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Infants and the Opioid Epidemic

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Infants and the Opioid Epidemic

IN THIS ISSUE

ZERO TO THREE
Early connections last a lifetime

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This Issue and Why it Matters

Recent headlines describe opioid abuse in America as a "crisis" and an "epidemic." The Centers for Disease Control and Prevention (CDC) estimates that 115 people die every day from an opioid overdose, a 5-fold increase since 1999. The rise in opioid use during pregnancy, and the associated adverse experiences for affected babies, is especially concerning, and there has been a lack of resources for this vulnerable population. The Substance Abuse and Mental Health Services Administration responded to this urgent need with the recent publication of *Clinical Guidance for Treating Pregnant and Parenting Women With Opioid Use Disorder and Their Infants* (2017), which synthesizes the current knowledge of best practices.

The articles in this issue of the Journal highlight the challenges and approaches to responding effectively to opioid abuse. However, professionals who work with children and families should keep in mind that many of the principles around identification and interventions can be applied broadly to other types of substance abuse. Unfortunately, those who suffer with addiction often use more than one substance, and alcohol abuse in women of childbearing age is of particular concern. Data on the prevalence of Fetal Alcohol Spectrum Disorders estimate that the number could be as high as 2–5% of the population (CDC, 2017).

It is now understood that addiction is a chronic medical disorder of the brain, but many still view drug abuse as a character defect, and the associated stigma poses a significant barrier. Another substantial barrier to treatment is the limited access to appropriate care, and the stakes are high. The opioid epidemic differs from previous surges in substance abuse (crack cocaine in the 1980s and methamphetamines in the 2000s) because of the higher risk of death from overdose. Another difference is the role of prescription medication in treatment (methadone, buprenorphine, or naltrexone) which can prevent cravings and ease withdrawal symptoms. Such medication-assisted treatment is a critical component of a comprehensive approach that combines the use of medication with counseling and behavioral therapies.

I am deeply grateful to Guest Editor, Dr. Kalpana Miriyala, a child and adolescent psychiatrist in Huntington, WV, and a member of the Academy of ZERO TO THREE Fellows. Dr. Miriyala has been on the front lines of caring for children and families affected by the opioid crisis in her community and brought her knowledge and expertise to every aspect of this Journal issue. We hope that you find the information timely and useful.

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Centers for Disease Control and Prevention. (2017). *Data & statistics*. Retrieved from https://www.cdc.gov/ncbddd/fasd/data.html

Substance Abuse and Mental Health Services Administration. (2018). *New treatment guidance issued for pregnant and parenting mothers with opioid use disorder and their infants.* Retrieved from https://www.samhsa.gov/newsroom/press-announcements/201802070200

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Early Childhood Courts

The Opportunity to Respond to Children and Families Affected by the Opioid Crisis

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Abstract
The opioid epidemic has led to a dramatic increase in the number of infants and toddlers being removed from their homes and placed in foster care. Doing so places these vulnerable young children at high risk for attachment issues, postnatal medical problems, and development delay. Early Childhood Courts have been found to be a very effective intervention in coordinating two-generation services and utilizing an infant mental health approach toward addressing the child, parent, and relationship needs using Child–Parent Psychotherapy. Florida has a statewide approach with 22 judges currently implementing Early Childhood Court which are showing more timely permanency, minimizing return to foster care, and improving child well-being as has been demonstrated in previous evaluations of the Safe Babies Court Teams. Structures and procedures imbedded in Early Childhood Court protocols can ensure CAPTA compliance with tracking and follow up.

Lila was born in Sarasota County, Florida, to Betty, a mother with heroin addiction. Betty received no prenatal care and arrived at the emergency room 3 weeks before her due date in active labor. Lila was placed in the neonatal intensive care unit (NICU) because of heroin withdrawal. She also tested positive for marijuana. Betty left the hospital 2 days after delivery, never having held Lila. The Department of Children and Families was contacted, and Lila was placed into foster care at 2 months old. Betty attempted contact and agreed to work a case plan to have Lila return to her care. She agreed to enter substance abuse treatment. Six months after Lila was placed in care, Betty died from a heroin/fentanyl overdose. By 3 years old, Lila had been placed in two different foster homes, was not yet toilet trained or talking, and was beginning to exhibit significant acting-out behaviors. Her foster mother asked that Lila be removed from her home.

Stories like these are happening everywhere in the US every day. The opioid epidemic that is sweeping our nation is costing lives and placing young children at great risk. Approximately 2 million Americans have opioid use disorder, and there were roughly 60 million opioid prescriptions per quarter in 2015; four times the level in Europe (Dart et al., 2015; Schuachat, Houry & Guy, 2017). Overdose death rates have continued to rise, with more than 33,000 deaths attributable to opioids in 2015 (Rudd, Seth, Davis, & Scholl, 2016). Health care costs associated with opioid abuse have been estimated at $26 billion per year (Florence, Zhou, Luo, & Xu, 2016).

One of the many indirect costs of opioid use disorder is parents' inability to care for their children. Opioid abuse can lead to children's removal from their homes and placement into foster care. Numerous research studies have indicated that removal is associated with higher rates of juvenile delinquency,

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teen motherhood, mental and physical health problems, and high rates of adult criminality (Doyle, 2007; Lindquist & Santavirta, 2014; Zlotnick, Tam, & Soman, 2012). When children are removed because of parental drug abuse, their stay periods away from home tend to be longer, and the removal is less likely to result in reunification with the parent, compared to removals for other reasons (Lloyd & Akin, 2014; Lloyd, Akin, & Brook, 2017).

Florida's Opioid Epidemic and Child Removals

In Florida, as in many other states, the number of children removed from their homes is steadily increasing. In 2015, the number of children in the foster care system reached its highest level since 2008, driven by both a spike in the number of kids being removed from their homes and a drop in the number being discharged from the system. In February 2018, nearly 50% of children (632) were removed because of drug abuse in the parent and 20% (263) were removed because of inadequate supervision (Florida Department of Children & Families, 2018).

One study found that opioid prescription rate was associated with a 32% increase in the removal rate for parental neglect (Quast, Storch, & Yampolskaya, 2018). Infants are the largest age group of children in care, with 54% under 5 years old (see Figure 1). Many of these infants and toddlers have been diagnosed with neonatal abstinence syndrome because of the effects from prenatal exposure, requiring enhanced foster or medical placements.

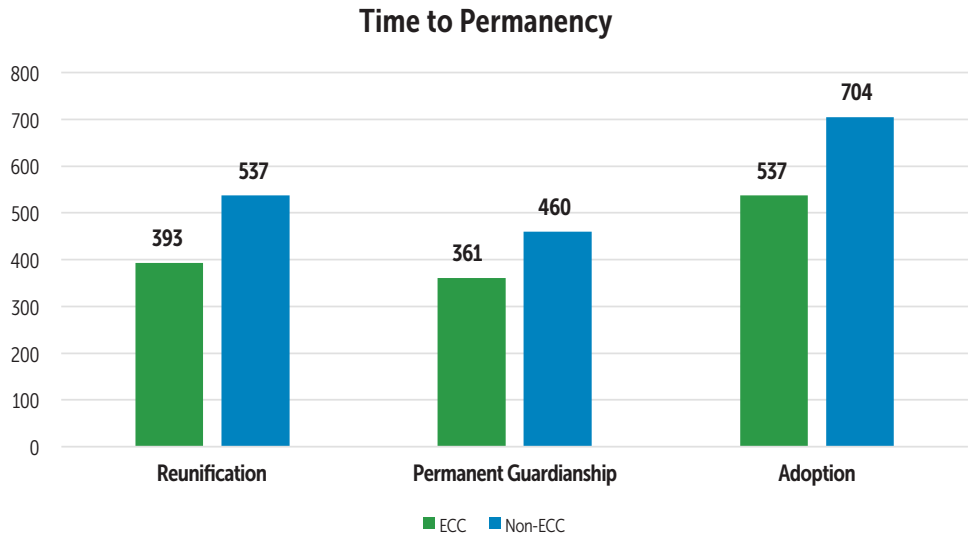
The increase in the number of children entering foster care has placed a huge burden on the system. There is a shortage of available foster homes statewide, often resulting in a higher number of children placed in a single home or placement of children outside their county and away from their families. In addition, the turnover rate for child protective investigators is staggering. Florida 2017 data indicated 75.4 % of workers with less than 2 years' experience, 50% with less than 1 year of experience, and 32.4% with less than 6 months experience (Florida Department of Children & Families, 2017). Florida is a state truly in the midst of a foster care crisis.

Three Florida counties, DeSoto, Manatee, and Sarasota, have been struck particularly hard with the opioid crisis, leading the state in 2017 with opioid overdoses and deaths, exceeding Miami-Dade, Broward, and Palm Beach counties, Florida's three largest counties. Manatee and Sarasota counties currently lead the state in the number of children, especially young children, in foster care because of parent drug abuse and/or inadequate supervision (Florida Department of Children & Families, 2017). Half of the children removed from their homes are in the birth to 5 year old range.

A Call to Action: The Manatee County Foster Care Initiative

In response to this crisis, our communities have come together to issue a Call to Action. In January 2017, The Manatee Community Foundation, with financial support from the Charles and Margery Barancik Foundation, called for community nonprofit

*Figure 1. Median Number of Days to Permanency (ECC vs non-ECC)**



* Based on data for 2016; ECC = family participates in Early Childhood Court

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providers and stakeholders to come together to address this serious issue. The group of more than 25 participants identified themselves as the Manatee County Foster Care Initiative. This initiative was led by a well-known local facilitator who took the participants through an 8-week process to collect and analyze data, hear from community experts, and formulate an action plan. The action plan was finalized in April 2017 with the mission of the initiative being, "Reduce the impact of the opioid/addiction crisis on the child welfare system and the families and children it serves." The group identified these top five priorities:

- Early Childhood Court (ECC)
- marketing campaign for foster care recruitment
- intensive reunification
- enhance trauma component in foster parent training
- enhance training for foster parents and caregivers

The group decided to tackle the top two priorities first; (ECC; described below) and a marketing campaign to recruit 100 foster parents in Manatee County. With the support of the Manatee Community Foundation and the action plan, our communities were positioned to seek additional financial support to implement the plan. The Barancik Foundation funded the ECC community coordinator position for both Manatee and Sarasota counties, and funding from Manatee County government and Sarasota County government funded the intervention teams at The Florida Center for Early Childhood. Through a contract with the child welfare Community-Based Care organization, Safe Children Coalition, the Florida Center provides the intensive child welfare case management, infant mental health services, and supervised visitation/transportation services.

Florida's ECC Initiative

Florida has a long and impressive history of progressive model court initiatives, pioneering the nation's first drug courts and unified family courts. It was therefore natural for Florida to embark on a collaborative statewide ECC initiative, modeled after ZERO TO THREE's Safe Babies Court Teams.

ECC, fondly called "baby court" addresses child welfare cases involving children under 3 years old. It is a problem-solving court—where legal, societal, and individual problems intersect. Problem-solving courts seek to address not only the legal issues but also the underlying non-legal issues that will benefit the parties and society as well. The goal of Florida's ECC is to improve child safety and well-being; change the experience and outcomes of children in the child welfare system; heal trauma and repair the parent–child relationship; promote timely permanency; and break the intergenerational cycle of abuse, neglect, and violence. ECC has fundamentally shifted the focus from "managing the case" to "healing the underlying source of maltreatment" and changing the trajectory for the child and family. The potential to alter the intergenerational cycle of trauma has engendered widespread support from grassroots communities to the Florida Supreme Court for rapid expansion of baby courts. ECC has grown from a few sites to 21 sites in Florida in just 3 years, with a period of rapid growth in 2015 and 2016. The partnership between the Office of Court Improvement, Florida State University, and ZERO TO THREE has made it possible for the initiative to expand (Florida Courts, 2018)

Photo: jmiller482/shutterstock

One of the many indirect costs of opioid use disorder is parents' inability to care for their children.

Components of Florida's ECCs

- **Judiciary leadership** brings together child welfare, universities, and early childhood programs to create system change to focus on trauma and integrate services. Monthly hearings are held in front of the judge.
- A **multidisciplinary team and community coordinator** prioritize child and family needs with monthly case reviews to rapidly link to appropriate services and ensure families don't fall through the cracks.
- An **infant mental health clinician** has a predominant role in assessing the child–parent relationship, providing therapy and reporting progress to inform decisions toward permanency.
- The key intervention is **Child-Parent Psychotherapy** (CPP; a Medicaid billable service), a powerful evidence-based intervention designed to repair the child–parent relationship and heal trauma to enable successful parenting.
- **Placement stability** avoids disruptions in the child's attachment.
- Special emphasis is placed on **frequent contact** between parent and child, which either promotes reunification or accelerates termination.
- A sense of urgency is fostered to achieve **reunification, adoption, or termination of parental rights**.
- The Office of Court Improvement maintains a **data tracking system** to determine success in decreasing time to permanency and recurrence of maltreatment.

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The potential to alter the intergenerational cycle of trauma has engendered wide-spread support from grassroots communities to the Florida Supreme Court for rapid expansion of baby courts.

Quality Improvement Center for Research-Based Infant–Toddler Court Teams (QIC-CT)

Florida is unique in pioneering a statewide Early Childhood Court Initiative with a network of 22 judges implementing the Initiative. Under Florida's Supreme Court, Office of Court Improvement, Florida applied and was chosen for the national Quality Improvement Center for Research-Based Infant–Toddler Court Teams (QIC-CT) in March 2015. The national project is led by ZERO TO THREE and its partners, the Center for the Study of Social Policy, the National Council of Juvenile and Family Court Judges, and RTI, International. Together, they have provided intensive training and technical assistance to fully develop and expand research-based infant–toddler court teams based on the Safe Babies Court Team approach in demonstration sites.

The goals of the QIC-CT are to: strengthen and enhance the capacity of the courts, child welfare agencies, and related child serving organizations in the demonstration sites to achieve safety, permanency, and well-being for infants and toddlers in the child welfare system; and create momentum for collaborative approaches meeting the developmental needs of infants and toddlers in the child welfare system. The QIC-CT will disseminate best practices and findings from the experiences with each site, including identification of practices that are transferable to state and local child welfare systems across the United States.

In addition to Florida, the demonstration sites, which were selected through a rigorous review process, are:

- New Haven/Milford Safe Babies Court Teams, Connecticut
- The Judiciary, State of Hawaii, Honolulu, Hawaii
- Polk County Safe Babies Court Team, Des Moines, Iowa
- Forrest County Safe Babies Court Team, Hattiesburg, Mississippi
- Eastern Band of Cherokee Indians, Cherokee, North Carolina

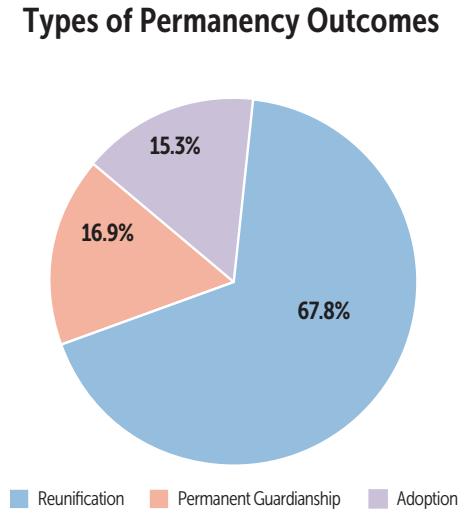
Evaluation

Evaluation is essential for determining program effectiveness. In order to standardize data collection and build a database for tracking outcomes, Florida's ECC uses the Early Childhood Court Tracking System, a specialized module housed within the Florida Dependency Court Information System. The data elements relate directly to the core components: family time, parent–child relationship assessments, developmental screenings, and CPP sessions.

Through the Court Improvement Program's data-sharing agreement with the state child welfare agency, the tracking system also retrieves basic case information from the agency's Florida Safe Families Network. The system monitors permanency and safety measures including: (a) time to permanency (from removal to reunification and from removal to legal permanency—court case closure); and (b) recurrence of maltreatment. In addition, the Court Improvement Project is currently attempting to define well-being measures. Some of the basic data that will be captured include:

- number of children enrolled
- demographics of children enrolled
- type(s) of maltreatment
- number and names of developmental screenings utilized
- length of time from removal to reunification
- length of time to adoption and permanent guardianship (See Figure 2.)

Figure 2. Percentage of Children in Early Childhood Court for Each Type of Permanency Outcome



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- length of time from removal to permanency
- reunification/permanency type (e.g., parents, permanent guardianship, adoption)
- number and reasons for disruption of placement
- number of children with another confirmed allegation within 6 months of reunification
- types of referrals made and services provided
- number of children who "caught up" if developmentally delayed
- any other community data

Florida is participating in the national evaluation of the QIC-CT, which includes a process evaluation and short-term outcomes, with plans for study of long-term outcomes pending funding. Findings from Safe Babies Court Teams have shown significant improvements in decreasing time to permanency and dramatically reducing re-entry into child welfare (McCombs, 2007; James Bell Associates, 2009; McCombs-Thornton & Foster, 2012). The most significant finding regarding the Safe Babies Court Teams was that 99.05% of infants and toddlers served were protected from further maltreatment (James Bell Associates, 2009).

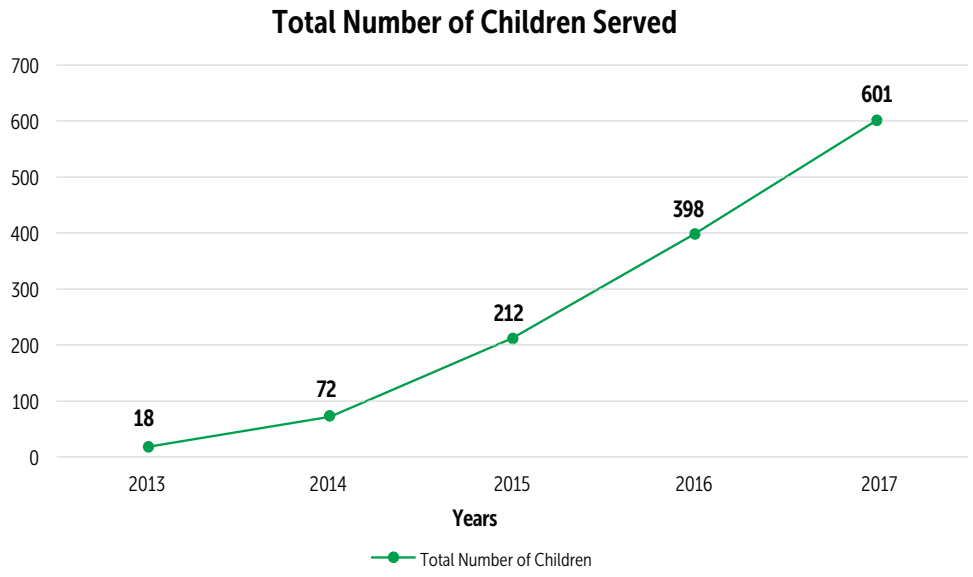
As a result of the impressive findings, the Safe Babies Court Teams Project was added to the California Evidence-Based Clearinghouse for Child Welfare in 2014 with a scientific rating of 3, signifying promising research evidence, high child welfare system relevance, and a child welfare outcome of permanency. The next phase of research will examine (a) the effect the Court Team approach has on the well-being of the children and their parents and (b) the long-term impact of the Safe Babies Court Teams on outcomes of safety, permanency, and well-being (California Evidence-Based Clearinghouse for Child Welfare, 2014).

Florida's ECC Success in 2016

Florida's ECC data are showing very positive results, similar to Safe Babies Court Teams, including shorter time to permanency and less re-abuse. Early Childhood Court outcomes analysis conducted by the Office of Court Improvement in 2017 revealed (see Figure 3):

- Florida's ECC children were placed in permanent homes more quickly than non-ECC children in the same age group:
- ECC children reached permanency in the form of reunification, placement with relatives, or placement with non-relatives 112 days (almost 5 months) sooner than non-ECC children from birth to 3 years old in 2016.
- ECC children reached permanency in the form of adoption 167 days (5 months) sooner than non-ECC children from birth to 3 years old in 2016.
- Success in reunification with younger child even when rights were terminated with older children.
- Less re-abuse. Only two ECC children re-entered the system in 2016 (3.39% of Florida's ECC cases) as compared to a 3.86% re-abuse rate for non-ECC children. **Florida statewide rates show a 9.69% recidivism rate** (Florida Office of Court Improvement, 2016).

Figure 3. Total Number of Children Served (accumulatively)



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- Parents reported that the support and encouragement changed their lives for the better (Ounce of Prevention Fund of Florida, 2017).

Child Abuse Prevention and Treatment Act (CAPTA) Legislation

The key federal legislation addressing child abuse and neglect is the Child Abuse Prevention and Treatment Act (CAPTA), originally enacted on January 31, 1974 (P.L 93-247). This act has been amended several times and was last reauthorized on December 20, 2010, by the CAPTA Reauthorization Act of 2010 (P.L/ 111-320). The 2010 reauthorization added fetal alcohol spectrum disorders (FASD) in addition to the 2003 prenatal substance exposure provisions. Most recently, certain provisions of the act were amended on May 29, 2015, by the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22) and on July 22, 2016, by the Comprehensive Addiction and Recovery Act of 2016 (P.L 114-198).

CAPTA provides federal funding and guidance to states in support of prevention, assessment, investigation, prosecution, and treatment activities and also provides grants to public agencies and nonprofit organizations, including Indian tribes and tribal organizations, for demonstration programs and projects. CAPTA also identifies the federal role in supporting research, evaluation, technical assistance and other activities. And CAPTA sets forth a federal definition of child abuse and neglect (Child Welfare Information Gateway, 2017). CAPTA's key provisions are:

- to develop a Plan of Safe Care for infants identified as being affected by substance or withdrawal symptoms, or FASD and
- early intervention services under Part C of Individuals With Disabilities Education Act.

Although the importance of following CAPTA requirements is clear, there is no consistent data collection or analyzing of data at the federal, state, or local levels to ensure compliance. A number of CAPTA implementation challenges have been identified, including:

- identification of prenatally exposed infants and pregnant women with substance use disorders
- referrals made by health care providers
- referral to child welfare without grounds to substantiate child abuse/neglect
- uncertainty about who is responsible for the development of the plan of safe care (U. S. Department of Health and Human Services, for Children and Families, 2017).
- lack of adequate training for child welfare case managers on identifying developmental delay in infants and toddlers
- lack of a clear tracking system from referral to Part C, to evaluation, to results of evaluation, to implementation of services
- lack of parental follow through for services

What Can Professionals Do to Help?

Infants and toddlers in foster care depend on professionals to protect them and help them with secure attachment and enhanced child well-being. We must all become committed to being a part of the solution. Those infants and toddlers with prenatal exposure to substances require an even greater degree of oversight. Some key elements identified for best practices for substance-exposed newborns and their families are:

- Use a collaborative approach. Collaboration between agencies serving pregnant and parenting women and their families, including cross-systems information sharing (e.g., web-based plans and interagency memoranda of agreements)
- Two-generation approaches are most successful as the focus is on both parent and child.
- Identify specific services needed for mother and infant and link them directly to needed services (SAMHSA, 2016)

Sarasota County's System of Care for Infants and Toddlers in Foster Care

Sarasota County, Florida, has created a number of projects and work groups to ensure infants and toddlers in child welfare are protected and achieve optimal development and to ensure CAPTA requirements are met. Several agencies/systems for the parent and child are collaborating to identify each partner's roles and responsibilities, identify gaps or barriers, and collectively resolve issues. Some of these groups are:

- ECC—Community stakeholders meet on a quarterly basis to review how the system is working or not working for infants and parents enrolled in ECC. Monthly family team meetings are held with the parents to ensure all needed services are in place for infant and parent, and if not, why not. The team works to find solutions and break barriers.
- First 1,000 Days Sarasota—Community stakeholders have invested considerable time to identify key goals and strategies to ensure that children in the first 1,000 days of life have all the resources they need to thrive. A strategic plan has been developed that interfaces with the First 1,000 Days Florida initiative.
- Addiction and Support and Pregnancy work group—Sarasota Memorial Hospital obstetrics/gynecology and NICU staff of nurses and physicians, substance abuse treatment providers, infant mental health specialists, and many other community partners meet monthly to identify problems and gaps in services and resolve barriers by working together and developing protocols to ensure the baby is safe and the parent is supported in their recovery and attachment to the baby.
- Substance-Exposed Newborn work group—Healthy Start oversees this work group, which provides early screening for infants exposed in utero and provides linkages to appropriate services. Mothers are linked to substance

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abuse treatment programs. Tracking and data collection provided with both short- and long-term outcomes.

Lila's Changed Story

With the services and supports described previously, we return to the vignette at the opening of this article and reimagine Lila's story:

Lila was born in Sarasota County, Florida, to Betty, a mother with heroin addiction. She received no prenatal care and arrived at the emergency room 3 weeks before her due date in active labor. Lila was placed in the NICU because of heroin withdrawal. She also tested positive for marijuana. Hospital staff embraced Betty and told her they were there to support her and her baby. They brought Betty to the NICU so she could see and touch her baby daughter. Although Betty was overcome with guilt and wanted to flee, the staff ensured her there was no judgement, only help and hope. Betty agreed to speak to First Step's addiction counselor, who is regularly at the hospital. The child protective investigator, also located within the hospital, met with Betty and explained ECC. Betty agreed to enter this specialized court process. Lila was discharged from the NICU and placed in an identified ECC foster home, who engaged Betty in her care from the beginning. Betty and Lila engaged in CPP, where Betty began to realize her own childhood trauma that had never been resolved and how it led to her problems with substance abuse. Betty said she did not want

Learn More

Documents

The Miami Child Child-Parent Court Model: Essential Elements and Implementation Guidance
J. G. Fraser & C. Casanueva (2013)
http://www.fdlrs-um.miami.edu/pdfs/ImplementationGuidance_01-30-13_web2_FNL.pdf

Bench Card for the Trauma-Informed Judge
National Child Traumatic Stress Network (2013)
http://nctsn.org/sites/default/files/assets/pdfs/judge_bench_cards_final.pdf

Florida's Early Childhood Court Manual (2017)
http://cpeip.fsu.edu/babyCourt/resources/Early%20Childhood%20Court%20Manual%204172015.pdf

Websites

Information and Resources for Child Welfare Professionals
California Evidence Based Clearinghouse for Child Welfare (2013)
www.cebc4cw.org

National Registry of Evidence-Based Programs and Practices
Substance Abuse and Mental Health Services Administration (2013)
http://nrepp.samhsa.gov

Florida Association for Infant Mental Health (2013)
www.faimh.org

Best Practice Tutorial Series: Module 7: Recognizing and Addressing Trauma in Infants, Young Children and Their Families
Georgetown's Center for Early Childhood Mental Health Consultation (2013)
www.ecmhc.org/tutorials/index.html

Maternal, Infant and Early Childhood Home Visiting (MIECHV): Evidence-Based Home Visiting Models
Health Resources and Services Administration: Maternal and Child Health (2013)
https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf

National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices
National Child Traumatic Stress Network (2012)
http://nctsn.org/resources/topics/treatments-that-work/promising-practices

Florida State University Center for Prevention and Early Intervention (2016)
Videos of Florida's Early Childhood Court Initiative
https://cpeip.fsu.edu/babyCourt/court.cfm

Florida Courts
www.flcourts.org/resources-and-services/court-improvement/problem-solving-courts/early-childhood-court.stml

DVD

Helping Babies From the Bench: Using the Science of Early Childhood Development in Court
ZERO TO THREE (2012)
Washington, DC: Author

Books

Coparenting in Diverse Family Systems
J. McHale & K. Irace (2011). In J. McHale & K. Lindahl (Eds.), *Coparenting: A conceptual and clinical examination of family systems* (pp. 15–38).
Washington, DC: American Psychological Association Press

Courts, Child Welfare and Infant Mental Health: Improving Outcomes for Abused/Neglected Infants and Toddlers
B. Tableman & N. Paradis (2008)
Southgate, MI: Michigan Association for Infant Mental Health

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that for Lila. Seven months after Lila was placed in foster care, she was reunified with her mother. Support systems, including the foster parent, remained engaged in their lives to ensure sobriety and secure attachment. Lila just celebrated her second birthday and is a happy, healthy, curious child, well bonded child to her mother.

All babies such as Lila and her family deserve the opportunity to thrive. The ECC team model has demonstrated improved outcomes for young children in the foster care system in many communities. More than 54% of Florida's children in the foster care system are under 5 years old and many have experienced prenatal exposure to substances, putting them at high risk for developmental delay and multiple problems later in life. It is imperative that communities ensure necessary services and supports are identified early and adequately provided in order to have a significant impact. Ensuring CAPTA requirements are met and developing community collaborative systems of care for infants and toddler in foster care, focused on both the parent and child, are critical. The provision of ongoing services and supports to reunified families is also paramount so there are no further incidences of maltreatment or abuse. ECC teams can be the catalyst for bringing this change about and can be implemented in every area of the state and country if the will and determination exist within communities to make this a priority.

Kathryn Shea, LCSW, is a licensed clinical social worker with more than 35 years of experience working with children with serious emotional and behavioral disorders and fetal alcohol and drug effects. She received her bachelor's degree in psychology and her master's degree in social work from the University of Kentucky. She is currently the president and CEO of The Florida Center for Early Childhood in Sarasota, whose mission is the healthy development of young children, their families, and communities. Kathryn is a past president of the Florida Association for Infant Mental Health and has been very involved in developing and expanding Florida's Early Childhood Court initiative. Ms. Shea has received numerous awards for her work in infant mental health, Fetal Alcohol Spectrum Disorder, and child advocacy.

Mimi Graham, EdD, is director of the Florida State University Center for Prevention and Early Intervention Policy providing vision, leadership, and funding to promote public policy and practices during the critical period from pregnancy to 3 years old known as "the first 1,000 days of life." She oversees a multidisciplinary team with a national reputation for excellence across systems including child welfare, maternal health, early intervention, juvenile justice, teen mothers, courts, health care, and early learning communities. Her pioneering efforts helped create an infant mental health movement in Florida, building a professional development network through the Harris Infant Mental Health Training Institute and galvanizing funding to integrate infant mental health across systems. She partnered with the Supreme Court, Office of Court Improvement to help create Florida's Early Childhood Court Initiative enhancing outcomes for maltreated infants and toddlers. She co-authored the widely used FSU *Partners for A Healthy Baby Home Visiting* curricular series translating research into practical use with families. She is past president and co-founder of the Florida Association for Infant Mental Health; a graduate Fellow of ZERO TO THREE, and a member of the Florida Supreme Court Committee on Children.

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