

---

## RESEARCH REPORT

# Evaluation of Early Childhood Court Teams in Escambia and Okaloosa Counties

June 15, 2017

*Principal Investigator:*

Mary Kay Falconer, PhD  
Research, Evaluation & Systems  
The Ounce of Prevention Fund of Florida

*Research Assistant:*

Kayla Sutherland, MPH  
Research, Evaluation & Systems  
The Ounce of Prevention Fund of Florida

Funded through a contract with the  
Florida Institute for Child Welfare



FLORIDA INSTITUTE  
for CHILD WELFARE

## CONTENTS

Abstract .....	1
Project Description .....	2
Introduction .....	2
History and Current Activities of ECCs of Escambia and Okaloosa Counties .....	3
Evaluation Methodology, Measurement, and Results .....	4
Evaluation of Trauma-Informed Training .....	4
Parental Stress .....	4
Collaboration among ECC Staff and Community Stakeholders .....	5
ECC Parent Interviews .....	8
ECC Comparisons and Analysis of Outcomes .....	11
Early Childhood Court Children and Family Services Outcomes .....	14
Summary of Findings and Discussion .....	15
Training on Trauma-Informed Care .....	15
Parental Stress .....	15
Professional Collaboration in Early Childhood Courts .....	15
ECC Parent Interviews .....	16
Impact of ECCs in Reunifying Families .....	17
Limitations and Qualifiers in the Methodologies and Analyses .....	17
Recommendations to Support and Improve ECCs .....	18
Acknowledgements .....	19
Appendix A .....	20
Appendix B .....	21
Appendix C .....	23
Appendix D .....	26
References .....	27

---

## Abstract

The purpose of this project was to address two specific needs in the implementation of the Escambia and Okaloosa Early Childhood Court Teams (ECCs). These needs were: 1) a comprehensive evaluation of the ECCs and 2) training delivered by the National Center for Child Traumatic Stress (NCTSN) based on NCTSN's *Child Welfare Trauma Training Toolkit* to enhance the functioning of the ECCs. In addition, one of the primary challenges addressed by the project was collaboration among service providers and the judiciary within the child welfare and dependency system. The evaluation had five components and findings favorable to the trauma-informed training or to the ECCs were documented in all five components. The trauma-informed training significantly increased knowledge of trauma-informed care among a diverse set of ECC professionals and community stakeholders. Participation in the ECCs for at least four months significantly lowered parental stress on one subscale, parent-child dysfunctional interaction. Measures of collaboration among ECC professionals indicated the presence of relatively strong collaboration. A thematic analysis of ECC parent interviews provided positive feedback and constructive suggestions for ECC improvement. In the final component, a matched comparison design and impact analysis provided evidence that ECC participants in Escambia and Okaloosa Counties have significantly higher rates of reunification compared to matched comparison groups in their respective counties. Rates of maltreatment were also lower in the ECC groups. Recommendations for future improvement in the ECCs and evaluations of the ECCs are offered.

## Project Description

### Introduction

The purpose of this project was to address two specific needs in the implementation of the Escambia and Okaloosa Early Childhood Court Teams (ECC or Team). These needs were an evaluation of the ECCs and training to enhance the functioning of the ECCs. In addition to funding a comprehensive evaluation, a portion of the grant funds was allocated to host a live training delivered by the National Center for Child Traumatic Stress (NCTSN) and based on NCTSN's *Child Welfare Trauma Training Toolkit*.<sup>1</sup>

One of the primary problems addressed by the project was the lack of coordination among service providers and the judiciary within the child welfare and dependency system. This project did not address the fidelity of the early childhood court models in either county.

Some of the goals and objectives for this project corresponded with the categories for the Child and Family Services Review (CFSR) outcomes, which are federally mandated by the U.S. Administration of Children and Families for the Florida Department of Children and Families (DCF) to pursue. However, it should be clarified that the operationalization of the measures used in this evaluation were not consistent with those used in the federal mandate. One additional item examined was an increase in the knowledge of ECC members about the impact of traumatic stress. This outcome was related to the trauma-informed care training that was funded and delivered as part of this project. A summary of the goals and objectives is presented below:

- 1. Safety: Children are first and foremost protected from abuse and neglect.** Maltreatment of children during the 2013-2016 time period was measured for the ECCs and non-ECC comparison groups. These measures included verified and not substantiated findings as well as child deaths. It was hypothesized that the ECC children would have lower rates of maltreatment than the non-ECC comparison groups.
- 2. Permanency: Children have permanency and stability in their living situations.** The length of time between child removal and discharge dates was examined for ECCs and non-ECC groups during the 2013-2016 time period. It was hypothesized that the ECC children would have a shorter length of time between removal and discharge than the non-ECC comparison groups. The impact of ECC on reunification was also examined. It was hypothesized that the ECC children would have a higher rate of reunification compared to the non-ECC children. Depending on the availability of data, examination of the number of placements and number of parent-child visits was also proposed.

- 3. Child and Family Well-Being: Families have enhanced capacity to provide for their children's needs.** Parental stress among the ECC participants was examined. It was hypothesized that ECC parents would have improved stress scores on the Parenting Stress Index-Short Form after four months participating in the ECC.
- 4. Knowledge of Traumatic Stress: ECC professional staff and community stakeholders will benefit from training on traumatic stress.** The impact of the training on trauma-informed care was examined. It was hypothesized that mean scores on a self-report knowledge inventory would increase by at least 10 percent from pre-test to post-test.

The target population served by the ECCs was families subject to the jurisdiction of the dependency courts (First Judicial Circuit) in Escambia and Okaloosa Counties due to child maltreatment. The victim of maltreatment is between the ages of zero and three and the child has been removed from the home. The ECCs are teams of stakeholders convened by judges with jurisdiction over the dependency cases in Escambia and Okaloosa Counties. Stakeholders include professionals at the regional community-based care (CBC) lead agency, other child welfare service providers, and Guardians ad Litem (GAL). The target population for the NCTSN training proposed for this project consisted of all professional members of these ECCs as well as other community stakeholders.

This evaluation was comprehensive and incorporated five major components:

1. The first component was a pre-post comparison using a self-report inventory to determine whether ECC professionals and community stakeholders' knowledge of the impact of traumatic stress increased after participating in live training on trauma-informed care.
2. The second component was a pre-post comparison of a self-report inventory to determine whether parental stress (as measured by the Parenting Stress Index – Short Form) changed over the first four months of ECC participation.
3. The third component included a collaboration survey of ECC staff and community stakeholders and an analysis of the survey data.
4. The fourth component included twelve ECC parent interviews with a qualitative thematic analysis of the data obtained in these interviews.
5. The fifth and final component used a matched comparison design with families served by the Escambia and Okaloosa ECCs as the intervention groups to measure the impact of ECCs on reunification.

## History and Current Activities of the Early Childhood Court Teams of Escambia and Okaloosa Counties

The goal of Florida's Early Childhood Court Teams is to improve child safety and well-being, heal trauma and repair the parent/child relationship, expedite permanency, prevent recurrence of maltreatment, and stop the intergenerational cycle of abuse/neglect/violence. To that end, Florida's Early Childhood Court has 15 specific core components:

- Judicial Leadership
- Trauma Lens
- Central Role of Infant Mental Health Specialist & Child-Parent Psychotherapy
- Continuum of Behavioral Health Services
- Collaborative Court Team
- Community Coordinator
- Cross Agency Training
- Developmental Support for the Child/Parent
- Parent Education and Support
- Placement Stability and Concurrent Planning
- Monthly Family Team Meetings
- Parent-Child Contact (Family Time / Visitation)
- Co-parenting
- Evaluation
- Funding and Sustainability

The ECCs in Escambia and Okaloosa Counties are part of a statewide initiative of 16 other teams. FamiliesFirst Network of Lakeview Center, Inc., the CBC provider for the First Judicial Circuit, has provided coordinating support for an Early Childhood Court Team for Escambia County since September 2013 and for Okaloosa County since March 2015. These ECCs are sponsored by the First Judicial Circuit of Florida and modeled in part on the Safe Babies Court Teams Project operated by Zero To Three (ZTT).<sup>2</sup> However, the teams in Escambia and Okaloosa Counties did not have the benefit of training or technical assistance from ZTT and do not follow its model strictly.

The ECCs ensure that children in the child welfare system receive a range of health and psychosocial services to ensure their safety, enhance their well-being, increase chances of reunification, and reach permanency more quickly. ECCs facilitate collaboration among courts, child welfare agencies, and providers of health and psychosocial services, including early intervention for developmental delays. In Escambia and Okaloosa Counties, the ECCs include representatives of Early Steps, Healthy Start, local domestic violence shelters, substance abuse specialists, the Early Learning Coalition, and infant mental health therapists.

Children identified as having developmental delays receive services from the Early Steps program. Families served by the ECCs commonly receive substance abuse counseling, anger management counseling, domestic violence counseling, Circle of Security Training (a trauma-focused intervention), and The Incredible Years (a parenting class). The WISE program also offers inpatient substance abuse services for postpartum mothers.

The ECCs focus on maintaining contact between parents and their children. Typically, the court orders three episodes of supervised visitation per week in cases of out-of-home placement. Foster parents are involved in these visits and are

encouraged to develop a co-parenting relationship with the biological parents. The location of the visits varies but the foster home (which is often the home of a family member) is considered the ideal location.

Judge Edward P. Nickinson III of the First Judicial Circuit took the initiative in assembling the Escambia ECC, which began accepting cases in September 2013. The initial core members comprised the judges with jurisdiction over dependency cases, FamiliesFirst (the CBC), Guardians ad Litem, child welfare caseworkers, and the community's major substance abuse service providers. This core group had to recruit other stakeholders, including child protective investigators (CPIs), gradually, as the ECC concept was new to the community. The Okaloosa team, which launched in March 2015, was able to ramp up much more quickly because it involved many of the same stakeholders. It now serves the entire county.

The ECCs hold weekly, 90-minute meetings in which they staff cases. The team usually meets with each family once per month, though this may occur more frequently as needed. Families appear in court once per month, which is more frequent than is typical of dependency cases statewide. The ECCs also hold occasional organizational/administrative meetings.

ECCs serve families in the child welfare system in their covered area where the child is between the ages of zero and three, up to a maximum caseload of 25. ECCs generally exclude cases where there is an unknown perpetrator of abuse, where DCF is seeking termination of parental rights (TPR), or where the parents are unable to benefit from ECC services due to severe intellectual disability or severe mental illness. Ultimately, whether a family is served by the ECC is in the discretion of the court.

Participating providers have expressed a high level of satisfaction with the ECCs. Because of the ECCs, they felt that their perspective was being heard by the CBC, DCF, and the court. Providers have contributed staff time to participate in ECC meetings with no additional reimbursement. They were willing to do this because of the value added by the coordination of services through ECC meetings.

Families in Escambia County were already receiving infant mental health therapy. The First Circuit Court received a grant from British Petroleum to fund training for Child-Parent Psychotherapy (CPP). This training was delivered by two doctoral-level clinicians to 35 licensed (or seeking licensure) mental health professionals over the course of 18 months. This included seven days of face-to-face training and multiple follow-up phone calls. This training allowed the provision of CPP services to ECC families in both counties. CPP is an evidence-based trauma-focused intervention to repair the parent child relationship. It is a core component of the Early Childhood Court model.

Though FamiliesFirst has been instrumental in the implementation of the Early Childhood Courts, the Teams are a program of the First Judicial Circuit. The Circuit Court is committed to maintaining the ECC teams. The influence of the court through its judicial authority and of FamiliesFirst through its contractual relationship with providers will help to maintain program continuity even if there are changes in organizational structure. The ECCs are expected to continue operating indefinitely, regardless of the findings in this evaluation.

## Evaluation Methodology, Measurement, and Results

This section presents the methodologies, measurement, and results for each evaluation component. It begins with the trauma-informed care training that was conducted in September 2016. Next, the analysis of parental stress among ECC parents is covered. ECC collaboration is the third component presented. The methodology for that component was a survey that was administered twice and the measures of collaboration were based on the *Wilder Collaboration Factors Inventory*. The analysis of twelve ECC parent interviews is presented next. The final component is the matched comparison design which includes comparison of the two ECCs and comparison of each ECC with child victim matches in their respective counties. The last component relies primarily on data extracted from the Florida Safe Families Network (FSFN).

### Evaluation of Trauma-Informed Training

A face-to-face training on trauma-informed care was held September 22-23, 2016 and was conducted by the National Center for Child Traumatic Stress (NCTSN) and based on the NCTSN *Child Welfare Trauma Training Toolkit*. The evaluation of the training relied on a 10 item questionnaire in the Toolkit that was administered pre-training and post-training. The questionnaire measured, through self-report, the level of knowledge about child trauma. A 5-point Likert response scale is used in the questionnaire and ranged from 0 = "Not at all" to 4 = "To a very great extent." The questionnaire is in Appendix A.

The number of training participants included in the evaluation was 37. However, only 29 participants completed both the pre-training questionnaire administered on the first day of the training and the post-training questionnaire administered on the second day of the training.

Among the 37 training participants who completed the pre-training questionnaire, a variety of local social service organizations and service providers were represented. Half of the participants represented child welfare (51.4%), around a quarter represented mental/behavioral health (24.3%), and 13.5 percent represented "other" organizations not listed. The remaining participants represented the courts and education system (8.1% and 2.7%, respectively). A majority of training participants (31) were professional ECC members (83.8%).

The percent changes in the pre and post item means were calculated first to determine the impact of the training on the knowledge of trauma-informed care. The percent changes for the items on the measurement tool ranged from 35 percent to 87 percent. The percent change for the mean total scores for pre and post administrations was 50.9 percent. This set of calculations far exceeded the threshold that was set in the evaluation proposal, which was 10 percent.

Another analytical technique used for comparing the pre and post results for each participant's set of responses was a paired t-test. This test compares the means of two dependent variables, one from the pre training administration and the other from the post training administration and allowed a determination if the means differed significantly. The data were entered in IBM SPSS

Statistics (Version 22) and this statistical software package was used to conduct the analysis.

After conducting a paired t-test for the responses to each item on the pre and post questionnaires for the ECC Training, it was learned that the response means for the post administration were higher than the pre administration. There were statistically significant changes in all of the questionnaire items between pre and post training administrations. Based on this set of results, the training participants improved their knowledge of child trauma after the training.

### Parental Stress

Participation in the ECC was hypothesized to have a positive impact on the level of parent stress. The tool selected to measure parental stress was the Parenting Stress Index-Short Form (PSI-SF).<sup>3</sup> This is a tool used often in research on child abuse and neglect and in evaluations of interventions to prevent or reduce parental stress. In this evaluation, the PSI-SF was administered to parents that met the following criteria:

- a. The parent is at least 18 years old.
- b. The parent has not yet completed the PSI survey for this study.
- c. The parent has been receiving ECC services for at least four months (120 days.)

There was no administration of this tool prior to the participation of each parent in ECC. The justification for this late administration of the tool was to include as many ECC parents as possible in this measurement of parental stress within the time frame available for this evaluation. In order to obtain a measure of change in parental stress before and after ECC participation, a retrospective measurement approach was applied. This approach asked the parent to reflect back to "before" their participation in the ECC for the completion of one tool and then to their current or experience "now" for the completion of the second tool.

Each ECC team coordinator received a set number of questionnaires with the instructions for administering the tools. The instructions distributed for the administration of the PSI-SF in each ECC are in Appendix B. The questionnaires ("before" and "now") were administered to 21 parents. Some of the items on the PSI-SF were missing responses which required the imputation of values following the guidelines for missing data in the *PSI Manual*.<sup>4</sup>

The PSI-SF has 3 subscales that are used in the assessment of a level of stress:<sup>5</sup>

1. **Parental Distress.** This subscale "determines the level of distress a parent is experiencing in his or her role as a parent as a function of personal factors that are directly related to parents."
2. **Parent-Child Dysfunctional Interaction.** This subscale "focuses on the parent's perception that the child does not meet his/her expectations and that his/her interactions with the child are not reinforcing to him or her as a parent."
3. **Difficult Child.** This subscale "focuses on some of the basic behavioral characteristics of children that make them either easy or difficult to manage."

Each subscale has a raw score and there is a total raw score for the entire instrument. In addition, normative metrics are available to convert the raw scores to percentiles. This analysis of the PSI-SF included two steps: 1) an assessment of whether the stress levels were high for each subscale or subscale combination “before” or “now” and 2) a paired t-test to determine if any of the raw score differences between the “before” and the “now” were statistically significant.

**Table 1:** Descriptive Statistics for the PSI-SF, Retrospective Before and Now

Total and Subscale Scores	Before				Now			
	n	Mean (SD)	Range	% High	n	Mean (SD)	Range	% High
Total Stress	21	71.40 (14.01)	47-106	0	21	65.51 (15.5)	42-98	0
Parental Distress	20	29.83 (7.98)	18-44	15%	20	27.24 (7.18)	18-47	5%
Dysfunctional Interaction	20	21.00 (5.50)	13-31	0	20	18.35 (5.92)	12-32	0
Difficult Child	21	23.00 (5.09)	16-37	0	21	22.09 (5.59)	16-32	0

Note: In this analysis, criteria for high levels of stress were based on score comparisons across multiple subscales.

In Table 1, it appears that most of the parents did not have high levels of parental stress “before” or “now.” For the parental distress subscale, 15 percent of the parents had “high” stress levels “before” and 5 percent had “high” stress levels for this subscale “now.” In addition, a paired t-test of the “before” and “now” subscale raw scores indicated that stress levels for the parent-child dysfunctional interaction subscale were significantly lower “now” ( $p = .021$ ). This finding indicates that there was an improvement in the parental stress for that subscale after 4 months of participation in the ECC.

## Collaboration among ECC Staff and Community Stakeholders

### Collaboration Methodology and Measurement

The research category identified for this project was enhancing collaborative stakeholder relationships in child welfare practice. One of the challenges that confronts evaluators of collaboration is the limited number of validated and reliable tools available.<sup>6</sup> The measurement tool selected for this evaluation was the *Wilder Collaboration Factors Inventory*. The definition of collaboration for the *Wilder Collaboration Factors Inventory* is “a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards”.<sup>7</sup> The *Wilder Collaboration Factors Inventory* includes 40 items which form 20 success factors that are grouped into six categories: environment, membership characteristics, process and structure, communication, purpose, and resources. A 5-point Likert scale was used for all items; 1 = strongly agree, 2 = disagree, 3 = neutral/no opinion, 4 = agree, and 5 = strongly agree.

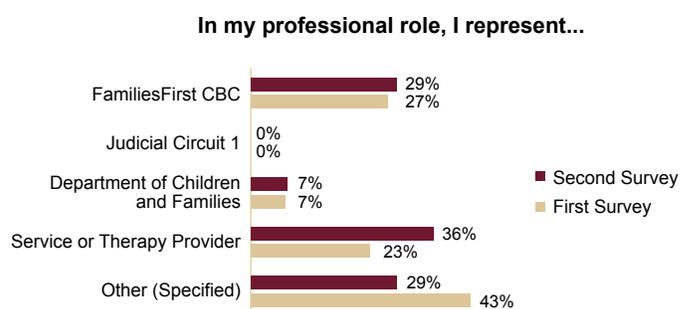
In addition to the inclusion of the *Wilder Collaboration Factors Inventory*, the collaboration survey had several questions that allowed the respondents to share their views on the goals, level of satisfaction, and success of the ECCs. There were also several open-ended questions for the respondents to share achievements, challenges and suggestions to address the challenges. The collaboration survey questionnaire is in Appendix C.

## Collaboration Survey Results

There were two administrations of the Collaboration Survey. The first administration was at the trauma-informed training in September 2016 with 30 respondents. The second administration of the survey was online in January 2017 with 14 respondents. The responses for the first section of the survey are presented first and then the responses on the *Wilder Collaboration Factors Inventory* are presented.

The survey respondents represented several professional roles in both administrations. In Figure 1, the categories with the highest percentages were FamiliesFirst CBC, service therapists/providers, and “other.” The “other” category included a variety of professionals. The roles specified were Family Intervention Services, Family Advocacy at Eglin Air Force Base, Domestic Violence Advocate, Parent Attorney, Regional Counsel, Healthy Start, Safe Connections Visitation Center, Guardian ad Litem, and Early Learning Coalition. The respondents in the second survey had a higher percentage for service or therapy providers, about the same percentage for FamiliesFirst CBC and DCF, and a lower percentage in the “other” category. These differences in the representation of the professional roles across the surveys are noteworthy and could have had an impact on the differences in the findings.

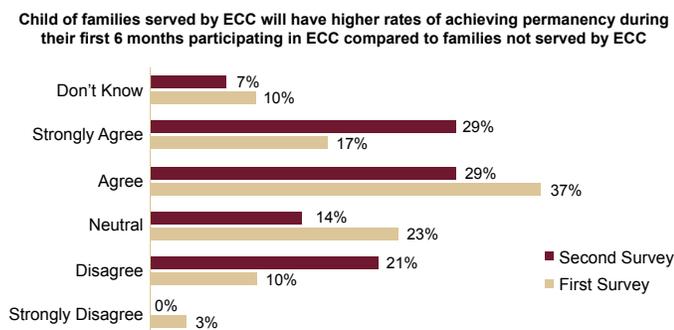
**Figure 1:** Professional Roles Represented in the Collaboration Survey (First and Second Administrations)



The percentage of the respondents that had been a member of an ECC for over 1 year was 50 percent in the first administration of the survey and 92.9 percent in the second administration of the survey. Over 80 percent in the first administration of the survey and over 90 percent of the respondents in the second administration thought the goals of the ECC were clear. Satisfaction with the ECC was relatively consistent across both administrations of the survey (75% versus 77% satisfied or very satisfied).

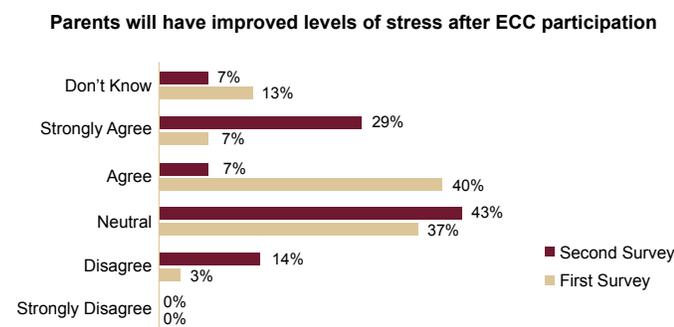
The respondents then shared their level of agreement with several objectives. The survey responses for two of the objectives are presented in Figure 2 and Figure 3 below. One addresses achieving permanency. Around 54 percent of the respondents in the first administration of the survey “agreed” or “strongly agreed” that the families served by the ECC will have higher rates of achieving permanency in their first 6 months participating. In the second administration of the survey, around 58 percent of the respondents agreed with this permanency achievement. A higher percentage (21%) “disagreed” with this achievement in the second administration of the survey.

**Figure 2: Survey Responses on ECC Achieving Permanency (First and Second Administrations)**



The respondents also shared their level of agreement on whether or not parents in ECC would improve their level of parental stress. There was a much higher percentage agreeing (“strongly agree” or “agree”) with this achievement in the first administration of the survey (47% versus 36%). However, the percentage “strongly agreeing” jumped from 7 percent to 29 percent. The percentage “disagreeing” also increased from 3 percent to 14 percent. One possible explanation for these differences was mentioned earlier and that is the professional composition of the survey respondents differed across the administrations of the survey. Referring to Figure 1 again, the percentage of respondents that were in the “other” category in the second administration of the survey was lower and the percentage of respondents that were in the service or therapy provider category in the second administration was higher. Some of the providers might have been much more optimistic about lowering levels of parental stress, while other providers disagreed.

**Figure 3: Survey Responses on ECC Improving Levels of Parental Stress (First and Second Administrations)**



There were some differences in levels of satisfaction with ECCs and opinions on the clarity of ECC goals across ECC survey subgroups. In the first survey administration, 63.6 percent of those serving as a member of the Escambia ECC were “satisfied” or “very satisfied” with the ECC while the level of satisfaction for those serving as a member of the Okaloosa ECCs was 93.8 percent. In the second administration of the survey, which had a lower number of respondents, 100 percent of the Okaloosa ECC members thought the goals of the ECC were clear and 80 percent of the Escambia ECC had the same opinion.

The open-ended question responses shared about ECC achievements and the challenges were insightful and addressed a variety of important issues affecting the functioning of the ECCs as well as the impact. The responses are summarized below with the responses for the first administration of the survey appearing first.

### Open-Ended Responses for First Collaboration Survey

There were two open-ended questions in the collaboration survey that provided an opportunity for each respondent to share ECC achievements and suggestions for addressing challenges. The questions were the following:

- 1) At this point, have there been any achievements in the Early Childhood Court Teams that you would like to highlight? If yes, please specify.
- 2) At this point, do you have any challenges and suggestions to address these challenges in the Early Childhood Court Teams? If yes, please specify.

The comments addressing ECC achievements were positive across both counties and are reflected in the following:

- Shorter time frame to permanency (reunification as well as other discharges, such as adoption)
- More reunifications
- Stronger team collaboration and approaches with providers and parents included
- More resources available to parents
- Successes with families in reunification with younger child even when a parent has had his/her rights terminated for older children
- Confidence instilled in parents

Comments regarding challenges and suggestions to address them were instructive for the ECCs in both counties. Selected comments are summarized in the following with the county(ies) for the ECC respondent(s) that shared the challenge and/or suggestion in parentheses:

- Clients difficult to locate, move often and have phones disconnected (Both counties)
- Need more feedback from providers (Both counties)
- The needs of older siblings are not being met (Okaloosa)
- Parent attorneys working against the goals in ECC (Okaloosa)
- CPP slows down the reunification (Okaloosa)
- Difficult to address a parent’s multiple challenges (DV, substance abuse, low functioning) in 9-12 months (Escambia)
- Some case managers and foster families are too adversarial with parents, particularly those with substance abuse (Okaloosa)
- Housing and transportation are barriers (Okaloosa)
- Lack of clear ECC policy/procedures (acceptance/eligibility of families into ECC, scheduling of staffings and court hearings) (Escambia)
- Need strong leadership to guide the focus of the ECC (Escambia)
- Need the ECC process to be streamlined (Both counties)
- Need more service/therapy options that are trauma-informed (Okaloosa)
- Need rules for reunifications, overnight and unsupervised visitations (Okaloosa)
- If family is not engaged, need to have them attend another induction in ECC to re-evaluate their desire and allow another family to participate (Okaloosa)
- Staffings should be held on the same day as court hearing (Okaloosa)

**Responses on the Wilder Collaboration Factors Inventory**

Table 2 displays the mean scores for each item and each success factor on the Wilder Collaboration Factors Inventory for both administrations of the survey. A success factor influences the success of a collaboration. Some of the success factors were based on responses to one item or statement and others have multiple items or statements that are averaged to determine a factor score. The following ranges are used to interpret the scores and guide subsequent decisions and/or action regarding the collaboration:<sup>8</sup>

1. Scores of 4.0 or higher show strength and probably don’t need special attention.
2. Scores from 3.0 to 3.9 are borderline and should be discussed by the group to see if they deserve attention.
3. Scores of 2.9 or lower reveal a concern and should be addressed.

The higher the score on a factor, the higher the level of collaboration. In addition to the scores, Table 2 also displays the percentage of respondents disagreeing with each item.

**Table 2: Mean Scores and Percentage Disagreeing by Item on the Wilder Collaboration Factors Inventory**  
First (n = 30) and Second (n = 14) Rounds of Data Collection for Early Childhood Court (September 2016 and January 2017)

Success Factors	Item	Item Mean Score		Factor Mean Score		% Disagreeing	
		First Survey	Second Survey	First Survey	Second Survey	First	Second
History of collaboration or cooperation in the community	1	3.60	3.46	3.40	3.23	13.33	23.08
	2	3.21	3.00			27.59	38.46
Collaborative group seen as a legitimate leader in the community	3	3.57	3.31	3.55	3.47	0.00	23.08
	4	3.53	3.62			0.00	0.00
Favorable political and social climate	5	3.83	3.92	4.00	4.12	0.00	15.38
	6	4.17	4.31			0.00	0.00
Mutual respect, understanding, and trust	7	3.23	3.38	3.70	3.85	30.00	38.46
	8	4.17	4.31			0.00	0.00
Appropriate cross section of members	9	4.27	4.31	3.82	3.81	0.00	0.00
	10	3.37	3.31			23.33	30.77
Members see collaboration as in their self-interest	11	4.47	4.31	4.47	4.31	0.00	0.00
Ability to compromise	12	3.50	3.38	3.50	3.38	13.33	7.69
Members share a stake in both process and outcome	13	3.67	3.31	3.92	3.97	13.33	30.77
	14	4.10	4.46			3.33	0.00
	15	4.00	4.15			0.00	0.00
Multiple layers of participation	16	3.27	3.31	3.24	3.35	23.33	23.08
	17	3.20	3.38			30.00	30.77
Flexibility	18	3.90	3.92	3.84	3.92	6.67	0.00
	19	3.77	3.92			6.67	0.00
Development of clear roles and guidelines	20	3.77	3.85	3.72	3.74	13.33	15.38
	21	3.67	3.62			13.33	7.69
Adaptability	22	3.67	3.85	3.75	3.85	6.67	0.00
	23	3.83	3.85			0.00	0.00
Appropriate pace of development	24	3.80	3.46	3.70	3.50	10.00	15.38
	25	3.60	3.54			16.67	15.38
Open and frequent communication	26	3.83	3.77	3.71	3.72	10.00	15.38
	27	3.57	3.38			16.67	23.07
	28	3.73	4.00			10.00	0.00
Established informal relationships and communication skills	29	3.97	3.85	3.87	3.77	3.33	7.69
	30	3.77	3.69			13.33	15.38
Concrete, attainable goals and objectives	31	4.03	4.31	3.95	4.05	3.33	0.00
	32	3.93	4.00			3.33	7.69
	33	3.90	3.85			6.67	7.69
Shared vision	34	4.03	4.23	3.97	4.08	0.00	0.00
	35	3.90	3.92			3.33	0.00
Unique purpose	36	4.20	4.85	4.02	4.74	3.33	0.00
	37	3.83	4.62			3.33	7.69
Sufficient funds, staff materials, and time	38	3.00	2.85	3.05	3.0	30.00	38.46
	39	3.10	3.15			30.00	30.77
Skilled leadership	40	3.97	4.15	3.97	4.15	6.67	0.00
<b>Average Score for All Factors Combined</b>				<b>3.78</b>		<b>21.60</b>	

There was only one factor with a mean that was close to 2.99 and within the range that is recommended that a concern be addressed. That factor was “sufficient funds, staff materials and time.” The scores displayed in Table 3 are the top eight success factors ranked from highest to lowest.

**Table 3: Ranked Mean Scores by Success Factor on the Wilder Collaboration Factors Inventory**  
First and Second Round of Data Collection for ECC Collaboration Survey (September 2016 and January 2017)

Rank	Success Factor	Factor Mean Scores First/Second
1	Members see collaboration as in their self-interest	4.47/4.31
2	Unique Purpose	4.02/4.74
3	Favorable political and social climate	4.00/4.12
4	Skilled leadership	3.97/4.15
5	Shared vision	3.97/4.08
6	Concrete, attainable goals and objectives	3.95/4.05
7	Members share a stake in both process and outcome *	3.92/3.97
8	Flexibility	3.84/3.92

In Table 3, the factors with the three highest mean scores were “members see collaboration as in their self-interest”, “unique purpose”, and “favorable political and social climate.”

## ECC Parent Interviews

### Parent Interview Protocol and Methodology

During the last week of October 2016 through November 2016, 12 parents participating in the Early Childhood Court program were interviewed: six parents in Okaloosa County and six in Escambia County. The parents that were interviewed were recruited by the ECC team coordinators in each county. Consistent with the human subject protection protocols that were established in the evaluation plan and approved by the Baptist Hospital IRB, consent forms were distributed and signed by the parents in order to participate in the interviews. Gift cards of \$20 were given to the parents that completed interviews.

The parent interviews followed an interview script and questionnaire. See the questionnaire in Appendix D. The questions addressed a variety of topics relevant to the ECC experience. The interview began by asking the parent their recollection of the date of their first meeting with the team. Next, there was an opportunity for them to describe the team meetings. Follow-up prompts to this question addressed the number of participants and whether they knew the participants in the team meetings. The services that were received when participating in the ECC was asked in the third question. The interviewer often asked for clarification on what these services entailed and there were several opportunities to add to the list of services before proceeding to the next question. The fourth question addressed what was helpful or beneficial about the ECC program. The fifth question was interested in their thoughts regarding whether the ECC and service providers could have done anything better. Prompts to this question asked for suggestions for improving the ECC program. The next question addressed whether their relationships with their child or children had improved. There was a final opportunity at the end of the interview to volunteer other comments about their experiences with the ECC.

The qualitative analysis was a rigorous process of coding transcriptions of the audio recordings of each interview. Two members of the evaluation team reviewed the interview transcripts. Major themes were coded using NVivo (Version 11). The coding across evaluators was compared and differences were resolved. The qualitative data to support each theme was included in the coding documents that were reviewed. The goals in the analysis were to be comprehensive and consistent. Differences and similarities across the ECC counties were also identified in the analysis.

### Parent Interview Findings

The findings for the qualitative analysis are presented by each question in the interview protocol. For each question, the findings for the Escambia parents are covered first. The findings for the Okaloosa parents are covered next. A comparison of the two sets of parent findings is included for several questions.

#### 1) When did you have your first meeting with the Early Childhood Court Team?

##### Escambia Findings

The majority of the parents participating in the Escambia ECC indicated their first meeting was between February and July 2016. One parent said their first meeting was in summer 2015. The time periods for participation in ECC prior to the interviews were 3, 6, 9, and more than 12 months. Two parents also shared that they met with the ECC team on a monthly basis.

##### Okaloosa Findings

In Okaloosa, parents shared that their initial meetings were held between September 2015 and August 2016. The actual numbers of months prior to the interview that they had participated in ECC were 3, 6, 11, 7, 10, and 12 months. Three parents confirmed that they met monthly with their Early Childhood Court Team, usually before their court date.

#### 2) What usually happens at meetings of the Early Childhood Court Team when you are there?

##### Escambia Findings

Parents in Escambia County reported reviewing their overall progress and case planning. One parent shared that they were encouraged to maintain progress and commended for what they had achieved thus far. The themes included number of attendees and who attends, introductions, and check on progress. Estimates of the number of attendees at the ECC Team meetings varied. The estimates offered by this set of parents were 10, 6-7, 10-15, 8-15, and 8. A guardian ad litem attending was mentioned by two parents. One parent mentioned that he had only attended one team meeting. Three parents mentioned their absence in some team meetings due to their treatment programs. Three parents mentioned specifically that they do not always know everyone in the team meeting. When this is the case, it was confirmed by these parents that everyone introduces themselves.

## Okaloosa Findings

Parent participants of the Okaloosa ECCs shared findings similar to those in Escambia County but they provided more elaboration on these meetings. During the team meetings, parents were made aware of and introduced to the professionals present. In general, it was shared that the Team reviewed their progress in the program and determined future tasks to complete. Major themes were consistent with the responses among the Escambia parents. Regarding the number of attendees, one parent mentioned 15-20 attendees, another parent shared 5-10 attendees and a third parent said 11-15 attendees. Multiple parents mentioned that everyone in the meeting introduced themselves.

Checking on progress was the predominant description of the team meeting that was provided by the parents in Okaloosa County. However, several more specific themes were identified in this major theme which included providing support, allowing the parents to ask questions, covering appointments, and explaining what will be occurring in the next court hearing. Asking the parents to address what might be beneficial to them was mentioned. The opportunity to ask questions was also included in descriptions of the team meetings. A list of the sub-themes in describing the ECC meetings in Okaloosa County is below:

- Ask how the parent is feeling/doing
- Ask how the parent is progressing
- Provide positive feedback (accomplishments)
- Discuss what will happen in court
- Ask if the parent has any questions
- Suggest things that should be done as follow-up (appointments)
- Ask what support and help is needed
- Ask if there are any programs that would be beneficial

### 3) What kinds of services have you received in between meetings of the Early Childhood Court Team?

#### Escambia Findings

The services that the parents in Escambia County participating in ECC indicated that they received referrals to agencies as well as actual therapies. Pathways, WISE, the Community Drug and Alcohol Council (CDAC) and Children's Home Society were examples of agencies or programs mentioned. Child-Parent Psychotherapy was an example of an actual therapy that was shared by the parents interviewed in Escambia County. Infant Mental Health programs were also mentioned in the responses addressing services.

#### Okaloosa Findings

Parent participants of the Okaloosa ECCs shared the services they received in greater detail than the parents participating in the Escambia ECC. Parents were referred to agencies, such as, WISE, Bridgeway, Health and Hope Clinic, Shelter House, and FamiliesFirst. They also mentioned types of therapies or services, such as, individual counseling, Child-Parent

Psychotherapy sessions, various rehab and drug treatment programs, Circle of Security, Healthy Start, relationship counseling and parenting classes. A relatively comprehensive list of services was shared by one parent in the following quote:

*They offer help with the Shelter House, I have done—I've gone to rehab. I have done intensive outpatient programs at the rehab. I've done CPP, with child parent psychology. The WISE Program, of course, they are the ones that put me through the rehab. And, let's see what else. I have also done things with BridgeWay and I've done the parenting class.*

### 4) What (if anything) have you found helpful about the Early Childhood Court Team or the services you have received?

#### Escambia Findings

Among the parents interviewed that were participating in the Escambia ECC, the views shared were, in general, very favorable. As expressed by one parent, *"what the team is there for is definitely more of a help than a burden."* In the same positive vein, another parent shared, *"The biggest thing is—I mean, it sounds cliché, but really the ECC saved my life."* There was parent recognition that on-going cooperation and participation in ECC can improve the experience. Evidence of this perception is in another comment, *"the more you participate in the program, the more the program helps."* As a final general assessment of the program, another parent offered the following: *"Everything was wonderful. I mean I have nothing bad to say. Everything went smooth. All the workers are wonderful. Everything is good."* In the qualitative analysis, several themes were evident in the interview transcripts. These themes provided more specificity and a clearer understanding of what was favorable in ECC.

#### Okaloosa Findings

In general, the parent responses among the parents interviewed in Okaloosa were also favorable but more thorough and explanatory. Specific references to individual staff members were common in this set of interviews. Personal experiences that were shared included more detail and were appropriate illustrations to support their opinions of ECC. Three general but very positive comments are presented below:

*Quote 1: I mean, everybody was absolutely wonderful. They were really, really helpful. If we needed something, they were always there to help us get it. I mean, they've been absolutely wonderful.*

*Quote 2: I mean, I truly believe that these people are doing God's work. It's only because there's not a single negative thing I could say.*

*Quote 3: Also, just everybody in the staff is very acknowledging of me doing well. They kind of lift me up everytime I go in here. It's just a reminder of all the hard work I'm doing, you know. It's not for nothing. People are seeing it.*

Several themes were also evident in the transcripts for parents in Okaloosa County that provide more specificity and a clearer understanding of what was favorable in ECC.

## Comparison of Escambia and Okaloosa Parent Interviews

Overall, both sets of parents shared very positive opinions of their ECC. There were reasons shared for these favorable views evident in the interview transcripts. Several themes emerged in the thematic analysis in both sets of parents. However, there were more themes that emerged in the Okaloosa parent interviews compared to the Escambia parent interviews. This was due, in part, to the responses being lengthy and more comprehensive among the Okaloosa parents. More detail and specific examples of how the ECC and related services were relevant to their lives contributed to a larger body of evidence. In Table 4, a thematic comparison of the two sets of ECC parents is displayed.

**Table 4:** Comparison of the ECC Escambia and Okaloosa Parent Interviews on the Benefits of ECCs

Theme	Escambia ECC Finding	Okaloosa ECC Finding
<b>Reunification with Children</b>	Recognized reunification with children as a positive outcome in ECC. Evidence of a focus on the timing with references to entering the court system quicker and getting their children reunified quicker	Recognized reunification as a positive goal and outcome in ECC
<b>Help and Support</b>	Recognized the support provided in ECC and by other professionals	Recognized the support provided in ECC by a variety of professionals from different agencies; More emphasis on not being able to make it through the process and do what was needed without ECC and the staff members mentioned
<b>Accountability</b>	Recognized the importance of making parents accountable	No evidence in this analysis
<b>Believing in Parents</b>	No evidence in this analysis	Recognized the importance of staff believing in the parents
<b>Understanding and Non-Judgmental</b>	No evidence in this analysis	Recognized the importance of understanding and being non-judgmental
<b>Acknowledgement and Positive Feedback</b>	No evidence in this analysis	Recognized being acknowledged and receiving positive feedback
<b>Communication and Sharing Information</b>	Recognized the importance of communication and positive reassurance	Recognized the importance of communication and positive reassurance
<b>Relationships in the Family</b>	No evidence in this analysis	Recognized improvement in relationships with kids and husband
<b>Substance Abuse Treatment and ECC Beneficial</b>	No evidence in this analysis	Recognized the benefits of substance abuse treatment and how ECC was different in its comprehensive approach and better understanding of the challenges facing the parent who has abused substances

## 5) What (if anything) do you think the Early Childhood Court Team or service providers could have done better?

While the views of the parents in both Escambia and Okaloosa Counties were overwhelmingly positive, there were several issues identified for improvement. Suggestions offered by the parents in Escambia and Okaloosa Counties differed in several respects. Escambia parents focused on the inconvenient scheduling of the court hearings and problems when parents have to wait months for substance abuse treatment. The Okaloosa parents had three major themes in their responses to this question. One was the need to improve communication among case worker staff when there is turnover or even among staff working on the same case. The second was a concern about the accuracy of the information in an affidavit at a court hearing and the lack of follow-up on the part of the staff to correct inaccuracies. The third theme was perceived overreacting on the part of case management to a child's minor scrapes or bruises at a childcare facility and a child's desire for food that was at room temperature.

## 6) Has your relationship with your child or children changed since you have been involved with the Early Childhood Court Team? If so, how?

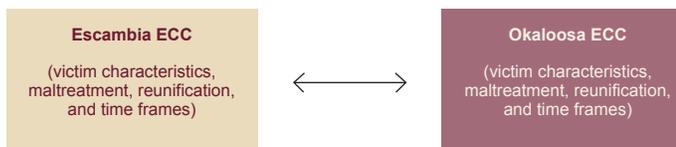
The responses to this question were passionate with much more elaboration by most parents on how their interaction with his/her children had changed for the better. Examples of parenting skills and tools they learned were also shared and these comprised a large segment of what was covered in their responses to this question. Among the Escambia parents, not all of them indicated that their relationship with their children had improved. Two parents mentioned there had been no change with one of these parents noting that the ECC experience "had not put a strain on the relationship." One Escambia parent shared a very positive view which was stated as, "every chance I get with them is like a blessing to me. I don't take little things for granted anymore with my children."

More elaboration of their personal experiences was shared among the parents in Okaloosa County. This set of parents mentioned specifically the therapies that they considered helpful and shared parenting skills that were learned. None of the parents in Okaloosa County said that their interaction with their child or children had not improved during or after their participation in ECC. A positive statement that also included recognition of a son's perception was, "my son can see that I'm better..he could tell when I was sick..I think it gives him hope." The mother continued by sharing this about her daughter, "even though she was took away from me when I was, when she was first born, she knows I'm her mother and I think I have a closer bond with her." The parenting skills that were mentioned by the Okaloosa parents as examples of skills that they learned were being emotionally present and patient, not to be overprotective, and understanding child needs.

## ECC Comparisons and Analysis of Outcomes

This component relies on CPS data available in the FSFN for those individuals in households with intakes (investigations) during the time period 2013-2016. A comparison of the ECCs in Escambia and Okaloosa Counties and a matched comparison of the ECCs with comparison group in each county is presented. The comparison of ECCs includes several demographic factors, time frames, maltreatment, and performance in the reunification of children with parents. The component relies on CPS victim data available in the FSFN for those households with intakes (investigations) during the time period 2013 through 2016. The matched comparison used propensity scores as the matching technique.<sup>10</sup> Binary logistic regression was also applied in the determination of statistically significant differences in the reunification outcome between ECCs as well as the ECCs and their respective matched comparison groups.<sup>11</sup> The comparison group designs in this component are displayed below in Figure 4 and Figure 5.

**Figure 4:** Comparison of ECCs in Escambia and Okaloosa Counties



**Figure 5:** Comparison of ECCs and their Respective Matched Groups



### Comparison of Early Childhood Court Teams in Escambia and Okaloosa Counties

Two data files were used in the comparison. The first file was a child victim index. In this file, relevant data on child protective investigations for each unique victim during the 2013-2016 time frame was aggregated and merged. There were 186 victims in Escambia ECC and 106 victims in the Okaloosa ECC. The second data file used for this comparison was developed from the unique victim data file. Information in the victim records for each intake or investigation was aggregated to create one index record for each intake. There were 100 intakes in Escambia ECC and 55 intakes in the Okaloosa ECC. Comparisons of the covariates and other descriptors for the ECC cases in Escambia County and the ECC cases in Okaloosa County are displayed in Tables 5 and 6. Because of the very low percentage (<5%) of Hispanics in the ECC groups, this descriptor was excluded in these comparisons and analyses.

**Table 5:** Summary Statistics for ECC Programs in Escambia and Okaloosa Counties (Data File with Victim Index Records)

Victim File (Unique Victim Records but Not Unique Intake)	Means (Standard Deviations), Ranges or Percentages (ns)	
Victim Demographics, CPS Intakes, Outcomes and Case Time Frames	ECC Escambia (n = 186)	ECC Okaloosa (n = 106)
Earliest ECC Referral Date	08/18/2013	02/10/2015
Safety Methodology Practiced	89.8% (167)	99.1% (105)
Age in Years (Mean)	3.21 (1.426) 0-16	3.34 (3.925) 0-17
Gender (% Female)	46.8% (87)	47.2% (50)
White (%)	53.8% (100)	83.0% (88)
Black/Other (%)	46.2 (86)	17.0% (17)
Number of Intakes per Victim (Mean)	2.29 (1.426) 1-8	2.37 (1.443) 1-7
Verified Maltreatment (2013-2016)	70.96% (132)	69.8% (74)
Verified Maltreatment after ECC Referral	14.5% (27)	13.2% (14)
Not Substantiated Maltreatment (2013-2016)	34.4% (64)	45.3% (148)
Not Substantiated Maltreatment after ECC Referral	8.1% (15)	9.4% (10)
Measure 1-Reunification (2013-2016)	39.2% (73)	34.9% (37)
Measure 2-Reunification after ECC Referral (%)	31.2% (58)	31.1% (33)
Number of Months between Removal and a Reunification Discharge	Measure 1	7.7 (4.496) 0-17
	Measure 2	7.6 (4.033) 0-17
Number of Months between Receive/Intake and Closed Case or if still open, 1/5/2017	14.73(10.124) 0-34	12.0(5.217) 2-22
Number of Victims with Closed Dates	10	0

**Table 6:** Summary Statistics for ECC Programs in Escambia and Okaloosa Counties (Data File used for Propensity Scoring and Impact Analysis)

Intake File (Unique Victim and Unique Intake Records) Youngest Age for All Records < 6	Means (Standard Deviations), Ranges or Percentages (ns)	
Intake Demographics and Outcomes	ECC Escambia (n = 100)	ECC Okaloosa (n = 55)
Youngest Age in Years	.88 (1.085) 0-5	.93 (1.168) 0-5
Oldest Age in Years	3.80 (4.173) 0-15	3.51 (3.829) 0-15
Gender (At least 1 Victim Female)	60.0% (60)	63.6% (35)
White (At least 1 Victim White)	61.0% (61)	83.6% (46)
Black/Other (At least 1 Victim Black/Other)	43.0% (43)	20.0% (11)
Mixed Races in Intake	4.0% (4)	3.6% (2)
Number of Victims in an Intake	1.82 (1.095) range is 1-5	1.91 (1.005) range is 1-4
Verified Maltreatment (2013-2016)	97.0% (97)	96.4% (53)
Not Substantiated Maltreatment (2013-2016)	48.0% (48)	58.2 (32)
Measure 1-Reunification (2013-2016)	45.0%(45)	32.8% (22)
Measure 2-Reunification after ECC Referral	35.8% (35)	32.7 (18)
Number of Intakes with Closed Dates	10	0
Number of Intake Records Available for Comparison Groups	4,625	3,040

In addition to the comparison of the means and frequencies for several data items, a binary logistic regression model was estimated to compare the impact of two ECC programs on the outcome, reunification. The covariates included in the model were age in years, gender (Female = 1), race (Black/Other = 1), and highest number of victims in an investigation. In the model, membership in one of the two ECC county groups did not have a statistically significant impact. In other words, when controlling for the several covariates in the regression model, the differences in reunification between the ECC in Escambia County and the ECC in Okaloosa County were not statistically significant.

## ECC and Non-ECC Comparisons

The data file used in these comparisons and the matched comparison design was the unique intake data file. In addition, only intake records with a youngest victim less than 6 years of age were selected for the next step. Propensity scores were calculated (IBM SPSS Statistics, Version 22) using the following covariates:

- Youngest victim age in the intake
- Gender (At least 1 Female in intake)
- Black/Other (At least 1 Black/Other in intake)
- Number of victims in intake or investigation
- Safety Methodology practiced

Non-ECC matches were identified for each ECC intake record using the propensity scores without replacement. The threshold of tolerance for the allowed differences between the ECC record propensity score and the match was .01. Binary logistic regression was used to determine the statistical significance of the ECC/non-ECC group membership on the reunification outcome. The *ns* for these analyses were equal to two times the number in the ECC group in each county. The *n* for the ECC/non-ECC comparison in Escambia was 200 (100 X 2) and the *n* for the ECC/Non-ECC comparison in Okaloosa was 110 (55 X 2).

Descriptive statistics for several key variables were calculated for each group in the ECC and non-ECC comparisons. Comparisons of the ECC and non-ECC groups in each county are presented in Tables 7 and 8. In both counties, the percentage reunified was higher for the ECC group compared to the non-ECC group. In Escambia County, the reunification percentages were 35 percent for the ECC group and 7 percent for the non-ECC group. In Okaloosa County, the reunification percentages were 32.7 percent for the ECC group and 3.6 percent for the non-ECC group.

**Table 7: Comparison of ECC Escambia and Non-ECC Escambia (Propensity Scoring Matches for Comparison Groups)**

Unique Victim and Unique Intake Data File	Means (Standard Deviations), Ranges or Percentages ( <i>ns</i> )	
	non-ECC Escambia ( <i>n</i> = 100)	ECC Escambia ( <i>n</i> = 100)
<b>Victim Demographics and Outcomes</b>		
Youngest Age in Years (Mean)	.88 (1.085) 0-5	1.16 (1.403) 0-3
Birth to 1 Year of Age (%)	57.0% (57)	46.0% (46)
Gender (At least 1 Victim Female)	64.0% (64)	60.0% (60)
Black/Other (%)	37.0% (37)	43.0% (43)
Verified Maltreatment (for ECC, maltreatment after ECC referral)	28.0% (28)	20.0% (20)
Not Substantiated Maltreatment (for ECC, maltreatment after ECC referral)	49.0% (49)	15.0% (15)
Reunification (for ECC, reunification after ECC referral)	7.0% (7)	35.0% (35)

**Table 8: Comparison of ECC Okaloosa and Non-ECC Okaloosa (Propensity Scoring Matches for Comparison Groups)**

Unique Victim and Unique Intake Data File	Means (Standard Deviations), Ranges or Percentages ( <i>ns</i> )	
	non-ECC Okaloosa ( <i>n</i> = 55)	ECC Okaloosa ( <i>n</i> = 55)
<b>Intake Demographics and Outcomes</b>		
Youngest Age in Years (Mean)	1.64 (1.445) 0-4	.93 (1.168) 0-5
Birth to 1 Year of Age (%)	29.1% (16)	49.1% (27)
Gender (At least 1 Victim Female)	69.1% (38)	63.6% (35)
Black/Other (%)	0.0% (0)	20.0% (11)
Verified Maltreatment (for ECC, maltreatment after ECC referral)	29.1% (16)	23.6% (13)
Not Substantiated Maltreatment (for ECC, maltreatment after ECC referral)	52.7% (29)	16.4% (9)
Reunification (for ECC, reunification after ECC referral)	3.6% (2)	32.7% (18)

Based on binary logistic regression results, ECC participation in both counties had a favorable impact on the reunification outcome. Odds ratios for ECC group participation were statistically significant ( $p = .001$ ). Victims served in the ECC in Escambia were 7.1 times (CI: 2.994-17.096) more likely to have a reunification compared to victims not served in the ECC in Escambia County. Victims served in the ECC in Okaloosa County were 12.9 times (CI: 2.820-58.946) more likely to have a reunification compared to victims not served in the ECC in Okaloosa County.

The time frames (days and months) between child removal and three types of discharge were calculated for the ECC victim records in Escambia and Okaloosa Counties and the Non-ECC victim records in Escambia, Okaloosa, Santa Rosa, and Walton Counties. See Tables 9 and 10. The types of discharges included were reunification, guardianship, and adoption. These figures provide multiple comparisons between ECC and non-ECC records on the length of time to reach permanency. Among all three types of the discharges, reunification time frames are the shortest with the means well below 12 months for ECC (range from 7.65 to 8.25 months) and non-ECC (range from 7.19 to 9.10 months). For the subgroups with adoption discharges, the means for number of months are close to or just over 24 months. For Escambia County ECC records, the mean number of months to an adoption discharge was 25.87. Okaloosa County ECC did not have any adoption discharges in the FSFN data available for this analysis.

**Table 9: Okaloosa and Escambia ECC Length of Time between Removal and Reunification, Guardianship, and Adoption Descriptive Statistics**

Days or Months between Removal and Discharge	n	Minimum	Maximum	Mean	Std. Deviation
<b>Okaloosa ECC</b>					
Reunify Discharge-Days	37	107	404	231.46	94.272
Reunify Discharge-Months	37	4	13	7.65	3.066
Guardian Discharge-Days	2	350	350	350.00	.000
Guardian Discharge-Months	2	11	11	11.00	.000
Adoption Discharge-Days	0	--	--	--	--
Adoption Discharge-Months	0	--	--	--	--
<b>Escambia ECC</b>					
Reunify Discharge-Days	73	1	544	250.30	140.865
Reunify Discharge-Months	73	0	18	8.25	4.681
Guardian Discharge-Days	15	298	630	405.60	90.571
Guardian Discharge-Months	15	10	21	13.33	3.086
Adoption Discharge-Days	23	410	978	788.09	165.437
Adoption Discharge-Months	23	13	32	25.87	5.471

**Table 10: Okaloosa, Escambia, Santa Rosa, and Walton Non-ECC Length of Time between Removal and Reunification, Guardianship, and Adoption Descriptive Statistics**

Days or Months between Removal and Discharge	n	Minimum	Maximum	Mean	Std. Deviation
<b>Okaloosa non-ECC</b>					
Reunify Discharge-Days	545	1	1109	240.12	168.123
Reunify Discharge-Months	545	0	36	7.87	5.519
Guardian Discharge-Days	137	0	1013	366.41	165.845
Guardian Discharge-Months	137	0	33	12.04	5.443
Adoption Discharge-Days	142	249	1311	711.32	217.309
Adoption Discharge-Months	142	8	43	23.35	7.168
<b>Escambia non-ECC</b>					
Reunify Discharge-Days	607	0	924	276.59	168.433
Reunify Discharge-Months	607	0	30	9.10	5.544
Guardian Discharge-Days	140	13	1107	431.86	191.922
Guardian Discharge-Months	140	0	36	14.19	6.246
Adoption Discharge-Days	143	277	2429	721.97	280.224
Adoption Discharge-Months	143	9	80	23.77	9.240
<b>Santa Rosa non-ECC</b>					
Reunify Discharge-Days	260	1	695	243.36	159.552
Reunify Discharge-Months	260	0	23	7.97	5.240
Guardian Discharge-Days	46	0	828	403.13	137.556
Guardian Discharge-Months	46	0	27	13.22	4.506
Adoption Discharge-Days	96	263	1273	657.02	217.451
Adoption Discharge-Months	96	9	42	21.53	7.174
<b>Walton Non-ECC</b>					
Reunify Discharge-Days	109	1	807	219.25	141.605
Reunify Discharge-Months	109	0	27	7.19	4.652
Guardian Discharge-Days	24	196	1008	401.29	187.299
Guardian Discharge-Months	24	6	33	13.00	6.164
Adoption Discharge-Days	27	503	1368	664.63	191.305
Adoption Discharge-Months	27	17	45	22.00	6.226

Note: The FSFN child removal and discharge records are historic for the individuals in households with intakes (investigations) during the time period 2013 through 2016. Child removal dates in the FSFN data used for the statistics in this table extend back to 2000. Therefore, the maximum time periods between removals and discharges can exceed three years. The removal and discharge records for the ECC children were more likely to indicate shorter time frames due to their emphasis on younger children. Age limitations for the children in the records for the non-ECC groups were not implemented so the non-ECC records include more older children.

An analysis of variance was conducted for different time frames and combinations of the ECC and non-ECC subgroups displayed in Tables 9 and 10. It was discovered that there were not statistically significant differences in the times between removal and reunification between the ECC Escambia and ECC Okaloosa records, the ECC Escambia and non-ECC Escambia records, or the ECC Okaloosa and non-ECC Okaloosa records. There were significant differences in the reunification times among only the non-ECC subgroups ( $F = 7.288, p < .000$ ). The differences in the guardianship times were also significant among the non-ECC subgroups but at a lower level ( $F = 3.261, p = .022$ ). In this comparison, the Non-ECC Okaloosa subgroup had the lowest mean time to guardianship, 12.04 months, and the non-ECC Escambia subgroup had the highest mean time to guardianship, 14.19 months.

## Comparison of ECCs in Escambia and Okaloosa Counties using the Florida Dependency Court Information System as the Source

Early childhood court data provided by the local ECC staff and entered in Florida's Dependency Court Information System were shared with this evaluation on 3/17/2017. See Table 11. This information was useful as a comparison with data available in FSFN and for items that were not available in FSFN. It should be noted that the records include "active" and "inactive" ECC cases in Escambia and Okaloosa Counties over multiple years. Ns are specified for several items in order to indicate the number of records that had information available for the calculation of the summary statistics.

**Table 11: Descriptive Statistics, Early Childhood Courts (Escambia and Okaloosa)** Source: Florida's Dependency Court Information System

ECC Services, Time Frames, and Permanency Outcomes	Ns, Means (Standard Deviations), Ranges or Percentages			
	ECC Escambia (102 records)		ECC Okaloosa (77 records)	
Earliest ECC Referral Date	9/12/2013		3/16/2015	
Active Case (Yes)	43.1% (44)		88.3% (68)	
Number of Caregiver Visits	n = 29	65.17(108.09) Range is 0-406	n = 56	66.73 (91.319) Range is 0-481
Number of Total Family Meetings	n = 21	6.43 (4.718) Range is 1-16	n = 73	6.82 (5.556) Range is 0-21
Reunified within 12 Months	n = 100	45.0%(45)	n = 76	34.2% (26)
Number of Placements (excludes records with "0" in data field)	n = 50	2.78(1.941) Range is 1-8	n = 16	1.18 (1.377) Range is 1-5
Number of Days from Removal to Reunification	n = 52	251.56(121.859) Range is 1-535	n = 29	222.86 (88.871) Range is 107-387
Number of Days between Recent Removal and Recent ECC Start	0 Days = 13		0 Days = 18	
	1 Day = 23		1 Day = 33	
	n = 89	27.57 (83.138) Range is 0-760	n = 72	5.33 (17.388) Range is 0-106
<b>Permanency Outcomes</b>	<b>n = 100</b>		<b>n = 76</b>	
Adoption	12.0% (12)		1.3% (1)	
Guardianship-Relative	8.0% (8)		0	
Permanency-Both Parents	10.0% (10)		9.2% (7)	
Permanency-One Parent	26.0% (26)		1.3% (1)	
Records with No Outcome Data due to Remaining Open or Pending	44.0% (44)		88.2% (67)	

## Early Childhood Court Children and Family Services Outcomes

Achievement on the relevant Children and Family Services Review (CFSR) measures based on the evaluation findings documented in this report is highlighted in Table 12. While the three categories for these measures are consistent with the CFSR prepared for the U.S. Administration for Children and Families (Children's Bureau), the actual measures are not consistent with the federal mandate. The measures presented in this report apply only to this evaluation. A couple of measures did not have data available to confirm or deny their achievement. The category of measures that was most limited in this respect was child and family well-being. However, it was impressive that data for measures in the child safety and permanency categories were available and documented in this evaluation.

**Table 12: CFSR Outcomes, Measures and Objectives for the Evaluation of the ECCs in Escambia and Okaloosa Counties**

Child Safety	Children are first and foremost protected from abuse and neglect.
<b>Safety Findings</b>	
Percentage of Children with a Not Substantiated Finding of Maltreatment	
<ul style="list-style-type: none"> <li>ECC in Escambia was 15% (15) and Non-ECC in Escambia was 49% (49). In the ECC, one not substantiated finding in the ECC occurred within four months of referral to the ECC.</li> <li>ECC in Okaloosa was 16.4% (9) and Non-ECC in Okaloosa was 52.7% (29). In the ECC, one not substantiated finding in the ECC occurred within four months of referral to the ECC.</li> </ul>	
Percentage of Children with a Verified Finding of Maltreatment	
<ul style="list-style-type: none"> <li>ECC in Escambia was 20.0% (20) and Non-ECC in Escambia was 28.0% (28). In the ECC, two verified findings occurred within four months of referral to the ECC.</li> <li>ECC in Okaloosa was 23.6% (13) and Non-ECC in Okaloosa was 29.1% (16). In the ECC, two verified findings occurred within four months of referral to the ECC.</li> </ul>	
Child Deaths: There was a child death in 2016 in the ECC in Okaloosa County. Subsequent follow-up with ECC professional staff confirmed that the family of the child was enrolled in an Okaloosa ECC. The child died on the day of birth due to "placental abruption." This cause of death has been associated with substance misuse (cocaine addiction). According to ECC staff, the mother was not "engaged" in the ECC program. The oldest child of the mother had a goal of "adoption."	
Permanency	Children have permanency and stability in their living situations.
<b>Permanency Findings</b>	
<b>Times to Permanency (Reunification, Guardianship and Adoption)</b>	
Escambia County ECC	
<ul style="list-style-type: none"> <li>ECC Escambia mean number of months to reunification was 8.25 and the Non-ECC Escambia mean number of months to reunification was 9.10. The mean number of months for ECC Escambia using the Dependency Court Information System was 8.38 (251.56 days).</li> <li>ECC Escambia mean number of months to guardianship was 13.33 and the Non-ECC Escambia mean number of months to guardianship was 14.19.</li> <li>ECC Escambia mean number of months to adoption was 25.87 and the Non-ECC Escambia mean number of months to adoption was 23.77.</li> </ul>	
Okaloosa County ECC	
<ul style="list-style-type: none"> <li>ECC Okaloosa mean number of months to reunification was 7.65 and the Non-ECC Okaloosa mean number of months to reunification was 7.87. The mean number of months for ECC Okaloosa using the Dependency Court Information System was 7.43 (222.86 days).</li> <li>ECC Okaloosa mean number of months to guardianship was 11.0 and the Non-ECC Okaloosa mean number of months to guardianship was 12.04.</li> <li>There were no records for adoption discharges for ECC Okaloosa so the comparison of ECC Okaloosa and non-ECC Okaloosa was not conducted.</li> </ul>	
Number of Placements (Source was the Dependency Court Information System)	
<ul style="list-style-type: none"> <li>ECC Escambia had an average number of placements of 2.76.</li> <li>ECC Okaloosa had an average number of placements of 1.18.</li> </ul>	
Number of Parent-Child Visits	
<ul style="list-style-type: none"> <li>Parent-Child visit data records for victims in ECC and Non-ECC groups were not available for this evaluation.</li> </ul>	
<b>Rates of Reunification (Comparison of ECC and non-ECC)</b>	
Escambia County ECC	
<ul style="list-style-type: none"> <li>The rate of reunification for the ECC Escambia was 35% (35) and the rate of reunification for the non-ECC Escambia comparison group was 7% (7).</li> </ul>	
Okaloosa County ECC	
<ul style="list-style-type: none"> <li>The rate of reunification for the ECC Okaloosa was 32.7% (18) and the rate of reunification for the non-ECC Okaloosa comparison group was 3.6% (2).</li> </ul>	
Well-Being of Children and Families	Children have permanency and stability in their living situations.
<b>Well-Being Findings</b>	
Parental Stress: Among the parents that completed the PSI-SF for "before" and "now," there was a significant improvement in one subscale, Parent-Child Dysfunction Interaction, after four months of participation in the ECC.	
Training on Trauma-Informed Care	Children have permanency and stability in their living situations.
<b>Training Findings</b>	
The mean scores on the trauma-informed knowledge inventory increased over 10% from pre to post administrations of the tool for each item and for the item scores combined.	

## Summary of Findings and Discussion

This project addressed two needs in the First Judicial Circuit which encompasses Escambia and Okaloosa Counties:

1) training on trauma-informed care in order to enhance the collaborative functioning of the ECCs, and 2) an evaluation of ECCs in Escambia and Okaloosa Counties. The ECC live trauma-informed training took place on September 22-23, 2016. It was delivered by the National Center for Child Traumatic Stress (NCTSN) and based on the NCTSN *Child Welfare Trauma Training Toolkit*. The comprehensive evaluation of the Early Childhood Court programs had multiple components. They include the following:

- 1) A pre-post comparison using a self-report inventory to determine whether ECC professionals and community stakeholders' knowledge of the impact of traumatic stress increased after participating in live training on trauma-informed care.
- 2) A pre-post comparison of a self-report inventory to determine whether parental stress (as measured by the Parenting Stress Index – Short Form) changed over the first four months of ECC participation.
- 3) A collaboration survey of ECC staff and community stakeholders and an analysis of the survey data.
- 4) Twelve ECC parent interviews and a qualitative thematic analysis of the data obtained in these interviews.
- 5) A matched comparison design with families served by the Escambia and Okaloosa ECCs as the intervention groups to measure the impact of ECCs on reunification.

Each component addressed an important facet of early childhood courts and provided an opportunity to expand our understanding of their impacts. The methodologies and measurement challenges varied across the components. These challenges ranged from the administration and analysis of responses on a single measurement tool or questionnaire to conducting interviews with parents served in the ECCs and the processing and analysis of large FSFN databases. Despite the challenges, the evaluation made a substantial contribution to early childhood court research in Florida.

In this discussion, noteworthy findings in each evaluation component are highlighted. Similarities, if any, with findings in other relevant and recent research are mentioned. Most of the findings generated in this evaluation were favorable to the ECCs in these two counties. There were very few measurable differences between the two ECCs in outcome performance. The matched comparison design produced a set of findings that indicated a statistically significant impact of both ECCs on reunification. The limitations and qualifiers that affected the level of rigor in the research are articulated with most of these referring to missing data and small sample sizes.

Recommendations for future actions in practice and evaluation are shared at the end of the discussion. Several recommendations focus on continuing activities pursued in this project, such as training on trauma-informed care and strengthening collaboration among child welfare professionals in the early childhood court teams. There is also an emphasis on the need to improve efforts to collect and compile participant data required for more rigorous impact analyses.

## Training on Trauma-Informed Care

Based on the self-report inventory administered at the training, the results indicated an improvement in the knowledge of trauma-informed care. The training was conducted by the National Center for Child Traumatic Stress (NCTSN) and was based on the NCTSN Child Welfare Trauma Training Toolkit. Fortunately, the judiciary participated in this training, as well as other key professional groups. More efforts to examine and promote training on trauma-informed care among child welfare professionals are surfacing in the literature.<sup>12,13</sup> The measured impact of these trainings has been positive immediately after, as well as in actual practice several months after the training.<sup>14</sup> Modifications of the NCTSN training have been applied with an inclusion of a train-the-trainer component and refresher or follow-up sessions to reinforce knowledge gains in the initial trainings.

## Parental Stress

Based on the retrospective administration of the PSI-SF among 21 ECC participants that had been in an ECC for at least four months, it was found that there was a significant reduction in the level of one parenting stress subscale (Child-Parent Dysfunctional Interaction). Despite the positive finding of lowered parental stress for one of the subscales, it would have been more impressive if significant results had been evident for all three subscales and at a higher level of statistical significance. A larger sample might have produced additional positive significant results in this evaluation but the importance of measuring and monitoring stress was recognized.

Low parental stress has been identified as an important protective factor in preventing child maltreatment<sup>15</sup> and a factor in the individual level of an ecological model or framework explaining the influences on child maltreatment.<sup>16</sup> It is also considered a mediating effect in some child maltreatment studies. Its presence in efforts to work with families that have had their children removed and are addressing multiple challenges across the substance abuse, domestic violence and mental health spectrums is common. Ways to confront and ameliorate parental stress could become more paramount in the selection of practice tools and services available to professionals working with ECCs. Accurate assessment of levels of stress using the PSI-SF might augment these efforts.

## Professional Collaboration in Early Childhood Courts

Improving collaboration among the child welfare professionals in the Early Childhood Court was one of the research objectives in this project. The ECC teams are multidisciplinary in nature and collectively provide a variety of services for families, including parent education, mental health treatment, substance abuse treatment, early childhood education, screening and intervention for developmental delays, and referrals to health care services. These are in large part the same services that would be provided in the absence of the ECC. However, the function of the ECC is to coordinate these services more effectively. Local stakeholders in the child welfare and dependency system serving Escambia and Okaloosa Counties have identified “silos” as a major barrier to the effective provision of child welfare services. Silos occur when individual agencies and providers operate according to their own policies and perspectives without effective coordination with other stakeholders in the system. This has historically been

a major problem throughout Florida. Dependency court judges as well as FamiliesFirst, the CBC provider serving Escambia and Okaloosa Counties, have identified Early Childhood Court Teams as an effective practice framework for overcoming silos and enhancing coordination among courts, the CBC, service providers, and advocates.

A focus on professional collaboration in the child welfare arena is not new.<sup>17</sup> In addition to the Court Team for Maltreated Infants and Toddlers Project, which was promoted by Zero to Three and a program in the Miami-Dade Juvenile Court and closely aligned with the ECCs in Escambia and Okaloosa Counties, there have been other collaboration initiatives. One of these was the early learning and child welfare partnership, which funded two projects in Florida through the “*Child Welfare-Early Education Partnerships to Expand Protective Factors for Children Involved in the Child Welfare System*” (HHS-2011-ACF-ACYF-CO-018) in 2011. Better early childhood education for children in the child welfare system was the primary goal in this initiative. Multidisciplinary teams and staffings that involve child protection services, the judiciary, community-based care agencies, children’s legal services, community providers, and guardian ad-litem have also emerged with the implementation of a practice model in Florida called the Safety Methodology. Measuring collaboration helps to identify if collaboration is occurring and contributing to the goals of the collaborative efforts, in this case, the ECCs.

Based on the collaboration survey in this evaluation, which was administered in September 2016 at the trauma training and online in January 2017, findings were generally positive. Scores on the success factors were relatively high with six success factors having high scores (over 4.0) in at least one of the two survey administrations. There were no success factor scores below 3.0 which is the recommended threshold for factors that need immediate attention. The remaining scores were in the 3.0-3.9 range and are considered “borderline” and might require more attention.

There were two open-ended questions on the collaboration survey for respondents to share achievements and suggestions for addressing challenges. The comments regarding ECC achievements were very positive and are represented in the following:

- Shorter time frame to permanency (reunification as well as other discharges, such as adoption)
- More reunifications
- Strong team approaches and more resources
- Successes with families in reunification with younger child even when a parent has had his/her rights terminated for older children
- Confidence instilled in parents

Comments regarding challenges and suggestions to address them were also instructive for the ECCs in both counties. Selected comments are summarized in the following with the county for the ECC that shared the challenge and/or suggestion in parentheses:

- Clients difficult to locate, move often and have phones disconnected (Both counties)
- Need more feedback from providers (Both counties)
- The needs of older siblings are not being met (Okaloosa)
- Parent attorneys working against the goals in ECC (Okaloosa)
- CPP slows down the reunification (Okaloosa)
- Difficult to address a parent’s multiple challenges (DV, substance abuse, low functioning) in 9-12 months (Escambia)
- Some case managers and foster families are too adversarial with parents, particularly those with substance abuse (Okaloosa)
- Housing and transportation are barriers (Okaloosa)
- Lack of clear ECC policy/procedures (acceptance/eligibility of families into ECC, scheduling of staffings and court hearings) (Escambia)
- Need strong leadership to guide the focus of the ECC (Escambia)
- Need the ECC process to be streamlined (Both counties)
- Need more service/therapy options that are trauma-informed (Okaloosa)
- Need rules for reunifications, overnight and unsupervised visitations (Okaloosa)
- If family is not engaged, need to have them attend another induction in ECC to re-evaluate their desire and allow another family to participate (Okaloosa)
- Staffings should be held on the same day as court hearing (Okaloosa)

Despite the relatively positive feedback on ECC collaboration in this evaluation, it is important to note that there were no survey participants from the judiciary. Even though the judiciary has demonstrated support for the ECC model in these two counties and believes in the model, it is unfortunate that they did not participate in this opportunity to measure collaboration and offer their feedback. By participating in this evaluation component, they might have gained some insights into collaboration and how it can be strengthened.

## ECC Parent Interviews

The twelve ECC parents interviewed provided a comprehensive look at what happens, what services are provided, what was beneficial, what should be improved and how their interaction with their children had been impacted. Positive opinions of ECC were abundant and convincing. Parents in Escambia and Okaloosa Counties shared the extent to which ECC changed their lives for the better. Feedback was more elaborate and specific among the parents in Okaloosa County. The support and encouragement gained from their ECC was acknowledged by multiple parents. A few parents mentioned complaints or criticisms that affected them or their family specifically. Suggestions for improvements included a need for better communication between professional staff working on a case, particularly when there is staff turnover. The importance and need for drug treatment immediately after children have been removed was also acknowledged by more than one parent.

## Impact of ECCs in Reunifying Families

The evaluation component that focused on the ECC comparisons provided a rare chance to examine the impact of participation in an ECC on a single outcome, reunification. In addition to comparing the two ECCs to each other, the comparison design allowed a comparison of each ECC with matched records in their respective counties. Both ECCs were found to be impactful in increasing reunifications when compared to their matches. In other words, there was a significant difference in the number of reunifications between the ECCs and the matched comparison groups with ECC participants having a significantly higher number of reunifications.

The positive ECC findings were an important contribution to the evidence-base on early childhood courts, but there is more to learn and confirm. The strengths of the early child court models often refer to the actual services that parents and their children receive. This set of services includes child-parent psychotherapy (CPP), parenting training (might include Circle of Security), drug treatment, counseling and support groups for domestic violence victims, and a variety of other services that are considered appropriate for all members of the family. Evidence supporting CPP as effective with several outcomes and Systematic Training for Effective Parenting (STEP) as effective with another set of outcomes (including parent stress) has been documented in SAMHSA's National Registry of Evidence-based Programs and Practices. A meta-analytic review of parent training program effectiveness identified varying components of training and supported the use of the programs in changing parenting behavior and preventing early child behavior problems.<sup>18</sup> The impact of the ECCs on a variety of outcomes might be due, in part, to the specific services received. Without detailed information on the services received by each family, including the number of sessions and the assessments by the providers of progress in behavior change, it was not possible to identify the impact of a specific service or therapy in this evaluation.

## Limitations and Qualifiers in the Methodologies and Analyses

One limitation was small sample participant samples. There was a small number of participants completing the PSI-SF ( $n = 21$ ) and participating in the parent interviews ( $n = 12$ ). Because the mandatory four month ECC participation prior to completing the PSI-SF, the time period allowed for the project was not sufficient to include more ECC participants. The twelve interviews with ECC parents were extremely informative, but more interviews would have allowed a wider range in experience and more diversity in child protection backgrounds among the parents in each ECC (Escambia and Okaloosa). The project resources were also not sufficient to interview more than 12 parents.

The retrospective format used in the administration of the PSI-SF was appropriate for this evaluation due to the short time frame and the importance of including as many parent participants as possible. However, the conventional pre/post administration of measurement tools in which the measurement tool is administered before beginning an intervention and then after completing the intervention is often the scientifically preferred approach.

In the matched comparison design, all of the analyses conducted for comparing ECC and non-ECC records were based on the data available on cases at the time of the data extraction from the FSFN. While discharge data were available for a large number of cases up until the date of the data extraction, very few cases were actually closed. Most of the families were still receiving services. In this analysis, it was important to maintain as many families as possible in the evaluation for adequate sample sizes. However, it might have been more appropriate to examine closed cases separate from those currently open. Missing key dates and other information on ECC participants also added limitations to the analysis. One example was ECC referral dates which were needed for each victim in order to improve the accuracy of reunification and maltreatment occurrences in order to ensure they occurred after referral and during participation in an ECC.

There was limited information available in FSFN on all victims in this evaluation. There were only five covariates with the necessary data in order to calculate the propensity scores for the matching procedure. The process could have been improved with more covariates. In addition, there was no information on the types of services provided for the families in the non-ECC comparison groups. While the victims in the non-ECC comparison groups were not served by the ECC model, they might have been in CPP or other therapies that were also provided for families served in an ECC.

As a final limitation in this evaluation, the matched comparison design with the impact analysis was not a randomized controlled trial (RCT). There was no random selection and assignment of families to an ECC treatment group or a control group. While an RCT is not always appropriate or recommended for programs serving families in the child welfare system, such as the ECCs, it is often considered an essential design for determining program effectiveness in meeting an outcome.

## Recommendations to Support and Improve ECCs

The recommendations offered in this subsection of the report build on the evaluation findings and draw from research literature in child welfare. They are two-prong in that they support ECC improvements and continued evaluation of ECC. The evaluation of the ECC models functioning in Escambia and Okaloosa Counties can be more rigorous and convincing in its guidance to continue ECC success.

- 1) **More trauma-informed care training.** In the future, there might be a need for and an interest in continuing training for new child professional members of the ECCs, as well as a refresher for those that already participated in training.
- 2) **Include the administration and review of the Parental Stress Index-SF for parents enrolled in the ECCs.** Some providers might be administering this tool already but, if not, identify at least one that can provide this service for participants in each ECC. Train the ECC staff to interpret the assessment based on the completion of the PSI-SF. Referring to this assessment might augment the efforts of the Family Services Counselor and other ECC professionals to improve the family's progress in changing behavior.
- 3) **Monitor and strengthen ECC collaboration by administering the *Wilder Collaboration Factors Inventory* and discussing the responses.** This inventory could be administered online using a software package (Survey Monkey or other) with a summary report function. The participation of the judiciary in these future surveys is also recommended.
- 4) **Conduct ECC Policy and Procedural Review Sessions.** This recommendation is to convene ECC professionals to review the findings based on the collaboration survey as well as the parent interviews documented in this evaluation report. In the collaboration survey, lower scores for success factors can provide initial suggestions for topics that might be addressed. In addition, the evaluations of ECC outcomes provided by the survey respondents and the comments offered in the open-ended questions are excellent sources for issues that could benefit from further review and subsequent improvement. A current effort underway to review and revise the draft *Procedural Operations Guide for the Escambia Early Childhood Court* might be an excellent parallel process to the review suggested here. Combining the two efforts might also be appropriate.

- 5) **Conduct more evaluations of ECCs.** Although there is evidence documented in this report that supports the impact of ECCs on reunification, each implementation of ECC is unique in that it builds on the strengths of the local community and confronts the special challenges of the local community. Future evaluations of the ECCs that include matched comparison designs are warranted and should be funded periodically (every 2-3 years). Evaluation efforts should include closer examination of ECC specific services and therapies in order to confirm their effectiveness in addition to the overall ECC model. This evaluation provided a solid foundation for using FSFN data in these matched comparison designs and further refinement of these designs and the measurement of key outcomes is feasible.
- 6) **Strengthen the Comprehensive Collection and Organization of Data on ECC Participants.** Integrate information collected in ECC staffings and available in FSFN into a single template or format that is appropriate for subsequent qualitative and quantitative analysis. At a minimum, the following items should be included:
  - a. Demographics of all family members (DOB, race, ethnicity, and number of victims and other household members in an investigation/intake)
  - b. Maltreatment history (previous report dates, types of findings)
  - c. Dates for all steps in the process and services (i.e., receive date of intake, referral date to ECC, court hearing dates, dates in the progression of the level of visitations, removal dates, discharge dates, closure dates, and dates for services)
  - d. All maltreatment findings and types in the most recent investigation/intake that resulted in child removal and subsequent to referral to ECC
  - e. All discharge types before (if any) and subsequent to the ECC referral
  - f. All services provided and status of progress in these services
- 7) **Continue to document relevant information on provider services.** The purpose is to develop a better understanding of the impact of specific services and combinations of services on the ECC participants. Number of CPP, DV group sessions, drug treatment sessions, and other types of therapy or services can be included in analytical models to determine their statistical relationships to expected outcomes, such as reunification.

## Acknowledgements

This project would not have been completed without the assistance of professionals at several community agencies. We would like to recognize the efforts of FamiliesFirst Network of Lakeview in coordinating with the evaluation team at the Ounce of Prevention Fund of Florida in developing the initial proposal, coordinating with the evaluation team on the evaluation plan, and following through with several actions related to the trauma-informed training and ECC data collection in Escambia and Okaloosa Counties. Margot Doelker and Claudia McArthur with FamiliesFirst were the two primary contacts that coordinated with the evaluation team. Nancy Kirton, a FamiliesFirst Network Business Support Team Manager, shared her expertise and time in the preparation of de-identified Florida Safe Families Network data for this evaluation. In addition, Dr. Glenn Rohrer in the Department of Social Work at the University of West Florida served as an affiliate for this project. Dr. Rohrer was a member of the project advisory group and shared advice on the methodologies used in this evaluation. In addition, Leigh Merritt and other professional staff with the Dependency Court Information System in the Office of the State Courts Administrator coordinated with our evaluation team to share de-identified information on Early Childhood Court participants in Escambia and Okaloosa Counties. We appreciated the opportunity to obtain this information and include it in our report. Amber Ortiz, an intern in the Research, Evaluation and Systems Unit (RES), and Tammy Coleman, a research assistant in RES, assisted with data compilation and the preparation of several tables in this report. Audrey Schnell, a consultant with The Analysis Factor, shared expertise on the matched comparison design and the reliance on propensity score matching.

## Appendix A

### CHILD WELFARE TRAUMA TRAINING TOOLKIT TRAINING EVALUATION QUESTIONNAIRE

What best describes the system or organization you represent at this training? (Check one):

- Child welfare                                       Mental/behavioral health                                       Juvenile/criminal justice  
 Courts     Education  
 Other – Explain \_\_\_\_\_

Job Title: \_\_\_\_\_ ECC Member:  Yes  No

Please write down the ID number from your name tag: \_\_\_\_\_

Please answer the following questions by circling the answer that applies to you. Please circle only ONE response for each statement.

	Not at All	To a Slight Extent	To a Moderate Extent	To a Great Extent	To a Very Great Extent
1. I understand the meaning of “child traumatic stress.”	0	1	2	3	4
2. I can define the essential elements of Trauma-Informed Child Welfare Practice.	0	1	2	3	4
3. I understand the relationship between a child’s trauma history and his/her emotional and behavioral reactions.	0	1	2	3	4
4. I am able to identify a child’s coping skills, strengths, and other protective factors that will help him/her recover from trauma.	0	1	2	3	4
5. I have a solid knowledge about trauma- informed practice that will help in my decisions and actions.	0	1	2	3	4
6. I am prepared to assist people whom I supervise or work with in implementing a trauma-informed practice.	0	1	2	3	4
7. I can identify at least three ways in which the child welfare system may increase a child’s trauma symptoms.	0	1	2	3	4
8. I understand how “secondary adversities” that a child experiences may impact his or her trauma recovery.	0	1	2	3	4
9. I know the difference between behaviors that are symptoms of trauma and “bad” behaviors.	0	1	2	3	4
10. I know what to do when children experience strong reactions to reminders of their trauma.	0	1	2	3	4

## Appendix B

### ADMINISTERING THE PARENTING STRESS INVENTORY (PSI): INSTRUCTIONS FOR EARLY CHILDHOOD COURT TEAM FACILITATORS

#### Important Background Information

- The Ounce of Prevention Fund of Florida (OPFF) is conducting evaluation research on the Escambia and Okaloosa County Early Childhood Court Teams. OPFF is collaborating with FamiliesFirst and with the First Judicial Circuit on this project.
- Each Early Childhood Court Team (ECC) Facilitator will be administering the Parenting Stress Inventory (PSI) survey questionnaire to parents who are receiving services from the ECC.
- This research has been approved by the Baptist Hospital Institutional Review Board. These entities protect the rights of research subjects under federal law. By participating in the survey, a parent becomes a research subject with rights protected under federal law.
- **Participation in the PSI survey is VOLUNTARY for parents. Parents are NOT required to complete the survey. A parent's decision to complete the survey or refuse to complete the survey will NOT affect the services the parent receives.**
- Even after a parent has begun completing the survey, they may choose to stop at any time and refuse to return the survey.
- **If you have any questions or concerns, please contact the PI, Mary Kay Falconer, PhD, Ounce of Prevention Fund of Florida, 850-921-4494 x134, mfalconer@ounce.org.**

#### The Participant Packet

- Each ECC Facilitator will receive numerous Participant Packets by mail. ECC Facilitators will use these packets to administer the PSI to parents.
- Each Participant Packet consists of a numbered envelope with the following documents enclosed:
  1. **Consent Form [First Copy].** (titled "Research Subject Information and Consent Form Participant Consent Form for Retrospective Pre-Post Parent Survey"). This document gives parents important information about the research and about their rights as a research subject. The parent must voluntarily sign this form in order to participate in the survey.
  2. **Consent Form [Second Copy].** An identical copy of the Consent Form. This is included so that each parent who is asked to participate in the survey may keep one copy of the Consent Form if they wish to. Parents may keep a copy whether they choose to participate or not.
  3. **Instruction Sheet for Parents.** (titled "Parenting Stress Index – Short Form (PSI – SF) Instructions for Parents Participating in Research). This sheet provides instructions for parents on how to complete the PSI.
  4. **PSI-4 Short Form.** ["Before" Version]. This is a copy of the PSI survey questionnaire labelled "BEFORE." Parents will use this form to report their parenting experiences before receiving ECC services.
  5. **PSI-4 Short Form.** ["Now" Version]. This is a copy of the PSI survey questionnaire labelled "NOW." Parents will use this form to report their parenting experiences before receiving ECC services.

#### Steps to Administer the Survey to Parents

1. Each time a parent attends an ECC meeting, the Facilitator must determine whether the parent is eligible to complete the PSI survey. A parent is eligible if and only if they meet all of the following criteria:
  - a. The parent is at least 18 years old.
  - b. The parent has not yet completed the PSI survey for this study.
  - a. The parent has been receiving ECC services for at least four months (120 days.)
2. When the parents are assembled in the waiting area for the ECC meeting, the Facilitator should hand a Participant Packet to each eligible parent.
3. The Facilitator should read aloud to the assembled parents the full text of the Consent Form (except for headers and contact information).
4. The Facilitator should read the full text of the Parent Instruction Sheet to the parents, except for the title and the portion below the header "If you have questions."

5. The Facilitator should hold a copy of the consent form and say to the parents “If you want to complete the survey, you will need to sign one copy of this consent form and return it in the envelope along with survey. Please put the signed consent form and the completed surveys in the envelope and give it back to me before you go. You can keep the extra copy of the consent form for yourself.”
6. The Facilitator should ask the parents if they have any questions.
7. At any point, the parent may ask questions about the study or the Consent Form. The Facilitator may answer these questions if he or she knows the answer. Otherwise, the Facilitator will need to contact the Principal Investigator to get the answer to the question. The parent may choose to wait until their next ECC meeting to complete the survey if they cannot get their question answered right away.
8. The Facilitator should thank the parent for participating.
9. The Facilitator should seal the numbered envelopes with the completed survey forms and signed consent forms inside and return them by mail to the address below:

Mary Kay Falconer, PhD  
 Ounce of Prevention Fund of Florida  
 111 N. Gadsden Street  
 Tallahassee, FL 32301-1507

Participant Packets may be mailed individually or in batches. If mailed individually, the numbered envelope may be used for mailing. **However, the number on the envelope should not be removed or concealed.** Completed Participant Packets should be mailed within two business days of their completion.

## PARENTING STRESS INDEX – SHORT FORM (PSI-SF)

### Instructions for Parents Participating in Research

- Thank you for participating in this research!
- Your participation in this research is voluntary (your choice). You should have received a separate piece of paper, called the informed consent form, which explains your rights as a research participant.
- You are being asked to fill out **two (2) copies** of a survey called the Parenting Stress Index – Short Form (PSI-SF). This survey asks you 36 questions about your experiences as a parent.
- The two copies of the survey have exactly the same questions on them. One copy says “BEFORE” on the cover. The other copy says “NOW” on the cover.
- When you fill out the copy of the survey that says “**BEFORE**”, please think about your experiences RIGHT BEFORE you started getting services from the Early Childhood Court Team (ECC).
- When you fill out the copy of the survey that says “**NOW**”, please think about your experiences NOW.

### IF YOU HAVE QUESTIONS:

You may contact Mary Kay Falconer at 850-921-4494, x134 or Margot Doelker, 850-377-3999, during office hours, 9:00am – 5:00pm, for any of the following reasons:

- If you have any questions about your participation in this study,
- If at any time you feel you have had a research-related injury, or
- If you have questions, concerns or complaints about the research

If you have questions about your rights as a research subject, or if you have questions, concerns or complaints about the research, you may contact:

Baptist Hospital Institutional Review Board (IRB)  
 1000 W. Moreno Street  
 Pensacola, Florida 32501  
 Leslie Robinson, RN, Coordinator  
 Telephone: 850-469-2227  
 Email: lrobinson@bhcpns.org

## Appendix C

### COLLABORATION SURVEY QUESTIONNAIRE

#### Section 1a: Questions About Your Participation in an Early Childhood Court Team (ECC)

1) I am serving as a member of (check \* as many as apply):

- Escambia ECC
- North Okaloosa ECC
- South Okaloosa ECC
- Not serving as a member of an ECC

2) In my professional role, I represent:

- FamiliesFirst CBC
  - Judicial Circuit 1
  - Department of Children and Families
  - Service or Therapy Provider
  - Other (please specify) \_\_\_\_\_
- 

3) I have been a member of an ECC for:

- 1 month or less
- 2-6 months
- 7-12 months
- over 1 year

#### Section 1b: Feedback on Early Childhood Court Goals and Objectives

4) Have the goals of the Early Childhood Court program been clear?

- Yes
- No

5) What is your level of satisfaction with the Early Childhood Court program?

- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied
- Don't know

#### Section 1c: Opinions on Early Childhood Court Objectives

6) At this point, what is your level of agreement with each of the Early Childhood Court (ECC) objectives:

*Response Options:*

- |                          |                       |                   |
|--------------------------|-----------------------|-------------------|
| <b>Strongly Disagree</b> | <b>Disagree</b>       | <b>Neutral</b>    |
| <b>Agree</b>             | <b>Strongly Agree</b> | <b>Don't know</b> |

*Statements:*

- a. Children in families served by ECC will have lower rates of verified and not substantiated findings of maltreatment during their first 4 months of ECC participation compared to families not served by ECC.
- b. Children of families served by ECC will have no deaths due to maltreatment during their first 4 months of ECC participation.
- c. Children of families served by ECC will have higher rates of achieving permanency during their first 6 months participating in an ECC compared to families not served by ECC.
- d. Parents will have improved levels of stress after ECC participation.

#### Section 1d: Achievements and Challenges in the Early Childhood Court Program

7) At this point, have there been any achievements in the Early Childhood Court Teams that you would like to highlight? If yes, please specify.

8) At this point, do you have any challenges and suggestions to address these challenges in the Early Childhood Court Teams? If yes, please specify.

## Section 2: Statements about Your Collaborative Group (*Wilder Collaborative Factors Inventory*)

Source: Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Collaboration: What makes it work*. Saint Paul, MN: Fieldstone Alliance.

*Response Options:*

**Strongly Disagree**                      **Disagree**                      **Neutral/ No Opinion**                      **Agree**                      **Strongly Agree**

*Items:*

### **History of collaboration or cooperation in the community**

1. Agencies in our community have a history of working together.
2. Trying to solve problems through collaboration has been common in this community. It's been done a lot before.

### **Collaborative group seen as a legitimate leader in the community**

3. Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.
4. Others (in this community) who are not part of this collaboration would generally agree that the organizations involved in this collaborative project are the "right" organization to make this work.

### **Favorable political and social climate**

5. The political and social climate seems to be "right" for starting a collaborative project like this one.
6. The time is right for this collaborative project.

### **Mutual respect, understanding, and trust**

7. People involved in our collaboration always trust one another.
8. I have a lot of respect for the other people involved in this collaboration.

### **Appropriate cross section of members**

9. The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.
10. All the organizations that we need to be members of this collaborative group have become members of the group.

### **Members see collaboration as in their self-interest**

11. My organization will benefit from being involved in this collaboration.

### **Ability to compromise**

12. People involved in our collaboration are willing to compromise on important aspects of our project.

### **Members share a stake in both process and outcome**

13. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.
14. Everyone who is a member of our collaborative group wants this project to succeed.
15. The level of commitment among the collaboration participants is high.

### **Multiple layers of participation**

16. When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.
17. Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part.

### **Flexibility**

18. There is a lot of flexibility when decisions are made; people are open to discussing different options.
19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.

### **Development of clear roles and guidelines**

20. People in this collaborative group have a clear sense of their roles and responsibilities.
21. There is a clear process for making decisions among the partners in this collaboration.

*Response Options:*

**Strongly Disagree**

**Disagree**

**Neutral/ No Opinion**

**Agree**

**Strongly Agree**

*Items: (continued)*

**Adaptability**

- 22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.
- 23. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.

**Appropriate pace of development**

- 24. This collaborative group has tried to take on the right amount of work at the right pace.
- 25. We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.

**Open and frequent communication**

- 26. People in this collaboration communicate openly with one another.
- 27. I am informed as often as I should be about what goes on in the collaboration.
- 28. The people who lead this collaborative group communicate well with the members.

**Established informal relationships and communication links**

- 29. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.
- 30. I personally have informed conversations about the project with others who are involved in this collaborative group.

**Concrete, attainable goals and objectives**

- 31. I have a clear understanding of what our collaboration is trying to accomplish.
- 32. People in our collaborative group know and understand our goals.
- 33. People in our collaborative group have established reasonable goals.

**Shared vision**

- 34. The people in this collaborative group are dedicated to the idea that we can make this project work.
- 35. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.

**Unique purpose**

- 36. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.
- 37. No other organization in the community is trying to do exactly what we are trying to do.

**Sufficient funds, staff materials, and time**

- 38. Our collaborative group has adequate funds to do what it wants to accomplish.
- 39. Our collaborative group has adequate "people power" to do what it wants to accomplish.

**Skilled leadership**

- 40. The people in leadership positions for this collaboration have good skills for working with other people and organizations.

## Appendix D

### EVALUATION OF EARLY CHILDHOOD COURT TEAMS IN ESCAMBIA AND OKALOOSA COUNTIES PARENT INTERVIEW PROTOCOL

The interviewer will read the following to the interview subject after consent has been obtained:

*Thank you for participating in this interview today. My name is \_\_\_\_\_ and I work for the Ounce of Prevention Fund of Florida. My organization has received a grant from the Florida Institute for Child Welfare to do a research study on the Early Childhood Court Team here in \_\_\_\_\_ County. The purpose of this study is to learn whether and how the Early Childhood Court Team is helpful to parents and children.*

*This interview is about your experiences and your opinions. I will be asking you several questions about your experiences with the Early Childhood Court Team. Your participation is voluntary, so it is okay if you decide not to answer any question that you feel uncomfortable with. It is also okay for you to stop the interview whenever you decide to.*

*Do you have any questions before we get started?*

The interview questions are listed below. The interviewer may ask open-ended follow-up questions as he or she deems appropriate.

1. When did you have your first meeting with the Early Childhood Court Team?
2. What usually happens at meetings of the Early Childhood Court Team when you are there?
3. What kinds of services have you received in between meetings of the Early Childhood Court Team?
4. What (if anything) have you found helpful about the Early Childhood Court Team or the services you have received?
5. What (if anything) do you think the Early Childhood Court Team or service providers could have done better?
6. Has your relationship with your child or children changed since you have been involved with the Early Childhood Court Team?  
If so, how?
7. Do you have any other comments about your experiences with the Early Childhood Court Team?

## References

- 1 Markiewicz, J., Ebert, L., Ling, D., Amaya-Jackson, L., & Kiesel, C. (2006). *Learning Collaborative Toolkit*. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress
- 2 Zero to Three: National Center for Infants, Toddlers, and Families. (2014). *The Safe Babies Court Teams Project*. Retrieved April 13, 2015 from <http://www.zerotothree.org/maltreatment/safe-babies-court-team/sbct-in-continuum-v5-jml-1.pdf>
- 3 Abidin, R. (2012). Parenting Stress Index. Lutz, FL: PAR.
- 4 Abidin, R. (2012). Parenting Stress Index. Lutz, FL: PAR.
- 5 Abidin, R. (2012). Parenting Stress Index. Lutz, FL: PAR.
- 6 Chien, N., Blasberg, A., Daneri, P., Halle, T., King, C., Zaslow, M., Fisher, K., & Dwyer, K. (2013). *Conceptualizing and measuring collaboration in the context of early childhood care and education* (OPRE Research Brief OPRE 2013-29). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- 7 Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Collaboration: What Makes It Work*. Saint Paul, MN: Fieldstone Alliance.
- 8 Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Collaboration: What Makes It Work*. Saint Paul, MN: Fieldstone Alliance.
- 9 Mattessich, P., Murray-Close, M., & Monsey, B. (2001). *Collaboration: What Makes It Work*. Saint Paul, MN: Fieldstone Alliance.
- 10 Stuart, E. & Rubin, D. (2008). Best practices in quasi-experimental designs: Matching methods for causal inference. In J. Osborne (Ed.) *Best Practices in Quantitative Methods* (pp. 155-176). Thousand Oaks, CA: Sage.
- 11 King, J. (2008). Binary logistic regression. In J. Osborne (Ed.) *Best Practices in Quantitative Methods* (pp. 358-384). Thousand Oaks, CA: Sage.
- 12 Connors-Burrow, N., Kramer, T., Sigel, B., Helpenstill, K., Sievers, C. & McKelvey, L. (2013). Trauma-informed care training in a child welfare system: Moving it to the front line. *Children and Youth Services Review, 35*, 1830-1835.
- 13 Kenny, M., Vazquez, A., Long, H., Thompson, D. (2017). Implementation and program evaluation of trauma-informed care training across state child advocacy centers: An exploratory study. *Children and Youth Services Review, 73*, 15-23.
- 14 Connors-Burrow, N., Kramer, T., Sigel, B., Helpenstill, K., Sievers, C. & McKelvey, L. (2013). Trauma-informed care training in a child welfare system: Moving it to the front line. *Children and Youth Services Review, 35*, 1830-1835.
- 15 Werner, E. (2000). Protective factors and individual resilience. In J. Shonkoff & S. Meisels (Eds.) *Handbook of Early Childhood Intervention* (pp. 115-134). New York, NY: Cambridge University Press.
- 16 Culbertson, J. & Schellenbach, C. (1992). Prevention of maltreatment in infants and young children. In D. Willis, E. Holden & M. Rosenberg (Eds.) *Prevention of Child Maltreatment: Developmental and Ecological Perspectives* (pp. 47-77). New York, NY: John Wiley & Sons.
- 17 James Bell Associates. (2011). *Early Childhood/Child Welfare Service Partnerships: The Challenges and the Potential*. Arlington, VA: Author.
- 18 Kaminski, J.W., Valle, L., Filene, J., & Boyle, C. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology, 36*, 567-589.

## Additional References

- Anda, R.F., Felitti, V.J., Bremner, J.D., Walker, J.D., Whitfield, C., Perry, B.D., et al. (2006). *European Archives of Psychiatry and Clinical Neuroscience, 256*, 174-186.
- Bagner, D.M., Frazier, S.L., & Berkovits, M. (2013). Getting ready for preschool: Linking early intervention and family mental health for infants and toddlers with developmental delay. *Administrative Policy in Mental Health, 41*, 707-711.
- Center for Substance Abuse Treatment. (2014). *Trauma-Informed Care in Behavioral Health Services*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved April 17, 2015 from <http://www.ncbi.nlm.nih.gov/books/NBK207191/?report=printable>
- Colmer, K., Rutherford, L., & Murphy, P. (2011). Attachment theory and primary caregiving. *Australasian Journal of Early Childhood, 36*(4), 16-20.
- Dube, S.R., Felitti, V.J., Dong, M., Chapman, D.P., Giles, W.H., & Anda, R.F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: *The Adverse Childhood Experiences Study. Pediatrics, 111*, 564-572.
- Dube, S.R., Felitti, V.J., Dong, M., Giles, W.H., & Anda, R.F. (2003). The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. *Preventive Medicine, 37*, 268-277.
- Falconer, M.K. & Murphy, C. (2013). Broward's infrastructure design to guide and sustain permanency for young children in foster care: Final evaluation report. Tallahassee, FL: Ounce of Prevention Fund of Florida.
- Florida Department of Health. (n.d.). Infants in Foster Care. Retrieved April 10, 2015 from <http://www.floridacharts.com/charts/OtherIndicators/NonVitalIndNoGrpDataViewer.aspx?cid=0619>
- Florida State University Center for Prevention & Early Intervention Policy. (2014). Florida's Baby/Early Childhood Court Team Initiative. Retrieved April 10, 2015 from [http://www.cpeip.fsu.edu/resourceFiles/Baby%20Court%20Initiative%2011\\_21\\_14.pdf](http://www.cpeip.fsu.edu/resourceFiles/Baby%20Court%20Initiative%2011_21_14.pdf)
- Font, S.A. (2014). Kinship and non-relative foster care: The effect of placement type on child well-being. *Child Development, 85*(5), 2074-2090.
- Garrido, M.M., Kelley, A.S., Paris, J., Roza, K., Meier, D.E., Morrison, R.S., and Aldridge, M.D. (2014). Methods for constructing and assessing propensity scores. *Health Services Research, 49*(5), 1701-1720.
- Gosh Ippen, C., Harris, W.W., Van Horn, P., & Lieberman, A.F. (2011). Traumatic and stressful events in early childhood: Can treatment help those at highest risk? *Child Abuse & Neglect, 35*, 504-513.
- Haskett, M.E., Ahern, L.S., Ward, C.S., & Allaire, J.C. (2010). Factor structure and validity of the Parenting Stress Index – Short Form. *Journal of Clinical Child & Adolescent Psychology, 35*(2), 302-312.
- Lavi, I., Gard, A.M., Hagan, M., Van Horn, P., & Lieberman, A.F. (2015). Child-parent psychotherapy examined in a perinatal sample: Depression, posttraumatic stress symptoms and child-rearing attitudes. *Journal of Social and Clinical Psychology, 34*(1), 64-82.
- Lieberman, A.F. & Van Horn, P. (2005). *Don't Hit My Mommy: A Manual for Child Parent Psychotherapy with Young Witnesses of Family Violence*. Washington, DC: Zero to Three Press.
- Oregon Health Authority, Addictions and Mental Health Division. (2013). Trauma White Paper. Retrieved April 10, 2015 from <http://www.oregon.gov/oha/amh/childrenmentalhealth/Addressing%20the%20Effects%20of%20Trauma%20-%202013.pdf>
- Stemler, S. (2001). An overview of content analysis. *Practical Assessment, Research, and Evaluation, 7*(17).
- Stuart, E. & Rubin, D. (2008). Best practices in quasi-experimental designs: Matching methods for causal inference. In J. Osborne (Ed.) *Best Practices in Quantitative Methods* (pp. 155-176). Thousand Oaks, CA: Sage.
- Tabachnick, B. & Fidell, L. (2001). *Using Multivariate Statistics*. Needham Heights, MA: Allyn & Bacon.
- Winkour, M., Holtan, A., & Valentine, D. (2009). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. *Campbell Systematic Reviews, 2009*(1).