

Safety

Placements

Opioids

Services

Incarceration

ACEs

Keeping Children Safe



"Seeing these cases every month definitely makes children safer because if there is an issue we know about it. Additional services and more contact with the family keep the children safe. After reunification, we keep the cases open 6 months—that keeps the child safe too."

Court Team Member

Infants and toddlers are highly vulnerable to neglect, and often suffer severe physical and emotional consequences.

References

1. Information is based on 430 infants and toddlers and their families whom were served by the court teams from the initiation of the QIC-ITCT project at each site through June, 2018. The first QIC-ITCT site was initiated on April 1, 2015 and the last site on August 11, 2016.

2. Administration for Children and Families, *Statewide Data Indicators and National Standards for Child and Family Services Reviews*. Corrected Federal Register Announcement. 2015, Department of Health and Human Services: Washington, DC.

For more information

Visit the QIC-CT project evaluation <http://www.qicct.org/evaluation>

Confronting the reality.

Many young children in the child welfare system have been traumatized as a result of maltreatment, and face further trauma when they are separated from their parents. The Safe Babies Court Team™ (SBCT) approach was developed to support change across systems to better engage with and support children and their families.

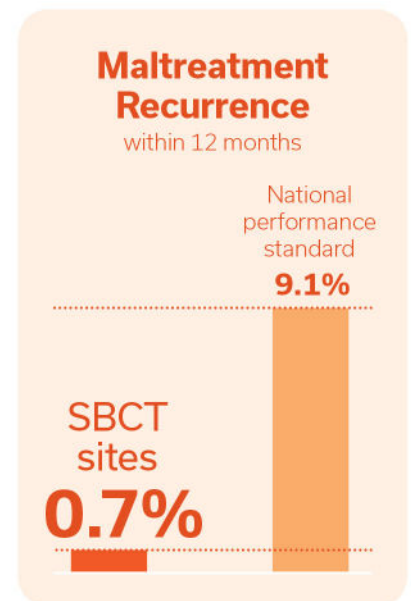
Implementing solutions.

The SBCT approach focuses on addressing the root causes of safety concerns, and closely monitoring each child's case.

Between April 2015 and June 2018, SBCT sites showed 0.7% recurrence of maltreatment within 12 months,¹ as compared to a national performance standard of 9.1%.²

Making a difference.

The SBCT approach supports positive safety outcomes — enhancing protections for the most vulnerable children in the child welfare system.



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Limiting Out-Of-Home Placements



"A lot of it has to do with empowering the parents to have a say. We always say nobody knows your kids better than you do. Where do you think they'll thrive best?"

Court Team Member

Separating young maltreated children from parents and putting them in foster care adds to the trauma they already face, and can lead to ongoing health, social, and psychological problems.¹

References

1. van der Kolk, B.A., *Developmental trauma disorder: Towards a Rational Diagnosis for Chronically Traumatized Children*. Praxis Der Kinderpsychologie Und Kinderpsychiatrie, 2009. **58**(8): p. 572-+.

2. Administration for Children and Families, *Child Welfare Outcomes 2010-2014: Report to Congress*. 2017: Washington, DC.

For more information

See *When Less is Better: Reducing Out-of-Home Care Placements for Young Maltreated Children*, available at <http://www.qicct.org/evaluation>

Confronting the reality.

The stress of maltreatment, and then of being removed from the home can create a profound sense of loss and fear, and overwhelm a child's ability to cope. The Safe Babies Court Team™ (SBCT) sites have worked with hundreds of infants and toddlers facing out-of-home placements.

Implementing solutions.

Central to the SBCT approach is limiting the number of placements among young children by encouraging concurrent planning – rapidly identifying caregivers willing to provide a permanent home if reunification with birth parents becomes impossible.

Among 251 children at SBCT sites, 59.4% had one placement, 26.6% had two placements, and 14.0% had three or more. Among children in care for less than a year, 94.2% had two or fewer placements, and 79.4% of those in care between one and two years had two or fewer placements.

Making a difference.

Compared to child welfare outcomes as a whole, SBCT sites showed a clear improvement in reducing multiple placements,² and served children of all races and ethnicities equally well.

More SBCT children in care had **only one or two placements**

94.2% in care less than **1 YEAR**
median 85.6%*



79.4% in care between **1-2 YEARS**
median 66.1%*

*2014 Child Welfare Outcomes



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early connections last a lifetime



Quality Improvement Center
for Research-Based
Infant-Toddler Court Teams

ZERO TO THREE developed the Safe Babies Court Team™ approach, a structure for courts, child welfare agencies, and child-service organizations to work together to ensure better outcomes for the very youngest children in care and for their families. Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT) provide access to evidence-based interventions and best practices for individuals and agencies working with the birth-to-3 population. Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CA1821-01-01. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit ZERO TO THREE. RTI International is the evaluator of the QIC-ITCT.

Safety

Placements

Opioids

Services

Incarceration

ACEs

Addressing Opioid Abuse



"Opioid use disorder is common among families encountering the foster care system. Use of medication assisted treatment for this chronic disorder, anticipating the occasional relapse, and providing the family access to recovery resources greatly enhances treatment outcomes."

Dr. Larry Burd Director, North Dakota Fetal Alcohol Syndrome Center

The effects of our country's opioid crisis have spread to the child welfare system. In 2015 opioid abuse was a factor in more than half of foster care placements for children under age 6.¹

References

1. Quast, T., E.A. Storch, and S. Yampolskaya, *Opioid Prescription Rates And Child Removals: Evidence From Florida*. Health Affairs, 2018. **37**(1): p. 134-139.
2. Amatetty, S., et al., *A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders: Practice and Policy Considerations for Child Welfare and Collaborating Service Providers*. 2016.

For more information

See *Helping Children Affected by Adult Opioid Abuse*, available at <http://www.qicct.org/evaluation>

Confronting the reality.

Two thirds of the young children involved with the QIC-ITCT Safe Babies Court Team™ (SBCT) sites were removed for reasons related to substance abuse; about a quarter of those involved opioids. Almost a third of the children in the program had a parent who was using opioids at the time of alleged maltreatment; one in five were exposed to opioids in the womb.

Implementing solutions.

Medication assisted treatment (MAT) is recognized as a first-line treatment for adults affected by opioid use disorder – and is, along with psychotherapy, recommended as best practice for pregnant women and those with young children.²

The SBCT approach can enhance the referral process with positive outcomes for both parents and children. At SBCT sites, among parents with substance use disorders 85.1% got an appointment within 30 days and among parents with mental health problems, 80.1% got an appointment within 30 days. For substance abuse services 73.8% received their first appointment within a week.

Making a difference.

The SBCT approach galvanizes support and motivates participants, transforming professional practice and improving outcomes for children and families.

Among parents at SBCT sites with substance use disorders



73.8%

received first appointment within a week



Safety

Placements

Opioids

Services

Incarceration

ACEs

Ensuring Access To Support Services



"CPP services are remarkable. When the infant mental health specialist does appear in court she brings a different view – it is the child's view, and that helps a lot."

Court Team Member

The number of children in the child welfare system who need services is staggering. But all too often, children who experience maltreatment don't receive crucial mental health and developmental services.

References

1. Casanueva, C., T. Cross, and H. Ringeisen, *Developmental needs and individualized family service plans among infants and toddlers in the child welfare system*. Child Maltreatment, 2008. **13**: p. 245-258.
2. Stahmer, A.C., et al., *Developmental and behavioral needs and service use for young children in child welfare*. Pediatrics, 2005. **116**(4): p. 891-900.
3. Children's Bureau, *Child and Family Services Reviews: Round 3 findings 2015-2016*. 2017, Children's Bureau: Washington, DC.

Confronting the reality.

Over two thirds of maltreated young children involved with the Safe Babies Court Team™ (SBCT) sites face developmental concerns. About a third of children up to age 3 have developmental delays,¹ and half of preschoolers have high developmental or behavioral needs.² And even as the number of children in care is rising, one third of children – and even more parents – don't receive needed services.³

Implementing solutions.

Child-Parent Psychotherapy (CPP) has been shown to be effective in supporting and strengthening parent-child relationships. Among families in need of CPP, 93.9% received CPP, 71.9% got an appointment within 30 days.

Overall, among children in need of developmental screening and early intervention services, 97.2% received developmental screening and of those identified with developmental problems, 96.7% received early intervention services.

Making a difference.

From access to services, to the time it took for children to be seen, the results achieved by SBCT sites are encouraging. Delivery of evidence-based interventions can address underlying trauma and promote healing for infants, toddlers, and parents.

Among families at SBCT sites in need of CPP

93.9%
received CPP



71.9%
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Placements

Opioids

Services

Incarceration

ACEs

Minimizing the Effect of Parent Incarceration



"He knew they needed him, [and] he needed them. He was not going to be incarcerated forever and if there was a chance for him to be a strong and productive parent beyond this moment, the intervention had to start that day."

SBCT Community Coordinator

More than 2½ million children have at least one parent in jail or prison. Children in the child welfare system with an incarcerated parent stay in out-of-home care almost 25% longer than children whose parents aren't incarcerated.¹

References

1. Shaw, T.V., C.L. Bright, and T.L. Sharpe, *Child welfare outcomes for youth in care as a result of parental death or parental incarceration*. Child Abuse & Neglect, 2015. **42**: p. 112-120.

2. Hudson, L., *A Guide to Implementing the Safe Babies Court Team Approach*. 2017, ZERO TO THREE: Washington, DC.

For more information

See *Working with Families in the Child Welfare System Affected by Incarceration*, available at <http://www.qicct.org/evaluation>

Confronting the reality.

Parents involved in child welfare proceedings are much more likely than parents in the general population to have a prison record or to be facing incarceration.² More than half of children at the Safe Babies Court Team™ (SBCT) sites had a parent who was incarcerated at some point; almost one in ten had a major interruption in parent-child contact due to a parent serving prison or jail time during their SBCT participation.

Implementing solutions.

Among children placed out-of-home at SBCT sites, there was no significant difference in permanent placement between children whose parent had a history of incarceration (either in prison during adult years or parent incarcerated during the time of involvement with the SBCT site), and those who did not — in both cases permanency was reached for over 80% of the children within 12 months. And regardless of their parents' incarceration history, about 50% of the children were able to be reunified with one or both parents.

Making a difference.

The active support that family teams provide to parents with a history of incarceration, and to their children, is a key feature of the SBCT approach — and is making a difference in the permanent placement of young children within 12 months.

No significant difference

between children whose parent had a history of incarceration and those who did not



In both cases, children at SBCT sites reached

permanent placement

80% within 12 months

Safety

Placements

Opioids

Services

Incarceration

ACEs

Responding to Adverse Childhood Experiences



“Data from the parents’ representation program shows that [SBCT] children are being returned faster, or achieving permanency faster, less time in foster care, which is also saving the state money.”

*Court Improvement Program
State Representative*

While they were children themselves, many parents of young children in the child welfare system suffered a high number of adverse childhood experiences (ACEs) — stressful or traumatic events including abuse, neglect, and household dysfunction.¹

References

1. Anda, R., et al., *The enduring effects of abuse and related adverse experiences in childhood - A convergence of evidence from neurobiology and epidemiology*. European Archives of Psychiatry and Clinical Neuroscience, 2006. **256**(3): p. 174-186.

For more information

See *Adverse Childhood Experiences, Family Risk Factors, and Child Permanency Outcomes*, available at <http://www.qicct.org/evaluation>

Confronting the reality.

More than two thirds of children at the Safe Babies Court Team™ (SBCT) sites have at least one parent who has experienced four or more ACEs. These families also face risk factors at the time of involvement with the child welfare system such as incarceration, mental health problems, and substance use disorders.

Implementing solutions.

More than 80% of children at SBCT sites placed out-of-home had a permanent home within a year — double the national performance standard. Children with a parent with seven to ten ACEs were more likely to be adopted, but 30% were reunified with their parents.

Parents at SBCT sites received comprehensive medical and mental health assessments, including evaluation for their own childhood trauma, prenatal alcohol exposure, substance use disorders, and domestic violence.

Making a difference.

Even among families with the most risk factors, children can have a secure home through adoption or reunification. SBCT sites were able to provide parents with necessary support, and greatly increase the number of children in permanent homes.

More than **80%**
of children at SBCT
sites were placed
permanently
within a year



double
the national standard



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