

TTAC

Perinatal and Early Childhood Mental Health Network

Training and Technical Assistance Center

Strengthening Families From the Start:
Innovations for Young Children and Their
Families in the Child Welfare System

June 4, 2026



Welcome Remarks

Evelyn Blanck , LCSW

Director

P+ECMH Training and Technical Assistance Center

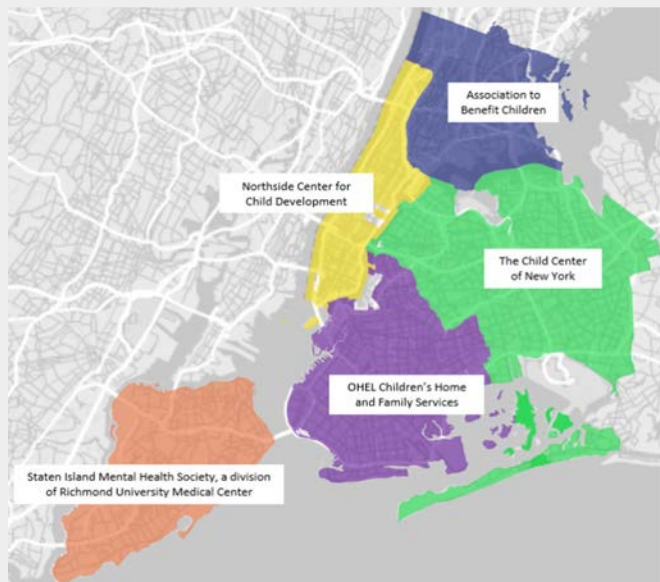
Marnie Davidoff, MPA

Assistant Commissioner, Bureau of Children, Youth and Families

NYC Health Department



Overview of the Perinatal and Early Childhood Mental Health Network (P+ECMHN)



Funded by the NYC Health Department since 2016 and consists of:

- 1) Five Specialized outpatient mental health clinics (P+ECMH Clinics) which offer mental health treatment and family peer support for families with children under 5 and for pregnant and postpartum people.

<https://ttacny.org/clinical-services/>

and

- 1) A citywide **training and technical assistance center (TTAC)**



TTAC: Who We Are

The New York City Perinatal and Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Health Department.

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute for Poverty Policy and Research

- **New York Center for Child Development** is a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and Managed Care Technical Assistance Centers (CTAC & MCTAC), and the Center for Workforce Excellence (CWE). These TA centers offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers across NYS.



Goals of TTAC

- Building capacity and competencies of mental health professionals and early childhood professionals in family serving systems to identify and address the social-emotional needs of young children and their families.
 - Healthy social emotional development for infants and toddlers is dependent on the quality and consistency of their relationships with parents and caregivers.
 - To address the mental health needs of infants and young children we need to support the health and mental health of the caregivers, beginning in pregnancy, and support the unfolding parent-child relationship.



Training for Perinatal and Early Childhood Professionals across Child Serving Systems

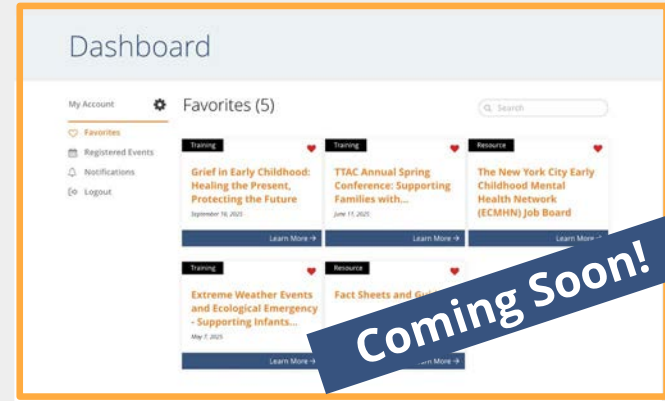
- Have trained over 18,700 individuals as of May 2026
- TTAC offers Evidence Based Training and other intensive training to the 5 Early Childhood Treatment Centers located in each of the 5 Boroughs
- TTAC offers webinars both on foundational perinatal and early childhood mental health as well as cutting edge trainings on key topics in the field
- All our webinars are offered both live virtually with CEUs offered and the webinar and power points are posted on our website



Visit the TTAC Website & Stay Tuned for an All-New TTAC Web Experience!



Explore all the provider resources at ttacny.org



- Find Resources Faster
- Suggested Related Trainings
- Save Favorites
- Track Registered and Attended Events
- Browse Curated Playlists

Save the Date! - November 2nd, 2026



RESOURCE FAIR

November 2, 2026 · 10 AM - 1:30 PM
NYU Kimmel Center for University Life

TTAC

Perinatal and Early Childhood Mental Health Network
Training and Technical Assistance Center



Today's Objectives

To equip providers with the knowledge, tools, and cultural competency to effectively support infants, young children, and caregivers involved in the child welfare system. To foster cross-disciplinary collaboration, networking, and the exchange of innovative ideas.

Designed for perinatal practitioners, infant and early childhood mental health clinicians, and child welfare professionals, we will explore:

- The distinct vulnerabilities and needs of infants and young children involved in the child welfare system
- Clinical approaches for supporting families, protecting children's key relationships while preventing child maltreatment, promoting children's developmental and emotional well-being, and addressing trauma in the earliest years
- Policy updates on child welfare system reforms, prevention strategies, and innovations designed to meet families' needs outside the child welfare system



Today's conference will highlight three national experts



Fred Wulczyn
PhD
Center for State Child
Welfare Data



Brenda Jones Harden
PhD
Columbia School of Social
Work



Jess Dannhauser
MSW
Former Commissioner of
NYC ACS



We will begin with a presentation by Kimberly Watson,
President and CEO of Graham Windham



The day will end with a multidisciplinary panel facilitated by TTAC's Clinical Co-Directors **Dr. Gil Foley** and **Dr. Susan Chinitz**.



The Song That Never Ends: Why Child-Focused Systems Must Work Together

Speaker: Kimberly Watson

9:15 - 9:45 AM



Infants and Young Children in Child Welfare

Speaker: Dr. Fred Wulczyn

9:45 - 11:00 AM



Strengthening Families From the Start

*Innovations for Young Children and Their Families in the **Child Welfare** System*

June 2026

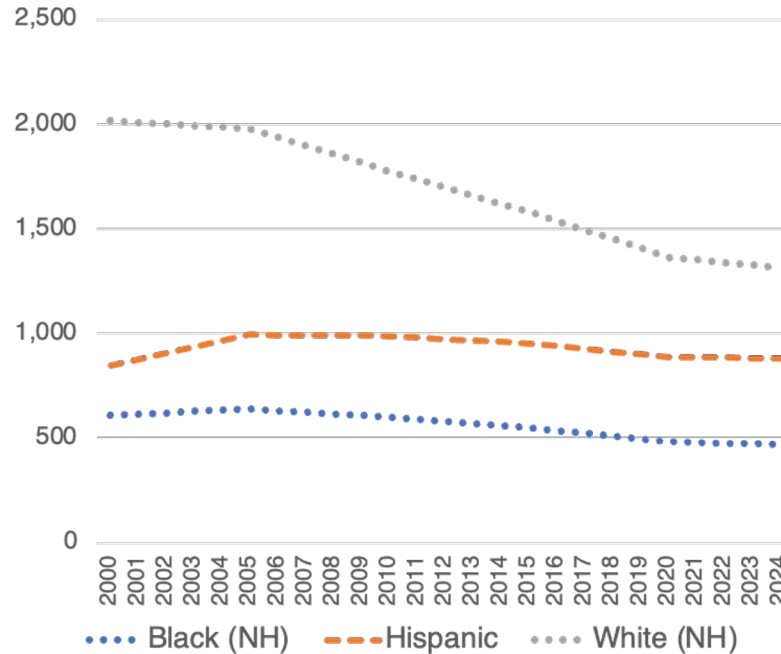
Overview

- Introduction
 - My history with this particular issue
 - Common working knowledge
- Part 1
 - Demography is destiny
- Part 2
 - Human Capital as child well-being
- Part 3
 - What works and how to invest?

-
- Admissions - age structure
 - Growing up in foster care
 - Leaving foster care
 - Returning to care

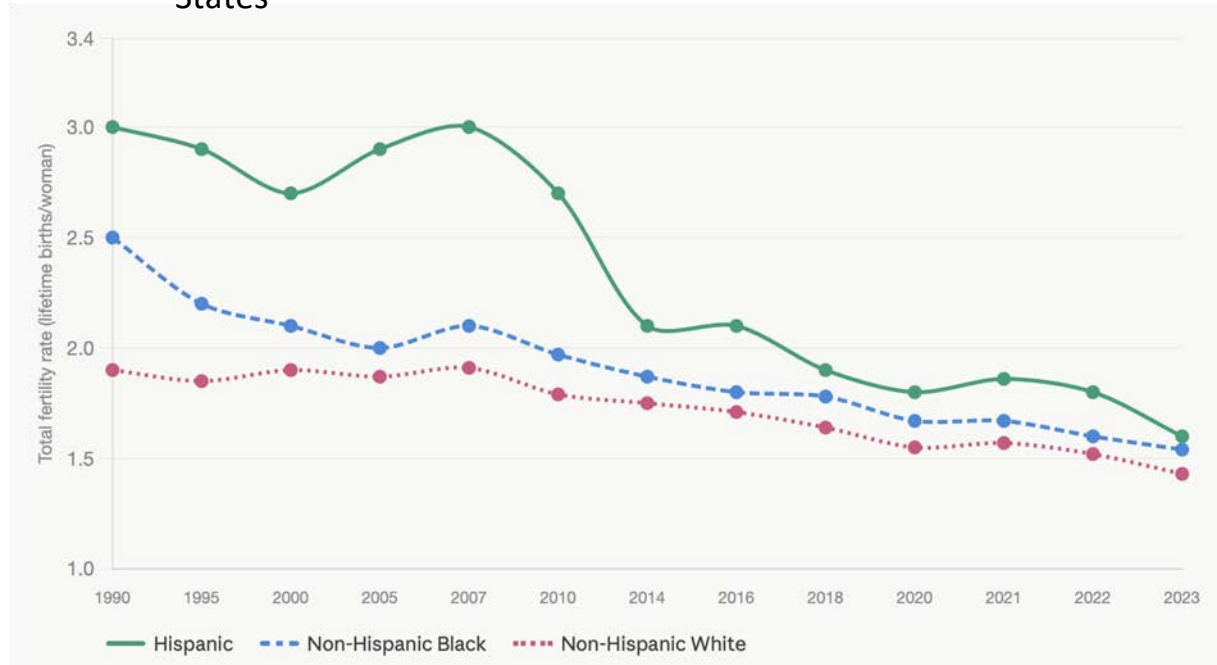
Framing the Discussion: Demography as context

Number of Births (in thousands) by Year and Race Ethnicity: United States

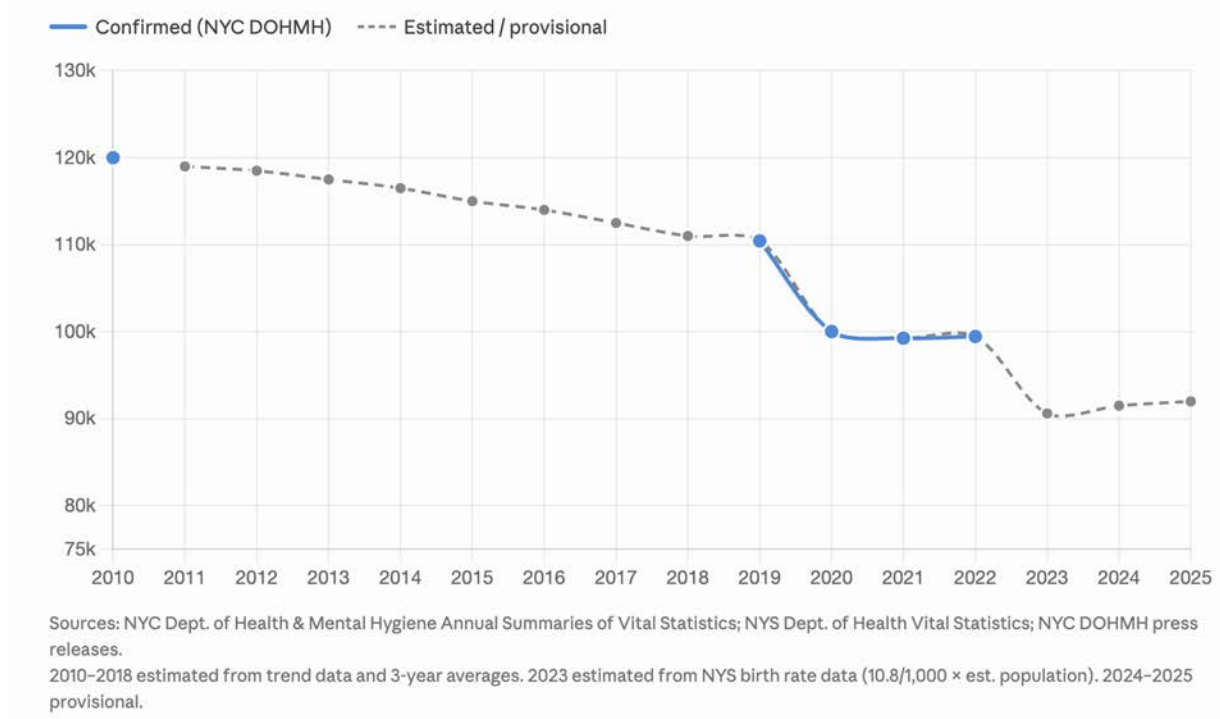


Below Replacement - Fertility in the United States

Total Fertility Rates by Year and Race Ethnicity: United States



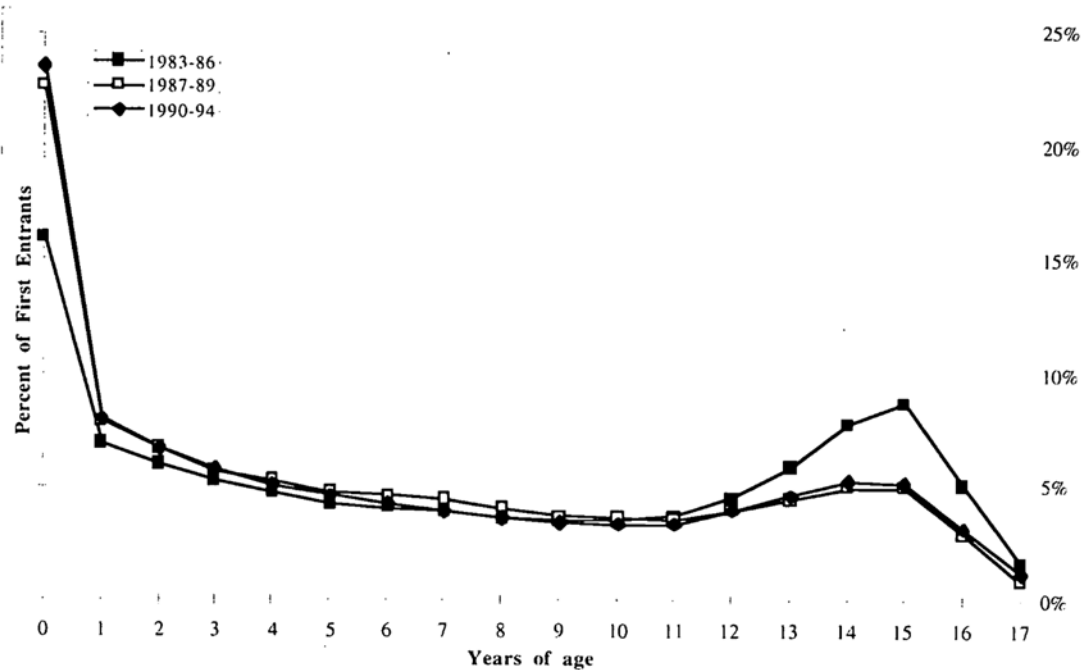
Births in New York City



Four views of who enters for care for the first time

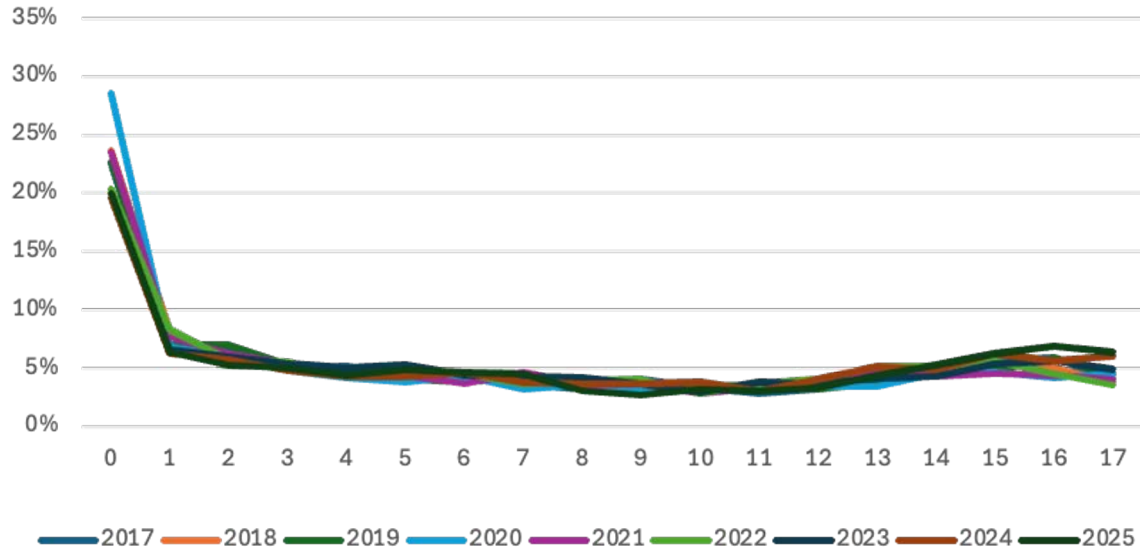
Historical perspective

*Age at First Entry to Foster Care, by Date of Entry
Percentage Distribution for Six States Combined*



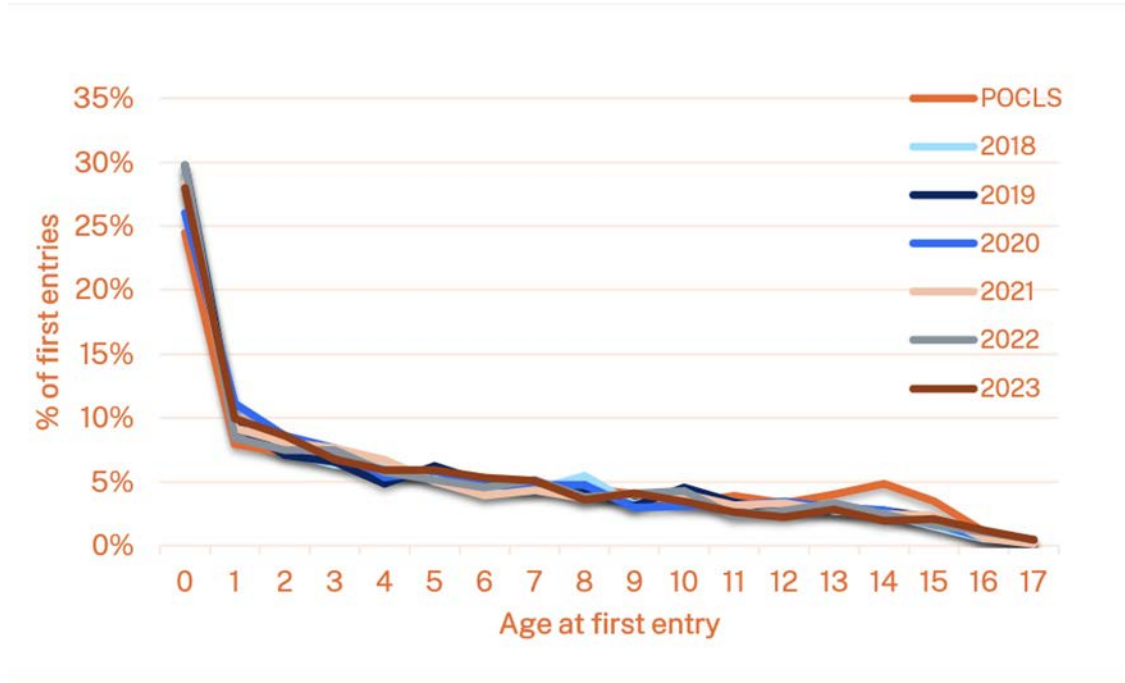
Contemporary Perspective

First Admissions to Foster Care: NYC



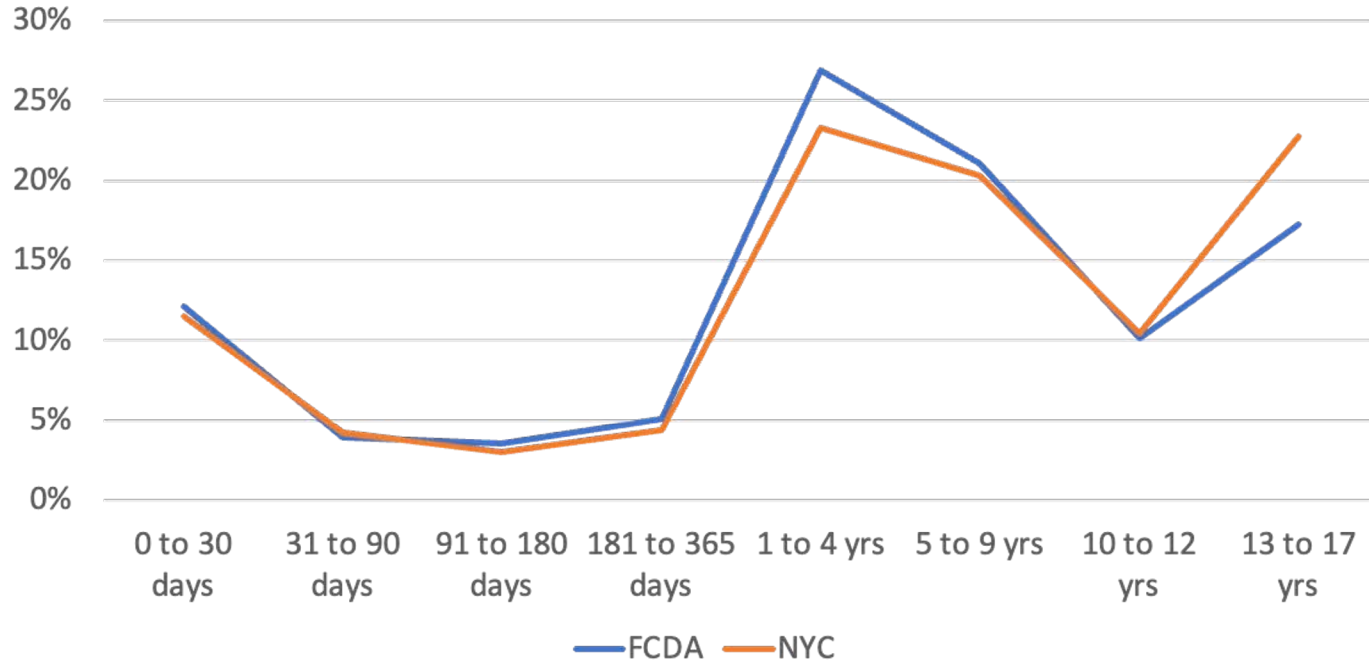
International Perspective

First Admissions to Foster Care: New South Wales, Australia



Detailed Age Structure

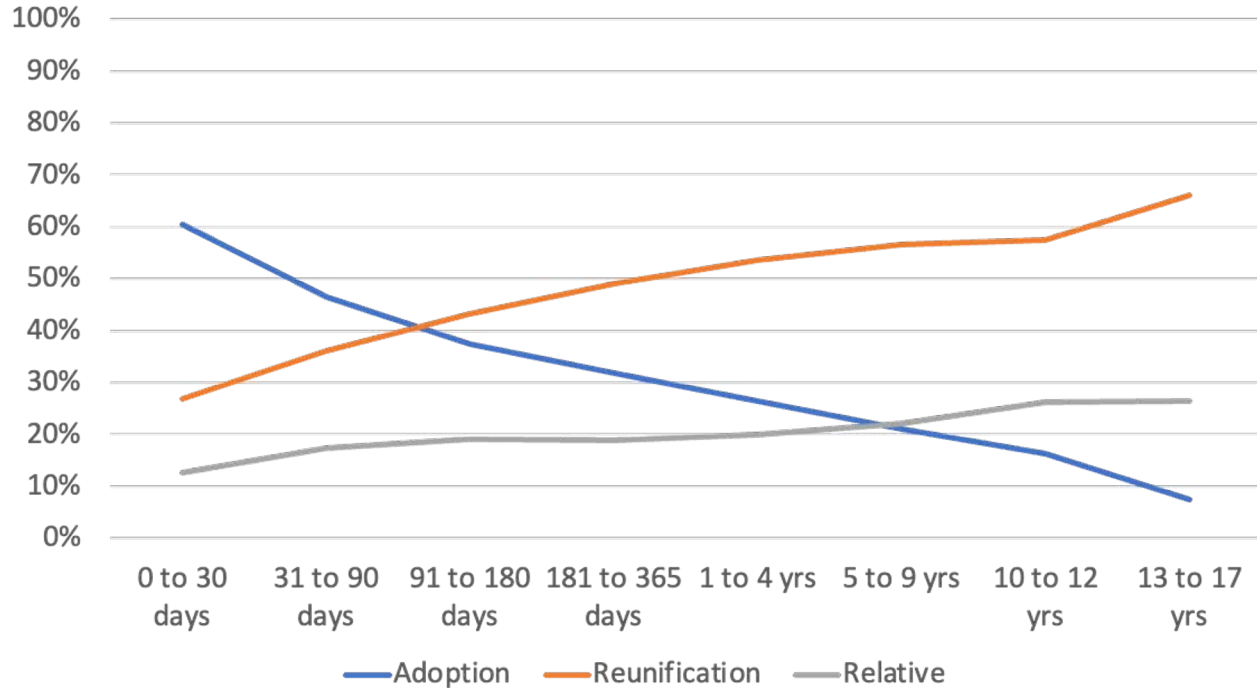
First Admissions to Foster Care by Age at Admission: NYC and FCDA, 2018 to 2024



How do children leave foster care?

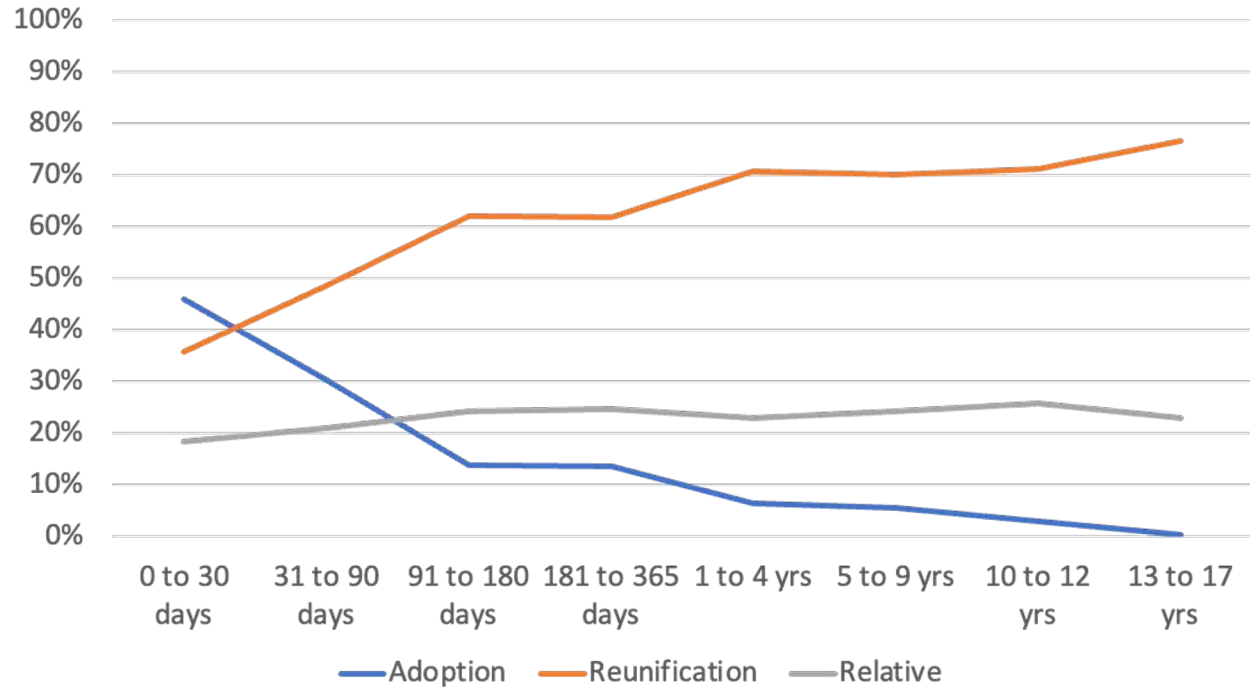
Age Effects

Exits to Permanency by Age at Admission: Multiple States – 2018 to 2021



Age Effects

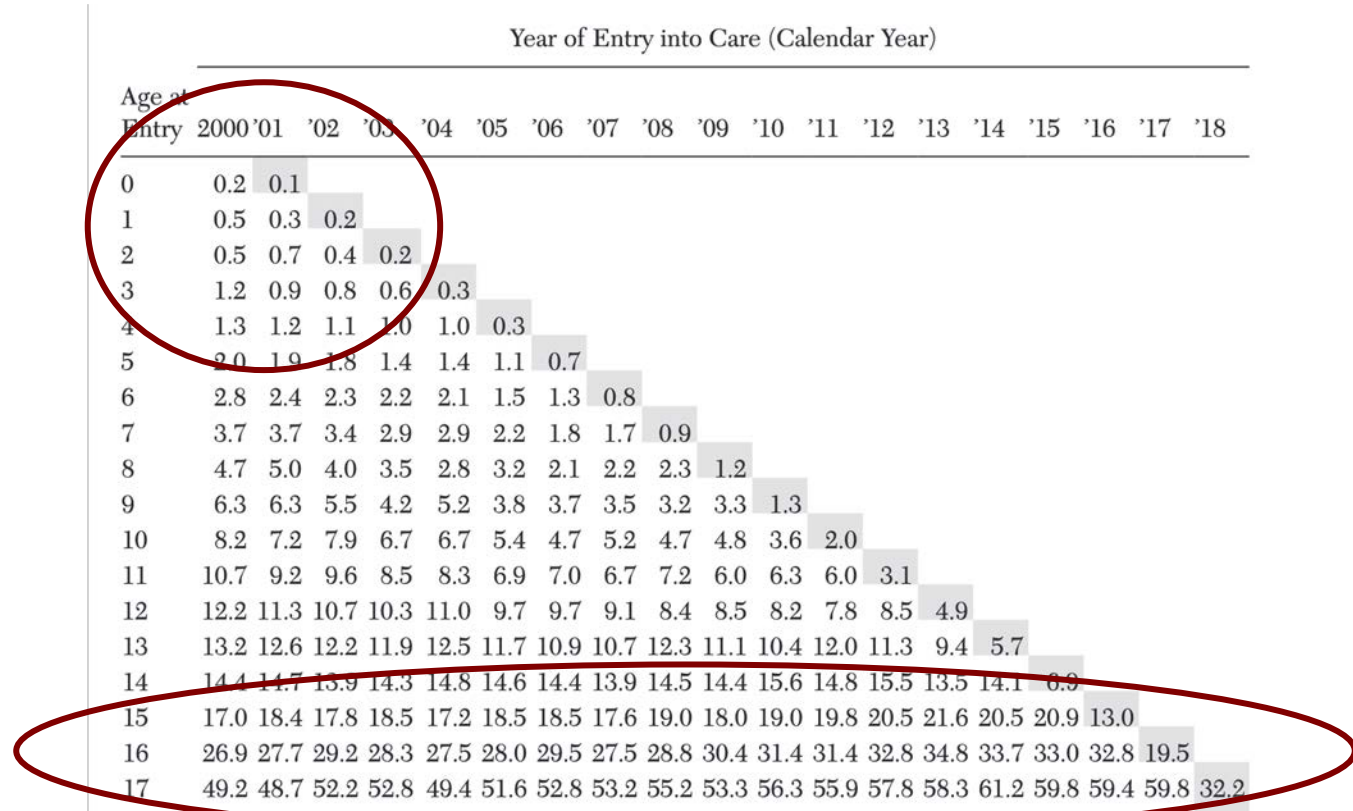
Exits to Permanency by Age at Admission: NYC – 2018 to 2021



Do children grow up in foster care?

Spending Your Childhood in Care

- Two-tenths of 1 percent of children admitted as babies spent the rest of their childhood in foster care
- Spending the rest of your childhood in care after admission to foster care has been going down except for children admitted for the first time at age 15 or above.



Do children return to care?

Reentry Risk Changes with Age

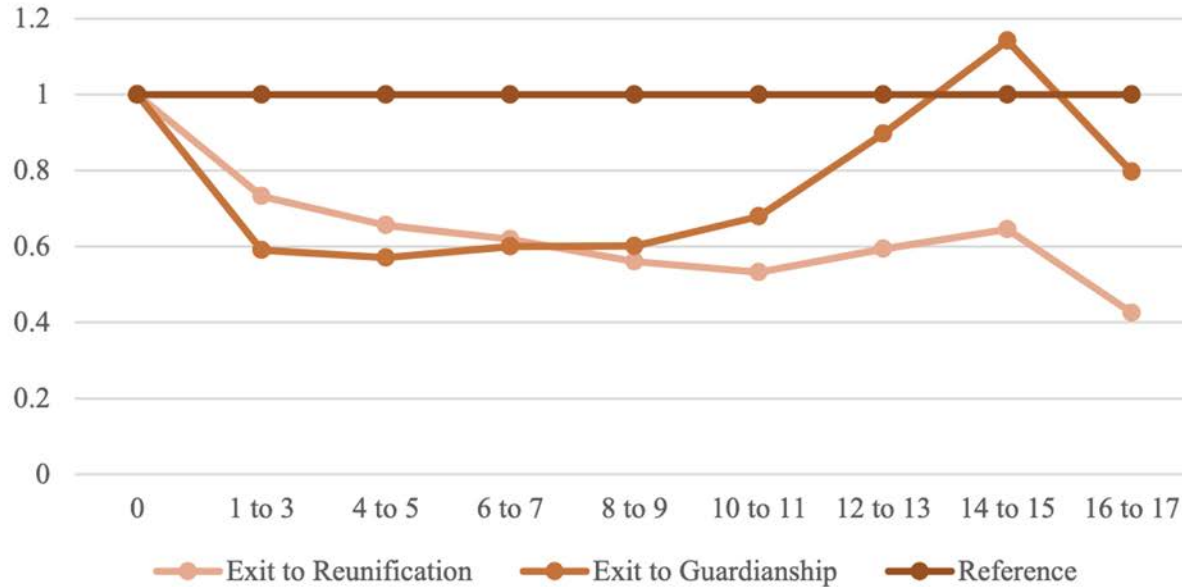


Fig. 4. Relative Rate of Reentry by Exit Reason and Person Period Age, with Infants as the Reference Group.

Reentry Risk by Type of Permanency

Returning to Care by Discharge Type and Time Since Discharge

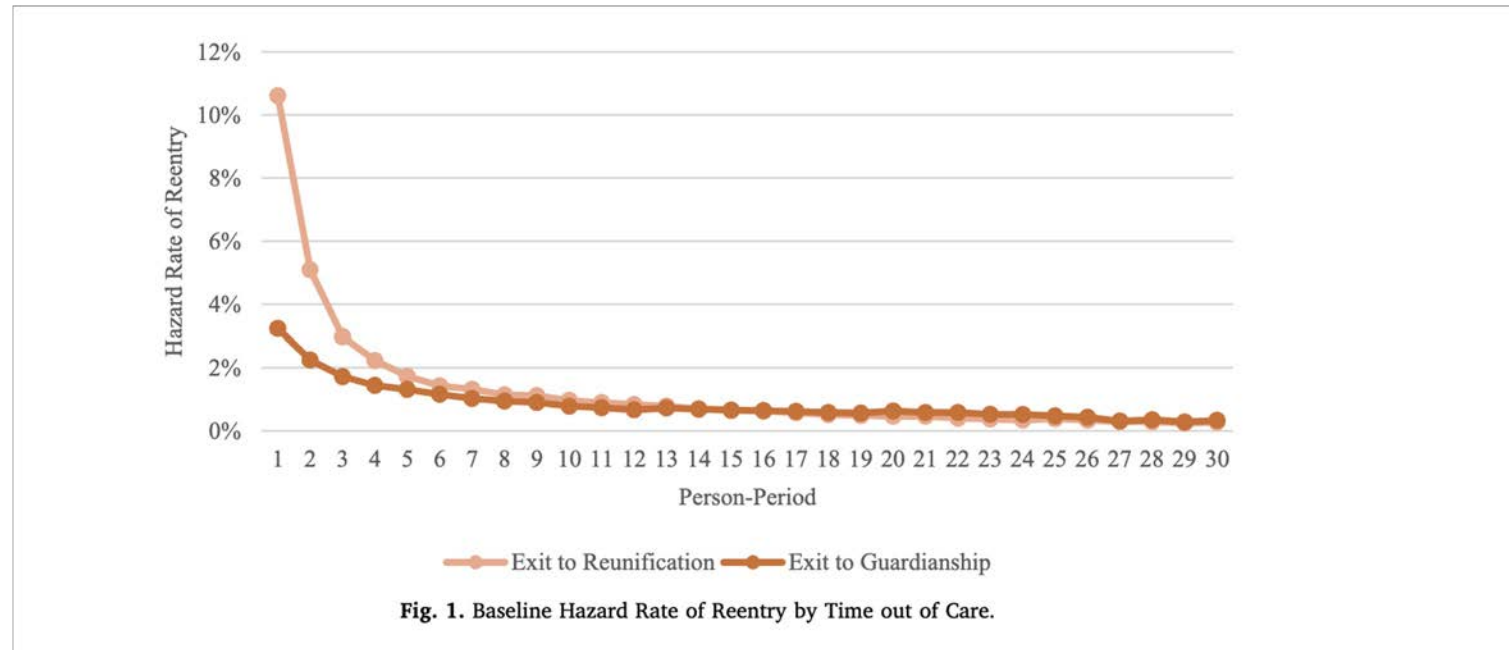


Fig. 1. Baseline Hazard Rate of Reentry by Time out of Care.

Human Capital as Well-being

First Things First

- Well-being is a fuzzy term with broad appeal but ultimately little utility
- Well-being sits awkwardly alongside safety and permanency
- Safety and permanency are protective factors in a development model

The Central Developmental Tasks

- Cognitive skills
- Social-emotional regulation
- Relational capacity
- Health and adaptive functioning
- Ability to participate in family, community, and work life

Development as a Dynamic process

- Trajectories capture change over time
- Early capacity influences what happens later
- Skills beget skills
- Skills influence the efficacy of interventions
- The sequence, timing, and duration of life course experiences

Trajectories Take Shape From Risk and Protective Factors

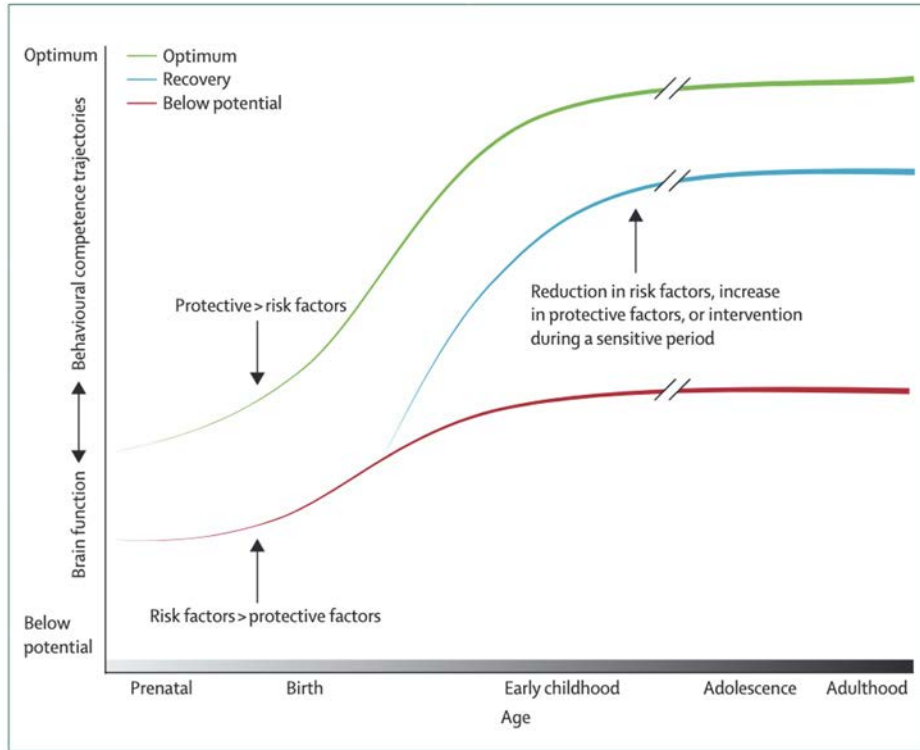


Figure 2: Differing trajectories of brain and behavioural development as a function of exposure to risk and protective factors

Skills beget skills – skills are their own protective factor

Walker, S. P., et al. (2011). Inequality in early childhood: risk and protective factors for early child development. *The Lancet*, 378(9799), 1325–1338.

Child Protection or Child Welfare: What's it going to be?

- Child protection isolates that parents contribution to child well-being
 - Legal traditions protect this point of view
- Child welfare is an inherently developmental construct that recognizes the full range of risk and protective factors within and outside the family
- Child protection is inherently episodic – is the child safe?
- Child welfare is inherently developmental
- The policy problem is therefore developmental – how do systems organize protective factors to improve long run outcomes?

From What Works to How to Invest

The Age of Evidence

- Family First Prevention Services Act
 - Strong preference for evidence-based interventions
- Limited view of what constitutes evidence
 - What works vs. how to allocate resources
- Not conducive to thinking in system terms

The Limit of What Works

- What works
 - Does a program improve outcomes
 - Was the program effect statistically significant
 - Can the model be replicated
 - Does it meet standards
- What's missing:
 - Where should resources go
 - For whom
 - At what scale
 - Under what capacity constraints
 - What tradeoffs

What Is a System?

- A term that is widely used but rarely understood in a formal sense
- Systems have:
 - Purpose – work toward a goal
 - Protect child
 - Support development
 - Reduce exposure to harm
 - Promote well-being
 - Structures
 - Functions
 - Capacities
 - Processes
 - Accountability
- Systems shape context; context shapes systems

Why the System Matters

- Systems are not:
 - Business process maps
 - Organizational charts

- Systems are:
 - Dynamic
 - Adaptive
 - Interactive
 - Emergent
 - Constrained

- Systems thinking requires a new language
 - Stocks and flows are ubiquitous in child protection

Constraints and Decisions

- Allocating resources under conditions of uncertainty, interdependence, and feedback
 - Decisions are interdependent
 - Decisions affect flow
 - Capacity affects outcomes
 - Assessments are not independent – service capacity affects decisions
- In a constrained system, efficacy alone does not determine outcomes
 - Need-based allocation model – the greatest need should command the greatest attention
 - Success-based allocation model - what suppresses the probability of success, what capacities are missing

Where and How to Invest

- Systems decide:
 - Who receives attention
 - When intervention happens
 - Where capacity is deployed
 - What risks are tolerated
- These are allocation problems rather than program decisions
- Rather than predict risk, manage compliance, and optimize programs, investment decisions alleviate strain, manage adaptive capacity, optimize trajectories, and protect development

15 Minute Break

- Network with colleagues and enjoy coffee and leftover breakfast in the Presidents Gallery, located across from the auditorium
- The next presentation will begin promptly at 11:15 AM



Clinical and Practice Considerations for Infants and Young Children

Speaker: Dr. Brenda Jones Harden

11:15 AM - 12:30 PM



ADDRESSING THE MALTREATMENT OF YOUNG CHILDREN

Preventive and Therapeutic Approaches



Brenda Jones Harden, MSW , PhD

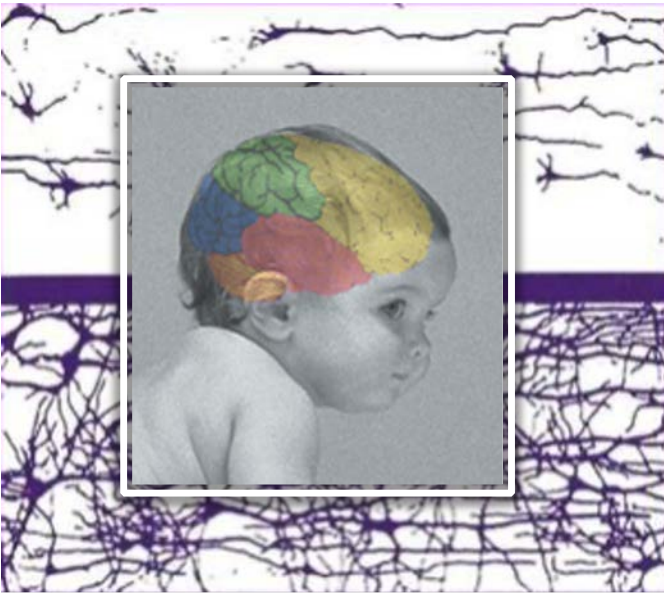
Columbia University School of Social Work



AGENDA

- **Science of early childhood development**
- **Sequelae of maltreatment & child welfare involvement**
- **Prevention of maltreatment & promotion of well-being**
- **Therapeutic interventions to address maltreatment**
- **Early childhood system of care**

Baby's Brain

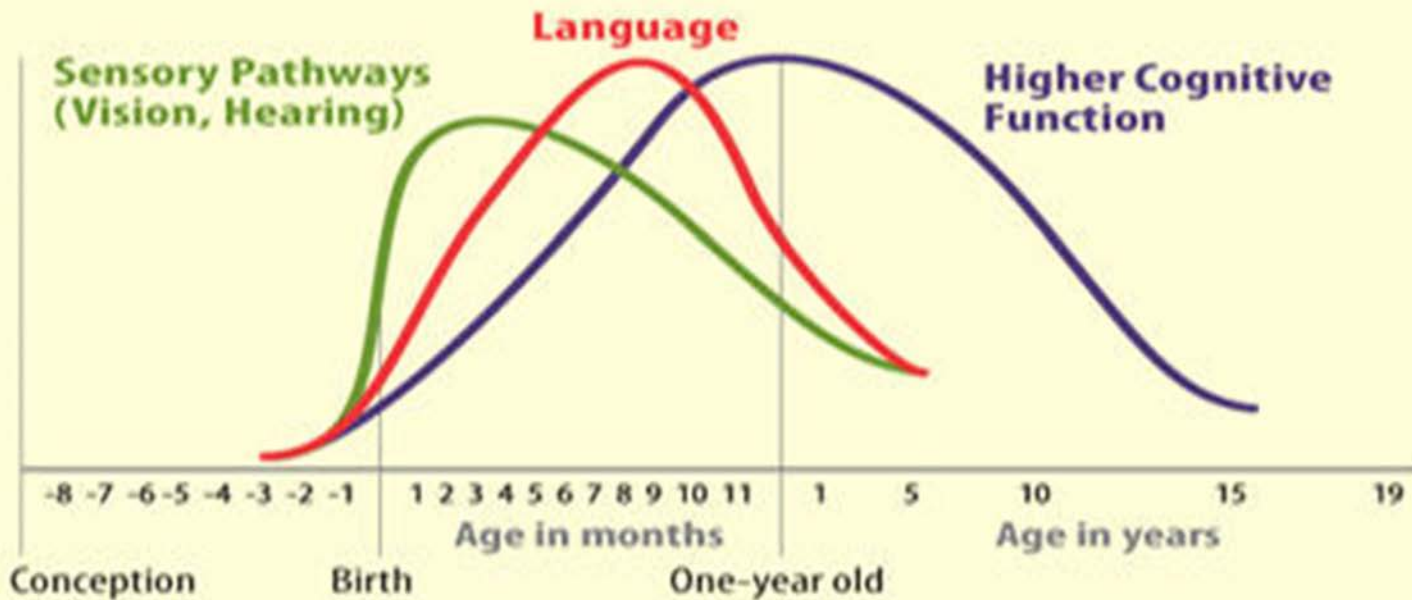


- Not fully developed at birth
- 75% growth by age 3; 90% by age 5
- **1 million neural connections per second**
- Peak of brain plasticity
- Brain structure and functioning dependent on relationships and experiences
- Compromised brain development in children experiencing maltreatment & instability



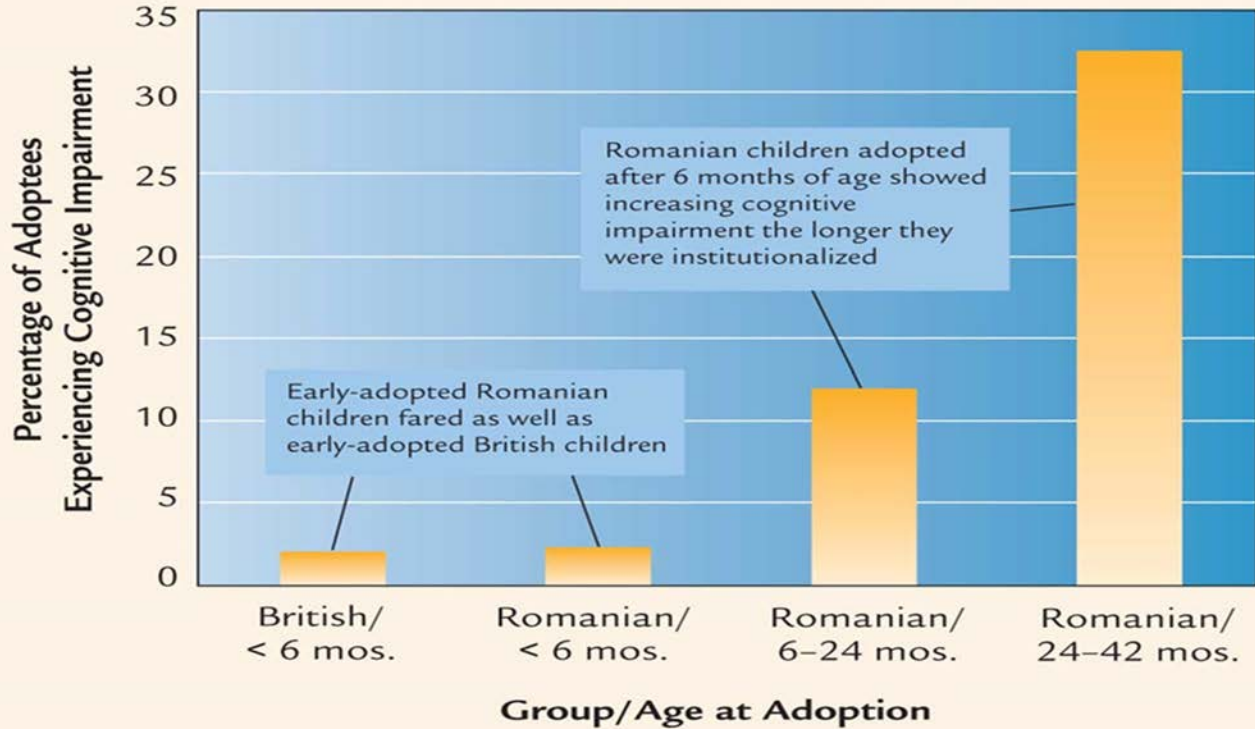
HUMAN BRAIN DEVELOPMENT IS GREATEST AT VERY YOUNG AGES

Synapse Formation and Retraction



SOURCE: C. A. Nelson in *From Neurons to Neighborhoods*, 2000

Timing of Adversity: Sensitive Periods



Bio-Developmental Framework

Shonkoff, 2010

Sources of Toxic Stress:

Chronic Poverty,
Racism, Trauma,
Maltreatment

Biological Embedding of Toxic Stress:

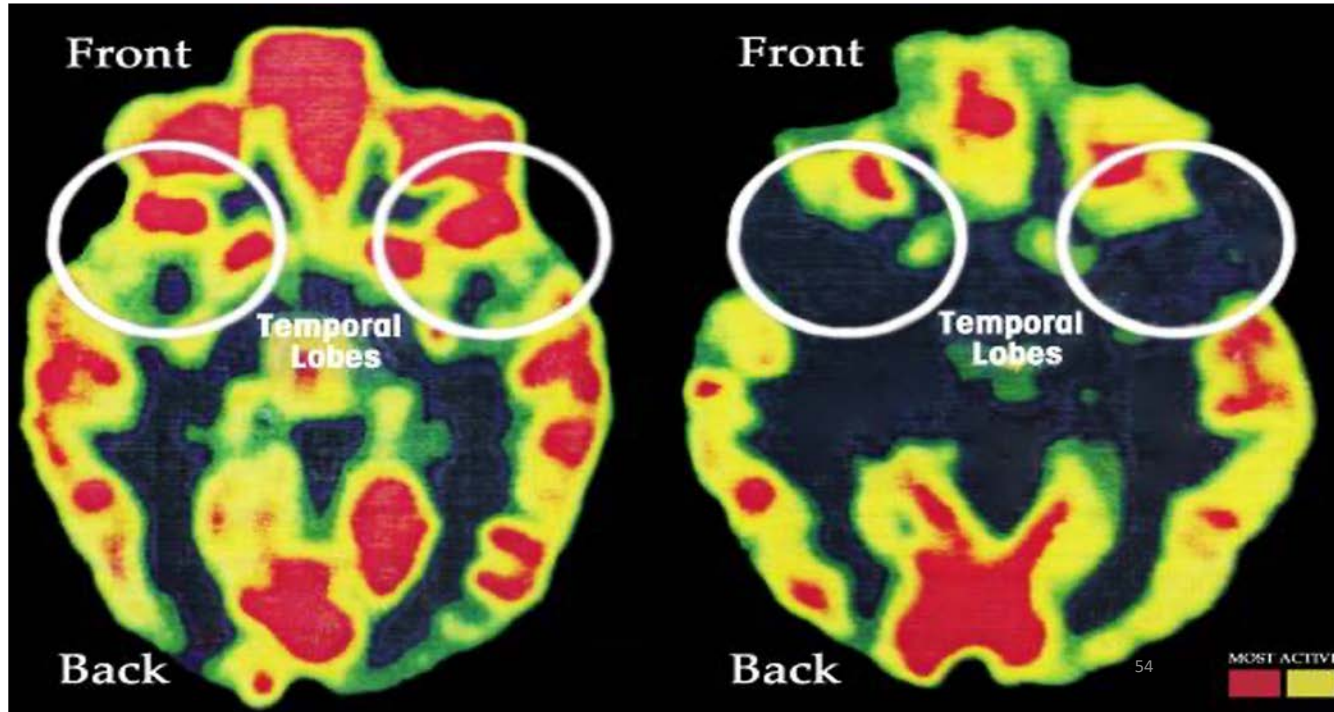
(Cortisol: Telomere,
Heart, Brain, Immune
System)

Child Outcomes:

physical and mental
health; cognition;
language; social-
emotional skills

TOXIC STRESS: Chronic activation of the body's stress response system in the absence of protective relationships.

Effects of Neglect on Children's Brains



Healthy Child

Child

Neglected

Courtesy of Dr. H.T. Chugani from the Children's Hospital of Michigan, Wayne State University

Physical Developmental Outcomes



- Sequelae of prenatal substance exposure
 - Prematurity/Low Birth Weight
- Growth Faltering
 - failure to thrive
- Abusive Head Trauma
 - Shaken Baby Syndrome
- Traumatic brain injury
- Injuries/diseases
- Increased illnesses
- Poorer medical care
 - Better for children in foster care

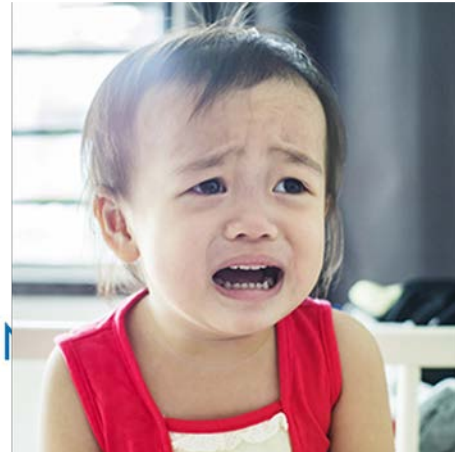
PSYCHOLOGICAL FUNCTIONING



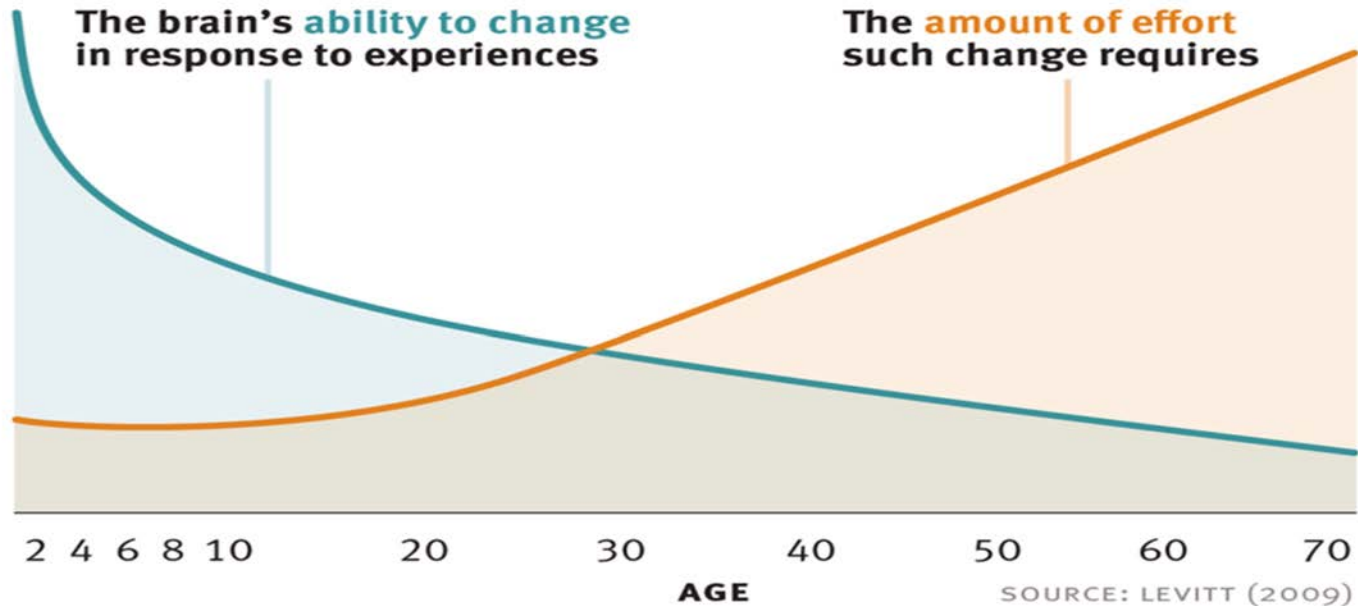
- Developmental delays
 - 50% in NSCAW
- Language delays
- Cognitive deficits
 - executive function in early childhood
- Traumatic stress
 - Developmental stress disorder
- Attachment difficulties
- Self-regulation difficulties
- Behavior problems in early childhood
 - Beginning of long-term trajectory

Traumatic Stress In Young Children

- **Re-experiencing trauma**
 - flashbacks, nightmares
- **Numbing**
 - social withdrawal, play constriction
- **Increased arousal**
 - attention problems, hypervigilance
- **New Symptoms**
 - Aggression
 - Sexualized behavior
 - New fears
 - Loss of developmental milestones (Regression)
- **Developmental trauma disorder**



PROMISING TIME FOR INTERVENTION



THREE PATHWAYS TO INTERVENING WITH YOUNG CHILDREN EXPERIENCING MALTREATMENT AND CHILD WELFARE SYSTEM INVOLVEMENT

PRIMARY PREVENTION

Decreasing poverty, and fostering community and social well-being

Community-based public health, universal education, and income support approaches

SECONDARY PREVENTION

Reducing risks for maltreatment

Programs that provide early care and education, parent education, parent and family support

TERTIARY PREVENTION

Providing interventions for children exposed to maltreatment and their families

Child, parent, dyadic, family interventions

Evidence: Economic & Concrete Supports As a Population-Level Strategy for Prevention of Child Maltreatment

Each additional \$1,000 that states spend annually on public benefit programs per person living in poverty is associated with:

- ❑ 4.3% reduction in child maltreatment reports
- ❑ 4% reduction in substantiated child maltreatment
- ❑ 2.1% reduction in foster care placements
- ❑ 7.7% reduction in child fatalities due to maltreatment

(independent of federal spending)

Public benefit programs included in this analysis:

Cash, housing, & in-kind assistance
Low-income housing infrastructure development
Child care assistance
Refundable EITC
Medical assistance programs (including Medicaid + CHIP)

EARLY CHILDHOOD EDUCATION PROGRAMS

Protective Factor & Primary/Secondary Prevention

- Children in poverty
 - High-quality, intensive, center-based ECE (McCartney, Loeb, Magnuson, Waldfogel)
- Limited impacts on children in poverty elevated social risks
 - Need for more specialized interventions (Burchinal, Early Head Start study)
- Benefits to children's socio-emotional development in more intensive programs with behavioral component (Yoshikawa et al, 2013)
- Teacher-child relationships
 - Predicts later academic and socio-emotional outcomes, particularly for children at high risk (Pianta et al)
- Particularly ***beneficial for African American children*** (Jones Harden et al., 2012)
- Double Jeopardy = poorer outcomes
 - Risky child care and home environments (Watanura et al, 2011)



Baltimore Pre-Kindergarten Impacts

(Jones Harden et al., 2023)

- PreK children scored significantly higher on early mathematics (WJ-IV Applied Problems)
 - PreK children scored significantly higher on receptive vocabulary (PPVT-IV)
 - PreK children scored significantly higher on early literacy (WJ-IV Letter-Word ID & Word Attack)
-

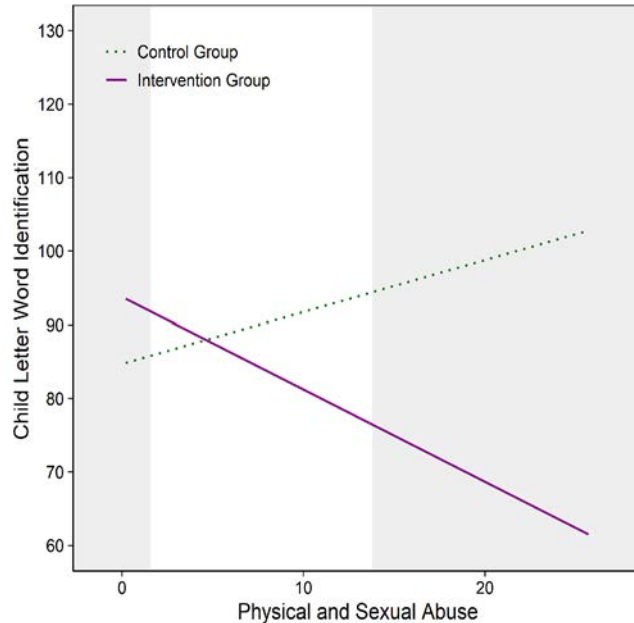
- Effect on WJ-IV Passage Comprehension not robust
- Effect on Executive Functioning (HTKS) not robust

**Bandwidths: 365, 180, 90 days*



Primary Prevention in Context of Trauma

(Jones Harden et al., in preparation)



	β	SE	z	p
Model 1: Literacy				
Child Letter Word Identification				
Parent Education	.22	0.07	3.07	.002
Child Age	-.22	0.11	-1.95	.05
Intervention	.28	0.12	2.48	.01
THQ Physical/Sexual Abuse	-.08	0.10	-0.80	.42
Intervention \times THQ Physical and Sexual Abuse	-.28	0.10	-2.92	.004

For mothers who experienced low abuse, intervention increased WJ letter word ID scores. For mothers who experienced high abuse, intervention decreased WJ letter word ID scores.

PRIMARY/SECONDARY PREVENTION

Maternal Infant Early Childhood Home Visiting Program (MIECHV; HRSA/ACF)

MIECHV Program supports voluntary, evidence-based home visiting

- Legislation authorized 2010; reauthorized 2020
- Expectant and new parents with children up to kindergarten entry age
- Families residing in communities that face greater risk
- Evidence-based models to promote positive maternal/child health
 - **Healthy Families, Nurse Family Partnership, Early Head Start, Family Connects**
- Trusted relationships between home visitors and families
- Comprehensive services:
 - Educating on topics such as breast-feeding, safe sleep, injury prevention, nutrition, and healthy lifestyles
 - Screening and providing referrals to address **caregiver mental health needs and family violence**
 - Screening children for developmental delays and facilitating early diagnosis and intervention for autism and other developmental disabilities
 - Creating language-rich environment that stimulates early language development and prepares children to succeed in school
 - Supporting parents to reach economic goals
 - Connecting families to health care and other community resources



PRIMARY PREVENTION

Family Connects

Universal, population-level interventions to prevent CAN

- Home visits offered to all families at birth of child in hospital
 - 1-3+ visits provided by nurses
- Support/education re: newborn
- Screen/assess family psychosocial and health needs
- problem-solve minor issues, and connect
- Connect families with community resources to address family-specific needs

FINDINGS (Dodge et al., 2022)

- **High levels of program reach**
- **Positive impact on maternal mental health, father involvement, infant emergency medical care, and child maltreatment**
- **Reduction of racial disparities in maternal/infant health and well-being**

SECONDARY PREVENTION

Targeted programs for families at risk for compromised parenting, including those with specific risk factors (e.g., parental substance use & mental illness, family violence, child behavior problems)

- SafeCare
- Family Check-up
- The Incredible Years
- Chicago Parent Program
- Mom Power
- Mothers and Babies Program
- Parents Under Pressure
- Parent Child Interaction Therapy
- Promoting First Relationships
- Attachment and Biobehavioral Catch-up



SAFE CARE

(Chaffin, Whitaker, et al.)

- structured home-based, weekly parent training program for families with children birth to five
- three training modules focused on home safety, child health, and parent-child/infant interaction
- train parents by first explaining and modeling the skills, then having the parent practice and provide immediate feedback
- **FINDINGS**
 - **Supporting positive child behaviors**
 - **Promoting proactive parenting**
 - **Reducing parenting stress**
 - **Employing nonviolent disciplinary strategies**
 - **Decreasing neglectful parenting behaviors**



SECONDARY PREVENTION

Attachment and Biobehavioral Catch-up

(Dozier & Bernard 2019)

- **GOALS**

- Help parents re-interpret children's behavioral signals and respond sensitively
- Enhance children's behavioral and regulatory capabilities
- Fosters development of secure attachments between children and parents

- **DESIGN**

- 10-week manualized home-based intervention focused on target behaviors

- Nurturance, following the lead with delight, reducing threatening and/or frightening behavior

- Experiential intervention using coaching (in the moment commenting) and videotape review

- **FINDINGS**

- **Effective among many cultural groups**

- **Infants/toddlers in foster care**

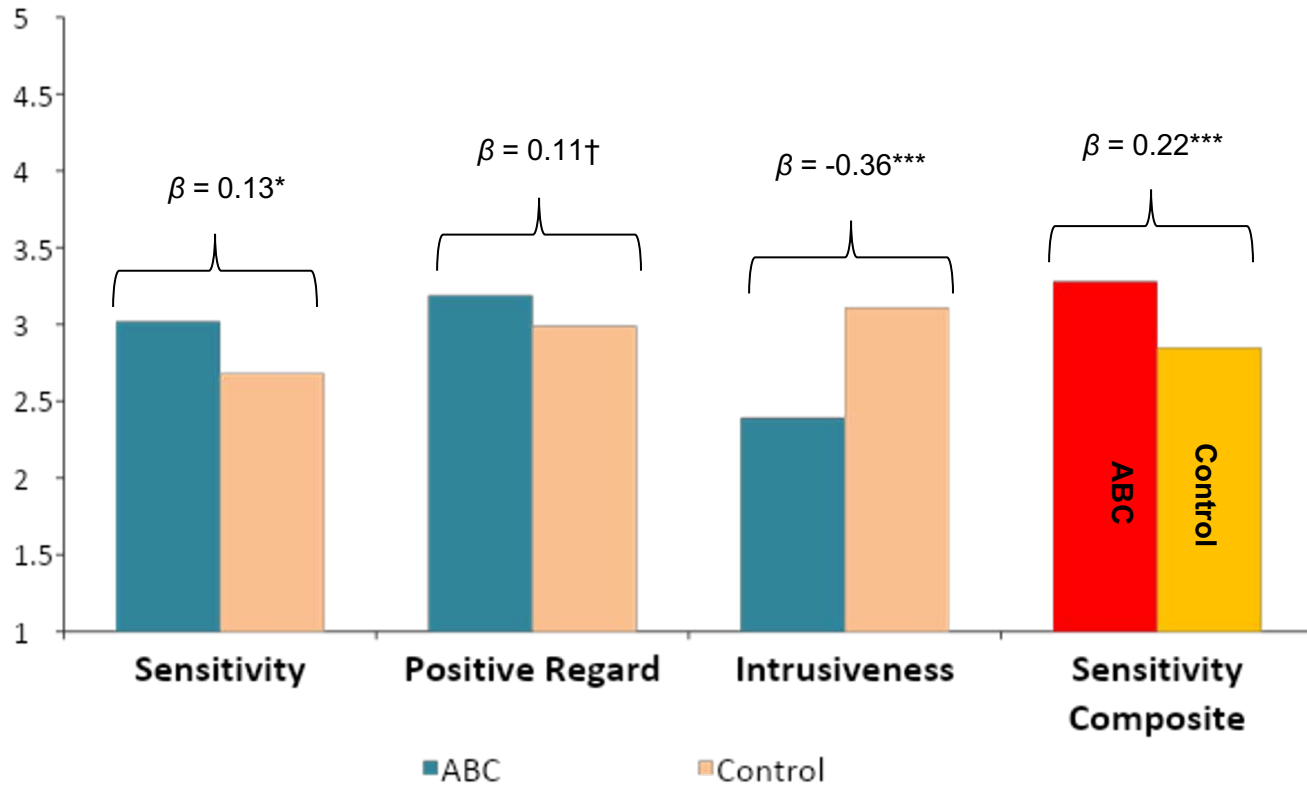
- More likely to be securely attached to foster parents
- More normal diurnal patterns of cortisol production

- **Infants/toddlers in Child Protective Services**

- Mothers showed more sensitivity to infants
- Infants less likely to have disorganized attachment and more likely to be securely attached



RESULTS: Post-Intervention Parenting Behaviors (Berlin, Harden, et al., 2018)

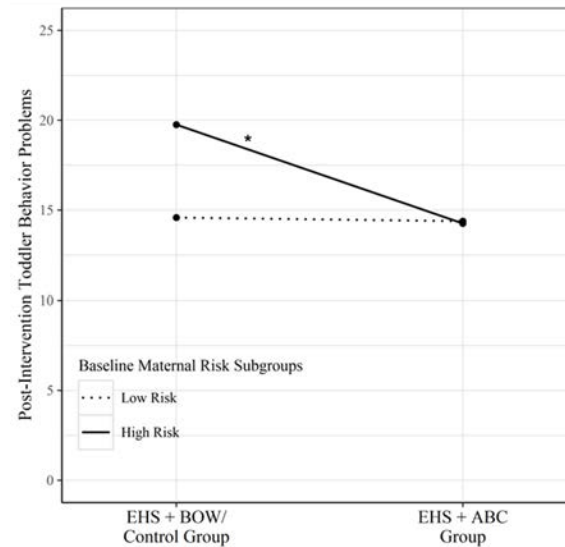
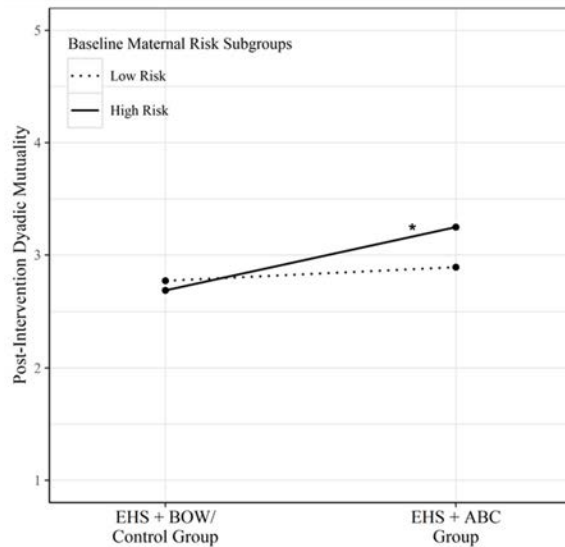


Note. Regression analyses controlled for pre-intervention parenting behaviors.

RESULTS

Moderated intervention effect on post-intervention dyadic mutuality and toddler behavior problems by maternal psychological risk

(Jones Harden et al., 2022)



TERTIARY PREVENTIVE INTERVENTION

Therapeutic interventions for families at risk for Child Maltreatment

- Trauma-focused Cognitive-Behavioral Therapy
- Parent-Child Interaction Therapy
- Child Parent Psychotherapy



Child Parent Psychotherapy (CPP)

- Relationship-based treatment
- Non-directive, non-didactic
- Weekly home visits for one year
- Goals: increase parent responsiveness, sensitivity, and attunement to children and to promote secure parent-child attachment



FINDINGS (Lieberman et al., 2000; Toth & Manly, 2019)

- **Effective among many cultural groups**
- **Decreased behavior problems and PTSD in children and mothers exposed to Intimate Partner Violence**
- **Reorganized early attachment relationships from insecure to secure in infants from maltreating families**
- **Enhanced parental sensitivity in maltreating families**

***How you
are*** is as
**important
as what
you do.**

Jeree Pawl, PhD
Doyenne of Infant/Early
Childhood Mental Health



Intervention Active Ingredients

Didactic vs. experiential

- Active, learn from doing in the moment during sessions

Knowledge vs. skill building

- Focused on the HOW of childrearing which is practiced during sessions

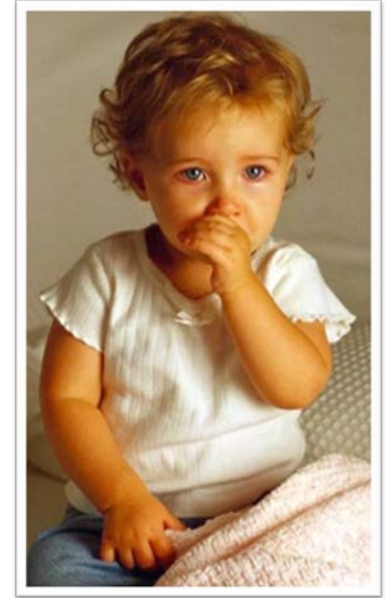
Decontextualized vs. contextualized

- Linked to parents' current experience with their child in context of sessions
- Responsive to parent & child needs



Foundations of Infant and Early Childhood Mental Health

- Safe, health, low-stress pregnancy
- Opportunity and capacity to be in love with and to be loved by safe and nurturing adult
- Support in learning to self-regulate and mutually regulate
- Nurturing, contingent, developmentally appropriate care
- Ecological experiences that are safe, supportive, secure, and sustaining (e.g., absence of poverty and violence in community)



Infant/Early Childhood Mental Health Intervention

(Dozier, Fischer, Lieberman, Toth & Cicchetti)

- Enhance *relationship with caregiver*
- Promote *parent-child interaction*
- Emphasize voice of the child
- Reflect on ghosts & angels in nursery
- Focus on parental responsiveness, stimulation, and behavioral guidance
- Promote attachment, enhance dyadic interaction
- Improve child mental health, reduce behavior problems



Intervention Targeting Parent-Child Interaction

- Effective interventions re: parental behavior (Juffer et al., 2005; Berlin et al., 2008; Jones Harden et al., 2021)
 - Improved parental sensitivity and responsiveness (mostly maternal)
 - Effective for parents with and without major risk
 - ***More success with moderate number of sessions and specific focus***
- Effective parenting interventions with video feedback (Fukkink, 2008; Velderman, 2011)
 - Improved parental skill in interacting with children (strongest effects)
 - Fewer child developmental/behavior problems
 - Increased parental pleasure with parental role
 - Enhanced parental well-being



RELATIONSHIPS AND RESPONSIVENESS

- Emotionally corrective experience (Jeree Pawl)
 - Unconditional positive regard (even if they have maltreated their children)
 - Empathize with parental goals/wishes/situations/feelings, AND address compromised parenting behaviors
- Trauma-informed relationship building and responsiveness
 - Appreciation for caregiving parent has experienced
 - Empathy for and intervention re: Intimate Partner Violence, Mental Health & Substance Use, Intergenerational Maltreatment
 - Addressing structural barriers: poverty & racism
- Parallel process
 - Interventionist responsiveness
 - Parental responsiveness



OBSERVATION

- Assessing developmental needs of children
 - Referrals for formal developmental assessment and intervention
 - Parent engagement in development promotion
- Observing the obvious out loud
 - “Voices” and needs of children
 - Parents’ wishes, feelings, self-evaluation
- Assessing parent-child interaction
 - Attachment, mutual regulation, triggers
 - Inform therapeutic intervention and case planning
- Reflecting on parental behaviors
 - Focus on **specific, positive** parenting practices
- Determining when and how to intervene
 - Port of entry (child, parent, **environment**, relationship)
 - Appropriate strategy for intervention



DYADIC (OR TRYADIC+) INTERVENTION

- Utilization of play and/or routines
- Emphasis on POWER of parents' behaviors
- Review of video exemplars and parent-specific interactions
- In-vivo **coaching** of appropriate parenting behaviors
 - Emphasize strengths; highlight instances of good parenting behaviors
- Consideration of needs (voices) of young children
 - Highlight instances of parent meeting child needs and child responses to parent
- Identification of teachable moments about child development and parenting, and opportunities to promote parent-child interaction



REFLECTION



- Mindful consideration of one's actions
 - *Message I am giving re: belief in parents' capacity to care for their children?*
- Process through which patterns of behavior become clear, insights drawn
 - *Intergenerational trauma; caregiving; parent-interventionist relationship*
- Reconstructing experience, the end of which is the identification of a new possibility for action
 - *Identification with parents' desire to be a good parent; highlighting their ability to be responsive to their children*

(Heller, 2011)

Early Childhood System of Care

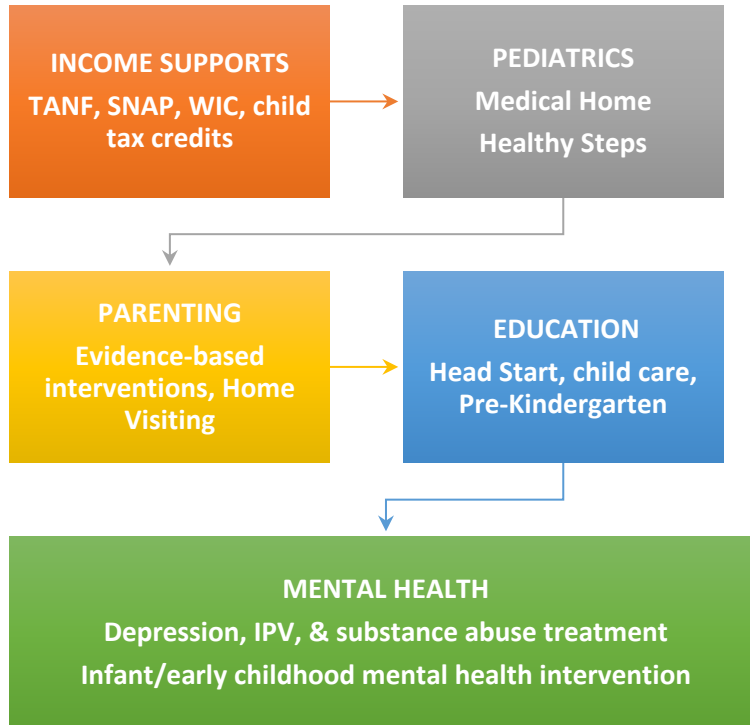
(Dodge, 2018)

- Lack of comprehensive system of care for young children (Tolan & Dodge, 2005)
 - “no organized system exists to identify treat, or prevent mental health problems”
- Different intervention approaches
- Children are different ~ need different services
- Children have different needs at different ages
- Primary care providers to screen all children and specialists to serve specific groups of children
- Comprehensive menu of “safety net” and specialized services



Early Childhood System of Care

(Dodge, 2018)



CHILD WELFARE
Preventive
Interventions

COMMUNITY-
BASED APPROACH



EARLY CHILDHOOD SYSTEM OF CARE

- Place-based and community-based approach
 - Addresses geographic inequalities in health/well-being and services
 - Accounts for role of community environment in shaping decisions and circumstances affecting population well-being
 - Fosters engagement from community specific to place
 - Enhances social capital and utilization of built environment
 - Depends on institutional structures, both within and outside of community
 - Utilizes data from community to design services
- Use of evidence-based models that have been tested with child welfare populations and multiple racial/ethnic groups
 - Best fit for system at large, for community, and for families
 - **Assessment, triage, and referral system**
 - NYC is leader in this area



PROJECT LAUNCH

Linking Actions for Unmet Needs in Children's Health

- Designed to promote the mental health and wellness of young children from 0-8
(Goodson et al., 2014)
- Established multi-pronged approach
 - screening and assessment
 - behavioral health in primary care
 - mental health consultation in early care and education (and schools)
 - enhanced home visiting
 - family strengthening
 - attention to workforce development, public awareness, systems integration, and evaluation



Zero To Three Safe Babies Court Teams (New York's Strong Starts Program)

GOAL: Achieve timely and nurturing permanent placement of infants and toddlers under the Court's jurisdiction.

INTERVENTIONS

- Concurrent planning
- Evidence-based practices
- Minimized placement changes
- Access to mental health services
- Access to early intervention services
- Comprehensive health care
- Post-permanency services and supports

IMPACTS RE: SERVICES

- **Over 95%** of children identified as needing Early Intervention services received screening and treatment
- **Over 90%** of children needing CPP received services, and of these, over 70% were seen **within 30 days**
- **73.8%** of parents needing SUD treatment services were seen **within a week**
- **80.1%** of parents needing mental health services were seen **within 30 days**

Casanueva et al., 2018



Centering the Young Child (Harden & Zeanah, 2025)

CW System Reform Recommendations

- **Developmentally-based** child welfare service provision
 - Centering infants, toddlers, and pre-schoolers
- Funding/services specific to young child **caregiver risks**
 - Big Three: Substance Use; Mental Illness; Intimate Partner Violence
- Case-management services geared to families with young children
 - Access to concrete supports (e.g., **income supports, child care/Head Start**)
- Monitoring & addressing **racial/ethnic disproportionality/disparities**
 - Cultural elders, community brokers, parents with “lived experience”
- **Prevention** as paramount child welfare service strategy
 - Multi-level, evidence-based strategies for young children and caregivers
- More narrow and targeted child protection system
 - Focus on severe cases
 - Community-based, alternative response, early childhood system of care





“As a result of the progress of prevention science, we now have an opportunity to help communities reinvent themselves as protective environments for the positive development of all children.”

(Hawkins, 2006, p. 149)

Foundations of Infant and Early Childhood Mental Health

- Safe, health, low-stress pregnancy
- Opportunity and capacity to be in love with and to be loved by safe and nurturing adult
- Support in learning to self-regulate and mutually regulate
- Nurturing, contingent, developmentally appropriate care
- Ecological experiences that are safe, supportive, secure, and sustaining (e.g., absence of poverty and violence in community)
- ..adapted from Brandt et al., 2014



Lunch Break 12:30 - 1:30 PM

- Network with colleagues and **enjoy lunch upstairs in the Periodicals Room and Reading Room**. Seating is also available in the Presidents Gallery.
- If you have dietary restrictions, please speak with a catering representative or TTAC staff to receive your appropriate meal.
- **Participate in our Raffle!** If you need a ticket, please see a TTAC team member.
- The next presentation will begin promptly at 1:30 PM



Serving Children and Families: Where Have We Been and Where Are We Going?

Speaker: Jess Dannhauser, MSW

1:30 - 2:45 PM



Reducing Harm, Protecting Children and Strengthening Families: Progress, Challenges and Opportunities for NYC

Presented by Jess Dannhauser

Agenda

1. Recent Trends
2. Important Current Policy and Legal Issues
3. Opportunities and Challenges Moving Forward
4. Discussion: Crafting a Shared Vision Ahead

Trends in Policy and Practice:

Instituting new Approaches in Child Protection (60% of first time CPS cases are of children 0-5)

- **Partnering with Families**
 - Rights/Information at the Front Door
 - Family Preservation Program
 - Training on Perinatal Mood and Anxiety Disorders
- **Implementing Safety Culture: From Fear to Support and Accountability**
 - ChildStat: Improving Skills of Child Protective Specialist Teams
 - Workforce Institute
 - Leadership Institute and Coaching
 - Workload Investments

Trends in Policy and Practice:

Working to Ease Access to Help and Prevent Unnecessary CPS Involvement

- Re-Training Schools, Shelters, Hospitals on Mandated Reporting
- Establishing Preventive Support Line: 212-676-7667
- Launching School Based Early Support Programs
- Issuing Updated Hospital Testing and Reporting Policy
- Growing Neighborhood-Based Family Enrichment Centers: 3 to 30
- Expanding Access to Child Care: 7K to 70+K Low Income Vouchers
- Launching Strong Foundations NYC: Health Department and ACS Partnership
 - Investments in NFPx and the Perinatal Early Childhood Mental Health Clinic Network

Trends in Policy and Practice:

Implementing New Approaches to Reduce Trauma, Promote Family and Offer Opportunity for Young People

- **Providing Intensive Support for Families**
 - Families with Children with Intellectual and Developmental Challenges
 - Teen Priority Initiative
- **Implementing New Approaches in Foster Care**
 - Launching 0-4 Initiative
 - Focusing on Early Child-Parent Contact and Visits
 - Budgeting for Performance: Enhancing Permanency and Placement
 - Investing in Youth:
 - Fair Futures
 - College Choice and Career Choice
 - Anthos

Data Trends in NYC

Metric	Period	Change	
SCR Reports	2017–2024	↓ 16%	~51K → 42K
Newborn Toxicology Reports	2017–2024	↓ 90%	~600 → 65
Indicated Reports	2017–2024	↓ 46%	~19K → 10K
Court Ordered Supervision	2017–2024	↓ 63%	~5.2K → 1.9K
Pre-Placement	Jan 2025–Jan 2026	↓ 40%	73 → 44
Preventive Community Referrals	2023–2025	↑ 50+%	12% → 25%
Youth in College	2022–2025	↑ 100+%	~200 → 425
Racial Disparities in SCR	2025	8:1 5:1	Black to White Hispanic to White

Trends in Legislation and Legal Matters

- **Anti-Harassment in Reporting Act (S550A/A66A):** Passed in 2025
- **Family Miranda Rights Act (S901A/Brisport / A1980A/Walker)**
- **Important Legal Matters**
 - Gould
 - Sapphire W
 - Elisa
- **Pre-Filing Representation**

The Road Ahead: Challenges and Opportunities

Promoting Safety, Healthy Child Development, and Family Well-Being: A Shared Responsibility

- **Family Well-Being/Primary Prevention**
 - NYC Office of Family Well Being Concept
 - Poverty Alleviation Efforts
 - Addressing Racial Inequities
- **Safety and Well-Being of Newborns**
 - Plans of Safe Care
- **Healthy and Connected Teens in Community**
 - Mental Health
 - Developmental and Intellectual Needs
 - School Attendance and Achievement
- **A More Focused and Effective Child Welfare System**

Discussion

15 Minute Break

- Network with colleagues and enjoy coffee and snacks in the Presidents Gallery, located across from the auditorium
- The next presentation, a panel discussion, will begin promptly at 3:00 PM



Bringing It All Together: Panel Discussion

Moderators: Susan Chinitz, Psy.D. and Gilbert Foley Ed.D.

Speakers

- **Kimberly Watson**
- **Fred Wulczyn, Ph.D**
- **Brenda Jones Harden, Ph.D**
- **Jess Dannhauser, MSW**

3:00 - 4:00 PM



Complete our Feedback Survey!



URL: bit.ly/2026TTAC-conference-feedback

