

Infant-Toddler Court Program National Resource Center

Innovative approaches for addressing the needs of court-involved infants, toddlers, and their families: Key evaluation findings

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August 4, 2023

Today's Webinar

- Setting the Stage: Brief history and landscape of infant-toddler courts
- Evaluation Research – Key Findings:
 - ZERO TO THREE Safe Babies
 - New York Strong Starts
 - Michigan Baby Court
- Key take-away's and considerations for future evaluation



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Infant-Toddler Court Program National Resource Center

The National Infant-Toddler Court Program was made possible through the support of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$6,424,967 with 0 percent financed from non-governmental sources.

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What drew you to this webinar?





EVALUATION



Washington Early Childhood Courts

New York Strong Starts

Michigan Baby Court

Arizona Best for Babies

Florida Early Childhood Courts

Wisconsin Healthy Infants Court

Tennessee Safe Baby Court

Infant-Toddler Courts

The Safe Babies approach



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The Safe Babies Approach

Goal: To apply the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families.

Population Served: Children 0-3 under court jurisdiction, in foster care or at risk of removal, and their families

Areas of Focus:

- Enhanced oversight and collaborative problem-solving
- Expedited, appropriate, and effective services
- Trauma-responsive support
- Interdisciplinary, collaborative, and proactive teamwork
- Continuous quality improvement

Key Roles and Teams:

- Judicial and Child Welfare Leadership and Practice
- Community Coordinator
- Family Team Meetings
- Active Community Teams



The Safe Babies Approach: Evaluation Studies

Permanency and
Maltreatment Recurrence:
Key Findings



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Key Permanency Studies: Method & Sample

McCombs-Thornton & Foster, 2012	Casanueva et al. (manuscript submitted for publication)
<p>Quasi-experimental design</p> <ul style="list-style-type: none"> • 4 ‘Court Team’ sites (n = 298) • Propensity score matched comparison group using NSCAW I data (n = 511) • Data collection period: <ul style="list-style-type: none"> • Court Team sample: All cases 2005-2009 • NSCAW sample: cases entered CWS Oct 1999-Dec 2000 	<p>Quasi-experimental design</p> <ul style="list-style-type: none"> • 9 Safe Babies Court Team (SBCT) sites (n = 183) • Propensity score matched comparison group using NSCAW II data (n = 183) • Data collection period: <ul style="list-style-type: none"> • SBCT sample: children served in a site for at least one year between 2010-2018 • NSCAW sample: from CW investigations closed between Feb 2008-Apr 2009 (81 counties in 30 states)
<p>Court Teams Sample – Key Characteristics:</p> <ul style="list-style-type: none"> • 67% < 12 months at program entry • 37% Black, 29% White (other race/ethnicity categories not reported) • 69% neglect • 72% parental substance use disorders 	<p>SBCT Sample – Key Characteristics:</p> <ul style="list-style-type: none"> • Age in months (mean) at program entry: 11.1 months • 31.2% Black, 53.0% White, 10.4% Hispanic, 5.4% Other • 66% neglect • 86% parental substance use disorders

McCombs-Thornton, K.L., & Foster, E.M. (2012). The effect of the ZERO TO THREE Court Teams initiative on types of exits from the foster care system: A competing risks analysis. *Children and Youth Services Review*, 34(1), 169-178.

Casanueva, C., Williams, J., Kluckman, M., Harris, S., & Fraser, J.G. (2023). 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. [Manuscript submitted for publication]

Key Permanency Studies: Outcomes

McCombs-Thornton & Foster, 2012	Casanueva et al. (manuscript under review)
<p>Children in Court Teams sample 2.31 times as likely to exit foster care to reunification or relative guardianship than children in the NSCAW sample ($p < 0.05$)</p>	<p>Children in SBCT sample 1.6 times as likely to exit foster care to permanency than children in the NSCAW sample ($p < 0.001$)</p> <p>More than 2 times as likely to exit to reunification compared with adoption (HR=2.7; $p < 0.001$) and relative guardianship (HR = 2.2., $p < .001$).</p>
<p>Court Teams v. NSCAW :</p> <ul style="list-style-type: none"> • Reunification: 37.6% vs. 29.3%; $p < 0.05$ • Relative custodian: 24.8% v. 8.4%; $p < 0.05$ • Adoption: 15.4% v. 40.7%; n.s. 	<p>SBCTs v. NSCAW:</p> <ul style="list-style-type: none"> • Reunification: 43.7% vs. 25.6%; $p < 0.001$ • Relative custodian: 13.7% v. 16.4%; n.s. • Adoption: 39.9% v. 42.1%; n.s. • Still in foster care at end of study period: 2.7% v. 16.9%; $p < .001$
<p>Median Time to reunification:</p> <ul style="list-style-type: none"> • Court Teams: 309 days or 10.3 months • NSCAW: 547 days or 18.2 months 	<p>Median Time to reunification:</p> <ul style="list-style-type: none"> • SBCTs: 281 days or 9.4 months • NSCAW: 463 days or 15.4 months

Key Maltreatment Recurrence Studies: Method & Sample

QIC-ITCT, 2018 (RTI International)	Casanueva et al. (in preparation)
<p>Observational multisite evaluation study for the Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT)</p> <ul style="list-style-type: none"> • 10 sites across 5 states (n = 251) • Data collection period: Apr 2015-May 2018 	<p>Quasi-experimental prospective study for the national Infant-Toddler Court Program (ITCP)</p> <ul style="list-style-type: none"> • 6 sites across 4 states (n = 165) • 13 comparison counties in the same 4 states (n = 825) • Data collection period: Mar 2019-Mar 2022 (COVID-19 Pandemic) • Data: Child welfare administrative records provided by states and prepared for the Children’s Bureau as part of NCANDS
<p><u>QIC-ITCT sites sample:</u></p> <p>56% < 12, 24% 12-23, 20% 24-46 months</p> <p>54% male</p> <p>50% White, 22% Black, 23% Other, 6% Hispanic</p> <p>26% premature birth/low birthweight/SGA</p> <p>72% neglect</p> <p>70% parental alcohol/drug use</p> <p>58% prenatal substance exposure</p> <p>24% parental mental illness</p> <p>Prior CWS involvement not reported</p>	<p><u>ITCP sites sample:</u></p> <p>69% < 12 months</p> <p>49% male</p> <p>64% White, 38% Black, 10% Hispanic</p> <p>7% child with special health needs</p> <p>66% neglect</p> <p>54% parental substance use disorder</p> <p>0% parental mental illness</p> <p>16% domestic violence</p> <p>21% prior CWS involvement</p> <p>39% report prior to March 2020 (onset of COVID-19 Pandemic)</p>

Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT). (2018). *Making a difference in the lives of families: The Safe Babies Court Team approach*. [Infographic]. Washington, DC: U.S. DHHS, Administration for Children, Youth and Families, Children’s Bureau.

Casanueva, C., Harris, S., Domanico, R., Williams, J., & Adeeb, J. (2023). *Final evaluation report of the Infant-Toddler Court Program*. Research Triangle Park, NC: RTI International. [In preparation]

Key Maltreatment Recurrence Studies: Outcomes

QIC-ITCT, 2018 (RTI International)	Casanueva et al. (in preparation)
<p>Repeat maltreatment rate within 12 months:</p> <ul style="list-style-type: none"> • 0.7% for children at QIC-ITCT sites • Compared with CFSR National Performance Indicator of 9.1% (ACF, 2015) 	<p>Repeat maltreatment rate within 12 months:</p> <ul style="list-style-type: none"> • 3.6% for children at ITCP sites • 10% for children in comparison group • Compared with CFSR National Performance Indicator of 9.7% (ACF, 2022)
	<p>The likelihood of recurrence was significantly lower for children at ITCP sites compared with children in comparison counties (OR=0.36, $p < 0.01$), controlling for race/ethnicity, gender, prior CWS involvement, and domestic violence</p>

Administration for Children and Families, Children’s Bureau. (2015, May 13). *Final notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews*. Corrected Federal Register Announcement. Washington, DC: Department of Health and Human Services.

Administration for Children and Families, Children’s Bureau. (2022, February 16). *Round 4 of the CFSRs*. Washington, DC: Department of Health and Human Services.

New Safe Babies Evidence & Impact Resource


Child and Family Outcomes

Overall impact: Infants and toddlers supported by the Safe Babies approach experienced significantly higher reunification rates compared with a national sample with no differences in type of permanency by race or ethnicity. In a recently published study, reunification rates were 25.6% in a previous study. Safe Babies children were 1.5 times more likely to exit foster care to relative custody (25% vs. 16%).


Distinctions

In 2022, the Safe Babies approach received the **Association of Maternal & Child Health Programs (AMCHP) 2022 Innovation Hub Empowerment and Partnership Award**, which recognizes programs that have demonstrated a positive difference in the maternal and child health field.

The Safe Babies approach is recognized as a Best Practice in the **AMCHP Innovation Hub**, which is an online platform that provides the resources and tools to explore, build, and share effective work grounded in evidence that contributes to improving the health and well-being of maternal and child health populations and their communities.



The Safe Babies Approach Evidence and Impact



The Safe Babies Approach

The Safe Babies™ approach supports states and communities in building a more coordinated and aligned early childhood system. The approach works concurrently at the child and family level, community level, and state level to promote healthy early childhood development while impacting long-term capacity building.

The goal is to keep families together by igniting collective action to meet the urgent needs of babies, toddlers, and their families. While the Safe Babies approach is anchored in the court system, it is an entry point for cross-system collaboration to effectively serve families across multiple areas of need at the state, local, and individual family levels.

Child and Family Outcomes

Overall impact: Infants and toddlers supported by the Safe Babies approach experience fewer disruptions in early caregiving relationships.

Placement Stability

Results	Type of Evidence	Citation
Children experienced greater placement stability compared with national child welfare performance outcomes: 94.2% who were out of home care for less than 12 months had no more than 1 placement (compared to the national median rate of 83%).	National evaluation (2015-2018)	Casanueva et al., 2019; ACF, 2022b

Access to Services: Child Developmental Health

Results	Type of Evidence	Citation
Infants and toddlers supported by the Safe Babies approach receive timely, effective services that promote their physical and emotional health.	National evaluation (2015-2018)	Casanueva et al., 2019
Children (93% or more) received needed interventions, services, and supports to repair and strengthen the child's face of a severely reduced service.	Study conducted during the COVID-19 pandemic	Casanueva et al., 2023b
Children received needed physical health services with no differences by race/ethnicity across all sites.	MCHB performance measure data	National Resource Center for the ITCP 2021-2022: Child and Adolescent Health Measurement Initiative, 2021

Child and Family Outcomes

Overall impact: The rate of maltreatment recurrence among infants and toddlers supported by the Safe Babies approach is consistently far lower than the national standard.

Results	Citation
Repeat maltreatment rate was 0.7% within 12 months compared with the 9.1% national standard.	National Resource Center for the ITCP 2021-2022: Child and Adolescent Health Measurement Initiative, 2021
Positive effects on repeat maltreatment and rates below the national standard.	Casanueva et al., 2023a

Safety

Overall impact: The rate of maltreatment recurrence among infants and toddlers supported by the Safe Babies approach is consistently far lower than the national standard.

During the height of the COVID-19 pandemic, the repeat maltreatment rate within 12 months among Safe Babies families increased to 3.6%, but this was far lower than comparison counties and the 9.7% national standard. Additionally, the likelihood of recurrence was significantly lower for Safe Babies children than in comparison counties (OR = .36, p < .01).

Link to the ITCP National Resource Center Resource Library:

[Zero To Three eLearn: ITCP Resource - Safe Babies Court Team™ Approach - Research And Evaluation](#)

Building the evidence

- What do we know?



- Multiple studies with consistent outcomes, including quasi-experimental research
- Research showing benefit for multiple outcomes

- What don't we yet know?



- A fuller picture of equity
- Who the intervention is and is not benefiting
- Implementation as it relates to outcomes

- Evolution of the approach



- Serving children at risk of removal and their families
- Early childhood system building that impacts the broader P-3 population

- Evaluation going forward



- ✓ Tailoring of the approach/implementation
- ✓ Eligibility as it relates to outcomes
- ✓ Activities and strategies addressing equity
- ✓ System building efforts that impact the broader P-3 population

Infant-Toddler Court Program National Resource Center

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Safe Babies
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Family and Court-Level Impacts
of New York State's Strong
Starts Court Initiative

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Strong Starts Court Initiative

From 2012-2019 over 3.7K children aged 0-3 in NYC entered court jurisdiction annually. Strong Starts supports participant families with an infant mental health specialist “Clinical Coordinator.”



Subject Child

Attorney for the Child (AFC)



Respondent

Attorney for the Parent



CPS Case Worker

Agency Attorney



Judge

Court Attorney

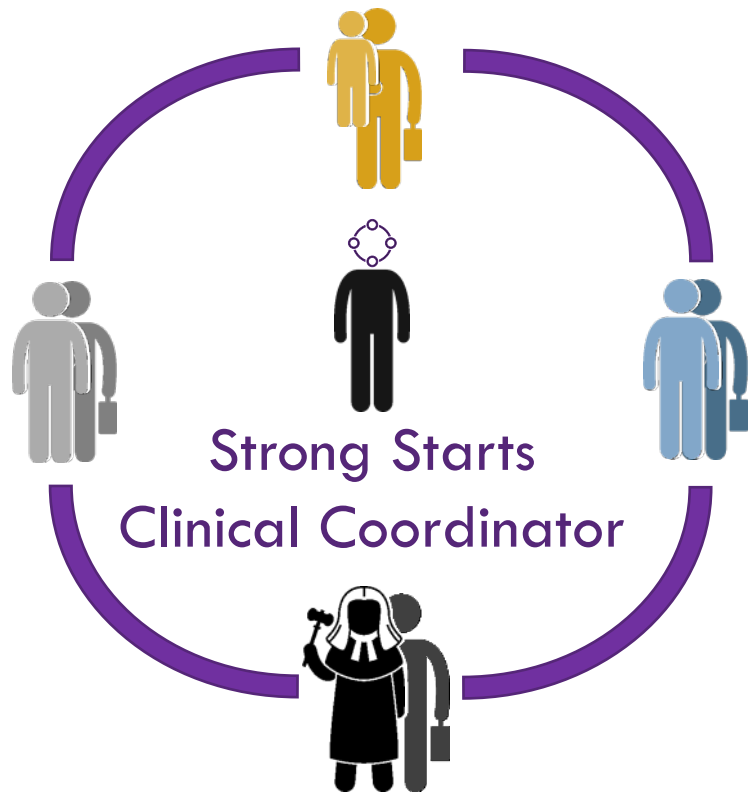
From 2012-2019 over 3.7K children aged 0-3 in NYC entered court jurisdiction annually. Strong Starts supports participant families with an infant mental health specialist “Clinical Coordinator.”



Key Components of Strong Starts

- Dedicated Strong Starts judge
- Monthly court appearances
- Monthly clinical conferences
- Collaborative planning
- Targeted services
- Focus on the infant-parent relationship
- Infant mental health training for practitioners

From 2012-2019 over 3.7K children aged 0-3 in NYC entered court jurisdiction annually. Strong Starts supports participant families with an infant mental health specialist “Clinical Coordinator.”



Participation Criteria

- Heard by Strong Starts jurist
- 0-3 at filing
- No prior child welfare court involvement
- No court-involved older siblings
- Parental consents
- Coordinator availability (max. caseload of 20)
- Accepts both court-ordered-supervision & removal cases

From 2012-2019 over 3.7K children aged 0-3 in NYC entered court jurisdiction annually. Strong Starts supports participant families with an infant mental health specialist “Clinical Coordinator.”



Program Snapshot

Currently operating in NYC and Westchester

County	Implementation	Coordinators	Jurists	Episodes (Active)
Bronx	2015	2.5	2	124 (32)
Queens	2016	1.5	1	56 (16)
Staten Island	2018	1	1	43 (19)
Brooklyn	2021	2	2	29 (20)
Manhattan	2022	1	2	9 (1)
Westchester	2022	1	1	11 (1)
All Sites	2015	9	9	272 (124)

Planned expansion to Buffalo (Erie County)

Our research questions reflect key aspects of the program's theory of impact.

Research Questions

1. Do Strong Starts cases have fewer future dependency petitions than other cases?
2. What, if any, changes in practice and knowledge do partner attorneys and judges report?
3. What impact does Strong Starts implementation have on family preservation among program-eligible families in one Strong Starts judge's courtroom?

Theory of Impact

1. Reduce recurrence of maltreatment
2. Effect changes in practitioner knowledge & practice
3. Increase family preservation

Data Sources

- Administrative court data
- Semi-structured interviews

Research Question 1: Do Strong Starts cases have fewer future dependency petitions than other cases?

Methods

- ❑ Using court data, followed participant and contemporary non-participant eligible cases in a single Strong Starts courtroom for at least 6 months after filing, taking into account demographics, allegation types, removal, and final home ($n=133$)
- ❑ Compared groups on new petitions in same county

Findings

No Strong Starts cases had subsequent petitions in the same county; 12% of comparison cases did

- ❑ Anecdotally, some program participants had new petitions in other jurisdictions.
- ❑ No reason to think that trend would be different between program and comparison groups
- ❑ Statistically, Strong Starts participation is a predictor of reduced subsequent petitions.

Safer
children



Less potentially traumatizing court
involvement for families

Research Question 2: What, if any, changes in practice and knowledge do partner attorneys and judges report?

Methods

- Semi-structured interviews with 4 Strong Starts judges and 12 attorneys familiar with the program, representing parents, children, and CPS
- Deductive coding, thematic analysis

Findings

Strong Starts affected practitioners' practice through:

1. Increased efficiency in processing cases

"So we have all the attorneys, we have all the parties . . . and we all sit together and we discuss what the issues are."

Parent & Child Attorney



2. Knowledge of available resources and interventions for children and families

"I think I learned there are a lot more services available than we were aware of."

Judge



3. Knowledge about early childhood mental health

"It's given me a lot more information to base my advocacy on, without a doubt. It's helped me to make more informed decisions."

AFC



Evidence of program impact beyond Strong Starts participant cases

Research Question 3: What impact does Strong Starts implementation have on family preservation among program-eligible families in one Strong Starts judge's courtroom?

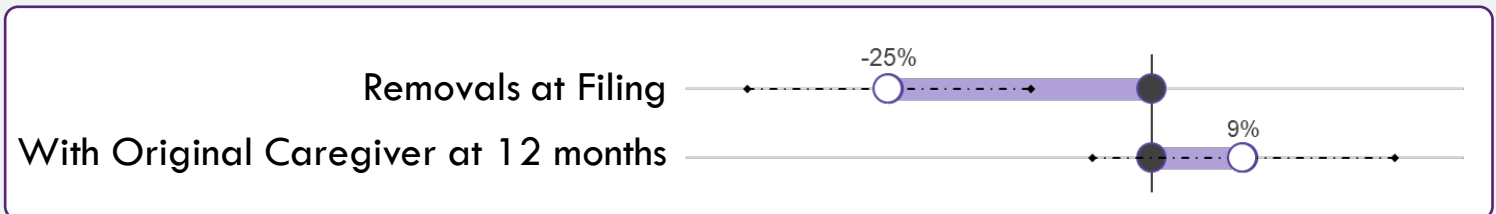
Methods

- ❑ Triple difference pre-post design that accounts for any court-wide changes not related to Strong Starts implementation
- ❑ Using court data for all episodes in a single county filed 3 years prior to and 3 years following program implementation
- ❑ All episodes followed for at least a year

Findings

Following Strong Starts Implementation there was...

- ❑ A significant reduction in the likelihood of removal for Strong Starts eligible families appearing before the Strong Starts judge ($n=17,898$).
- ❑ An indication of an increased likelihood that a Strong Starts eligible child appearing before the Strong Starts judge is with the respondent caregiver 12 months after filing ($n=15,263$).



Where do we go from here?

Program Recommendations

- ITCTS can maximize impact by including families of children under court-ordered supervision, and by prioritizing presence in multiple jurisdictions over having multiple judges in a single jurisdiction.

Building Evaluation into the Program Model

- Protective Factors Retrospective Pre-Post Survey** Adapted from the Family Resource Information, Education, and Network Development Service, this survey will be administered to program participants at case closure to assess the program's impact on multiple protective factors that prevent child abuse and neglect (just completed pilot).
- Practitioner Surveys** These surveys will measure the program's impact on child welfare professionals – a case exit survey for practitioners on Strong Starts cases, and 2 annual surveys for distinct groups of Strong Starts partners (finalizing distribution plan).

Additional Evaluation

- Court observation
- If possible, analyzing court data from additional counties

Family and Court-Level Impacts
of New York State's Strong
Starts Court Initiative

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Additional
Resources

[Strong Starts Court Initiative Website](https://www.innovatingjustice.org/programs/strong-starts-court-initiative)

<https://www.innovatingjustice.org/programs/strong-starts-court-initiative>

[2021 Program Evaluation: Helping the Youngest Start Life Strong](https://www.innovatingjustice.org/publications/helping-youngest-start-life-strong)

<https://www.innovatingjustice.org/publications/helping-youngest-start-life-strong>



Michigan Baby Courts

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Funding Acknowledgements: Centers for Disease Control and Prevention (R18CE001714); Ethel and James Flinn Foundation; The Michigan Health Endowment Fund; Health Resources Services Administration (1U2ZMC46639-01-00)



Overview

- History of Michigan's Baby Courts
- Michigan's Approach to Baby Court
- Pilot evaluation
 - CBPR approach to its development
 - Results
- Evaluation next steps

Funding Acknowledgements: Centers for Disease Control and Prevention (R18CE001714); Ethel and James Flinn Foundation; The Michigan Health Endowment Fund; Health Resources Services Administration (1U2ZMC46639-01-00)



A History of Michigan's Baby Courts

- 2005: Ofsofsky & Lederman present at a state child welfare conference; 3 counties
- 2008-12: RTI International CDC grant to study implementation; Detroit/Wayne Count selected as a pilot site
- 2012-15: Move into full implementation & evaluate
- 2019-22: Develop online self-paced training
- 2023 - : MDHHS Statewide expansion grant from HRSA





Michigan's Approach to Baby Court



Core Elements

- Science-informed judicial leader
- Non-adversarial & collaborative court
- Infant Mental Health Home Visiting Treatment
- Baby Court team cross-trained to support Baby Court values & behaviors
 - Attachment
 - Equity
 - Collaboration
 - Prioritizing family needs
- Stakeholder group: policy & support for front-line team

Evaluation Approach

- Administrative child welfare & mental health data not available
- Used a CBPR design to negotiate evaluation design – balance between rigor & feasibility
 - Similar to evaluation in Miami
 - Parent consent; evaluation voluntary
 - Parent feedback session – courts and clinicians wanted to know the assessment results

ZERO TO THREE • JULY 2017

Cultivating Opportunity Amid Crisis

Using Video-Based Assessment and Feedback to Support
Parent-Child Relationships in Child Welfare

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Infant mental health home visiting in the context of an infant—toddler court team: Changes in parental responsiveness and reflective functioning

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Funding Information
Ethel and James Flinn Foundation
Centers for Disease Control
Number: 1R18CE001714-01

ABSTRACT

This article describes an infant-toddler court team in Michigan, the community-based participatory research approach to the implementation evaluation, and the resulting changes in parenting. Like other court teams, Michigan's Baby Court is led by a science-informed jurist, and all service providers are knowledgeable about the developmental needs of young children and engage in collaborative communication throughout the case. Relationship-based treatment in the form of infant mental health home-visiting was provided to families. Sixteen parents participated in pre- and posttest evaluation visits to assess changes in parents' reflective functioning and interactions with their child. Findings suggest improvements in parents' responsiveness, positive affect, and reflective functioning, with moderate effects. Higher risk parents demonstrated significant changes in reflective functioning, as compared to those at lower risk. These findings add to and support the limited literature on the effectiveness of infant-toddler court teams, which include relationship-based and trauma-informed services.

KEYWORDS

attachment-based interventions, court teams, infant mental health, maltreatment, parenting

Infant Mental Health Journal 2019

Sample & Methods

Sample

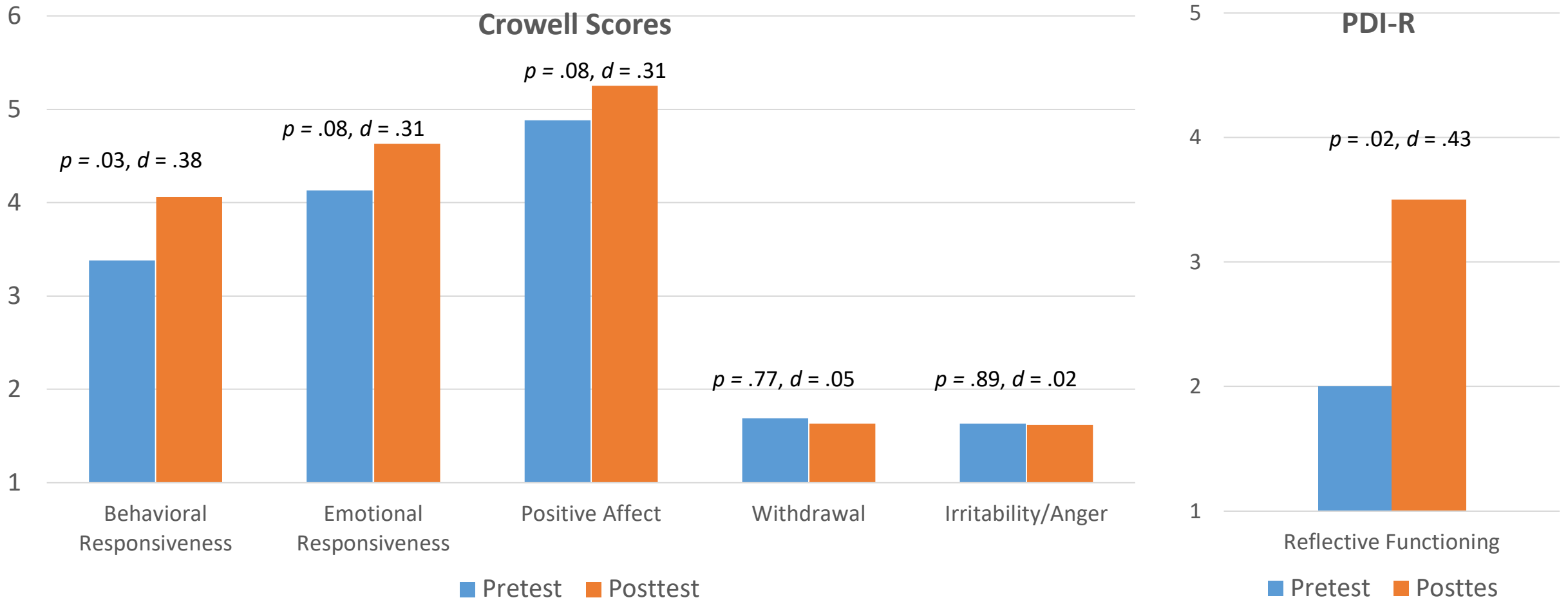
- 16 parents who completed pre- and posttest
- 75% African American
- 68% Female
- Age: 16-32 (M = 21.69; 4.53)
- Education: 43.8% < high school
- Single parents: 81.3%
- Income: \$0-\$2,400/month (M = \$733)
- 18 Children: 17.48 months; 44% female

Methods

- 1+ child(ren) aged 0-3 under court jurisdiction for maltreatment
- Pretest shortly after referral; posttest 9 months later
 - Demographics
 - Developmental assessment (Bayley III)
 - Reflective Functioning (PDI-R)
 - Parenting (Crowell))
- Feedback session with parents & clinician
- Court file review

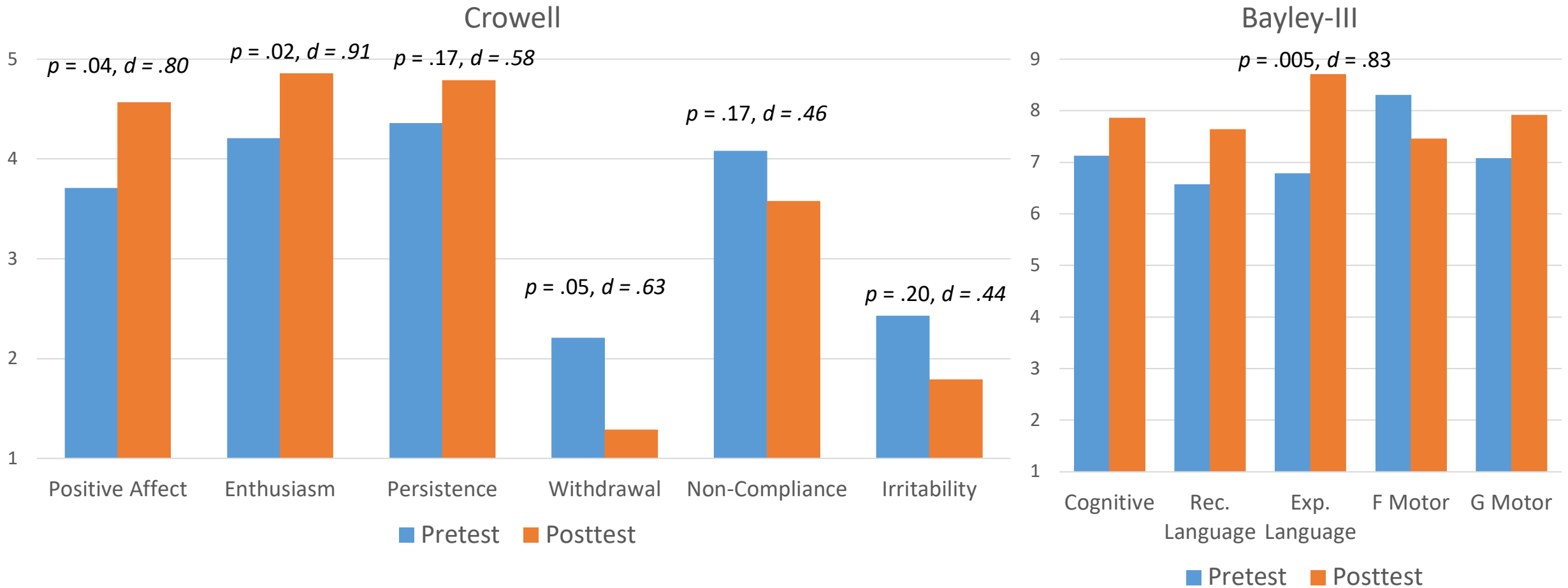
Changes in Parenting

Stacks, A.M., Barron, C. C., & Wong, K. (2019) *Infant Mental Health Journal*



Child Behavior and Development

Stacks, A.M., Wong, K., Barron, C., & Ryznar, T. (2020), *Child Abuse & Neglect*



Permanency

Stacks, A.M., Wong, K., Barron, C., & Ryznar, T. (2020), Child Abuse & Neglect

- 69.6% of children were reunified
 - 18.7 months in out-of-home care
 - 18.8% returned home within 12 months

Next Steps

- Retrospective Evaluation
 - Administrative data 2014 – 2019
 - Propensity score matched comparison
 - Time to permanency
 - Type of exit from care
 - Maltreatment recurrence



Putting it all together

- Impact across programs
- Commonalities and differences
- Future evaluation research



Infant-Toddler Court Program National Resource Center

What burning question do you still have about the evidence for infant-toddler court teams?

Thank you!



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