much. We are concluding our web cast. Two quick reminders. Please fill out the short evaluation online at the end of the web cast. Your feedback will help us to plan for future web casts and finally, the web cast will be archived in approximately a week and will be available at mchcom.com. I want to thank those who tuned in and we really appreciate your concern for the health of women, children and family. Have a great afternoon.