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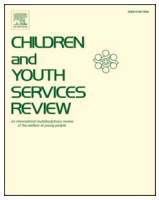

The effect of the ZERO TO THREE Infant-Toddler Court Teams on type and time of exits from out-of-home care: A new study ten years after the first competing risks analysis

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ABSTRACT

Infant-Toddler Court Teams (ITCTs) are a collaborative practice that improves, aligns, and integrates systems and builds community capacity to advance the health and well-being of very young children under court jurisdiction who are in foster care or at risk of removal from their homes, and their families. A permanent—forever—home that provides a safe, stable, and nurturing environment is crucial for supporting healthy development in the first three years of life. Through proactive collaborative problem-solving at the family and systems level, ITCTs expedite referrals for both children and their parents to comprehensive services and supports that prevent removal and that promote reunification and other lasting permanency outcomes. This retrospective, quasi-experimental study examines permanency outcomes for children who were served by an ITCT for at least one year between 2010 and 2018. The goal of the study was to examine differences in type and time to permanency between ITCT children in out-of-home care and a comparison group created using propensity score matching from a sample of children in the National Survey of Child and Adolescent Well-Being (NSCAW II). Overall, reunification was the most common type of permanency for ITCT children and was significantly higher among ITCT children compared to the NSCAW II sample (43.7% vs. 25.6%, p <.001). In addition, ITCT children were significantly less likely to remain in foster care by the end of the study period (2.7% vs. 16.9%, p <.001). ITCT children also had a shorter mean time to permanency at 450.6 days compared to 654.9 days for those in the NSCAW II group. In both unadjusted and adjusted survival models, the main effect of ITCT was significant, with children in the ITCT group being 1.6 times as likely to exit foster care to permanency compared to NSCAW II group. These findings replicate those of a previous study published ten years ago. The focus of ITCTs on proactively frontloading services for both parents and children, including integrated trauma and substance use disorder treatment and health and mental health services, is a crucial pathway toward safe and nurturing permanency outcomes for families in vulnerable situations that involve young children.

1. Introduction

1.1. Young children in the child welfare system

Approximately 7.8 million children in the United States were involved in 4.3 million referrals to the child welfare system (CWS) in federal fiscal year 2018 (U.S. Department of Health and Human Services, 2020). Among these referrals, victimization (substantiated reports of maltreatment) was highest for infants (<1 year of age) at 26.7 victims per 1,000 children. In addition, infants had the largest increase in victimization rate of all age groups in the past 5 years and, had an increase in the drug abuse child risk factor from 12.3 percent in 2012 to 15.2 percent in 2016 (Administration for Children and Families, 2019).

Data from the first two cohorts of the National Survey of Child and Adolescent Well-Being (NSCAW I and II), the only nationally representative study of children investigated for maltreatment, shows that among children investigated for maltreatment, about a third aged birth to 3 years have developmental delays (Casanueva, Cross, & Ringeisen,

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2008) and half have high developmental or behavioral needs (Stahmer et al., 2005). The youngest children (0 to 2 years old) are more likely than all other age groups to be reported for physical neglect (19%), substance use disorder exposure (9%), and domestic violence (14%), and are more likely than other age groups to have their investigative caseworker report a more severe level of harm (Casanueva, Ringeisen, Wilson, Smith, & Dolan, 2011), increasing their likelihood of being removed.

1.2. Impact of placement and permanency among young maltreated children in Out-of-Home care

The loss, absence, or failure to protect and nurture the child by his or her primary caregivers disrupts a critical developmental need in early childhood. Maltreatment violates the young child's need for parental physical closeness and care and heightens normative fears in early childhood, including fear of losing the parent, losing a parent's love, being hurt, and being bad (Lieberman & Van Horn, 2005).When children are removed from home after a maltreatment investigation, they can experience trauma from being separated from their parent—usually suddenly—when placed in out-of-home care. The resulting sense of profound loss and fear overwhelm the very young child's capacity to cope. Physiologically, the chronic stress of maltreatment, being removed from the home, and then being placed in out-of-home care prolongs the child's stress response, which negatively impacts the child's developing brain. Safe, stable, and nurturing caregiving is crucial for healing the trauma of maltreatment and relationship disruption. In the absence of this support, this complex clinical picture can lead to wide-ranging and persistent pathologies (van der Kolk, 2009). Thus, from the moment of initial contact with child protective services, decisions to protect the child's safety and determine a developmentally supportive placement arrangement are integral to promoting the child's well-being and preventing developmental problems.

NSCAW-based studies have shown the impact of placement, instability, and extended periods of out-of-home care on young children's emotional/behavioral and developmental problems. Studies on the association of out-of-home placements as predictors of child well-being, controlling for baseline well-being, have shown the deleterious effect among the youngest children of placement instability and out-of-home placement, particularly in non-kin foster care. This include negative emotional outcomes (increased anxiety/depression, aggressive behavior, emotional dysregulation) and negative academic outcomes (lower executive functioning and lower reading and match achievement) (Lloyd & Barth, 2011; Panlilio, Harden, & Harring, 2018; Roos, Kim, Schnabler, & Fisher, 2016; Rosenthal & Villegas, 2010; Rubin, O'Reilly, Luan, & Localio, 2007; Rubin et al., 2008; Wiersma, Santiago, & Stacks, 2012).

Importantly, these studies have also highlighted the protective effect of stability, either associated with placement with kin, or through reaching permanency. Controlling for baseline risk of behavioral problem and placement stability, children placed with kin had fewer behavioral problems or had a decrease in emotional-behavioral problems longitudinally compared to children placed in foster care. And, among young children, those reaching permanency through reunification or adoption were more likely across time to have significantly better developmental outcomes than children that remained in foster care, indicating the urgent need to ensure that young children reach permanency sooner instead of languishing in the CWS.

1.3. Permanency outcomes and associated factors

Given the direct link between permanency and child well-being, permanency is a key outcome to measure the success of programs for children involved with the CWS. The U.S. Health and Human Services, Administration for Children and Families' (ACF's) Child and Family Services Review Permanency Outcome 1 is *Children Have Permanency and Stability in Their Living Situations*, with Permanency Performance Area 1 defined as *Permanency in 12 months for children entering foster care.*

Previous studies have identified numerous factors associated with lack of permanency among children placed in out-of-home care. At the child level, younger children are more likely to experience lack of permanency (Rajendran, Smith, & Videka, 2015); among young children, boys are less likely to achieve permanency (Kemp & Bodonyi, 2000); and in terms of race/ethnicity, compared with children of color, White children are more likely to achieve permanency (Kemp & Bodonyi, 2000; Rajendran et al., 2015). At the family level, risk factors include parental depression or mental health and substance use disorders, with children of parents with depression more likely to experience lack of permanency (Rajendran et al., 2015), and parents with substance use disorders less likely to reach reunification and more likely to experience termination of parental rights (Berger, Slack, Waldfogel, & Bruch, 2010).

1.4. Infant-Toddler court Teams

Infant-Toddler Court Teams have a long history, with their roots in a problem-solving court model that originated nearly two decades ago in Miami-Dade, Florida, when a dependency court judge partnered with a psychologist specializing in early childhood mental health to "change the usual way of doing business" for young children and their parents (Casanueva et al., 2013; Katz, Lederman, Osofsky, & Maze, 2011; Lederman & Osofsky, 2008; Lederman, Osofsky, & Katz, 2007; Osofsky et al., 2007; Osofsky, Putnam, & Lederman, 2008). This groundbreaking work centered on a therapeutic judicial climate and collaborative multidisciplinary approach to coordinating care, which are key elements of family treatment courts (CCF and NADCP, 2019; Chuang, Moore, Barrett, & Young, 2012) and other problem-solving court approaches. Where the court innovation in Miami differed was putting the unique and urgent developmental needs of children birth to three to the center of the decision-making process and recognizing that evidence-based dyadic intervention was need to repair the parent–child relationship and promote healthy attachment (Osofsky et al., 2007).

Inspired by this early court innovation, ZERO TO THREE went on to develop an expanded framework for improving outcomes for infants, toddlers, and their families. This framework, referred to as the Safe Babies Court Team approach, was explicitly developed to apply the science of early childhood development and attachment theory to child welfare and court practice, with the primary focus on healing the early child-parent relationship in the presence of early childhood complex trauma and strengthening protective factors. The approach was also designed to use the court as an entry point to for early childhood system building by engaging community partners in building comprehensive services and supports that all infants, toddlers, and families need to thrive. Across the past two decades, jurisdictions across the country have sought to replicate the Safe Babies Court Team approach with varying implementation (Joseph et al., 2023). This collective of sites, which all focus on enhancing practices specifically for infants, toddlers, and families, are today referred to infant-toddler court teams or ITCTs.

ITCTs improve, align, and integrate systems and build community capacity to improve child and family outcomes through a two-level structure for cross-sector collaboration. At the systems level, a group of community partners from across the prevention-to-treatment continuum engages in needs assessment and monitoring, problem-solving to address systems gaps and barriers, and identifying the need for and facilitating multisector trainings to support more trauma- and developmentally informed practice. This 'active community team' advocates for policies and funding to sustain and spread improved practices in the child welfare system and to increase systems alignment and integration more broadly; ultimately, the aim is to build community capacity so that all very young children and their families have access to the services and supports that promote child and family health and well-being.

At the child/family level, professionals and parents work together in

frequent developmentally-focused and parent-driven Family Team Meetings (FTMs) to ensure that child and parent needs are identified and met as quickly and effectively as possible. Through collaborative problem-solving, the professionals work in partnership with the family to identify needed services and supports, including infant and early childhood mental health (IECMH) services that heal and strengthen the relationship between the child and their parents (and for children who have been removed from the home, promote a nurturing caregiving environment). Parents' needs are identified through physical and mental health assessments including evaluation for their own childhood trauma and adult trauma and adversity. FTMs create a trauma-informed climate of trust for information-sharing and solution-finding among the professionals on the team and with the family. In this way, FTMs offer a robust platform for monitoring access to needed services and supports and rapidly—even proactively—addressing factors causing barriers and delays.

In ITCTs, the judge fosters a compassionate in court and out-of-court climate that takes a healing rather than punitive approach; establishes more frequent review hearings to ensure close judicial oversight that children and their parents are receiving the timely services and supports that are needed; sets the tone for and encourages cross-sector collaboration and problem-solving by the family team; and seeks information from the professionals and family about the timing, appropriateness, and effectiveness of the services and supports that the child and family are referred to (ZERO TO THREE, 2020b).

A unique and crucial role is the "Community Coordinator," who is instrumental in implementing FTMs that are child- and family-centered. The Community Coordinator does this by providing a consistent, strong voice for the urgent developmental needs of infants and toddlers; advocating for individualized, holistic support for families that address the social determinants of health; and empowering parents and elevating the parent voice throughout the child welfare process. An equally important facet of the role is outreach and partnership-building to strengthen linkages across systems so that services and supports are better aligned, coordinated, and accessible for young children and their families including supporting the work of the Active Community Team.

Since the first ITCTs were initiated in 2005, the approach has been implemented in 105 local communities across 30 states, the majority with implementation support from ZERO TO THREE and others on their independent accord. Each is a public–private collaboration of ZERO TO THREE, local courts, community leaders, child and family advocates, child welfare agencies, early care and education providers, government agencies, private philanthropies, nonprofit and private service providers, and attorneys committed to improving response to child abuse and neglect. There are currently 14 states implementing statewide implementation and dissemination initiatives (ZERO TO THREE, 2020a).

The first evaluation of type and time to permanency assessed four of the initial Safe Babies Court Team sites. The study used propensity score matching to create a comparison group from the first cohort of NSCAW. Reunification was the most common type of permanency for ITCT children (38%), while adoption was the most prevalent among children in NSCAW I (41%). Additionally, children served by ITCTs exited 10 months faster among those adopted and 3 months faster among those who started relative guardianship compared to children included in the first NSCAW cohort (McCombs-Thornton & Foster, 2012).

In 2014, the Children's Bureau of ACF launched a demonstration project called the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT). The QIC-ITCT, operated by ZERO TO THREE, provides technical assistance and training to support the implementation of ITCTs. In 2018, ZERO TO THREE received funding from the Health Resources and Services Administration's Maternal and Child Health Bureau in the U.S. Department of Health and Human Services for the national Infant-Toddler Court Program. Through this program, ZERO TO THREE has continued to provide support to states and communities implementing ITCTs. The retrospective study reported in this paper analyzes data collected for the previous demonstration project evaluation, with support under the HRSA-MCHB grant for analysis.

1.5. The current study

The primary goal of this retrospective, quasi-experimental study was to determine if there were differences in the child welfare permanency outcomes, type, and time to permanency, contrasting the experiences of ITCT children in out-of-home care with a comparison group. This study follows the (McCombs-Thornton & Foster, 2012) analysis of permanency outcomes using a similar quasi-experimental design. The comparison group was created by using propensity score matching (PSM) to select a subsample of infants and toddlers in out-of-home care with a maltreatment investigation and a placement history in NSCAW II. While the McCombs-Thornton and Foster (2012) study used NSCAW I, this study used NSCAW II. As described later in the methods section, derived variables for time and type of permanency followed the definitions and code provided by the federal government for the Children and Families Services Review (CFSRs 3).

2. Methods

2.1. Data sources

This study used a retrospective, quasi-experimental design with an intervention (ITCT) and a matched comparison group using PSM to identify matches from NSCAW II. PSM is a method of reducing the effects of selection bias. Selection bias occurs when the characteristics of participants, such as demographics or child development milestones, are associated with receiving an intervention. In turn, the intervention effect (or lack thereof) may be the result of selection bias instead of the intervention itself. The expectation was that PSM could reduce the effects of selection bias by finding groups of families who were sufficiently similar based on their propensity to be treated such that intervention effects could be attributed to participation in an ITCT rather than to selection bias. The PSM model included multiple variables to generate a propensity score for each family and this score was used to match potential comparison group families to families participating in an ITCT.

ITCTs use a web-based HIPAA-compliant database platform developed and maintained by ZERO TO THREE (2021). Community Coordinators or data entry support staff at local sites entered information about each family and each placement into the database. These data are shared with the Community Coordinator by the child welfare caseworker and also are obtained through FTM discussions case progress notes. The dataset for children who were served by an ITCT for at least one year between 2010 and 2018 was extracted and provided to an independent evaluation team—after all personal identifiers were excluded—for analysis of nine ITCTs across six states. The evaluation study was conducted following all ethical principles and the analysis of retrospective data was approved by an Institutional Review Board. The dataset includes information on children's and parents' sociodemographic factors, reasons for the child's removal, placement type, placement changes, time to permanency, and type of permanency. The variables included indicators that are associated with participation in an ITCT (e.g., parental substance use disorder, parental mental health problems). PSM creates an overall score based on the weighted value assigned by the model to each of these variables, with higher scores representing a higher likelihood of being served by an ITCT if one would have been available for that child and family in their area.

NSCAW II included 5,871 children ranging in age from 0 to 17.5 years old at the time of sampling. Children were sampled from child welfare investigations closed between February 2008 and April 2009. The study operated in 81 counties in 30 states. Infants and children in out-of-home placement were oversampled to ensure adequate representation of high-risk groups. NSCAW II merged survey data with re-report data from the National Child Abuse and Neglect Data System

(NCANDS) and placement data from the Adoption and Foster Care Analysis and Reporting System (AFCARS). NSCAW II consisted of three waves of data collection. Baseline data collection began in March 2008. Wave 3 took place approximately 36 months after the close of the index investigation and data collection was completed in December 2012.

The eligibility requirement for families to participate in a local ITCT were to have a child up to 36 months of age at the time of entry to the ITCT. The eligibility criteria for the study was to have a case opened at least 12 months before May 2018 to provide enough time for placements to occur and for the services listed in the family's case plan to be provided. For the NSCAW II comparison group, the inclusion criteria were that the child was 36 month of age or younger at baseline, that the child was placed out-of-home, and that the child had follow-up data at 18 months and/or 36 months follow-up. More than 1,000 families from NSCAW II were identified using these criteria and 183 were a match for ITCT families.

2.2. Measures

2.2.1. Dependent and key independent variables

The dependent variable in this study is type-specific risk of exit from the CWS. It is a nominal measure, with categories including reunification with parent or caregiver; adoption; relative custodianship, guardianship, or other; and not yet discharged from foster care. The key independent variable is participation in an ITCT, a dichotomous indicator variable representing ITCT vs. NSCAW II sample.

2.2.2. Covariates

Derived variables were produced to represent child sociodemographic factors (age, gender, race-ethnicity), child special needs, family prior involvement with CWS, child welfare involvement reasons that included physical abuse (vs. no physical abuse among involvement reasons), involvement reasons that included neglect (vs. no neglect among involvement reasons), involvement reasons that included emotional maltreatment (vs. no emotional maltreatment among involvement reasons), involvement reasons that included abandonment (vs. no abandonment among involvement reasons), and parent-related variables: experiences of domestic violence, use of employment services, ever in jail, mental health problems, and substance use disorders.

2.3. Analysis

As noted above, PSM (Heckman, Ichimura, & Todd, 1998; Rosenbaum & Rubin, 1985) was used to create a subsample of mother/child pairs from NSCAW II to match those who participated in ITCT. The first step was to obtain a score that represented the probability (logit) of participating in ITCT for each mother/child pair. This score was obtained through a logistic regression model that included the child's age, gender, race/ethnicity, special needs, maltreatment characteristics, and the parent's experience of domestic violence, history in jail, mental health problems, substance use disorders and employment services. These variables were selected following McCombs-Thornton and Foster (2012):

> *"based on their ability to confound between-group associations—that is, to predict both the exposure (ZTT [ITCT] participation) and the outcome (placement type). A necessary condition for a potential confounder is that it predicts the outcome, and for that reason, we used prior research on placement (reviewed above) to identify possible confounders. The degree to which the two groups differ on these characteristics reflect (1) differential sample selection in the two studies; (2) factors that determine eligibility for the ZTT [ITCT] program; and (3) selective attrition over time."* (McCombs-Thornton & Foster, 2012, p. 171).

By means of an algorithm that "looks at" the nearest neighbor within a specified range (caliper) of the propensity score and selects at random matches that have a similar propensity score, mother/child pairs who participated in ITCTs were matched to control mother/child pairs who had a similar propensity score (Heckman et al., 1998; Rosenbaum & Rubin, 1985). In this analysis, the caliper was 0.1 and one control was chosen for each ITCT mother/child pair. The sampling was without replacement; that is, once a match was made, that NSCAW II respondent was no longer available to be matched to another case. The maximum distance (difference) between the cases and controls was determined based on the recommendations in Austin (2010). The process was repeated until we got a sample in which there were no statistically significant differences in the distribution of predictors in the ITCT and NSCAW II groups.

Analyses to obtain a score for each child/mother pair that represented the logit of the probability of participating in ITCT (logistic regression model) were conducted using SAS version 9.4. Before matching, a total of 1,089 children from NSCAW II were identified that were 36 month of age or younger at baseline, were placed out-of-home, and have data at follow-up related with placements either from caseworkers or from NCANDS. Comparison of ITCT and NSCAW II child/mother pairs before matching showed multiple areas of significant differences (see Table 1). ITCT children compared to NSCAW II children had a mean age almost two months older, were more likely to be White and less likely to be Hispanic, and were marginally more likely to have special needs. Among the type of alleged maltreatment, ITCT children were more likely to be reported for neglect (with or without other types of maltreatment). ITCT parents compared to NSCAW II were more likely to have experienced domestic violence, have been incarcerated, have mental health problems, and have substance use disorders. The ITCT parents were less likely to receive employment services. After matching,

Table 1
Sociodemographic, child, mother, and family characteristics among families that participated in an ITCT compared to pre-matched and matched families from NSCAW II.

Characteristic	Pre-Matching			After Matching		
	ITCT N = 205	NSCAW II N = 1089	*p* value	ITCT N = 183	NSCAW II N = 183	*p* value
	%	%		%	%	
Child						
Age in months (mean)	11.7	10.0	**0.0422**	11.1	11.8	0.5112
Gender male	51.2	51.8	0.8807	51.9	54.6	0.6004
Race/Ethnicity						
White	55.6	28.6	**<0.0001**	53.0	48.1	0.3467
Black	29.3	36.0	0.0654	31.2	32.2	0.8222
Other	5.9	5.8	0.9933			
Hispanic	9.3	29.6	**<0.0001**	10.4	11.5	0.7376
Special needs	23.4	17.9	0.0703	25.7	22.1	0.4228
Maltreatment History						
Prior contact with CWS	64.2	69.4	0.1537	64.3	68.1	0.4379
Any Physical Maltreatment	11.7	14.6	0.2755	12.0	12.6	0.8735
Any Neglect	69.8	41.0	**<0.0001**	66.1	72.1	0.2133
Any Emotional Maltreatment	2.4	3.2	0.5565	2.7	6.0	0.1251
Abandonment	2.9	5.1	0.1881	2.7	6.6	0.0821
Parent						
Domestic violence	61.0	39.9	**<0.0001**	59.0	51.4	0.1411
Employment Services	8.3	33.2	**<0.0001**	9.3	10.4	0.7256
Ever incarcerated	52.7	43.6	**0.0186**	49.2	46.5	0.6008
Mental health problems	72.7	56.8	**<0.0001**	70.0	72.7	0.5634
Substance use disorders	87.3	62.5	**<0.0001**	86.3	81.4	0.2008

Note: Bold represents statistically significant differences.

all characteristics were balanced through PSM. A mean of 20 children per site were matched.

Once the ITCT and NSCAW II groups were defined on the basis of PSM, NSCAW II weights were no longer applicable, and bivariate analysis of the matched sample was performed with SAS 9.4.

After the samples were matched, we examined the distribution of time to permanency. The longest follow-up in the ITCT groups was 1,305 days and for the NSCAW II group it was 1,355 days, a difference of 50 days. We did not consider this difference to be significant enough to warrant censoring the maximum times from the ITCT group at follow-up.

Time to permanency was first examined by estimating survival time (time to permanency) using non-parametric Kaplan-Meier (or product-limit) models. Models were estimated for grouping by ITCT vs comparison and by type of permanency (adoption, reunification, guardianship). Survival curves for both models were plotted. Examination of the hazard plots indicated that the proportional hazards assumption was appropriate (i.e., the survival curves did not overlap or cross). Consequently, all following models used semi-parametric Cox regression survival models to account for right censoring (children not yet reaching permanency) and to estimate the impact and significance of covariates and focal predictors of time to permanency. All models were estimated in SAS 9.4.

3. Results

The ITCT and NSCAW II groups differed significantly in how the children exited the foster care system (Table 2). Reunification was the most common type of permanency for ITCT children and was significantly higher among ITCT children compared to the NSCAW II sample (43.7% vs. 25.6%, $p < .001$). While there were no significant differences on exit from the CWS for adoption or for exit to relative custodian/guardianship/other, ITCT children were significantly less likely to remain in foster care by the end of the study period (2.7% vs. 16.9%, $p < .001$).

The unadjusted ITCT vs. comparison survival curves from the Cox model of time to any permanency are shown in Fig. 1. The hazard ratio estimate of 2.1 ($p < .001$) indicated significantly greater likelihood of permanency for ITCT children, with the hazard ratio of 2 indicating that at any given time, the ITCT group had about twice the likelihood of reaching permanence compared to the NSCAW II group. Mean time to permanency for the ITCT group was 450.6 days compared to 654.9 days for those in the NSCAW II group.

Estimates of mean time to exit foster care by permanency type are provided in Table 3. Mean times to exit foster care for the ITCT group were 310 days for reunification compared to 476 for the NSCAW II group, 571 days for adoption compared to 638 for the NSCAW II group and, 488 days for relative/guardianship/other compared to 550 for the NSCAW II group.

Next, a model of difference in time to permanency was estimated by type of exit from CWS. Fig. 2 shows the survival curves by type of permanency for the overall sample. Overall, mean times to permanency were 372.6 days for reunification, 521.6 days for guardianship, and 605.4 days for adoption. Pairwise contrasts were estimated to assess the differences in survival by type of permanency. Reunification was significantly different from both adoption (hazard ratio = 2.7, $p < .001$) and relative/guardianship/other (hazard ratio = 2.2, $p < .001$). Adoption and relative/guardianship/other did not significantly differ (hazard ratio = 1.2, $p = 0.23$).

Group differences in time to permanency by type of permanency were examined with a Cox model that included group (ITCT vs. NSCAW II), type of permanency (reunification, adoption, relative/guardianship/other, still in foster care at end of study period), and the interaction of the two. A significant interaction estimate would indicate that ITCT was associated with varyingly shorter times to permanency depending on the type. The overall 3 degrees of freedom (df) test of the interaction was not statistically significant ($p = .21$), indicating no overall significant difference in time to permanency type by group. A second model was estimated that added the covariates. The interaction was again not significant ($p = 0.23$).

The final pair of survival models removed the nonsignificant interaction term and estimated the main effects of group and permanency type with and without the covariates outlined above. Table 4 shows the hazard ratios for both sets of models.

In both models, the main effect of ITCT was significant, with children in the ITCT group being 1.6 times as likely to exit foster care to some type of permanency compared to the NSCAW II group. Type of permanency also was significant across models, with adoption and guardianship both taking longer than reunification. These differences by type were greater in the model with covariates (i.e., the hazard ratios relative to reunification were even further from 1.0). For covariates, there were effects for Hispanic ethnicity that had longer time to permanency (hazard ratio = 0.64, $p < .05$). Although the overall interaction of group and type of permanency was not significant, the individual single df interaction components estimated by the model (e.g., group X adoption) indicated significant differences. Using pairwise contrasts in the survival model, we conducted analysis of these simple main effect of differences between ITCT and NSCAW II groups for each type of permanency controlling for covariates. Simple main effects showed significant differences with shorter time to permanency among the ITCT group for adoption (hazard ratio = 1.6, $p < .05$) and relative/guardianship/other (hazard ratio = 2.7, $p < .001$).

Follow-up models examined the difference in time to permanency by Hispanic ethnicity. An interaction term between ITCT vs. NSCAW II and Hispanic was estimated but was not significant. Next, separate models for each permanency type were estimated. Overall, Hispanic was found to be a significant predictor of time to permanency for reunification only (hazard ratio = 0.45, $p < .05$) where it was associated with longer times to reunification. Despite longer times to reach reunification, Hispanic children were more likely to be reunified than non-Hispanics (Hispanic 40% vs. 36% White, 31.9% Black, and 24% Other), although these rates did not differ significantly.

Table 2
Experience of exits from the child welfare system.

Type of foster care exit	ITCT N = 183 % (SE)	NSCAW II sample N = 183 % (SE)
Reunification	43.7 (3.67)	25.6 (3.2)***
Adoption	39.9 (3.62)	42.1 (3.7)
Relative custodian/guardianship/other	13.7 (2.54)	16.4 (2.7)
Still in foster care at end of study period	2.7 (1.21)	16.9 (2.8)***

*** $p < .001$.

4. Discussion

This study demonstrated that children who participated in ITCTs were more likely to reach permanency and exit foster care significantly faster than similar children from NSCAW II, similar to the findings reported 10 years ago by McCombs-Thornton and Foster (2012), that used NSCAW I as a comparison. The present study also showed that children who participated in an ITCT site were more likely to reach permanency through reunification and less likely to remain in foster care than children in traditional child welfare services, as reflected in the NSCAW II data.

There are several pathways through which ITCTs promote reunification and permanency. Through cross-system collaboration, child and family needs are systematically and comprehensively identified, resulting in referrals to meaningful services and supports that address specific needs; this increases the likelihood that a parent will meet the goals of their case plan and thereby promotes reunification (ZERO TO THREE, 2020b). Additionally, through both increased judicial and

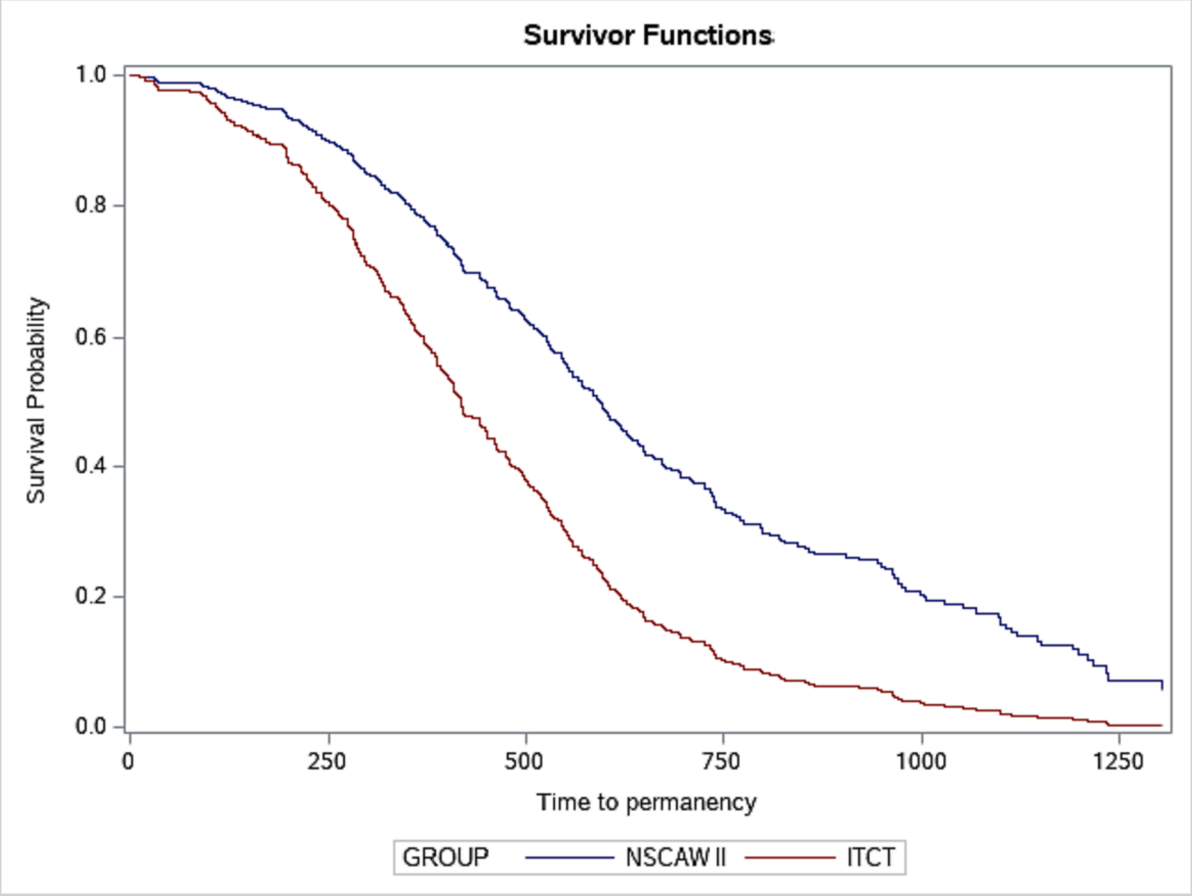

Fig. 1. Survival functions for time to permanency (in days) for the ITCT and NSCAW II groups.

Table 3
Length of time (in days) to foster care exits by group.

Type of foster care exit		ITCT N = 183	NSCAW II N = 183
Reunification	Median	281	463
	Mean (SE)	309.9 (20.0)	476.4 (23.3)
Adoption	Median	519	571
	Mean (SE)	570.6 (26.9)	638.4 (32.7)
Relative Custodian/Guardianship/ Other	Median	502	520
	Mean (SE)	488.2 (58.9)	549.5 (59.6)
Any exit	Median	389.5	540.5
	Mean (SE)	441.8 (18.7)	572.9 (22.1)

professional oversight, the family's problems and needs are identified and addressed as early as possible in the case process (Osofsky, Fraser, & Huffer, 2021). Factors that drive young children's CWS involvement—domestic violence, mental health and substance use disorders—have complex roots that are intertwined with adversity that is heavily attributable to health and economic inequities (Garner, Yogman, Child, & Health, 2021; Weiner, Anderson, & Thomas, 2021). This complexity necessitates a highly individualized approach, as well as an emphasis on systems improvements and integration, to address the many barriers faced by families. This is particularly true for families of color for whom individual and historical experiences of structural racism, interpersonal bias, and discrimination contribute to their overrepresentation in the CWS and perpetuates systemic barriers and challenges (Browne & O'Connor, 2021; Osofsky et al., 2021).

The finding that being Hispanic was associated with longer times to reunification might be related to the additional time required to identify clinicians and services providers that are bilingual or Hispanic, or other factors that make access to services more difficult for Hispanic families, delaying reunification. Studies based on NSCAW I and II have highlighted the lower likelihood of accessing services by Hispanic children. Controlling for level of need for services and other factors, studies have reported that Hispanic children are less likely to receive services than white children (Cheng & Lo, 2018; Farmer et al., 2010; Hurlburt et al., 2004; Leslie et al., 2005; Martinez, Gudiño, & Lau, 2013; Stein et al., 2016). Analysis comparing NSCAW I and II cohorts have also shown no improvement on services receipt nor on racial and ethnic disparities on services receipt controlling for need (Stein et al., 2016).

Regarding overall expedited time to permanency for ITCT children, it is important to place this finding in the context of an approach that is driven by a healing, rather than punitive, approach. A guiding principle is to engage and value parents with kindness and respect in all interactions and empower parents' self-advocacy, confidence, and motivation. This environment of trust and emotional safety facilitates parent engagement in needed services and supports that build protective factors (Hudson, Beilke, Norris, Parker, & Williams, 2017). With the emphasis on nurturing and protecting early caregiving relationships, ITCT children and parents are referred for IECMH services that repair and strengthen the parent–child relationship. This attachment-focused therapeutic work helps each parent understand the urgent developmental need of their young child for safe, stable, and nurturing care and gain insight about the importance of putting the development needs of their very young child first (Lieberman, Chu, Van Horn, & Harris, 2011; Lieberman & Van Horn, 2008). For those parents for whom reunification is not possible despite the efforts of an ITCT to promote reunification,

Fig. 2. Survival functions for time to permanency (in days) by type of permanency.

this insight translates into fewer contested terminations of parental rights and strengthens the parent–child relationship so that parents remain a part of the child's life, as possible (Casanueva, Harris, Carr, Burfeind, & Smith, 2017; Casanueva, Harris, Carr, Burfeind, & Smith, 2019).

The replication here of overall findings reported 10 years ago by McCombs-Thornton and Foster (2012), confirms the promising results of that earlier study but, as described at that time, require some considerations(McCombs-Thornton & Foster, 2012). While PSM is considered a well-designed quasi-experimental method, and the groups were balanced after the matching procedure, it is not without limitations. There are potential non-identified confounders that may explain the findings, including state-level child welfare policies, or that judges who are willing and motivated to implement an ITCT are not comparable to judges in dependency court who might not be interested in the approach, or that there are constraints by very strict dependency courts' protocols for the content, timing, and function of review hearings in some states. Another limitation is that this study is constrained by the extent of time available to study each group. A key question in the field is how permanent permanency is, and future studies are needed to determine what happens long-term with children that participated in ITCTs.

5. Conclusions

Across the last decades, the understanding in the CWS field that every child deserves a home (Testa, Woodruff, Bess, Milner, & Woolverton, 2019; Testa, 2004) has been codified in several pieces of federal legislation. Increasing stability and achieving legal permanence for children involved with the CWS has emerged as a priority since the passage of the Adoption and Safe Families Act of 1997 (ASFA). The legislation defined a time limit for family reunification services during the 15-month period since a child's removal, established a 12-month permanency hearing, and required the initiation of adoption-related court proceedings once the child has been waiting for at least 15 of the most recent 22 months (Child Welfare Information Gateway, 2019). The purpose of the act was to promote adoption, decrease lengths of stay in foster care, and reduce the number of changes in foster care placements.

Since passage of the ASFA, major changes in federal legislation have promoted placement with kin, culminating with the focus on keeping families together as codified in the passing of the Family First Prevention Services Act of 2018 (FFPSA P.L. 115–123). FFPSA affords opportunities to the CWS to deliver preventive services that may help keep families intact (ACYF, 2018a, 2018b, 2019). The implementation of FFPSA fundamentally restructures the ways child welfare engages children and families, and requires contracting with service providers trained on at least one or more of 41 services approved as federally supported prevention services (Wilson, Price, Kerns, Dastrup, & Brown, 2019) for use of Social Security IV-E reimbursements. These key components of FFPSA align closely with the aim and function of ITCTs. Future studies should explore the impact of ITCTs in the context of the FFPSA legislation in

Table 4
Survival model estimates of type of exit from child welfare, unadjusted and adjusted.

Characteristic	Unadjusted Model N = 183		Adjusted Model N = 183	
	HazardRatio	*p* value	HazardRatio	*p* value
ITCT (ref. NSCAW II)	1.56	< 0.001	1.55	< 0.001
Type of foster care exit (ref. Reunification)				
Adoption	0.36	< 0.001	0.33	< 0.001
Relative/Guardianship/Other	0.44	< 0.001	0.41	< 0.001
Child				
Gender Male (ref. female)			0.90	ns
Race/Ethnicity (ref. White)				
Hispanic			0.64	< 0.05
Black			1.06	ns
Other			0.94	ns
Special needs			1.11	ns
Maltreatment characteristics				
Previous contact with CWS (ref. no)			1.08	ns
Any physical maltreatment			1.05	ns
Any neglect			1.24	ns
Any emotional maltreatment			0.77	ns
Abandonment			1.20	ns
Parent				
Domestic violence			0.95	ns
Employment services			0.91	ns
Ever in jail			1.13	ns
Mental health problems			0.85	ns
Substance use disorders			0.92	ns

preventing a child's removal, promoting reunification, and driving placement and other positive permanency outcomes. The feasibility of these studies will increase if ITCTs that are part of courts that receive more families than the spots available, would randomly select families among those interested in participating in the program. Obtaining the same data from families not selected would generate a comparison group for the local ITCT that would better control for confounders, while comparing to families subjected to the same policies and practices of the child welfare agency. Data collection using a strength lens is also critically needed by the field. These includes data on family strengths like resilience, stress management, hopefulness, knowledge of parenting and child development, nurturing parent–child interactions, sense of self-efficacy and control, connectedness and social engagement, social and emotional competence, and problem-solving skills (CDC, 2019; Children's Bureau, 2020; CSSP, 2018; Garner et al., 2021; Srivastav, Strompolis, Moseley, & Daniels, 2020; Weiner et al., 2021). A second area of needed data are the economic and concrete supports needed to improve the well-being of children and families and prevent children's removals (Weiner et al., 2021).

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Ethics approval

Study approved by WCG IRB, IRB tracking number: 120190034, Sponsor Protocol Number: 201,901.

CRediT authorship contribution statement

Cecilia Casanueva: Conceptualization, Methodology, Data curation, Supervision, Validation, Writing – original draft. **Jason Williams:** Formal analysis, Validation, Writing. **Marianne Kluckman:** Data curation, Formal analysis, Validation. **Sarah Harris:** Project administration, Writing – review & editing. **Jenifer Goldman Fraser:** Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

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