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Early connections last a lifetime

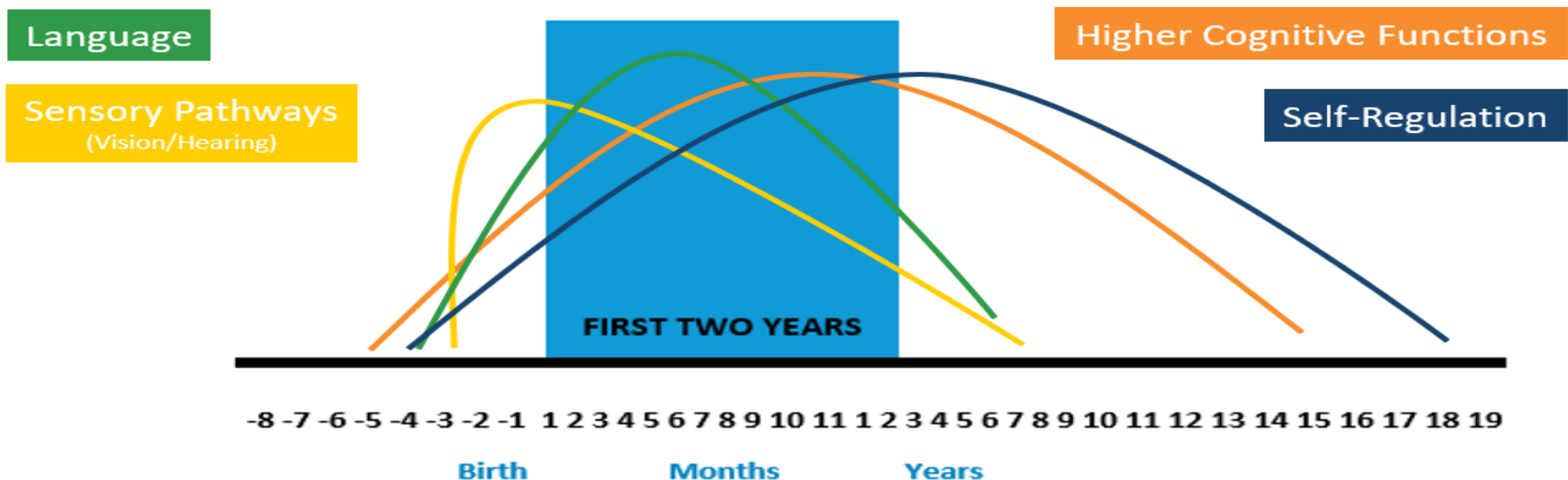


The National Infant Toddler Court Program:  
Transforming Families and Communities

There are **three factual threads** that inspired the Safe Babies Court Team approach and ring true for State systems regarding young children in care:

1. The number of infants and toddlers entering foster care far exceeds any other cohort from birth – 18 years of age.
2. Science tells us that the brain's developing architecture is greatly impacted by trauma and maltreatment in this population.
3. There is benefit to society as a whole of intervening with the youngest children.

### KEY CONNECTIONS PEAK, LAYING CRITICAL FOUNDATIONS FOR LATER SUCCESS IN SCHOOL AND LIFE

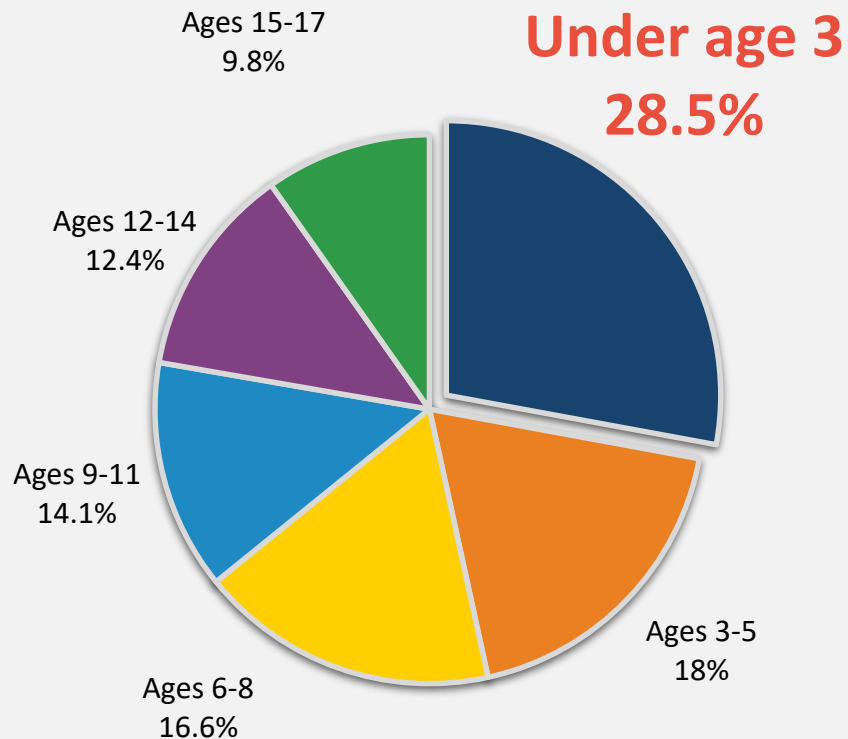




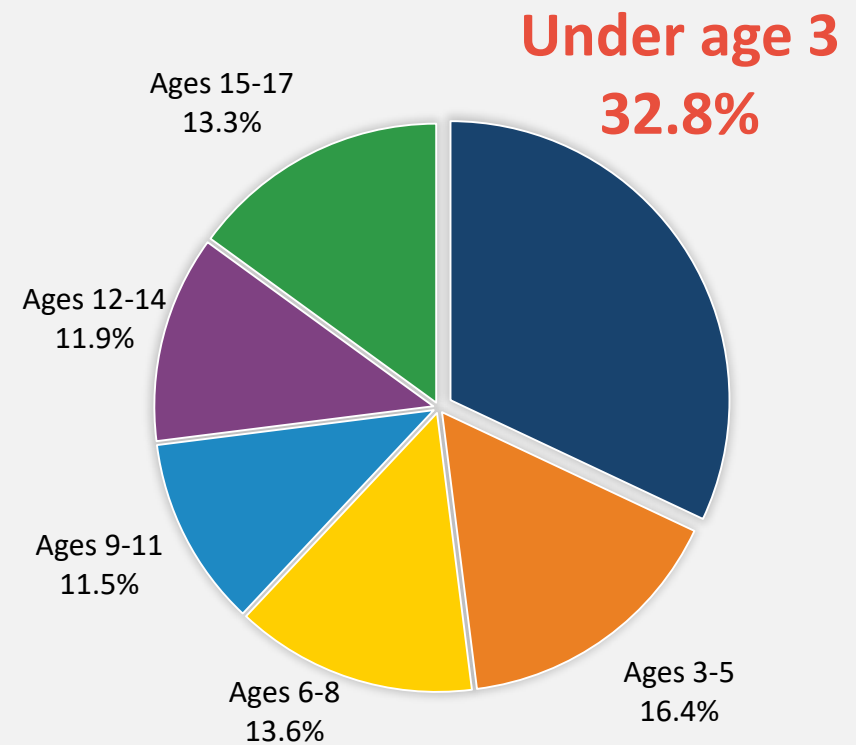
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# Risk Disproportionality by Age

**MALTREATMENT RATES**



**FOSTER CARE ENTRY RATES**



# What We Know about Infants and Toddlers in Washington State



## Washington State Foster Care Entry Rates by Age

0 to 12 months	1 year	2 years	3 years
24.5%	7%	6.8%	6.5%

At **24.5%**, Washington State has the 3<sup>rd</sup> highest rate of foster care entry for children under 12 months of age in the United States.





## **ZERO TO THREE's Safe Babies Court Team™ (SBCT) approach**

applies the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families and communities.

# The ITCP & HRSA/Maternal and Child Health Bureau



**Funding Agency:** U. S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Division of Home Visiting and Early Childhood Services

- **Mission:** To improve the health of America's mothers, children and families
- **Vision:** An America where all children and families are healthy and thriving and have a fair shot at reaching their fullest potential.
- **Approach:** To achieve our vision, we rely on evidence-based strategies to implement our programs and monitor their effectiveness through data-driven means.



**Cooperative Agreement:** Substantial interaction with the Federal Project Officer for the grant



**Project Period:** 9/30/2018 to 9/29/2021 (3 Years)



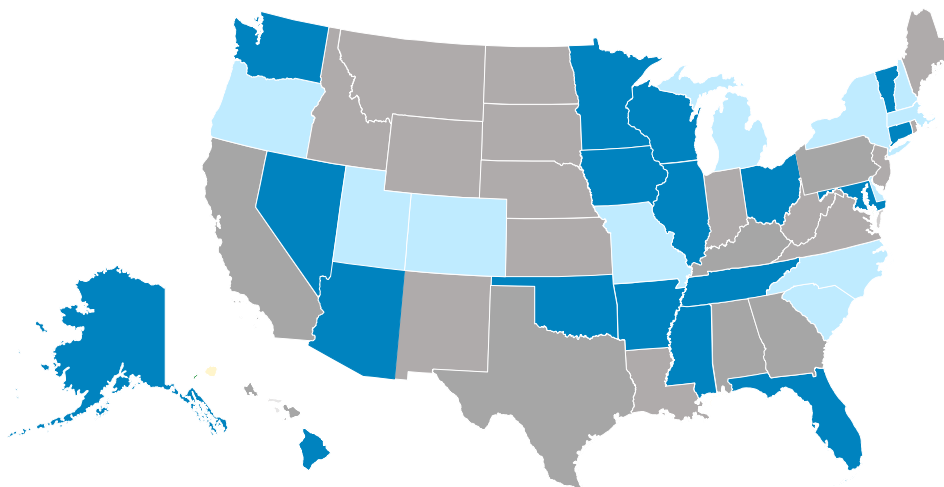
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# Infant-Toddler Court Program National Network

**99 SITES TOTAL and 29 STATES**

**57 Active  
Sites**

**2 Statewide:  
Tennessee &  
Florida**



**42 Outreach  
Sites**

**with Statewide  
Exploration in 6  
States**



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# The ITCP National Resource Center

## Our National Team Includes:

- The ITCP Program Director
- Senior Technical Assistance Specialist and TA Specialist Team
- A Senior Outreach Specialist
- Quality Improvement Manager
- Director of Policy and Finance
- Senior Research Analyst/Program Development Specialist

## National Partnerships with:

- The American Bar Association
- The National Counsel of Juvenile and Family Court Judges
- The Center for Social Policy
- RTI International
- National Content Matter Experts







# The Infant Toddler Court Program: Our Mission

## Support

Support parents' strengths and needs in a respectful, holistic and individualized way

## Address

Address service gaps and disparities using Continuous Quality Improvement

## Remove

Remove barriers to racial equity and social justice

## Prioritize

Prioritize developmentally appropriate evidence-based interventions with very young children

## Infuse

Infuse a trauma-informed approach that supports children, families and professionals across a system of care



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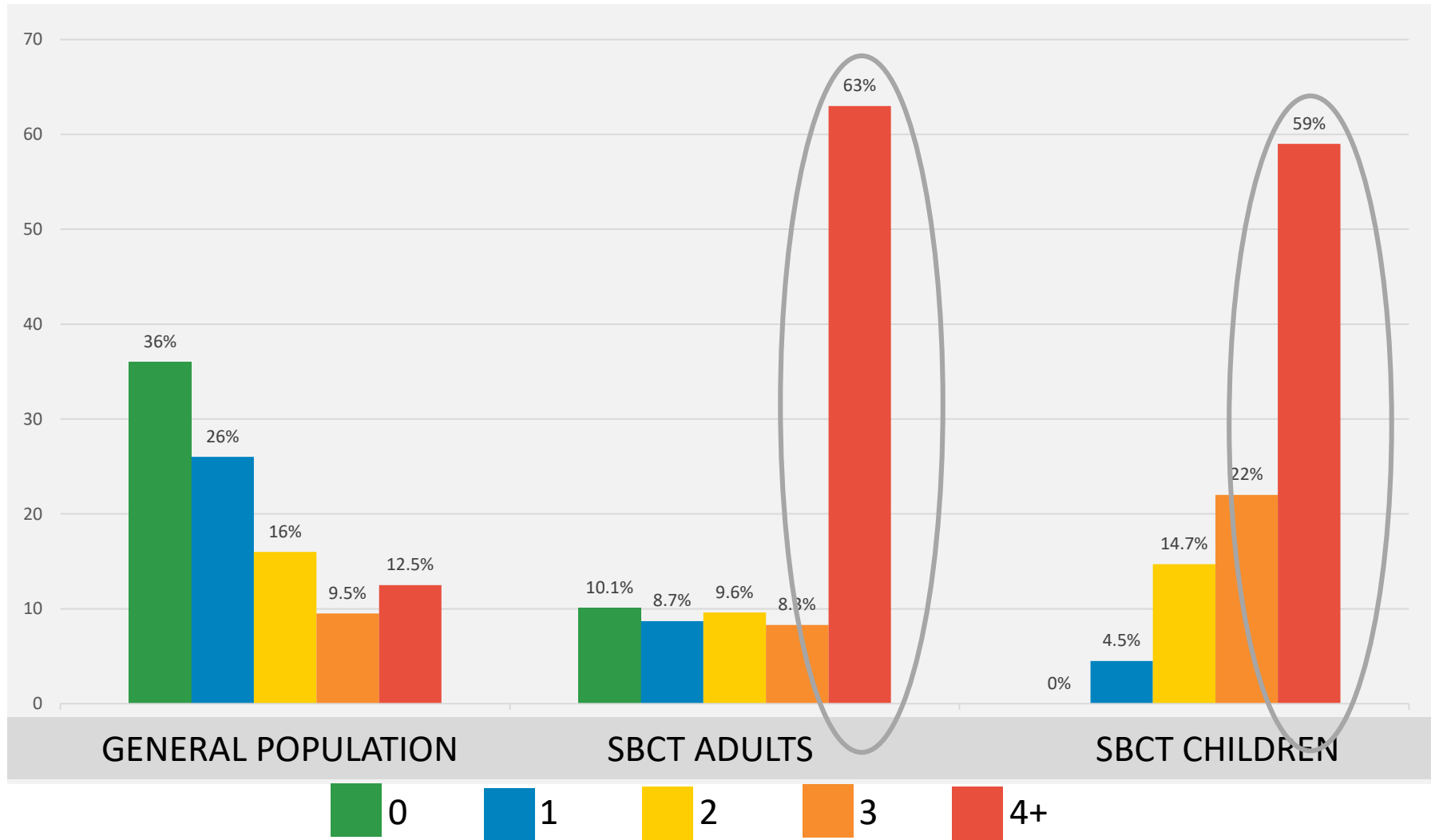
## ITCP's Approach to Trauma:

Addressing Traumatic Experiences for Young Children Entering Foster Care

- ✓ Difficult experiences precipitating placement
- ✓ Negative experiences as a part of the removal process
- ✓ Separation from parents, that is sudden and traumatic
- ✓ Placement with a series of caregivers
- ✓ Very little contact with parents after placement
- ✓ Holding in mind already existing trauma and potential triggers as we engage



# Adverse Childhood Experiences



# ACEs Cross-Generational Impact

Childhood	Adolescence	Adulthood
<ul style="list-style-type: none"><li>• Anxiety</li><li>• Aggression</li><li>• Conduct Problems</li><li>• Depression</li><li>• PTSD</li><li>• School Problems</li></ul>	<ul style="list-style-type: none"><li>• Anxiety</li><li>• Depression</li><li>• Revictimization</li><li>• PTSD</li><li>• School Dropout</li><li>• Substance Abuse</li></ul>	<ul style="list-style-type: none"><li>• Depression</li><li>• Domestic Violence</li><li>• Maternal Depression</li><li>• Parenting Problems</li><li>• Poverty</li><li>• PTSD</li><li>• Substance Use Disorders</li></ul>



**CHILD ABUSE – 2<sup>nd</sup> GENERATION**



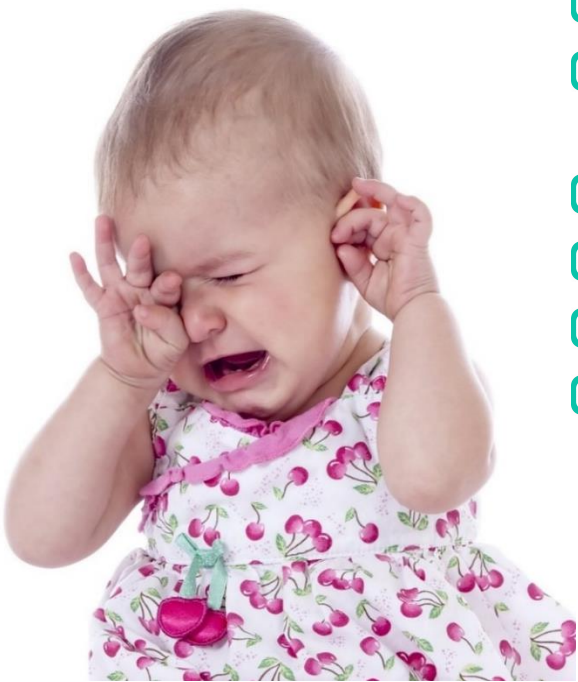


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# Weathering the Co-occurring Storm

## Competing with the challenges of parenting

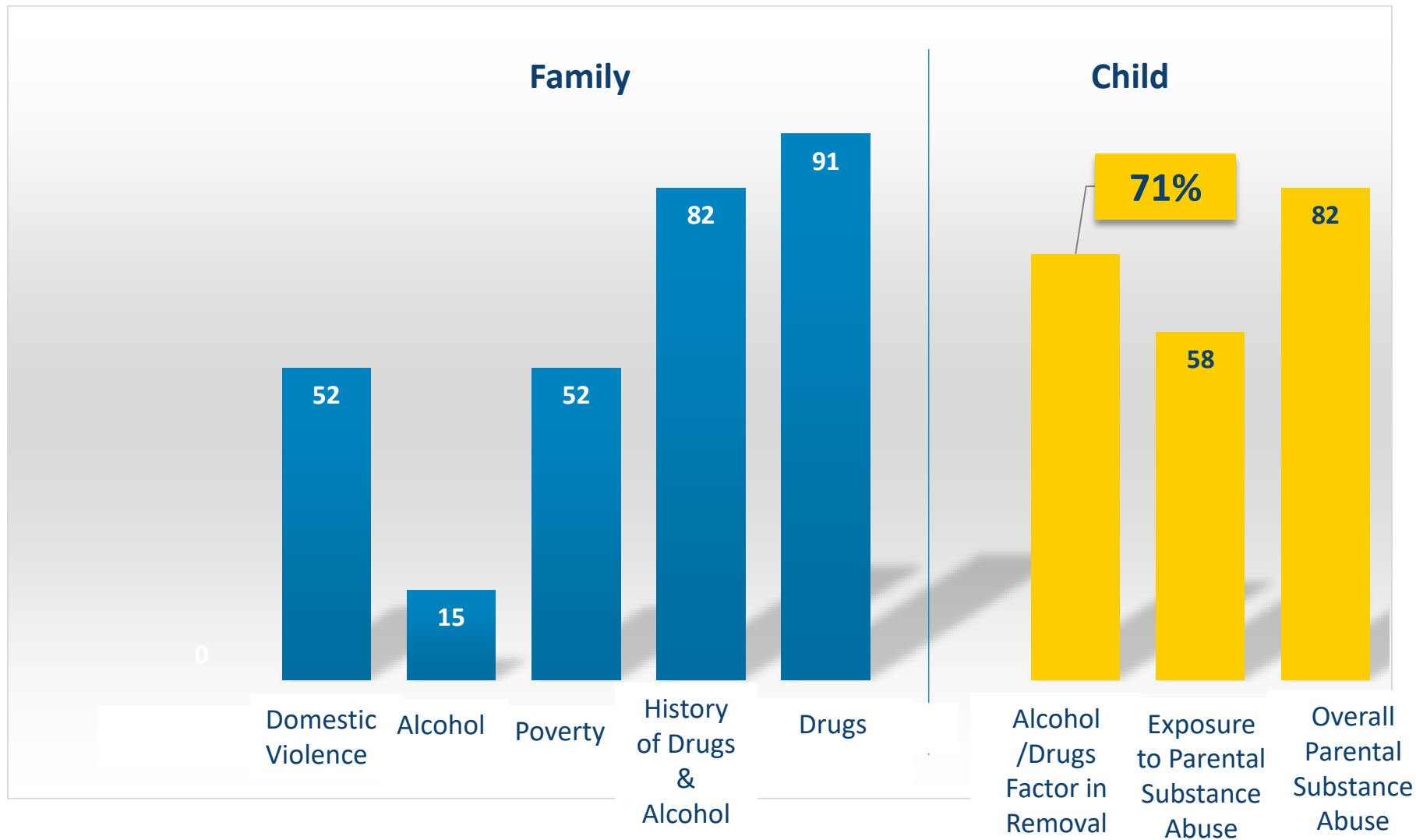
- ✓ Child maltreatment
- ✓ Poverty
- ✓ Substance abuse
- ✓ Mental health disorder(s)
- ✓ Domestic violence
- ✓ Unresolved trauma
- ✓ Racial/ethnic prejudice
- ✓ Historical trauma





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# Using The Approach in Any Court Setting: Family Risk Factors and Parental Substance Use





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# A Closer Look at The Safe Babies Court Team™ Approach:

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# The Safe Babies Court Team™ Core Components

Interdisciplinary  
Collaborative, &  
Proactive Teamwork

- Judicial and Child Welfare Leadership
- Local Community Coordinator
- Active Community Team

Enhanced Oversight &  
Collaborative  
Problem-Solving

- Pre-/Post Removal Conferences and Family Team Meetings

Expedited,  
Appropriate &  
Effective Services

- Continuum of Services for Children and Families

Trauma – Responsive  
Support

- Meeting Parents Where They Are
- Nurturing Parents' Relationships and Building Social Supports in the Community
- Frequent, Quality Family Time
- Concurrent Planning

Continuous Quality  
Improvement

- System Commitment to Continuous Learning and Improvement



# SBCT Objectives

**GOAL:** Strengthen parental capacity for reunification and achieve lasting permanency for infants and toddlers under the Court's jurisdiction.

- **Use of evidence-based practices**
- **Minimize placement changes**
- **Access to mental health services**
- **Access to early intervention services**
- **Comprehensive and consistent healthcare**
- **Proactive concurrent planning from day one**
- **Identified post-permanency services and supports**





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# Cross System Collaboration



## Family Level

- Parents
- Caregivers
- Children
- Assigned Attorneys
- Child Welfare
- Immediate Service Providers – Working Directly Each Specific Family



## Community Level

- Courts
- Child Welfare Agency
- Community Agencies
- Public Health Department
- Early Interventionist
- Child Advocates
- Foundations
- Law Enforcement
- Other community institutions



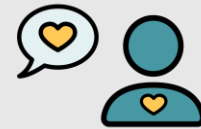
# Operationalizing the Work: Teaming to Support Family Resiliency



Enhancing Quality Family Contact  
Normalizing parenting



Creating Safe Spaces for Effective  
Problem-Solving Meetings



Understanding Trauma  
Informed & responsive  
engagement



Identifying Concrete Supports in  
Times of Crisis



Avoiding the Unintentional Setup:  
Being Conscious of the race to the  
finish line



Expediting Access to Treatment  
Services for Parents and Children



Prioritizing Earlier Access to Early  
Childhood Intervention &  
Developmental Services



Promoting Quality Parent  
Education Programs



Exploring Policy & Practice to  
Influence Positive Outcomes



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## OUR PUBLIC HEALTH APPROACH:

Applying SBCT™ Methods to Improve  
Community Health and Social Welfare

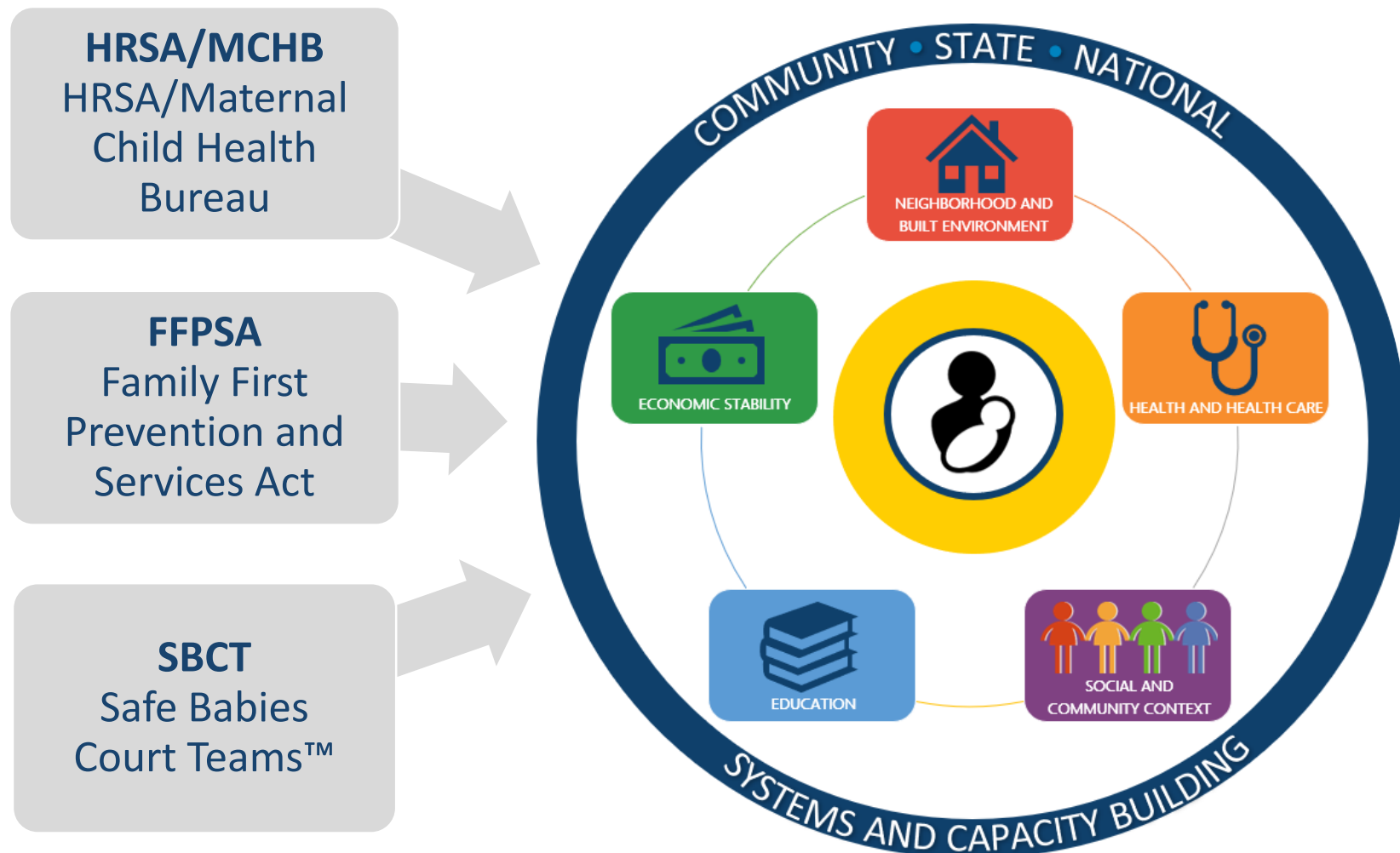
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# Supporting Babies and Families Together





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# Social Determinants of Health

				
ECONOMIC STABILITY	EDUCATION	SOCIAL AND COMMUNITY CONTEXT	HEALTH AND HEALTH CARE	NEIGHBORHOOD AND BUILT ENVIRONMENT
<ul style="list-style-type: none"><li>• Employment</li><li>• Food Insecurity</li><li>• Housing Instability</li><li>• Poverty</li></ul>	<ul style="list-style-type: none"><li>• Early Childhood Education and Development</li><li>• Enrollment in Higher Education</li><li>• High School Graduation</li><li>• Language and Literacy</li></ul>	<ul style="list-style-type: none"><li>• Civic Participation</li><li>• Discrimination</li><li>• Incarceration</li><li>• Social Cohesion</li></ul>	<ul style="list-style-type: none"><li>• Access to Health Care</li><li>• Access to Primary Care</li><li>• Mental Health</li><li>• Oral Health</li><li>• Health Literacy</li></ul>	<ul style="list-style-type: none"><li>• Access to Foods that Support Healthy Eating Patterns</li><li>• Crime and Violence</li><li>• Environmental Conditions</li><li>• Quality of Housing</li></ul>



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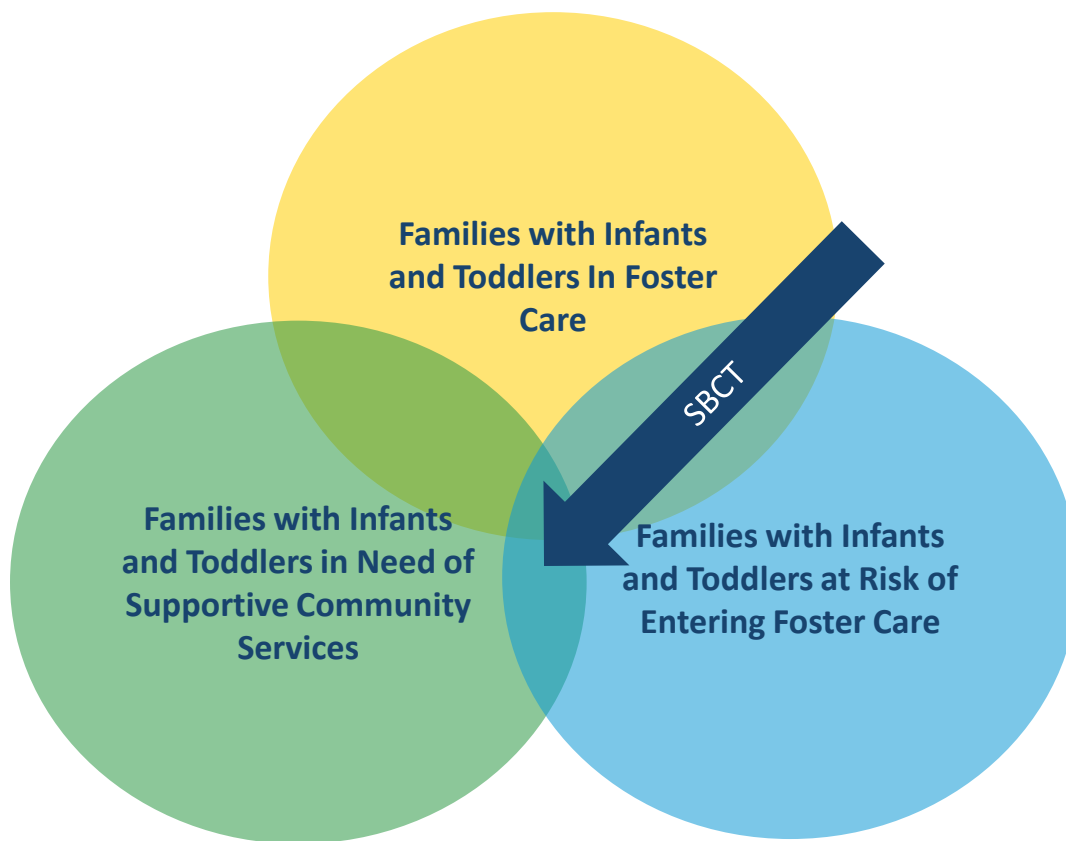
# Prevention + Intervention





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# Expanding Support for Families in Need







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# The Intentional Use of Prevention Services and Supports

- ✓ Child Parent Psychotherapy
- ✓ Depression Screenings
- ✓ Developmental Screenings
- ✓ Early Intervention assessments and services
- ✓ Well-Women Visits
- ✓ Health Screenings and Exams for Men
- ✓ Access to Developmental Disability Services
- ✓ Perinatal/Postpartum Care
- ✓ Safe Sleep & Breastfeeding Education
- ✓ Quality of Well Child Visits
- ✓ Injury Prevention
- ✓ Family Engagement
- ✓ Nutrition & Oral Health
- ✓ Medical Homes and Access to Services





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**Reflection:** A System  
Commitment to  
Continuous Learning  
and Improvement

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# Exploration of Impact Areas: Tracked by the National SBCT Database

## **Placements**

- Type of Living Arrangement
- Number of Placements

## **Case Length**

- Length of Time in Foster Care
- Length of Time in Program

## **Family Engagement**

- Family Team Meetings
- Court Hearings
- Stakeholder Meetings

## **Parent-Child Interaction**

- Visitation: Frequency
- Quality of Family Interaction

## **Permanency**

- Permanency: Timeliness
- Permanency: Reunification with Birth Parent(s)



## **Meeting Frequency/Quality**

- Court Hearings
- Parent Participation
- Stakeholder Meetings

## **Adult Services**

- Depression Screening
- Treatment Services: Access
- Treatment Services: Participation
- Perinatal/Postpartum Care
- Well-Women Visits

## **Child Services**

- Child-Parent Psychotherapy
- Developmental Screening
- Early Intervention Services
- Emergency Room Visits
- Safe Sleep
- Well-Child Visits: Frequency

## **Family Well-Being**

- Health Equity
- Health Insurance Coverage

# Impact Areas Tracked by the SBCT Database: Pierce County Key Statistics

## Meeting Frequency

- Court Hearings were held on average every 53 days
- Family team meetings were held, on average, every 62 days

## Parent Engagement

- Parent(s) were present at 90% of Court Hearings
- Parent(s) were present at 88% of Family Team Meetings

## Family Child Contact

- Family-child contact occurs on average 3 times a week
- 92% of family-child contact is monitored, 4% is unsupervised

## Child Safety

- 100% of infants under 1 had a safe sleep screen
- 100% of safe sleep screens showed caregivers following all three AAP safe sleep recommendations



# SBCT Impact: Safety & Placement

	SBCT	National Standard
MALTREATMENT RECURRENCE IN 12-MONTH PERIOD	0.7%	9.1%
TWO OR FEWER PLACEMENTS FOR CHILDREN IN CARE 12-23 MONTHS	79.4%	66.1%



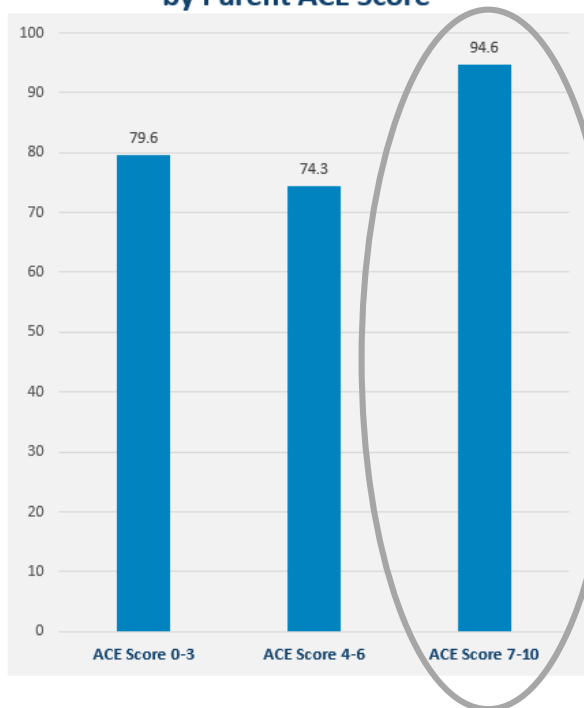


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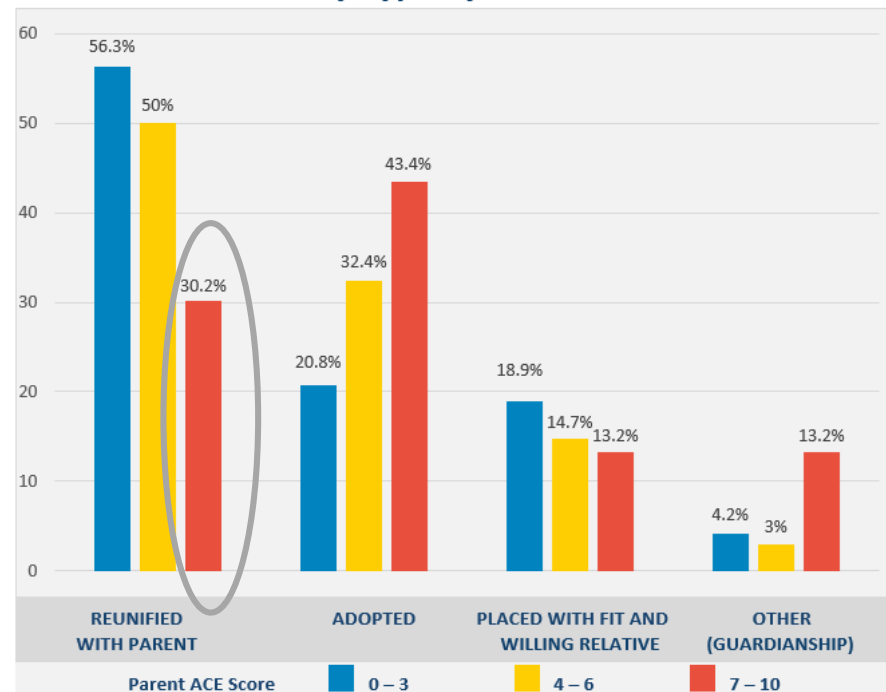
# National SBCT Impact: Reunification & Permanency

	SBCT	National Standard
PERMANENCY REACHED <b>*WITHIN ONE YEAR*</b>	83.7%	40.5%

Permanency Within 12 Months  
by Parent ACE Score



Permanency Type by Parent ACE Score



Casaneuva, et al. (2018). *Adverse Childhood Experiences, Family Risk Factors, and Child Permanency Outcomes of Very Young Children Involved in Safe Babies Court Team™ Sites*. Quality Improvement Center for Infant-Toddler Court Teams.





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# Permanency

Among 231 children with closed cases between April 2015 -May 2018,

**83.7% reached permanency within 12 months.**

**48.6%: Reunified with parents**

**32.2%: Adopted**

**14.0% Placed a fit and willing relative**

No significant differences for permanency within 12 months by child's race/ethnicity.

**In Pierce County:** Since the beginning of the Infant Toddler Court Team Project (ITCP) in October 2018, **100% of closed cases have been reunified with parents.**





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# National SBCT Impact: **Services and Supports**

- 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





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# Services & Supports: **Pierce County** Service Usage

## Child Service Usage Data

### Developmental Screenings

- 100% of children\* received a developmental screening/assessment

### Services Received By Children\* Include:

- Child Care (62% of children)
- Early Intervention Speech Therapy (38%)
- Early Intervention Occupational Therapy (24%)
- Early Intervention Physical therapy (24%)
- Infant Mental Health – Other Services (19%)
- Health Care Services outside of Well-Child Visits (14%)
- Child Parent Psychotherapy (10%)
- Early Head Start/Head Start (5%)

\*N = 21 children

## Adult Service Usage Data

### Services Received By Adults\* Include:

- Parent Education (50%)
- Mental Health Counseling (45%)
- Psychological Evaluation (36%)
- Substance Use Outpatient Treatment (without children) (36%)
- Substance Use Screening (32%)
- Substance Use Inpatient Treatment (without children) (23%)
- Medication Assisted Treatment (23%)
- Other Services (23%)
- Well-Woman/Preventative Visit (14%)
- Intensive Case Management (9%)
- Health Care Visit (5%)
- Child-Parent Psychotherapy (5%)
- Substance Use Inpatient Treatment (with children) (5%)

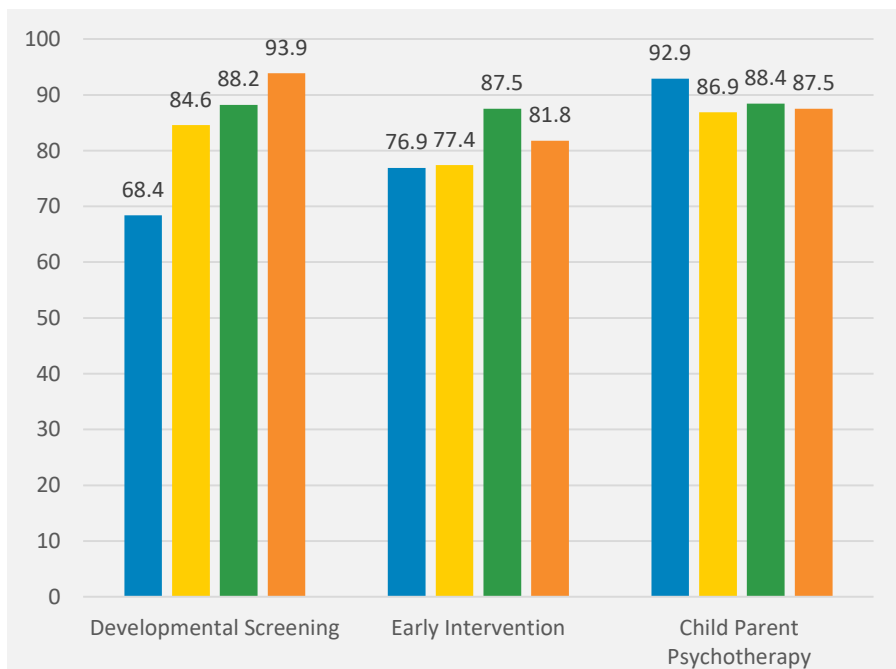




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# SBCT Impact: Racial Equity

SBCT children experienced **equitable access to services and reduction in number of placements regardless of race/ethnicity.**



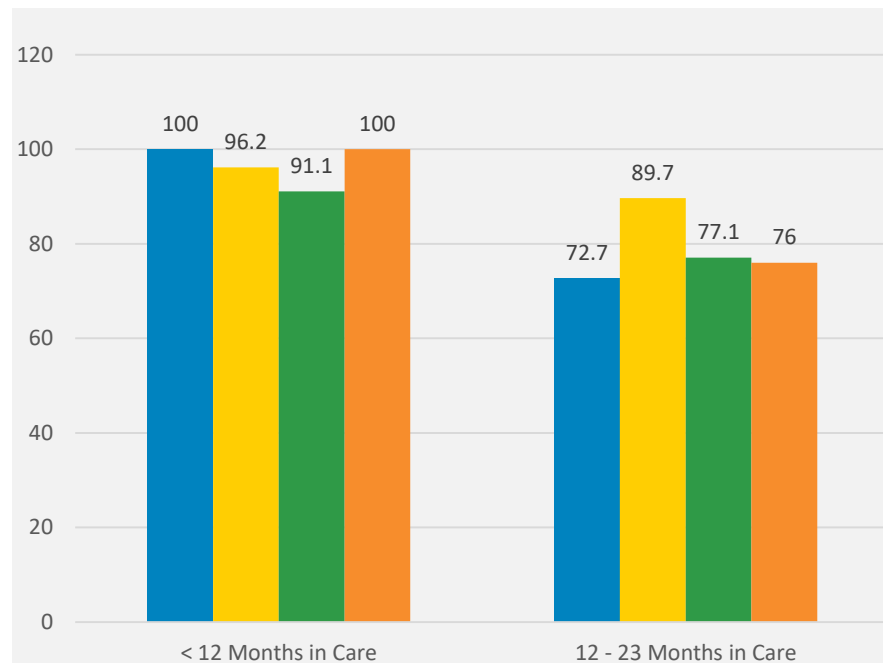
**Percentage of Children by Race/Ethnicity  
Receiving Services within 60 Days**



Hispanic



Black



**Percentage of Children by Race/Ethnicity  
Having Two (2) or Fewer Placements**



White



Other



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# Systems Transformation = Healthier Families





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**National Infant Toddler Court Program**

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[www.zerotothree.org](http://www.zerotothree.org)

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