



james bell
associates

Evaluation of the Court Teams for Maltreated Infants and Toddlers: Executive Summary

Office of Justice Grant No.2006-MU-MU-0065

October 28, 2009

Submitted to:

Jeffrey S. Gersh
Program Manager
Office of Juvenile Justice and Delinquency Prevention
U.S. Department of Justice

1001 19TH STREET, NORTH
SUITE 1500
ARLINGTON, VA 22209
PHONE: (703) 528-3230
FAX: (703) 243-3017

Acknowledgements

We would like to acknowledge the cooperation of many individuals and organizations who are involved in the Court Teams for Maltreated Infants and Toddlers project and to whom we are indebted.

To begin, we thank the Judges for their openness to research about the dependency court process and examining children's outcomes. In this regard, we acknowledge the cooperation and generosity of the Honorable Constance Cohen, Associate Juvenile Judge, Fifth Judicial District of Iowa; Honorable Judge Ernestine Gray, Orleans Parish Juvenile Court, LA; Honorable Michael W. McPhail, Youth Court Judge, Forrest County, MS; and Honorable Ronald R. Pope, Judge Presiding, 328th District Court, Fort Bend County, TX. The Judges gave full support to our data collection efforts by allowing us to observe hearings in their courtrooms, participating in our interviews, and facilitating access to administrative data. We would also like to acknowledge Honorable Walter Armatus of the 328th District Court in Texas and Honorable Carol Egly of the Fifth Judicial District in Iowa for sharing their perspectives on the Court Team model. Sarah Hoda, Administrator of the Forrest County Youth Court, is thanked for her kind assistance during our on-site visits and facilitating access to case files for research.

We thank ZERO TO THREE—Matthew Melmed, Tammy Mann, Ph.D., Lucy Hudson, Kim Diamond-Berry, Ph.D., Linda Eggbeer, and Kimberly McCombs—for their assistance and support throughout the evaluation. In particular, we are indebted to the ZERO TO THREE Community Coordinators: Connie Almeida, Ph.D., Dawn Bentley, M.S., Josie Brown, B.A., and Judy Norris, B.S. Their commitment was integral to the implementation and evaluation of this innovative model. All were very helpful, readily sharing their insights, graciously hosting our site visits, and answering our questions.

Many thanks are extended to all of the child welfare administrators, supervisors, and workers; county attorneys, parent and child attorneys, CASAs; and community service providers who graciously consented to participate in interview and focus groups and share their insights about the implementation of the Court Team model in their communities. We would also like to thank Jeff Regula, Marion Kresse, and Ann Johnson of the Iowa Department of Human Services and Allison Edwards of the Child Advocates of Fort Bend County for providing demographic and outcome information on infants and toddlers served in those jurisdictions prior to the implementation of the Court Team model.

In addition, we are grateful to the Honorable Cindy S. Lederman, 11th Circuit Juvenile Court, Miami; Dr. Joy Osofsky, Louisiana State University Health Sciences Center; and Dr. Lynne Katz, Linda Ray Intervention Center, University of Miami, for their early feedback during the design of the evaluation approach and for informing our understanding of the origins of the Court Team model in the pioneering work of the Miami-Dade County Juvenile Court Safe Start Initiative.

We would also like to thank JBA staff who assisted with this project: James Bell, Elyse Kaye, Cheryl McDonnell, Ph.D., Lauren Kass, Tony Dong, Kate Lyon, Margaret Southern, Nicole Miller, and Walker Freer.

We extend our thanks to the Office of Juvenile Justice and Delinquency Protection, U.S. Department of Justice, for providing funding to support this field-initiated evaluation.

Finally, we respectfully acknowledge the 186 maltreated infants and toddlers who were the focus of the Court Teams' intervention and whose fragile lives are represented in this study.

Carol Hafford, Ph.D.
Project Director

James DeSantis, Ph.D.
Principal Investigator

Executive Summary

A. Background

Infants and toddlers are the largest single group of children in foster care in the United States and have the highest rates of victimization across age groups (32%).ⁱ Following removal from their parents and placement in foster care due to maltreatment, infants typically remain in care longer than older children.ⁱⁱ Infants who enter the foster care system prior to three months of age spend on average 31 months or longer in care.ⁱⁱⁱ Moreover, after placement in foster care, infants and toddlers are more likely than older children to be abused and neglected.^{iv} Young children in the foster care system are highly vulnerable to the effects of multiple transitions—such as shifting among caregivers—that disrupt bonding and attachment.^v

To address these concerns, ZERO TO THREE (ZTT), a national policy organization, developed the Court Teams for Maltreated Infants and Toddlers. In developing the Court Team approach, ZTT built upon a successful model developed by the Miami-Dade County Juvenile Court to address the needs of young children exposed to violence through the provision of court-ordered services, infant mental health interventions, and more frequent supervised visitation between very young children and parents.^{vi}

The Court Team model was first implemented by the 328th District Court in Fort Bend County, Texas (TX) in October 2005. In April 2006, the Fifth District Court in Polk County, Iowa (IA) implemented the model, followed by the Youth Court in Forrest County, Mississippi (MS) in May 2006. The Child Protection Division of the Orleans Parish Juvenile Court in Louisiana (LA) implemented the Court Team model in June 2007. Between 2008 and 2009, the model was expanded to seven additional sites.

The Court Team model involves a family court Judge partnering with a child development specialist to create a multi-disciplinary team of child welfare and health professionals, child advocates and community leaders who provide services to abused and neglected infants and toddlers. The Court Team approach seeks to ensure that these vulnerable children are monitored closely while under the court's jurisdiction, receive the services they need, and achieve positive safety, permanency, and well-being outcomes. Key components of the model include ongoing training for the team about the short and long-term effects of maltreatment on very young children, monthly court hearings and case reviews, provision of child-focused services, infant mental health interventions, and evidence-based parenting education/interventions. ZTT—the project developer—provides training for each local Court Team, ongoing supervision and support to the child development specialist who is a ZTT staff member, two meetings per year where all site teams come together, and technical assistance and resource materials to support implementation of the Court Team model

In 2006, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) at the Department of Justice awarded James Bell Associates a two-year field-initiated grant to conduct a process and outcome

evaluation of the Court Team model as it was implemented in four jurisdictions: Fort Bend County, TX, Polk County, IA, Forrest County, MS, and Orleans Parish, LA.

B. About the study

The study examined the following questions:

- *To what extent is there evidence that system change is underway at each program site through implementation of the Court Team model?*
- *What is the state of knowledge among Court Team stakeholders regarding the impact of abuse and neglect on early development and the needs of maltreated infants and toddlers who come through the courts?*
- *What short-term outcomes result for infants and toddlers served by the Court Teams?*

The process evaluation examined implementation of the Court Team model at the four sites and included two rounds of site visits, interviews and focus groups with key stakeholders, court observations, and document review. As the evaluation of the Court Team model was undertaken in 2007, and the model has evolved over time, implementation of the eight core components of the “second-generation” model were examined: (1) Judicial leadership; (2) Community Coordinator; (3) Court Team; (4) Monthly case reviews; (5) Child focused services; (6) Mental health interventions; (7) Parenting education and interventions; and (8) Training and technical assistance.

The outcome evaluation utilized a single group-design that examined infants and toddlers and their presenting conditions at the time of removal from the home and their outcomes related to safety, permanency, and well-being at case closure. The sample included all children, from birth to age three, who were served by the Fort Bend, Forrest County, and Polk County Court Teams from the respective date of implementation at each site through December 31, 2008. ^{vii} Information was obtained on 150 families and the 186 infants and toddlers within those families. New cases that were opened after that date were not included in the analyses.

JBA received IRB approval to conduct a secondary analysis of children’s data from the Court Team database maintained by the ZTT Community Coordinators. These case-level analyses identify the key characteristics of the children served, including demographics (age, gender, race/ethnicity), the presenting conditions of infants and toddlers in each jurisdiction, and reasons for removing children from the home. Placement, service utilization and visitation patterns were examined. Outcomes related to maltreatment recurrence, stability of placements, achievement of a permanent placement, and timely permanency were determined. Outcomes were determined using the national child welfare measures for the Child and Family Services Review conducted by the Children’s Bureau, Administration for Children and Families, Department of Health and Human Services and the recently developed Court Performance measures established by the Department of Justice. ^{viii} Collectively, these measures address infants’ and toddlers’ needs for protection, stability, and the sustained involvement of a nurturing caregiver.

C. Key Findings: Safety, Permanency, and Well-being of Infants and Toddlers

The infants and toddlers served by the Court Teams achieved positive safety, permanency, and well-being outcomes:

- **Safety:** Of all 186 children served, 99.05 percent were protected from further maltreatment;
- **Permanency:** Of the 88 closed cases examined, 95 percent achieved permanency [through reunification (46.5%), placement with a fit and willing relative (30.6%), legal guardianship (4.5%), and adoption (13.6%)]; and
- **Well-being:** Ninety-seven percent received needed services to meet identified needs, particularly for routine pediatric care and developmental screenings and services (N=186).

Additional findings regarding children's characteristics, reasons for removal from the home, placement, services, family contact, and timely permanency are:

- **Characteristics:** The 150 families served by the Court Teams were racially and ethnically diverse. The children were of African American (36%), Caucasian (28%), and Latino origin (16%). For nearly one fifth of the children, more than one race/ethnicity was reported (18%). Of the 186 children, more than one half of the children were infants (less than 18 months old) at the time of removal. Of these, nearly 33 percent were less than one month old and 20 percent were between one and five months old. Almost all (96%) of the families involved with the Court Teams met the federal definition of poverty (per the guidance provided by ZTT).^{ix}
- **Reasons for removal:** More than 50 percent of the children were removed due to neglect and more than 25 percent were removed due to physical abuse. Other forms of maltreatment perpetrated were medical neglect (6.4%), abandonment (4.2%), psychological maltreatment (1.7%), and sexual abuse (.4%). Parental substance abuse and mental illness played a significant role in child maltreatment. In 75 percent of the cases across sites, parental use of alcohol/drugs was cited as a risk factor.
- **Health needs at intake:** Forty percent of the infants and toddlers had been directly exposed to parental substance abuse and this contributed to their poor health status. *In utero* or prenatal exposure to alcohol and drugs was prevalent across sites, as well, involving 49 percent of the cases. Across the sites, 25 percent of the infants were identified as substance exposed newborns.
- **Services received to alleviate maltreatment and meet developmental needs:** Ensuring the timely provision of physical, developmental, and mental health services to maltreated infants and toddlers is a core component of the Court Team model. All of the children had multiple needs for services at the time of removal from the home, based on the presenting conditions and type of maltreatment perpetrated. Their needs continually changed as they grew and ongoing monitoring of their developmental status was critical. By study completion, 97 percent of the identified service needs had either been fully met or were in process with progress being made. Only three percent were experiencing no progress or minimal activity. Across sites, progress was least likely to be made in the areas of parent-child psychotherapy and parent-child relationship evaluations, which is a key element of the Court Team approach to heal the parent-child bond. Lack of progress was primarily attributed to client reasons,

although in some cases there was a waiting list or the service was not available in the community.

- ***Family Contact (Visitation):*** Court-ordered arrangements for parents and children were highly individualized. Family contact plans took into consideration any safety risks to the child(ren), the appropriate degree of parental contact, and availability of professional or family resources to supervise parent-child contact. Across sites, 91 percent of the initial family contact was supervised, typically by child welfare staff and relatives. At the time the case opened, family contact at least twice per week was ordered in 58 percent of the cases. Daily contact was ordered in 31 percent of the cases. By the time of case closure, family contact at least twice per week was ordered in 55 percent of the cases. Parent-child contact occurred once per week for 26 percent of the cases. The family contact plan for most children was stable throughout the case process, with 53 percent of the cases experiencing only one change or no change in the initial schedule.
- ***Foster care placements and placement stability:*** A key feature of the Court Team model is to place infants and toddlers in nurturing environments that foster stable and secure attachments with their caregivers while they are in foster care. Placement with relatives was the most frequently occurring type of placement. It accounted for 37 percent of all placement types and was fairly evenly distributed across the three sites. The child's Grandmother served as the caretaker in nearly 50 percent of these placements. More than two-thirds (67%) of the placements were stable (based on cases closed as of study end), as children had no more than two placement settings while in care for less than 12 months, between 12-24 months, and greater than 24 months.
- ***Absence of maltreatment recurrence:*** Of the 186 children under court supervision, 99.05 percent did not experience a subsequent report of substantiated maltreatment within 6 months from the initial report. There was one reported occurrence (.05%) of repeat maltreatment perpetrated. Dependency cases were re-opened on three of the 150 families (2%) due to the subsequent birth of a substance-exposed child (two cases) and parental substance abuse and child endangerment (one case).
- ***Achieving permanency:*** Achieving timely permanency is especially critical for the vulnerable infants and toddlers served by the Court Teams. Permanency outcomes were examined for closed cases served by the Court Team from the date of model implementation until December 31, 2008 (N=88). Of these cases, 95 percent achieved permanency. This occurred through reunification (46.5%), placement with a fit and willing relative (30.6%), legal guardianship (4.5%), and adoption (13.6%). Reunification with the parent was the intended goal for 84 percent of the children for whom a goal was provided. Reunification with the parents was actually achieved for 46.5 percent of the cases. Placement with a fit and willing relative was the permanency outcome for 30.6 percent of the cases and legal guardianship was the outcome for almost five percent (4.5%) of the cases. Nearly fourteen percent (13.6%) of the children were freed for adoption. Five percent of the children did not achieve permanency.
- ***Timely permanency:*** Achieving permanency within the statutory timeframes of the Adoption and Safe Families Act (ASFA) of 1997 is especially critical for vulnerable infants and toddlers. The greater part of the reunification outcomes occurred within the ASFA timeframes. Of the 41 children that were reunified with parents, 59 percent were reunified within 12 months from the date that the court order was filed. More than one-third (37%) of the children were reunified between 12-18 months, and a very small percentage (5%) of

reunifications occurred between 18-24 months. In the cases where parental rights were terminated, the termination occurred within 18 months of case opening. Interviews and focus groups with Court Team stakeholders indicate that lack of parental compliance with service plans or their willingness to change becomes evident early in the case given the heightened oversight afforded by the monthly hearings.

D. Implementation of the Court Team Model

Judicial leadership was fully implemented and found to be a key catalyst for the successful implementation of the Court Team model. In the courtroom, judicial leadership was demonstrated through decision-making and the quality of oversight in child maltreatment cases and ensuring that a child's best interests were served. Judicial questioning and oversight were also informed by effective practice in child welfare and the science of early child development. Notwithstanding the quality and reach of judicial leadership, successful implementation of the Court Team model depended greatly on the **Community Coordinators**. They served as a primary resource on the science of child development, monitored ZTT cases, attended court hearings, facilitated referrals and service linkages, maintained contact with all relevant parties, participated in case reviews or conferences convened by the court or the child welfare agency, and maintained a database that captured all aspects of the case.

Across the four sites, the "**Court Team**" comprised the judicial and legal community, child welfare, and service professionals for parents and children (including early intervention specialists, parenting educators, therapists, case managers, and family preservations specialists, and substance abuse counselors). This feature of the model has been fully implemented at the four sites. The composition of each Court Team has progressively expanded in each jurisdiction and change in composition is desirable. Variations in team composition across the sites reflect the resource base and existing service array in each community. Differences also speak to the presence of pre-existing collaborative efforts between the courts, child welfare, and child-focused service providers in each jurisdiction. Gaps in the composition of the Court Team were indicative of lack of resources.

Monthly oversight through court hearings and case staffings has been fully implemented at the four sites. Most stakeholders found that the monthly reviews ensured that court-ordered services for infants and toddlers were implemented quickly and that cases moved towards permanency in a timely manner. Stakeholders reported that a key benefit of the monthly hearings was that all parties in attendance had the most current information regarding the status of the case, the progress made, and the services received.

The provision of **child-focused services** to ensure the developmental, medical, and mental health needs of maltreated infants and toddlers has been fully implemented at all sites, to the extent that community resources allow. Stakeholders reported and case-level analyses confirmed that children's basic medical and developmental needs were met in each jurisdiction. The monthly hearings and reviews

facilitated identification of new needs and development of a plan for continuing care aligned with each child's developmental stage.

The Court Team approach emphasizes the importance of providing **mental health interventions** for maltreated children and the parent(s). However, this element of the model has not been fully implemented across sites. Three sites had well-established infant mental health providers in the community that provided parent-child attachment assessments, dyadic therapy, and family therapy. Each provider had a long-standing relationship with the court and child welfare agency and this facilitated their integration into the Court Team's approach. Two of these sites had well-established referral and treatment protocols in place that facilitated timely assessments and interventions, thus parents and children were routinely assessed and received services. Another site struggled with implementing the infant mental health component of the model due to very limited community capacity.

The Court Team model encourages the use of **evidence-based parenting education** to strengthen parenting skills, build parent-child relationship, and enhance family functioning. A variety of parenting interventions were available across the four sites, and one site used an evidence-based model (i.e., *Nurturing Parenting Program*). Stakeholders at each site expressed reservations about the quality and quantity of the parenting education services, thus this element of the model was not fully implemented as intended. However, providers made concerted efforts to tailor their interventions to address families where child maltreatment occurred, particularly to make sessions more interactive and child-focused. **Training on infant and toddler development** was provided during the early implementation phase of the Court Team at each site. Site-specific trainings were organized by the Community Coordinators.

E. Changes in knowledge and practice

As a result of the trainings sponsored by ZTT, many stakeholders indicated that their awareness of the impact of child abuse and neglect on infant and toddler development had increased, as well as their awareness of the multiple needs of very young children in foster care and the need for timely responses. What is important to consider is that this knowledge did not remain static, but was shared and put into practice. Knowledge-in-action was particularly evident during the courtroom hearings, as the Judge, attorneys, child welfare workers, CASAs, and the Community Coordinator shared a common language regarding infants' and toddlers' developmental needs. Courtroom testimony, questions, and exchanges focused on the short and long term effects of injuries or substance exposure, screenings, assessments, bonding, attachment, developmental milestones, relationships and interactions with birth parents, kin, and siblings, play therapy, Early Head Start referrals, etc..

Across the Court Team sites, attorneys and guardian *ad litem*s indicated that they were more knowledgeable and better able to represent very young children as a result of training and exposure to ZTT cases (e.g., understanding the effects of Shaken Baby syndrome, exposure to methamphetamine).

Members of the legal community reported having a better understanding of the severity of maltreatment on child development, the need for babies to develop healthy, secure attachments, and to be nurtured by a permanent caregiver. In this regard, they felt better able to advocate for their young clients and ensure that they were serving the child's best interests.

Participation in the monthly Court Team meetings, convened by the Judge and facilitated by the Community Coordinator, helped to increase stakeholders' knowledge of the community resources for infants and toddlers, as well as gaps in the service continuum. Stakeholders that participated in ZTT's multi-disciplinary National Training Institute, with its focus on the dissemination of knowledge pertaining to early child infant development and effective practice, reported that it was valuable experience for their professional development.

F. Recommendations

The following recommendations are made to improve the functioning of the Court Team approach as a whole, along with particular elements of the model, in recognition that a systems change process requires working at multiple levels simultaneously. The model is well-received by major stakeholders, particularly by legal representatives who are better informed to advocate for their client(s) and by providers that form a continuum of care for infants and toddlers and their parents. The perspective from child welfare is that the model sets high standards for practice and case review. However, child welfare staff are under-resourced and overwhelmed; thus, there is some frustration in implementing the model, given that they value and believe in the approach.

These suggestions to ZERO TO THREE and the Court Team sites are based on the evaluation findings, stakeholder feedback, and the literature on effective strategies for building service capacity and implementing systems change in the health and human service delivery systems, particularly the courts and child welfare.^{x xi xii xiii xiv xv} (Applicable components of the model are noted in parentheses).

1. Court processes

Consider using monthly case reviews or staffings in lieu of court hearings for cases that are progressing well and pose minimal risk, as the monthly court hearings are the most resource intensive component of the model. For cases involving risk and with limited parental engagement or compliance, continue the practice of holding monthly hearings before the Judge (*Monthly case reviews/hearings*).

Establish time-certain slots for hearing cases on the ZTT docket to minimize the time workers, attorneys, and service providers spend waiting for a case to be called (*Monthly case reviews/hearings; Legal representation*).

2. Court and child welfare collaboration and assessing fit and feasibility

As the Courts and child welfare pursue common outcomes for children, it would be helpful for the Judges, Community Coordinators, child welfare administrators, and front-line staff to engage in constructive dialogue to ensure that policy initiatives to support infant and toddler

development and court-ordered services are aligned with the resources and capacity of the child welfare agency. While this recommendation to assess fit and feasibility is largely addressed to the family contact component of the Court Team model—which has a sound developmental rationale—it pertains more generally to ensure that policy, program, and effective practice components of the model are congruent. Based on stakeholder feedback, increased dialogue (as has occurred with the Orleans Parish Court Team) would be valuable regarding the logistical, transportation, and supervisory responsibilities associated with increased family contact, given the frequency and level of supervision that is court-ordered (i.e., parent-child visits were court-ordered to occur at least twice per week in 58 percent of the cases; daily contact was ordered in 31 percent of the cases at the time of case opening; 91 percent of the initial family contact was supervised, typically by child welfare staff and relatives).^{xvi} This court and child welfare conversation between expectations and resources should also take into consideration new federal requirements for states to make reasonable efforts to provide frequent visitation or other ongoing interaction between siblings in foster care (per the recently enacted *Fostering Connections to Success and Increasing Adoptions Act, P.L. 110-351*) (*Judicial leadership; Family Contact*).

3. Formalize procedures, roles, and processes

Implement formalized procedures so that caseworkers routinely screen and refer families for assessment and therapy—especially those with the goals of reunification—and ensure that all children are assessed (*Mental health interventions*).

For each jurisdiction, develop and share site-specific protocols or resource guides to ensure clear understanding of the Court Team process and roles across the court, child welfare, the legal community, service providers, and families to ensure clarity in the multi-disciplinary process (as done by the Polk County Court Team). Specifically, identify:

- The steps involved in working with a ZTT case from removal to closure;
- The roles and responsibilities of all parties involved in an infant and toddler case (to include the Judge, Community Coordinator, legal representatives, child welfare and service providers);
- Referral processes and information sharing procedures;
- Inter-agency reporting mechanisms;
- Permanency planning timelines;
- Court-specific policies; and
- General information about Court Team agencies and the services provided.

Include in this protocol clear policies and procedures regarding the sharing of sensitive information and requirements of the Health Insurance Portability and Accountability Act (HIPAA).

4. Child and parent interventions

Invite the provider that conducts the attachment assessment to Family Team Meeting in order to share observations and interpret findings from the assessment (*Mental health interventions*).

Consider conducting a relationship assessment *prior to* making a permanent placement, or having a re-assessment of the parent-child or foster-parent-child relationship at the one year milestone (*Mental health interventions; Placement stability, Permanency planning*).

Identify parenting education interventions that focus on parents of younger children (in general) and caring for substance-exposed newborns [given their apparent prevalence in the

Court Team population examined (25%)] (*Parenting education and interventions; Family contact*).^{xvii xviii}

Adapt parenting education sessions so that they are more individualized and tailored to each family's needs and allow for greater parent-child interaction, preferably in an in-home setting or at a family-friendly visitation center (*Parenting education and interventions*).

Establish linkages across providers working with the family, so that parenting education is aligned with mental health interventions and substance abuse treatment services (*Parenting education and interventions*).

Make greater use of therapists, parenting educators or visit coaches during family contact so that they can coach the parent in his or her interactions with the child and model appropriate behaviors (*Parenting education and interventions; Family contact*).

5. *Community capacity building*

Implement a peer-networking forum so that Court Team sites with fully implemented infant mental health systems and those without can learn about successful efforts and strategies to (1) build or advocate for service capacity; and (2) develop referral and treatment protocols to facilitate timely assessments and interventions.

Support community advocacy efforts to provide a continuum of infant mental health and culturally competent, individualized parenting services, and the provision of community-based resources to support increased parent-child contact (e.g., visit coaching, visitation centers).

6. *Monthly Court Team meetings*

While the monthly meetings are good for informational and networking purposes, stakeholders at some sites suggested that there needs to be greater strategic focus on the content so that highly-committed but time-pressed professionals feel that it is time well-spent. Other stakeholders suggested using the monthly Court Team meetings to better effect in order to share information across providers and build relationships, especially for those that do not have frequent contact with each other or for those whom are not co-located. Dedicate time during each monthly meeting to obtain input and feedback from the Court Team members about implementation challenges and solutions and make this a standing agenda item to foster ongoing dialogue.

7. *ZTT Training and technical assistance*

Given that barriers to child-focused service delivery were largely systemic, it would be helpful for the national ZTT office to assist and/or support the Judges and Community Coordinators with their advocacy efforts with organizations and agencies at the local and state level to effect long-term solutions (*Technical assistance*).

In coordination with the ZTT national office, provide in-service training on infant mental health interventions to child welfare workers (*Training*).

Stakeholder-identified suggestions for training include fetal alcohol spectrum disorders and intermittent refresher courses on child development (to accommodate turnover in provider agencies) (*Training*).

8. *Quality assurance and evaluation*

Update and enhance the Court Team database *User's Guide* to ensure consistent reporting on children's status and outcomes. Provide a complete glossary to facilitate data entry.

Modify the Court Team database and improve technical guidance so that it provides needed information to support local and national reporting on children's status and outcomes and to monitor program effectiveness. Specifically, amend the database to:

- Provide a data field to identify children as American Indian or Alaskan Native to indicate tribal affiliation and cases under concurrent jurisdiction, in keeping with the provisions of the *Indian Child Welfare Act of 1978* (25 U.S.C. § 1901 et. seq.);
- Allow for identification of the primary type of maltreatment perpetrated (i.e., reason for removal) for consistency with national reporting systems;
- Allow for refinement of child maltreatment categories (i.e., reasons for removal) per state statutes to facilitate reporting within each jurisdiction;
- Provide data fields to identify a child as a substance-exposed newborn or as diagnosed with fetal alcohol syndrome;^{xix}
- Provide a category to indicate "data not available" for reasons for removal and key health indicators;
- Provide a data field to identify permanent placement with the father in the Child Case Status record when termination has occurred for the mother;^{xx}
- Provide a data field to identify subsidized guardianship as permanency goal or status (per the recently enacted *Fostering Connections to Success and Increasing Adoptions Act, P.L. 110-351*).
- Ensure that full permanency planning and outcome data can be entered and saved in the Child Case Status record on an ongoing basis so that a full record of information is available and reflects change over time; and
- Strengthen internal quality assurance checks to identify out-of-range and inconsistent values, dates or status.

Consider sponsoring and conducting a workload analysis to assess the time and resources spent on ZTT cases in each jurisdiction. With this information, consider whether development of a dedicated unit of social workers for ZTT cases would be a viable strategy for child welfare agencies to adopt.

9. *Needs assessment*

Conduct annual needs assessments at each Court Team site in order to identify gaps in the service continuum and identify training needs in the community (*Child-focused services, Mental health intervention, Parenting education, Training*).

G. Stakeholder Perspectives on the Benefits of the Court Team Model

When asked about the benefits of the Court Team model for children and families, stakeholders in each jurisdiction—and from multiple disciplines—provided thoughtful testimonials about the value of the approach from their perspective.^{xxi} Common themes expressed across sites pertained to the value of the hard work involved in staffing infant and toddler cases; having the court, child welfare, and service providers pull together as a more cohesive team to collaborate in serving vulnerable children and families; and having multiple parties provide diligent, and caring oversight to foster accountability.

To this end, one stakeholder in Fort Bend County, TX, attributed improved outcomes for infants and toddlers to the "watchful eye of ZTT." In Orleans Parish, LA, stakeholders commented on the

collective oversight role of the Court and child welfare. One noted that “all parties are involved and are very aware of what is going on in the cases.” Others observed that the Court Team process “makes the work of all parties better” and “keeps all on their toes.” A stakeholder in Polk County, IA, emphasized the collective importance of the approach for families: “Through the oversight, interventions, and monthly support, the Court, child welfare, and service provider collaboration conveys a strong message to parents: ‘This is] what I need to do in order to be a good parent and get my kids back.’ It’s not, ‘We’ll take the kids and get back to you.’” In this regard, the Court Team approach was perceived as one that emphasized healing maltreated infants and toddlers, providing services to assist troubled parents, and wrapping families in a community’s support while holding parents accountable for their actions. In Forrest County, MS, one stakeholder observed, “ZTT is the trunk of the tree and the agencies are the branches . . . There are more minds wrapped around the family, resources are available. It is a better, resource-rich vehicle for helping families, with enforcement from the Judge. It is a much richer model.”

H. Conclusions

Evaluation findings indicate that the Court Team for Maltreated Infants and Toddlers is a promising approach for promoting greater collaboration between the courts, child welfare, and the community to meet the needs of very young children in foster care and to realize positive safety, permanency, and well-being outcomes. For the 186 infant and toddler cases examined, key findings are that 99.05 percent were protected from further maltreatment while under court supervision, 95 percent achieved permanency, and 97 percent received needed services to meet identified needs, particularly for routine pediatric care and developmental screenings and services.

Elements of the Court Team model that were fully implemented included judicial leadership guided by knowledge of child development; the liaison role of the community coordinator to coordinate case management and ensure communication and information sharing among multiple parties; teams comprised of networked community stakeholders to provide an array of child-focused services; an emphasis on kinship care to foster placement stability; individualized, supervised family contact (visitation) to promote parent-child bonding and attachment; and high utilization of local and national training on child development, sponsored by ZTT. Aspects of the model that were found to be unevenly implemented across the sites were infant mental health services and evidence-based parenting education services. A greater focus on formalizing Court Team procedures and processes in each jurisdiction is suggested in order to institutionalize practices and foster financial and programmatic sustainability, as well as to strengthen the collaboration between the courts and child welfare to effect systems change and maintain a “watchful eye” on infants and toddlers under their supervision and in their care.

Endnotes

- ⁱ U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2009). *Child Maltreatment 2007*. Washington, DC: U.S. Government Printing Office.
- ⁱⁱ Wulczyn, F. & Hislop, K. (2002). Babies in foster care: The numbers call for attention. *ZERO TO THREE Journal*, (22) 4, 14-15.
- ⁱⁱⁱ Ibid.
- ^{iv} Ibid.
- ^v Silver, J. & Dicker, S. (2007). Mental health assessment of infants in foster care. *Child Welfare*, (22) 5, 35-55.
- ^{vi} Lederman, C.S., Osofsky, J.D., & Katz, L. (2001). When the bough breaks the cradle will fall: Promoting the health and well-being of infants and toddlers in juvenile court. *Juvenile & Family Court Journal*, 52 (4), 33.
- ^{vii} At the time the grant proposal was submitted in June 2006, Orleans Parish Juvenile Court had not yet implemented the Court Team model, thus it was not included in the outcome evaluation.
- ^{viii} Flango, V. E. & Kauder, N. (2008). *Court Performance Measures in Child Abuse and Maltreatment Cases: Key Measures*. Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice and Children's Bureau, U.S. Department of Health and Human Services.
- ^{ix} According to the U.S. Department of Health and Human Services, the 2003 guideline for a four-person family was \$20,650.
- ^x National Child Welfare Resource Center for Organizational Improvement (Summer/Fall 2009). *Improving Child Welfare/Court Collaboration*. University of Southern Maine, Edward S. Muskie School of Public Service.
- ^{xi} Carnochan, S., Taylor, S., Abramson-Madden, Han, M., Rashid, S., Maney, J., *et al.* (2007). Child welfare and the Courts: An exploratory study of the relationship between two complex systems. *Journal of Public Child Welfare*, 1 (7), 117-136.
- ^{xii} Nissen, L.B., Merrigan, D., & Kraft, M.K. (2005). Moving mountains together: Strategic community leadership and systems change. *Child Welfare*, 84 (2), 123-140.
- ^{xiii} Abernathy, P.L. & Hall, M.A. (2009). Improving outcomes for infants and toddlers in the child welfare system. *ZERO TO THREE Journal*, 29 (26), 28-33.
- ^{xiv} Kreger, M., Brindis, C.D., Manuel, D.M., & Sassoubre, L. (2007). Lessons learned in systems changes initiatives: Benchmarks and indicators. *American Journal of Community Psychology*, 39, 301-320.
- ^{xv} Fixsen, D.L., Naoom, S.F., Blasé, K., Friedman, R.M., & Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: National Implementation Research Network (FMHI Publication #231).
- ^{xvi} Edwards, L. (2003). Judicial oversight of parental visitation in family reunification cases. *Juvenile and Family Court Journal*, 54 (3), 1.
- ^{xvii} Burry, C.L. & Wright, L. Facilitating visitation for infants with prenatal substance exposure. *Child Welfare*, 85 (6), 899-918.
- ^{xviii} Johnstone, T., Miller, M.K. (2008). The Court's role in promoting comprehensive justice for pregnant drug and alcohol users. *Juvenile & Family Court Journal*, 59 (3), 39.
- ^{xix} Malbin, D.V. (2004). Fetal Alcohol Spectrum Disorder and the role of the Family Court Judge in improving outcomes for children and families. *Juvenile and Family Court Journal*, 55, 2, 53-60.
- ^{xx} Malm, K., Murray, J. and Geen, R. (2006). *What about the Dads? Child Welfare Agencies' Efforts to Identify, Locate, and Involve Nonresident Fathers*. Washington, D.C.: The U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.
- ^{xxi} Stakeholders tended to refer to either the "Court Team" or simply "Zero To Three."

This page is intentionally left blank