



Child and family outcomes of the Safe Babies Court Team – A scoping review

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ABSTRACT

Children under the age of three are frequently removed from their home and placed in foster care, resulting in critical impediments to their development and well-being. These placements result in significant short and long-term economic costs. The Safe Babies Court TeamTM (SBCT) intervention was created to provide an alternative to the traditional welfare system by serving the needs of parents and children with a multidisciplinary team led by a judge and child welfare leader trained in trauma-informed practice and infant mental health. The SBCT intervention has been implemented across states and counties within the United States to various extents: certain locations have only implemented partial elements of the intervention or have extended it to children up to five years of age. Many of the SBCT implementations have published reports which discuss the methods and outcomes seen in each court. This scoping review aims to comprehensively characterize the effects of SBCT, both child-centered and economic, across the different implementations. We summarize forty articles and reports that document outcomes for children, families, and courts served by SBCT sites across the United States. Overall, SBCT was shown to be promising for children and families who underwent the intervention through positive outcome comparisons. SBCT may have positive economic benefits by reducing labor costs and out-of-home payments in the short-term, though long-term studies are needed for more comprehensive conclusions.

1. Background

Infancy is a critical time of development. Children's brains are developing rapidly in this time, and stable connections to caregivers and culture make lifelong impressions on the trajectory of a child's life (Medicine & National Research Council, 2000). Nationally, there are more infants and toddlers in state care than any other age group. According to the most recent Adoption and Foster Care Analysis and Reporting System (AFCARS) report, 31% of all children in foster care in 2019 were ages 0–3 (Children's Bureau, 2020). Very young children are not equipped to regulate traumatic reactions or protect themselves and can experience profound negative emotions and developmental changes (Peterson, 2018). Maltreatment and repeated stress affect brain development through changes in anatomical structure, activity, hormone regulation, and epigenetics (Child Welfare Information Gateway, 2015; McLaughlin, Weissman, & Bitrán, 2019; Teicher, Samson, Anderson, &

Ohashi, 2016). These changes may manifest as persistent fear response, hyperarousal, increased internalizing, diminished executive functioning, delayed developmental milestones, weakened response to positive feedback, and difficulty in social situations (Child Welfare Information Gateway, 2015).

The impact of adversity faced in infancy persists far past childhood. Adverse childhood experiences (ACEs) such as child maltreatment, exposure to violence, and family dysfunction have a negative impact on long-term health, and ACEs are positively correlated with the risk of multiple health risk behaviors and diseases occurring in adulthood (Centers for Disease Control and Prevention, 2021). Children in foster care are more likely to experience ACEs than other children (Turney and Wildeman, 2017).

The economic consequences of ACEs are staggering. (Peterson et al., 2018) estimate a lifetime cost of \$830,928 (in 2015 dollars) per child maltreatment victim and \$16.6 million per child maltreatment fatality

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(Peterson et al., 2018). This estimate includes costs of healthcare, child welfare, criminal justice, special education, and monetized quality-adjusted life years to incorporate intangible costs of suffering and follows recent federal guidance on appropriate cost estimation methods. Substantiated child maltreatment cases in 2015 represent \$428 billion of national economic burden over the lifetime of the children (Peterson et al., 2018). By reducing these significant lifetime costs, early interventions are likely to be highly cost-effective. Promising economic returns have been shown for early childhood interventions such as Head Start, the Abecedarian program, and the Perry Preschool Project (Karoly et al., 2005).

Another such early intervention is the Safe Babies Court Team™ (SBCT) program. SBCT is a collaborative, trauma-informed approach to resolving child maltreatment cases for infants and toddlers aged 0–3 (The Safe Babies Court Team™ Approach, n.d.) It is child-focused and serves the needs of parents and children with a multidisciplinary team led by a judge and child welfare leader trained in trauma-informed practice and infant mental health. SBCT aims to improve the safety, permanency, and well-being of vulnerable infants and toddlers. The intervention was created with the goal of changing the trajectory for infants and toddlers in foster care. SBCT puts equal emphasis on engaging with parents and guardians as it does with the children in order to reunify families and keep them together permanently. The program relies on ten core components in order to accomplish these goals: judicial and child welfare leadership, a local community coordinator, an active community team, family team meetings, a continuum of services for families and children, meeting parents where they are, building social supports and nurturing parents' relationships, visitation and/or frequent family time, concurrent planning, and systemic commitment to using data to continuously improve and learn (The Safe Babies Court

Team™ Approach, n.d.). Outcomes that measure these core goals are broadly defined, and include time to permanency, repeat maltreatment of children, and infant mental health. National and state goals for child safety, permanency, and well-being reflect a national consensus on the need for improving outcomes for infants and toddlers in state care (Child Welfare Information Gateway, 2017a).

In this paper, we aimed to characterize the health, social, and economic impacts of the SBCT intervention via a scoping review. Specifically, we sought to answer the following question: how does the Safe Babies Court Team™ intervention affect state systems, children, and families? A scoping review aligns with this broad question and provides a method to map heterogeneous outcomes (Arksey and O'Malley, 2005). To our knowledge, no scoping review with this focus has been conducted thus far. Our ultimate goal of this paper is to narratively map outcomes across implementations and states, thereby evaluating and underlining the utility of the SBCT program.

2. Methods: A scoping review

2.1. Search strategy

Ten databases were searched for peer-reviewed literature: Web of Science (SSCI), Social Services Abstracts, ProQuest Social Sciences, Social Science Research Network, HeinOnline, Nexis Uni, LegalTrac, PsychINFO, ProQuest Dissertations and Theses, and ERIC. Additionally, Google, Google Scholar, Zero to Three, Casey Family Programs, California Evidence-Based Clearinghouse, ABA Center on Children and the Law, National Center for Children in Poverty, IssueLab, ReadyNation, Crime Solutions, and 13 websites of implementing states and evaluation centers were searched for non-peer reviewed reports.

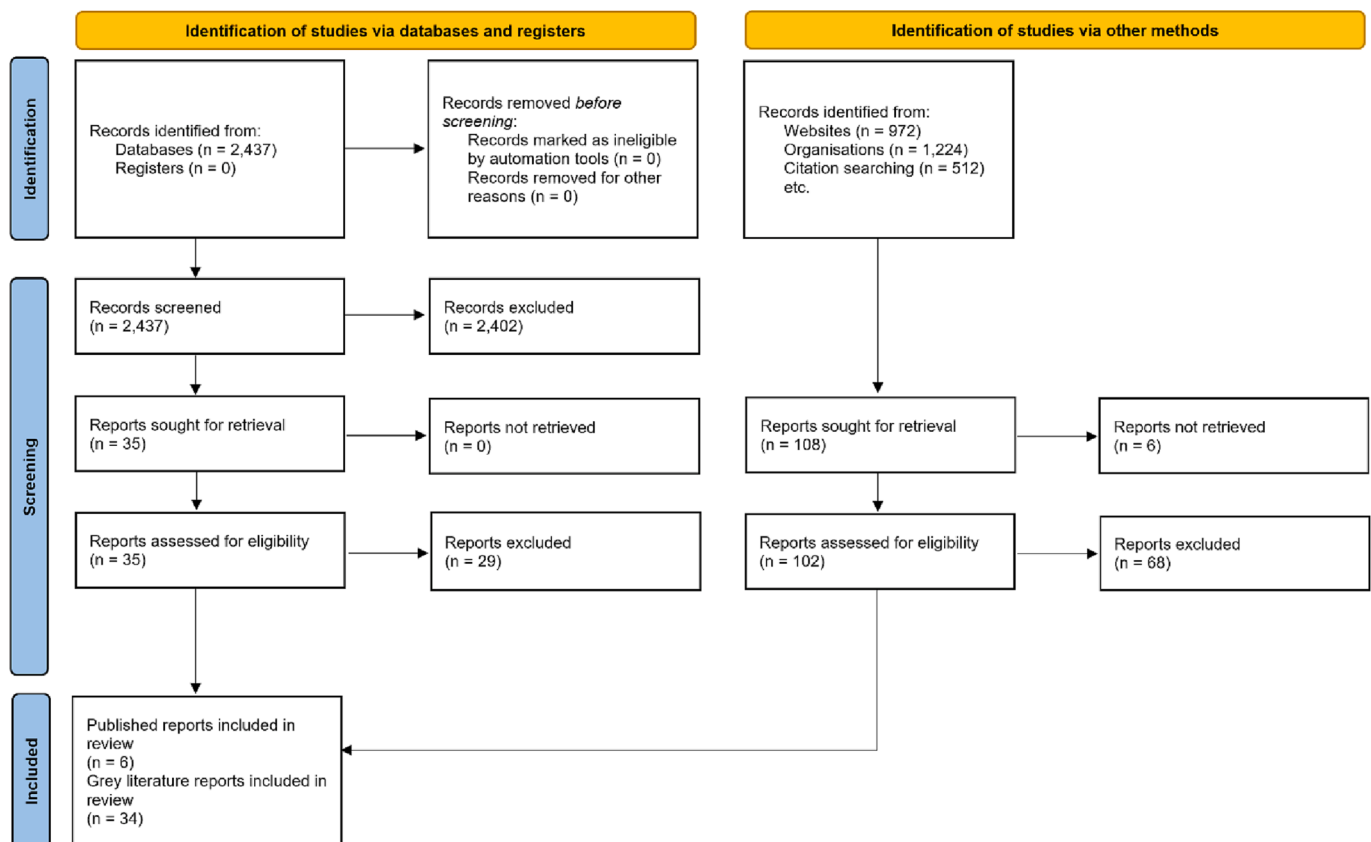


Fig. 1. PRISMA flow chart of the search process.

In consultation with experts in programs for children in state custody, final searches were highly targeted to the SBCT program itself through searching by implementation names, including historical predecessor programs. Given the limited literature on the topic and specific nature of the SBCT program, broader search concepts were not added. All searches included the implementation names below in title and abstract fields:

“safe babies court” OR “safe baby court” OR “safe baby courts” OR sbct OR “early childhood court” OR “best for babies” OR “cradles to crayons” OR “infant-toddler court” OR “infant toddler court” OR “Court Teams for Maltreated Infants and Toddlers” OR “healthy infant court” OR “infant team” OR “baby court” OR “Miami model” OR “miami childhood well-being model” OR “Milford court team”

2.2. Study eligibility

Inclusion criteria were presentation of quantified outcome or economic data regarding one or more Safe Baby Court Teams™ implementations and English language. Qualitative papers such as process evaluations, implementation science evaluations, or SBCT-related surveys were excluded. Sites noting a limited implementation of SBCT intervention components were also excluded. Last, preliminary or secondary reports were excluded when relevant comprehensive reports were available, such as conference presentations, infographics, or executive summaries of available reports.

2.3. Literature screening and synthesis

The ten databases of peer-reviewed literature were searched in May 2021 with no date limits and the websites of non-peer reviewed reports were searched between May and October 2021.

A single reviewer performed title and abstract screening of results from database sources. Relevant articles and all non-peer reviewed sources were full text reviewed. The first ten pages of results were reviewed for each search in Google, Google Scholar, and individual websites. Included documents were searched by hand for further references.

An online spreadsheet shared with all team members was used for data extraction. Verification of data extraction was performed by a different reviewer. Themes were developed iteratively from the literature. Outcomes were defined post-search from papers that reported quantitative results and measures of success (or otherwise) in those categories. Subgroup analyses were excluded, but outcomes were included if they could apply to all SBCT children. The eight outcomes examined in this analysis are time to permanency, reunification, placement stability, repeat child maltreatment, access to services, visitation, infant mental health, and equity. Definitions for each outcome are included in Sections 3.1.1–3.1.8 below.

A secondary review of economic evaluations was also conducted. Economic evaluations of the SBCT intervention and other similar interventions serving a population of custodial/at risk of becoming custodial infants and toddlers were included, to give perspective on multiple methodologies that may be used to assess the SBCT program. Relevant results are synthesized in a brief economic commentary in this review since the economic impacts of the SBCT program can only be judged in the context of the health and social impacts of the program. The costs analyzed for each economic study are listed, and a narrative review of economic effects is provided. The commentary format also allowed for flexibility in handling several iterations of exploring the economic question.

3. Results

In total, 40 relevant documents about child and family outcomes, economic outcomes, or both, were included in this review. Six were

Table 1
Number of studies reporting effect of SBCT on measured outcomes.

	Time to Permanency (n = 24)	Reunification (n = 22)	Placement Stability (n = 10)	Repeat Child Maltreatment (n = 20)	Access to Services (n = 6)	Visitation (n = 7)	Infant Mental Health (n = 2)	Equity (n = 4)
Positive	16	6	3	8	2	1	0	3
Neutral	2	2	0	4	0	0	0	1
Negative	0	1	0	0	0	0	0	0
No Comparator	6	13	7	8	4	6	2	n/a

Table 2
Effect of SBCT on time to permanency.

Positive	1. (McCombs-Thornton and Foster, 2012)* 2. (Casanueva et al., 2017) 3. (Casanueva et al., 2019) 4. (Faria et al., 2020)* 5. (Couch, 2018) 6. (Florida's Early Childhood Court: Improving outcomes for infants and toddlers in Florida's dependency court., 2016)* 7. (Xu, 2017)* 8. (Florida's Early Childhood Court data analysis report., 2020) 9. (How did Cradle to Crayons adapt the Safe Babies Court Team approach in Maricopa County, 2020) 10. (Beilke and Fisher, 2020) 11. (Stacks et al., 2020) 12. (Orme et al., 2019) 13. (Orme et al., 2020) 14. (Krysiak et al., 2016)* 15. (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018) 16. (Jones-Taylor, 2019)
Neutral	1. (Ming, 2018)^ 2. (Falconer and Sutherland, 2017)^
Negative	none
No comparator	1. (Hafford and Desantis, 2009) 2. (State of Tennessee Safe Baby Court Annual Report – 2020, 2021) 3. (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018) 4. (Anonymous, 2020) 5. (van Doorninck et al., 2018) 6. (Mulvaney, 2020)

^statistical testing performed, *statistical testing performed and statistical significance found.

published articles and 34 were organizational reports, websites, or other non-peer reviewed (grey) sources. Fig. 1 displays the PRISMA flowchart of the search process.

Results have been divided into two sections, one focusing on family and child-centric outcomes and the other focused on economic outcomes. Thirty-four of the forty included studies quantified child and family outcomes and are included in the outcome results tables below. Eight of forty documents reported economic evaluations of the SBCT process. Six of these retrieved economic evaluations did not include other outcomes, while two documents contained both economic and outcome evaluations. Six additional documents were unable to be retrieved, but from citations likely met inclusion criteria (five outcome evaluations, one economic evaluation).

Studies included in each of the results sections varied in terms of length of follow-up, number of counties, and statistical methods used. In some cases, due to shorter follow-up time or lack of counties, evidence found may be less reliable than results in the multi-year, multi-site studies. For the reader's convenience, each study has been characterized in Appendix III by type, length, and number of counties. The studies characterized vary widely; some are based on a single site, while others use data from up to nineteen sites. While some of the published analyses focus on a single county or state, others use data from across implementations and geographical location. The studies began as early as 2008 (while other reports date within the last five years), and some sites have just a year of published data while others have ten years of data. Analysis methods range from descriptive outcomes to Cox models, logistic regressions, t-tests, and competing risks analysis.

Broader takeaways about positive elements of SBCT may be difficult to characterize from the included studies, though all studies generally found that SBCT yielded better or no worse results than standard of care.

3.1. Outcome evaluations (non-economic)

Five multi-state evaluations of child and family outcomes from SBCT have been conducted, and Florida and Tennessee have produced annual

Table 3
Effect of SBCT on reunification with parent/caregiver.

Positive	1. (McCombs-Thornton and Foster, 2012)* 2. (Falconer and Sutherland, 2017)* 3. (Stacks et al., 2020) 4. (Krysiak et al., 2016) 5. (Caporaso and Huddleston, 2020) 6. (Jones-Taylor, 2019)
Neutral	1. (Florida's Early Childhood Court data analysis report., 2020) 2. (Xu, 2017)^
Negative	1. (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018)
No comparator	1. (Hafford and Desantis, 2009) 2. (State of Tennessee Safe Baby Court Initiative., 2019) Annual Report; 2020) 3. (State of Tennessee Safe Baby Court Annual Report – 2020, 2021) 4. (Impacting Young Lives Throughout Arizona: 2019 Annual Report, 2019) 5. (Annual Report of Operations: July 1, 2016- June 30, 2017, n.d.) 6. (Orme et al., 2019) 7. (Orme et al., 2020) 8. (Anonymous., 2019) 9. (Johnson et al., 2014) 10. (Ripley, 2020) 11. (van Doorninck et al., 2018) 12. (Mulvaney, 2020) 13. (How did Cradle to Crayons adapt the Safe Babies Court Team approach in Maricopa County, 2020)

^statistical testing performed, *statistical testing performed and statistical significance found.

state-level outcomes reports (Additional Resources, n.d.; Early Childhood Courts, 2022). Multi-year analyses have been conducted in Florida and Arizona as well, e.g. *Florida's Early Childhood Court Data Analysis Report* from 2020. Several implementing counties such as Tulsa County, OK (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018), and Pierce County, WA (Orme et al., 2020), also provided brief reports of SBCT outcomes, often from the first year of SBCT. Overall, SBCT has been shown to promote permanency, safety, and child well-being equitably for all children in a wide variety of implementation scenarios, though not all studies show a positive impact in all measured areas. Across all outcome measures, one study with a comparator showed a negative impact on reunification.

Table 1 breaks down the results of the 34 studies by outcome, indicating whether the study had a non-SBCT comparison group and if so, whether the SBCT group compared positively or negatively to the control group. The "Neutral" row includes studies that found no impact or a mix of positive and no impact/negative results. If no control group was included in the study, it is included in the "No Comparator" row of the table. Equity outcomes are reported by comparison between groups such as race/ethnicity or gender, rather than in comparison to a non-SBCT cohort.

In the sub-sections below, the effect of SBCT on each of the eight outcomes are described in detail.

3.1.1. Time to permanency

Time to permanency is a major outcome for the SBCT intervention, included in all national studies and nearly all other types of evaluation. National reporting standards utilize three definitions of permanent exits from foster care: reunification, permanent guardianship, and adoption (Child Welfare Outcomes, 2018). These three types of exits from foster care are often used in SBCT evaluations as well, while some reports provide additional detail such as relationship to permanent guardian (McCombs-Thornton and Foster, 2012).

The majority of studies reporting time to permanency provide some comparison to non-SBCT cases (Table 2) and found that the effect of SBCT on time to permanency was positive. The Administration Children and Families' Child and Family Services Review (CFSR) provides a national target for this measure: nationally, 42.7% of all children who

Table 4
Effect of SBCT on placement stability.

Positive	1. (Beilke and Fisher, 2020) 2. (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018) 3. (Krysiak and Sayrs, 2017) *
Neutral	1. (Beilke and Fisher, 2020) 2. (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018) 3. (Krysiak and Sayrs, 2017) *
Negative	none
No comparator	1. (Casanueva et al., 2017) 2. (State of Tennessee Safe Baby Court Initiative, 2019) <i>Annual Report</i> ; 2020) 3. (State of Tennessee Safe Baby Court Annual Report – 2020, 2021) 4. (Falconer and Sutherland, 2017) 5. (HB581, 2017) 6. (Breaky, 2019) 7. (Anonymous, 2020)

^statistical testing performed, *statistical testing performed and statistical significance found.

enter foster care exit to permanency within 12 months (Children's Bureau, 2019a). More details about specific numbers and studies relating to time to permanency can be found in the [Appendix II](#) under the sub-header "Time to permanency details."

3.1.2. Reunification

National initiatives have named reunification as the ideal permanency outcome for all foster care initiatives since passage of the Adoption and Safe Families Act of 1997 (Child Welfare Information Gateway, 2017b). Long-lasting permanency is a stated goal of the SBCT intervention, and reunifying young children with their parents is the only named permanency outcome (The Safe Babies Court Team Approach: Core Components and Key Activities, 2020), marking the importance of reunification. Not all cases are able to achieve reunification, and SBCT evaluations of type of placement achieved also commonly used the same definitions of permanent exits from foster care as national standards: reunification, permanent guardianship, and adoption (Child Welfare Outcomes, 2018). CFSR does not provide a national target for this outcome.

Data on type of exit from foster care presents a mixed picture of the effect of SBCT (Table 3). In some studies, reunifications and permanent guardianship are more common for SBCT cases, but in others there is no difference in type of exit between SBCT and non-SBCT cases. Further, one single site indicated fewer exits to reunification for SBCT children. The majority of studies discussing placements and reunification had no comparator, and while some of the longer-term and multi-site studies found positive comparisons to control groups, there was some conflicting evidence from another rigorous study (Florida's Early Childhood Court Data Analysis Report, 2020) that the effect of SBCT on reunification with parents/caregivers was minimally positive.

More details about specific numbers and studies relating to placements/reunification can be found in [Appendix II](#) under the sub-header "Reunification details."

3.1.3. Placement Stability

Limiting the number of placements is a stated objective of the SBCT approach and is commonly measured. The national target from CFSR is less than 4.1 moves per 1000 days in care (Children's Bureau, 2019b),

Table 5
Effect of SBCT on repeat child maltreatment.

Positive	1. (Falconer and Sutherland, 2017) 2. (Impacting Young Lives Throughout Arizona: 2019 Annual Report, 2019) 3. (How did Cradle to Crayons adapt the Safe Babies Court Team approach in Maricopa County, 2020) 4. (Krysiak et al., 2016) 5. (Krysiak and Sayrs, 2017) 6. (Florida's Early Childhood Court: Improving outcomes for infants and toddlers in Florida's dependency court., 2016) 7. (Jones-Taylor, 2019) 8. (Beilke and Fisher, 2020)
Neutral	1. (Faria et al., 2020)^ 2. (Florida's Early Childhood Court data analysis report., 2020)^ 3. (Ming, 2018)^ 4. (Xu, 2017)^
Negative	none
No comparator	1. (Hafford and Desantis, 2009) 2. (Casanueva et al., 2017) 3. (Couch, 2018) 4. (Breaky, 2019) 5. (Anonymous, 2020) 6. (Anonymous., 2019) 7. (Ripley, 2020) 8. (Mulvaney, 2020)

^statistical testing performed, *statistical testing performed and statistical significance found.

Table 6
Effect of SBCT on access to services.

Positive	1. (Casanueva et al., 2017) 2. (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018)
Neutral	none
Negative	none
No comparator	1. (State of Tennessee Safe Baby Court Initiative, 2019) <i>Annual Report</i> ; 2020) 2. (State of Tennessee Safe Baby Court Annual Report – 2020, 2021) 3. (HB581, 2017) 4. (Ripley, 2020)

^statistical testing performed, *statistical testing performed and statistical significance found.

and direct comparison to national averages or non-SBCT data has only been performed in two sites, where SBCT was found to have a positive impact in the population (Table 4) (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018; Beilke and Fisher, 2020; Krysiak and Sayrs, 2017). Number of placements was more commonly reported with no comparison to national standards or non-SBCT data. More details about specific numbers and studies relating to placement stability can be found in [Appendix II](#) under the sub-header "Placement stability details."

3.1.4. Repeat child maltreatment

CFSR provides two national targets for repeat child maltreatment, commonly referred to as re-reports or re-entries (Krysiak et al., 2016). The first national target for repeat child maltreatment is that 9.5% or less of children with a substantiated or indicated maltreatment report will experience a second substantiated or indicated maltreatment report within 12 months (Children's Bureau, 2019c). The second national target is 8.1% or less of children who exit foster care will re-enter state custody within 12 months (Children's Bureau, 2019d). Repeat child

Table 7
Effect of SBCT on visitation.

Positive	1. (Caporaso and Huddleston, 2020)
Neutral	none
Negative	none
No comparator	1. (Hafford and Desantis, 2009)
	2. (Casanueva et al., 2017)
	3. (Faria et al., 2020)
	4. (State of Tennessee Safe Baby Court Initiative, 2019) <i>Annual Report</i> ; 2020)
	5. (State of Tennessee Safe Baby Court Annual Report – 2020, 2021)
	6. (HB581, 2017)

^statistical testing performed, *statistical testing performed and statistical significance found.

Table 8
Effect of SBCT on infant mental health.

Positive	none
Mixed	none
Negative	none
No comparator	1. (Stacks et al., 2019)
	2. (Stacks et al., 2020)

^statistical testing performed, *statistical testing performed and statistical significance found.

maltreatment is commonly reported in SBCT evaluations with some variance in definition and with the time period not always aligning with either of the two CFSR targets. Reopening closed cases (Faria et al., 2020), and indicated or substantiated maltreatment (Falconer and Sutherland, 2017) have both been used to measure this outcome; time periods of six months (Hafford and Desantis, 2009), one year (Casanueva, Harris, Burfiend, & Smith, 2017; Krysik et al., 2016) or until the end of a data collection period (Faria et al., 2020; Jones-Taylor, 2019) have been reported.

Though more recent results have shown no significant reduction in comparison to local groups (Faria et al., 2020; Florida's Early Childhood Court data analysis report, 2020), the effect of SBCT on repeat maltreatment is generally positive and below the national average (Table 5). More details about specific numbers and studies relating to repeat maltreatment can be found in Appendix II under the sub-header "Repeat child maltreatment details."

3.1.5. Access to services

Given their prevalence of health issues, children in foster care are considered a population with special health care needs (Szilagyi et al., 2015), and access to screening, health, and mental health services is vital. CFSR does not provide a national target for this outcome. SBCT helps children and families access the services they need at very high rates through screening and supporting access to a variety of providers (Table 6), though this has only been measured in comparison to children served through other programs in one multi-site study (Casanueva et al., 2017) and one single-site study (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018). More details about specific numbers and studies relating to access to services can be found in Appendix II under the sub-header "Access to services."

3.1.6. Visitation

Frequent family time supports reunification and improved mental health for children in care (How can frequent, quality family time promote relationships and permanency, 2020). CFSR does not provide a national target for this outcome. SBCT programs have not typically reported visitation in the context of national standards or comparison

Table 9
Effect of SBCT on equity.

Positive	1. (Casanueva et al., 2019)^
	2. (Ming, 2018)^
	3. (Xu, 2017)*
Neutral	1. (Florida's Early Childhood Court data analysis report., 2020)
Negative	none
No comparator	n/a

^statistical testing performed, *statistical testing performed and statistical significance found.

Table 10
Economic evaluations.

Citation	Economic Evaluation Components
(Foster and McCombs-Thornton, 2012)	• Labor • Out of home payment • Service utilization
(2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018)	• Court costs • Out of home payment
(Florida's Early Childhood Court: Improving outcomes for infants and toddlers in Florida's dependency court., 2016)	• Labor • Out of home payment • Recidivism
(Magruder et al., 2019)	• Labor
(2018-2019 Early Childhood Court Evaluation: Executive Summary, 2019)	• Labor
(Court, 2019)	• Labor
(Florida's Early Childhood Courts: Return on investment., 2019)	• Labor • Out of home payment • Recidivism
(The Safe Babies Court Team approach: Cost document., 2020)	• Labor • Out of home payment • Service utilization

groups (Table 7), with just one single-site study comparing SBCT and non-SBCT visitation frequency (Caporaso and Huddleston, 2020). More details about specific numbers and studies relating to visitation can be found in Appendix II under the sub-header "Visitation."

3.1.7. Infant mental health

Evidence-based programs such as child-parent psychotherapy improve infant mental health by promoting secure attachment and reducing behavioral problems in very young, maltreated children (Osofsky et al., 2007; Stronach, Toth, Rogosch, & Cicchetti, 2013). Further, infant mental health treatments must use carefully evaluated and selected methodologies, or risk exclusion from court processes (Clark and Sprang, 2008). Child-parent psychotherapy has brought evidence-based mental health services into the SBCT process (Hafford and Desantis, 2009). As seen above in the Access to Services outcome, SBCT children generally have increased access to child-parent psychotherapy, and thus may experience improved well-being. Two single-county studies examined the effects of infant mental health home visiting and child-parent psychotherapy in the context of SBCT (Table 8), finding likely improvement in infant mental health through program completion (Stacks, Barron, & Wong, 2019; Stacks, Wong, Barron, & Ryznar, 2020). Instead of using comparison to a non-SBCT group, the studies in Table 8 ran pre- and post-tests on parents and SBCT children to examine effects of the intervention on this outcome. Improvement was generally observed in parental and infant behaviors between the pre- and post-tests. More details about specific numbers and studies relating to infant mental health can be found in Appendix II under the sub-header "Infant mental health."

3.1.8. Equity

Focusing specifically on the population typically served by the SBCT intervention, children aged 0–4 years with substance use in the

household, national data shows racial disparity in rates of reunification (Lloyd Sieger, 2020). Children of color in this population nationally were less likely to reunify with a caregiver than other children (Lloyd Sieger, 2020). "SBCTs focus intensively on... removing barriers to racial equity and social justice" (The Safe Babies Court Team Approach: Core Components and Key Activities, 2020), and data from a limited number of studies shows SBCT may be effective in reducing this disparity (Table 9). Equity was studied by comparing outcomes between SBCT children of different races or genders, rather than comparison to a non-SBCT group, and results showed that SBCT may be effective in reducing disparity. More details about specific numbers and studies relating to equity can be found in Appendix II under the sub-header "Equity."

3.2. Economic commentary

3.2.1. Short-term economic evaluations

Short-term economic evaluations show that the SBCT approach likely reduces costs within the first year of investment. Eight short-term economic evaluations were available for this review (Table 10).

Cost savings analyses performed in Florida suggest substantial annual savings to the state if all courts transitioned to the SBCT model (Florida's Early Childhood Courts: Return on Investment, 2019). Their most recent reporting of cost incorporates a labor cost analysis, projected savings from reduced out-of-home payment, and projected savings from reduced recidivism as both savings per child (\$6,284/child) and statewide annual savings (\$113 million/year) in 2019 dollars.

A broader analysis also focused on costs within a single year was performed in 2012 (Foster and McCombs-Thornton, 2012). This study similarly included labor costs and reduced out-of-home payments and further included costs of meetings/hearings and services utilized because of SBCT recommendations. Foster and McCombs-Thornton found that the taxpayer recoups 70% of the direct costs of the SBCT approach in the first year alone. In a later report from ZERO TO THREE, annual savings outpaced direct costs by 64%; increased child welfare and healthcare system savings were reported in comparison to the Foster & McCombs-Thornton analysis (The Safe Babies Court Team approach: Cost Document, 2020). ZERO TO THREE's analysis has been cited in a letter of support for increased federal funding to SBCT interventions signed by 31 organizations (Anonymous, 2020b).

Cost savings alone do not indicate a successful program, as the most important aspect of a child services program is to improve the health and wellness of children served. Each of these cost analyses was preceded by positive permanency outcomes compared to non-SBCT cases. For example, prior to the economic analysis of (Foster and McCombs-Thornton, 2012), the authors conducted a study of child and family outcomes. In that study permanency was achieved for SBCT children faster than matched non-SBCT children for all permanency types (McCombs-Thornton and Foster, 2012).

3.2.2. Long-term economic evaluations

No study has observed or predicted return on investment of SBCT over a timeframe greater than one year. ZERO TO THREE stated that cost-savings from SBCT are likely to continue to accrue over the long term, but do not calculate this value (The Safe Babies Court Team Approach: Cost Document, 2020). These likely savings in the long-term are in line with well-established economic theory called the Heckman Curve (The Heckman Curve, 2014).

4. Discussion

There is some evidence that the SBCT intervention reduces time to

permanency and improves child and family well-being compared to traditional family courts. Children in the intervention are protected from further maltreatment at least as well as those served by family courts; there is some evidence for a significant reduction in maltreatment but results are mixed overall. Many of the longer-term studies find fewer or less significant positive benefits over time than those of their one-year counterparts. SBCT may improve achievement of reunification in some settings and equitable attainment of positive outcomes.

It is likely that reasons for mixed results in longer-term studies are a result of different implementations of SBCT across courts and counties, and what resources are available to each. A similar understanding could be applied to the study that found SBCT to have a worse reunification outcome than non-SBCT children. Certain counties might have access to more of the evidence-based therapies that have been proven to work, and the implementation of individual components is not always reported in detail. Furthermore, while SBCT includes a multitude of services, and the components that lead to better outcomes are not fully understood yet. Generally, SBCT is a promising approach that should be further studied with increasing experimental rigor, richer comparisons to control groups, and longer timeframes.

The hybrid model of serving both custodial and non-custodial children in Rankin County, MS was praised by a 2017 report and recommended for further study (Casanueva et al., 2017). However, data on non-custodial children served by SBCT is currently not well reported, and it is not always clear which jurisdictions serve non-custodial children.

There are several other limitations in SBCT evaluations to date. One pervasive challenge in assessing the SBCT literature is missing data. Cases that remain active may have different eventual outcomes, such as longer time to permanency, that go unreported in annual reports or site snapshots. Therefore, some cases with poor outcomes may be unintentionally excluded from program statistics available at this time. Relatedly, the majority of outcome evaluations include cases within a 12-month window from case closure or do not describe length of follow-up. For this reason, it is difficult to assess reported variations in follow-up measures such as continued placement stability and repeat maltreatment with confidence. Six original reports are no longer accessible; it is unknown how missing data from the original analyses would affect results overall.

Reports often do not include a full description of the definitions in use and justification for case inclusion/exclusion. Heterogeneity in these definitions, such as with child maltreatment as discussed above, limit confidence in comparability. Permanency comparisons across states may likewise be limited by different definitions and legally recognized options for permanency. Some studies compared SBCT data to non-SBCT cases, but this was not consistent across all studies or all outcomes. Comparison to national data across all outcomes would help show the strengths of the SBCT approach.

Site-specific factors impacting outcomes have not been fully explored. As can be seen in comparing county-level reports in Florida, outcomes can trend in different directions site to site. Therefore, single site evaluations should be treated with caution as all variables impacting outcomes are not known. Additionally, future research may be useful to further understand why these site-to-site differences occurred. While there is a national model and coordination in implementing SBCT consistently (The Safe Babies Court TeamTM Approach, n.d.), local constraints may limit the ability of sites to implement all components of the program. The continuous quality improvement component of SBCT may reduce these differences over long-term evaluations as more sites increase fidelity to the national model.

One additional limitation of this scoping review is that only

evaluations with quantitative outcome data were included. This excluded manuscripts and analyses relying solely on qualitative surveys and feedback for SBCT. These may be a future area for review, particularly when researchers are interested in forming a comprehensive picture of the benefits of the intervention. Furthermore, implementation theory literature was omitted from this review due to lack of quantitative analysis. This is another topic for future work, particularly with regards to how different states and counties implement their SBCT programs.

Ultimately, the SBCT approach demonstrates a large number of strengths, and compares favorably to traditional approaches. Data and research on the SBCT implementation increases daily as more states and counties implement the family-based court system, and consideration of these results both alone and as a larger picture is imperative to practices and policy regarding child welfare.

5. Conclusion

Different sources agree that SBCT may have economic benefits both in the short and long-term should all courts incorporate this approach. This, along with data from studies looking at non-economic outcomes, seems to indicate mostly positive results for children in the intervention. Local implementations of SBCT across counties may affect these results, and long-term studies are needed for more comprehensive conclusions, but one of the takeaways from this review is that among all studies, the SBCT intervention has been shown to be beneficial to child and parent overall well-being.

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Declaration of Competing Interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Mindy Kronenberg serves as a consultant to support ZERO TO THREE: National Infant Toddler Court Program by providing up to 2 hours a month of reflective consultation. The relationship between Dr. Kronenberg and ITCP clinical managers is purely consultative. No other declarations of interest.

Data availability

No data was used for the research described in the article.

Appendix I Reporting Standards

Outcome definitions from the Administration for Children and Families' Child and Family Services Review (CFSR) indicators were used by James Bell Associates (JBA), Quality Improvement Center for Research-Based Infant-Toddler Court Teams (QIC-ITCT), and the Florida

Institute for Child Welfare (Casanueva, Harris, Burfiend, & Smith, 2017; Falconer & Sutherland, 2017; Hafford & Desantis, 2009). JBA also used Administration for Children and Families' Child Welfare Outcome measures (CWO) and Office of Juvenile Justice and Delinquency Prevention's Court Performance measures (CPM) where possible (Hafford and Desantis, 2009). SBCT outcomes were further compared to national targets such as the CFSR when feasible. For jurisdictions that have fully transitioned to the SBCT model, comparison to historical data in the period just before SBCT implementation has also been performed (Hafford & Desantis, 2009; Krysik et al., 2016). Last, comparison to outcomes of non-SBCT cases completed in the same time period have also been conducted, across the whole court-involved infant/toddler population (Florida's Early Childhood Court Data Analysis Report, 2020) or to a propensity score-matched sample (Falconer & Sutherland, 2017; McCombs-Thornton & Foster, 2012).

Appendix II Reported outcome details

Time to permanency details

SBCT cases close faster on average than non-SBCT cases, and controlled experimentation supports these results. Median number of days to exit from the foster care system was 614 for SBCT judges, and 739 days for non-SBCT judges (Faria et al., 2020). Both full SBCT (614 days) and SBCT-trained judge-only cases (605 days) had faster exits than traditional cases but were not significantly different from each other.

Median time to permanency was also reported by type of exit from foster care in a 2012 paper (McCombs-Thornton and Foster, 2012). Reunification was achieved in a median of 10 months for SBCT children and 18 months for matched non-SBCT children. Adoption was approximately 10 months faster, relative guardianship 3 months faster, and non-relative guardianship 13 months faster.

Of the 41 cases reaching permanency within the QIC-ITCT study period, 92.7% reached permanency within 12 months (Casanueva et al., 2017). This more than doubles the national standard at the time of publication of 40.5%. With extended follow-up into 2018 to include more closed cases ($n = 137$) from the implementation period, permanency within 12 months was reduced to 78.1% of cases (Casanueva et al., 2019).

Reviewing statewide data over five years of SBCT implementation in Florida beginning in January 1, 2015, children served by the SBCT achieved faster permanency across all permanency outcomes at an overall average of 105 days sooner (Florida's Early Childhood Court Data Analysis Report, 2020). There were 137 fewer days to reunification (483 days vs. 620 days), 79.5 fewer days to adoption (700 days vs. 779 days), and 152 fewer days to permanent guardianship (454 days vs. 606 days).

Variation can be seen in Florida's statewide annual reports and single site results, generally trending in the same direction of reduced time to permanency for SBCT cases. In Florida in 2015, there was a reduction of 104 days in care for reunified children (172 days SBCT, 276 days non-SBCT), as well as a reduction of 117 days to case closure (393 days SBCT, 510 days non-SBCT) (Florida's Early Childhood Court: Improving Outcomes for Infants and Toddlers in Florida's Dependency Court, 2016). Data from 2016 showed a reduction of days in care of 144 days for reunified children (393 days for SBCT, 537 days for non-SBCT) (Couch, 2018). There were also 99 fewer days to permanent guardianship (361 days to 460 days), and 167 days fewer to adoption (537 days to 704 days). Three years of data through 2017 continued to show significantly shorter time to reunification (217 days to 297 days), adoption (546 days to 679 days), and case closure (433 days to 505 days)

for SBCT children compared to non-SBCT children (Xu, 2017). Data through 2018 continues this trend, with SBCT children needing less time to reunification (477 days to 736 days) or permanent guardianship (453 days to 683 days) (Ming, 2018). Difference in time to adoption (697 days to 699 days) was not statistically significant. In the propensity score-matched comparison of SBCT and non-SBCT cases in Escambia and Okaloosa Counties, there were mixed results that do not fully support the statewide trend (Falconer and Sutherland, 2017). Reductions in time to reunification or permanent guardianship were less than one month except for guardianship in Okaloosa County at 1.04 months fewer for SBCT-involved children. Adoptions in Escambia County took 2.1 months longer for SBCT children than non-SBCT children in this sample. Differences between SBCT and non-SBCT groups were not statistically significant. Pinellas County reported that 56% of SBCT cases in FY18-19 ($n = 23$) and 75% of SBCT cases in FY19-20 ($n = 44$) reached permanency in under one year (Anonymous, 2020).

After six years of SBCT implementation in Maricopa County, Arizona, average days in the foster care system decreased by 9% from pre-SBCT days in care (How did Cradle to Crayons adapt the Safe Babies Court Team approach in Maricopa County, 2020). An earlier report in Maricopa County found a 48-day reduction in time to permanency that was statistically significant (Krysik et al., 2016). Tulsa County, Oklahoma, averaged 20 months in foster care, reduced to 15 months in foster care for the 112 children engaged by the Tulsa SBCT (Beilke and Fisher, 2020). Data from a year prior showed that the average time to placement in what became the child's permanent home was 3.4 months after removal ($n = 55$), and average time in care was reduced from 21 months to 15 months (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018).

Smaller studies similarly showed reduced time to permanency for SBCT cases. SBCT-involved children ($n = 25$) in Wayne County, Michigan, who reunified with their parents also exited foster care faster than national averages (Stacks et al., 2020). Pierce County, Washington had 22 exits from care for SBCT-involved children in 2018 and 2019 (Orme et al., 2019, 2020). Fifty-nine percent of children were reunified at an average of 13.3 months in care; 32% of children exited to adoption at an average of 23.1 months in care, and 9% of children exited to permanent guardianship, averaging 27.1 months in care. For all dependency cases closed in the county – across all age groups – reunification averaged 17 months in 2018 and 19 months in 2019. Time to adoption averaged 31 months in 2018 and 33 months in 2019. Based on this difference to the median time to permanency in the county, the SBCT outcomes were reported as comparatively positive in the table. An earlier report of outcomes for Pierce County, WA, reported an average time to case closure of 24 months for 7 closed cases (van Doorninck et al., 2018). Cases closed in an average of 4.5 months for Baby Court in Rhode Island (Mulvaney, 2020). Pulaski County, AR, placed SBCT children in permanent homes in 83.7% of cases (Jones-Taylor, 2019).

Some studies have reported time to permanency with no comparator to non-SBCT cases (Hafford & Desantis, 2009; State of Tennessee Safe Baby Court Annual Report – 2020, 2021; State of Tennessee Safe Baby Court Initiative, 2019). In the first multi-site SBCT evaluation, it took an average of 173 days to reach reunification, 89 days for kinship placement, and 46.5 days for adoption placement for a smaller subset with all dates available ($n = 77$) (Hafford and Desantis, 2009).

Average length of stay for SBCT children in Tennessee by the end of 2020 was 451 days for custodial children and 381 days for non-custodial children (State of Tennessee Safe Baby Court Annual Report – 2020, 2021).

Definitions of time to permanency were not always clearly reported, limiting direct comparability across studies. Studies reporting time to

permanency may not fully reflect time to permanency for the entire cohort, as some cases were ongoing at the time of reporting. Utilizing longer time periods since case opening may provide for the most accurate statistics, such as can be seen in the updated data (longer average time to permanency) between 2017 and 2019 (Casanueva, Harris, Burfiend, & Smith, 2017; Casanueva, Harris, Carr, Burfiend, & Smith, 2019).

Reunification details

In the propensity-score matched cohort from the first four SBCT sites, 298 SBCT children were more likely to exit to reunification than the 511 children of the national sample (38% to 29%), as well as more likely to exit to placement with relatives (25% to 8%) (McCombs-Thornton and Foster, 2012). Exits to adoption, on the other hand, were much lower for SBCT children (15% to 41%). Significance testing was not performed for this outcome. SBCT-involved children ($n = 25$) in Wayne County, Michigan, and Pulaski County, Arkansas, (n not reported) were also more likely to reunify than national averages would predict (Stacks, Wong, Barron, & Ryznar, 2020; Jones-Taylor, 2019).

From 2015 to 2019 in Florida, 576 SBCT-involved children exited to reunification at similar rates to 7362 non-SBCT involved children: 52% SBCT and 49% non-SBCT (Florida's Early Childhood Court Data Analysis Report, 2020). Again, there is variance at the county level, giving a more favorable picture of SBCT exits if viewed alone. SBCT-involved children in Escambia and Okaloosa Counties, Florida, were much more likely to reunify than propensity score-matched children from non-SBCT cases in the same county: 35% Escambia SBCT to 7% Escambia non-SBCT, and 32.7% Okaloosa SBCT to 3.6% Okaloosa non-SBCT (Falconer and Sutherland, 2017). Pinellas County, Florida, reported all SBCT-involved children were reunified in FY18-19 but did not specify how many children were served (Anonymous, 2019). An analysis of Florida's Early Childhood Court initiative run on three years of data from Florida's Dependency Court Information System found that there was no significant association between participation in the early childhood courts and types of case closure (Xu, 2017).

Type of exit from foster care was also commonly reported with no comparator.

Placement data was available for 184 children in the JBA multi-site evaluation. Placement with relatives accounted for 39% of all placements (144/372), foster care for 37% (137/372), and placement with birth parents for 15% (58/372). Site-level differences were observed, with Polk County, IA placing many more children with birth parents (35.4%, or 35/99) and less children in foster care (17.2%, or 17/99) compared to other sites (Hafford and Desantis, 2009). Significance testing was not performed.

In Maricopa County, AZ, 57% of SBCT-involved families achieved reunification (Annual Report of Operations: July 1 (2016)-June 30, 2017, n.d.). The authors note a subset of these families were highly successful in reunifying. Ninety-six percent of families who received a bundle of five clinical services as part of the SBCT intervention reunified. These services were: Resource Coordination, Family Time Coaching, Trauma Therapy, Child-Parent Psychotherapy, and the Bridge Program (Impacting Young Lives Throughout Arizona: 2019 Annual Report, 2019). Earlier data from Maricopa County appears to show a trend in increasing reunification compared to the pre-SBCT period but was not evaluated in depth (394/1109 (35.5%) children reunified in 2010, and 592/950 (62.3%) children reunified in 2014) (Krysik et al., 2016). Parents who were offered and utilized at least one clinical service in Maricopa had twice the rate of reunification with their children as parents who did not utilize a clinical service (How did Cradle to Crayons

adapt the Safe Babies Court Team approach in Maricopa County, 2020).

Reunification was also the most likely outcome in Pierce County, Washington, for 22 SBCT-involved children with closed cases: 59% of children exited to reunification (Orme, McCurley, Bricker, Sanford, & Wang, 2019, 2020). In a 2018 Pierce County, WA, report, 5/7 children with closed cases were reunified (van Doorninck et al., 2018). Nine out of thirteen children with closed cases in Palmer, AK were reunified (Ripley, 2020). Sixty-nine out of 153 cases served by Baby Court in Rhode Island were closed with reunification (Mulvaney, 2020). Conversely, adoption was a more likely outcome (66%) in Tulsa, OK (n = 55) (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018) and Honolulu, HI (Johnson et al., 2014). This suggests a negative relationship between the baby courts and reunification in these settings, though this statistic may be better understood in the context of the resources of the implementing sites at the time of the report.

In Tennessee, placements are reported by current placement at end of calendar year or last placement at case closure (State of Tennessee Safe Baby Court Annual Report – 2020, 2021; State of Tennessee Safe Baby Court Initiative, 2019). In both 2019 and 2020, the most common placement was with a relative (non-custodial), followed by with a non-relative (foster care), then with a birth parent.

In Milford, Connecticut, close to 60% of SBCT children reunified with parent(s), while only 25% of non-SBCT children achieved reunification (Caporaso and Huddleston, 2020).

Placement Stability details

Tulsa, OK, reported 83% of cases in care for 12–33 months had two or fewer placements, exceeding the national average of 66.1% in this bracket (Beilke and Fisher, 2020). From 2015 to 2017, 77% of SBCT-involved children (n = 55) had only one placement (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018). During this time period just 33% of non-SBCT children in Tulsa had one placement. Only the abstract is available for a poster reporting placement stability in Maricopa County, AZ, comparing five annual cohorts from 2010 to 2015 (Krysiak and Sayrs, 2017). This time period includes children served both before and after SBCT was implemented in the county. Through a regression analysis incorporating SBCT involvement, prior placement instability, and case characteristics, the authors report that the SBCT implementation significantly reduced reentries and increased time in the home after reunification. Impact on placement stability from these single site reports should be interpreted with caution.

Generally, many children served by SBCT have only one placement regardless of location. QIC-ITCT reported number of placements for 229 children in their 2017 multisite evaluation.

“Across all QIC-ITCT sites, 59.4% of children had one placement, 26.6% had two placements, and 14.0% had three or more placements since removal from home. Overall, 94.2% of cases in care for less than 12 months have no more than two placements, and 79.4% among those in care from 12 to 23 months have no more than two placements. Only three cases were in care for more than 24 months by May 1, 2017” (Casanueva et al., 2017). Number of placements did not differ by race/ethnicity.

In the early years of SBCT implementation in Escambia and Okaloosa Counties, Florida, the counties diverged in average number of placements (Falconer and Sutherland, 2017). Escambia County averaged 2.78 placements per case (n = 102), and Okaloosa County 1.18 placements per case (n = 77). These averages were not compared to number of placements for non-SBCT cases. Pinellas County, Florida, reported 99% of SBCT cases in FY19-20 (n = 44) had one or fewer placements outside the home (Anonymous, 2020). Honolulu, HI, children were reported to have either no more than two placements (Breakey, 2019) or no more

than two placement changes (HB581., 2017).

In SBCT cases across Tennessee, there was only one placement for the majority of children involved: 151 out of 246 children in 2019, and 85 out of 115 children in 2020 (State of Tennessee Safe Baby Court Annual Report – 2020, 2021; State of Tennessee Safe Baby Court Initiative, 2019).

Repeat child maltreatment details

No jurisdiction has reported an increase in child maltreatment for SBCT-involved children (Table 5). In (Faria et al., 2020), there were no statistically significant differences between full SBCT, SBCT-trained judge only, and traditional family court groups in re-removal (Faria et al., 2020). Re-removal occurred in only 5% of all cases (n = 1173); 1.2% of full SBCT cases experienced re-removal (n = 88), the lowest of all groups. The authors note that any reduction in child maltreatment is worthwhile even if statistical significance was not reached. In the most recent Florida statewide analysis based on five years of data from 2015 through 2019, children served by SBCT courts experienced re-removal in 7.8% of cases (45/576), and children in counties without SBCT courts experienced re-removal at 8.8% (n = 7362); this difference was not statistically significant (Florida's Early Childhood Court Data Analysis Report, 2020).

Earlier multisite evaluations showed promising results for SBCT in this area but did not directly compare to non-SBCT cases or national rates. James Bell Associates reported 0.5% of children experienced substantiated repeat maltreatment in six months (1/186) (Hafford and Desantis, 2009). In one year, 1.2% of children followed by the QIC-ITCT experienced a recurrence of substantiated maltreatment (3/251) (Casanueva et al., 2017).

Single site and annual evaluations in Florida show some variance in rate of repeat maltreatment of SBCT-involved children. Again, early years of the program showed very low rates of repeat maltreatment, while later statewide annual data was not significantly different than the rate of re-removal in non-SBCT cases. Seven SBCT cases in Florida in 2015 had children removed after reunification but before case closure; none were removed after case closure (Florida's Early Childhood Court: Improving outcomes for infants and toddlers in Florida's dependency court., 2016). The total number of children served in that year was not reported, though 69 non-SBCT children ages 0–3 were re-removed after case closure (Florida's Early Childhood Court: Improving outcomes for infants and toddlers in Florida's dependency court., 2016). Of cases that closed in Florida in 2016, only two experienced re-removal from the home (Couch, 2018). Cases closed in Florida through 2017 and 2018 did not experience significantly different rates of re-removal based on SBCT or non-SBCT status (Ming, 2018; Xu, 2017). From a cohort of all SBCT children and propensity score-matched non-SBCT children in Escambia and Okaloosa Counties, SBCT children experienced lower rates of substantiated and not substantiated maltreatment after case closure (Falconer and Sutherland, 2017). Pinellas County, Florida reported no re-removals after case closure for FY18-19 (Anonymous., 2019). In the next year's report, this was further broken down to focus on reunified children experiencing substantiated recurrence of maltreatment in the county, which was 0% in FY18-19 and 1% in FY19-20 (Anonymous, 2020).

In Maricopa County, Arizona, re-reports and re-entries of SBCT children have decreased compared to pre-implementation rates (How did Cradle to Crayons adapt the Safe Babies Court Team approach in Maricopa County, 2020). 3.7% of closed cases had a re-report of abuse or neglect within 12 months, and 3.4% had a re-removal (Impacting Young Lives Throughout Arizona: 2019 Annual Report, 2019). Prior to the implementation of SBCT interventions, 14.5% of cases re-reported and

13.2% had re-removal. Earlier analysis showed a reduction in re-reports only for children removed from the home and rapidly returned (Krysik et al., 2016). A later report from Maricopa County, AZ, only available as an abstract, states that reentries within 12 months for reunified children decreased from an average of 15% of cases to 3% (Krysik and Sayrs, 2017). Tulsa, OK, had no cases with a recurrence of maltreatment within 12 months ($n = 112$) (Beilke and Fisher, 2020). Pulaski County, AR also had no cases of recurrence of maltreatment in the decade from 2009 to 2019, from an unknown number of children served (Jones-Taylor, 2019). Palmer, AK, similarly reported no recurrence of maltreatment in 13 children who completed the program (Ripley, 2020). Honolulu, HI reported one recurrence of abuse over an unknown time period or number of cases (Breakey, 2019). In Rhode Island, only two SBCT cases were reopened between 2017 and 2020, and neither re-opening was due to maltreatment (Mulvaney, 2020).

Details about access to services

(Casanueva et al., 2017) reported more than 90% of children received access to a needed service within the study period (Casanueva et al., 2017). Due to their importance in SBCT guidelines for child development, timely access to developmental screening, early intervention, and child-parent psychotherapy services were reported in more detail. Development screening was received within 60 days by about 85% of children, early intervention within 60 days by about 85%, and child-parent psychotherapy within 60 days by about 90%. 93.9% of SBCT-involved children received child-parent psychotherapy, substantially outpacing the provision of mental health/behavioral services for 66% of children from CFSR 3 and 28.8% from the National Survey of Child and Adolescent Well-Being. Parents also received needed services at rates exceeding the CFSR 3 results, about 80% within 30 days. Access to services did not differ by race/ethnicity.

Tulsa, OK, reported 100% of SBCT-involved children ($n = 55$) received developmental screening and assessment, compared to 45% of non-SBCT children (2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018). Honolulu, HI also reported 100% of SBCT-involved children ($n = 26$) received developmental screening or developmental screening referral (HB581., 2017). In Palmer, AK, 31/32 children received services with 59% utilizing more than one service (Ripley, 2020).

In Tennessee, nearly all SBCT-involved families participated in one or more services (State of Tennessee Safe Baby Court Annual Report – 2020, 2021; State of Tennessee Safe Baby Court Initiative., 2019). Ninety-seven percent of families (121/125) did so in 2019, and 93% (163/176) in 2020. Successful completion of these services has been stable each year: 56% in 2019 and 55% (751/1356) in 2020. Focusing on children, in 2020, 84% of SBCT-involved children (118/141) received TEIS evaluation in a timely fashion, up from 64% (83/129) in 2019. Seventy-two percent of children (234/324) received one or more early intervention services in 2020, again improving from 63% (155/246) in 2019. In those counties that offered child-parent psychotherapy in 2020, 52% of families (50/96) received child-parent psychotherapy, on pace with the 51% (37/72) of the previous year.

Details about visitation

The Milford, CT, SBCT team reported an improvement in parent-child contact from twice weekly in April 2018 to three times a week in September 2018 through a continuous quality improvement process, with all 67 children receiving at least weekly visitation (Caporaso and

Huddleston, 2020). Non-SBCT children in the area maintained an average and median of two weekly visits, and 28/30 (93%) had at least one weekly visit.

Seventy-five percent of all SBCT placements (288/386) in the 2009 JBA multi-site study were within the same county as birth parents' residence, facilitating family contact – 76% (141/186) of which was supervised at case close, down from 90.9% (169/186) ordered supervised in the initial hearing (Hafford and Desantis, 2009). Family contact plans ranged from none to liberal daily contact and were fairly stable throughout the case (53% (99/186) had one or zero changes to original contact plan). In the 2020 randomized study, 190 SBCT children averaged three family visits per week according to visitation schedules, and 71% of cases received the recommended visitation (Faria et al., 2020).

In the 2017 national evaluation, parent-child visitation was frequent (Casanueva et al., 2017). 45.7% of children had a visitation plan recommending three to five visits per week, and 25.4% had daily visitation plans. These plans were commonly followed, with 34.5% of children receiving visits three to five times per week, and 25.6% with daily visits.

Seventy-seven percent of SBCT-involved children in Honolulu, HI ($n = 26$) received at least two parental visits per week (HB581., 2017).

In Tennessee, families without a no contact order ($n = 101$) averaged 11.4 visits per month in 2019 (State of Tennessee Safe Baby Court Initiative., 2019), and 10.9 visits per month in 2020 ($n = 116$) (State of Tennessee Safe Baby Court Annual Report – 2020, 2021).

Details about infant mental health

Both evaluations of factors influencing infant mental health were conducted in Wayne County, MI. Sixteen parents who completed infant mental health home visiting showed a significant improvement in reflective functioning and behavioral responsiveness from baseline assessment (Stacks et al., 2019). From a sample of fourteen children who participated in SBCT-assigned child-parent psychotherapy and pre- and post-evaluations, children showed significantly improved expressive language development, positive affect and enthusiasm, and moderately reduced withdrawn or depressed behavior (Stacks et al., 2020).

Details about Equity

The QIC-ITCT reviewed many outcomes by race and ethnicity and did not find any outcomes that showed a statistically significant difference by race or ethnicity. SBCT-involved children who achieved permanency within twelve months, time in foster care, type of exit from foster care, parental rights, and timely access to services did not differ by race or ethnicity (Casanueva et al., 2019).

Florida cases showed somewhat mixed results by race through 2020. More white children achieved permanency than children of color, but there was almost no difference in permanent guardianship between white children and children of color (Florida's Early Childhood Court Data Analysis Report, 2020). There was no difference in time to reunification by race, though white children did take a significantly longer time to case closure than black children (Xu, 2017). Gender did not affect time to permanency (Ming, 2018; Xu, 2017).

Appendix III

Table A1

Table A1

Characteristics of studies reporting on outcomes included in the scoping review.

Study	Study Design	Statistical Descriptors	# of SBC Sites Included	Month/Year Range of the Study	Outcomes Reported
Hafford & Desantis, <i>Evaluation of the Court Teams for Maltreated Infants and Toddlers: Final report</i> (Hafford & Desantis, 2009)	Descriptive, results/outcomes evaluations	Descriptive	4 sites; multi-state	Multi-year; from each site's inception to end of 2008	• Time to Permanency • Reunification with Caregiver • Repeat Child Maltreatment • Visitation • Time to Permanency • Reunification with Caregiver
<i>The effect of the ZERO TO THREE Court Teams initiative on types of exits from the foster care system—A competing risks analysis</i> (McCombs-Thornton and Foster, 2012)	Propensity score-matched cohort	Hazard modeling, competing risks analysis, adjusting for fifteen covariates	4 sites; multi-state	From site openings/all children who entered by end of 2009, up to September of 2010	• Time to Permanency • Reunification with Caregiver
<i>Final evaluation report of the Quality Improvement Center for Research-Based Infant-Toddler Court Teams</i> (Casanueva et al., 2017)	Single-group retrospective analysis, surveys at baseline	Descriptive	10 sites; multi-state	April 1, 2015 to May 1, 2017	• Time to Permanency • Placement Stability • Repeat Child Maltreatment • Access to Services • Visitation • Time to Permanency • Equity
<i>Evaluation in multiple sites of the safe babies court team approach</i> (Casanueva et al., 2019)	The outcome evaluation was a non-experimental design using secondary data analysis across sites	Descriptive	10 sites; multi-state	April 1, 2015 to June 12, 2018	• Time to Permanency • Repeat Child Maltreatment • Visitation
<i>The Safe Babies Court Team evaluation: Changing the trajectories of children in foster care</i> (Faria et al., 2020)	Randomized study of children assigned to either SBCT judges or traditional dependency court, with second comparator traditional court with SBCT-trained judge but no additional staff	Cox modeling, logistic regression, sensitivity analyses, adjusting for baseline characteristics	3 sites; multi-state	Historical data were used that aligned with the dates of random assignment and SBCT adoption/implementation in each site (Des Moines: July 1, 2015–April 15, 2019; Little Rock: June 9, 2009–June 30, 2019; Tulsa: June 1, 2015–April 30, 2019, but only included cases randomly assigned by September 15, 2018 due to judicial turnover 2013–2017)	• Time to Permanency • Repeat Child Maltreatment • Visitation
<i>Florida's Early Childhood Initiative</i> (Couch, 2018)	Simple outcome descriptions, but with a non-ECC comparison group	Descriptive	19 sites	2014–2015	• Time to Permanency • Repeat Child Maltreatment • Time to Permanency • Repeat Child Maltreatment
<i>(Florida's Early Childhood Court: Improving outcomes for infants and toddlers in Florida's dependency court., 2016)</i>	Simple outcome descriptions, out-of-home care statewide was a comparator	Descriptive	2 sites	2014–2015	• Time to Permanency • Repeat Child Maltreatment
<i>Early Childhood Court Comparative Analysis</i> (Ming, 2018)	A comparative analysis of Florida's ECC children to Florida's non-ECC children	Several two-sample t-tests comparing ECC to non-ECC	16 counties	2018 report-5-year period	• Time to Permanency • Repeat Child Maltreatment • Equity • Reunification with Caregiver • Placement Stability • Access to Services • Visitation • Time to Permanency • Reunification with Caregiver • Placement Stability • Access to Services • Visitation
<i>(State of Tennessee Safe Baby Court Initiative., 2019)</i>	Outcome descriptions, no comparator	Descriptive	7 sites	Multi-year: from site inceptions to January 1st, 2020. 2017 was the earliest case	• Time to Permanency • Repeat Child Maltreatment • Equity • Reunification with Caregiver • Placement Stability • Access to Services • Visitation • Time to Permanency • Reunification with Caregiver • Placement Stability • Access to Services • Visitation
<i>State of Tennessee Safe Baby Court Annual Report – 2020, 2021</i>	Outcome descriptions, no comparator	Descriptive	12 sites	Multi-year: from site inceptions to January 1st, 2021. 2017 was earliest case	• Time to Permanency • Reunification with Caregiver • Placement Stability • Access to Services • Visitation • Time to Permanency • Reunification with Caregiver • Placement Stability • Access to Services • Visitation
<i>Early Childhood Court outcome analysis</i> (Xu, 2017)	A comparative analysis of Florida's ECC children to Florida's non-ECC children	Several two-sample t-tests comparing ECC to non-ECC	15 counties	2017 report-3-year period	• Time to Permanency • Reunification with Caregiver

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Table A1 (continued)

Study	Study Design	Statistical Descriptors	# of SBC Sites Included	Month/Year Range of the Study	Outcomes Reported
<i>Research Report: Evaluation of Early Childhood Court Teams in Escambia and Okaloosa Counties (Falconer & Sutherland, 2017)</i>	Matched comparison with ECC and non-ECC groups, propensity scores used,	Binary logistic regression, controlling for baseline covariates	2 counties	2013–2016	• Repeat Child Maltreatment • Equity • Time to Permanency • Reunification with Caregiver • Placement Stability • Repeat Child Maltreatment
<i>(Florida's Early Childhood Court data analysis report, 2020)</i>	Descriptive analyses, comparative analyses with non-ECC courts	A one-way analysis of variance (ANOVA), Tukey post-hoc comparison, chi square testing, 2-way ANOVA	11 circuits, 17 counties	2015–2019	• Time to Permanency • Reunification with Caregiver • Repeat Child Maltreatment • Equity • Time to Permanency • Reunification with Caregiver • Repeat Child Maltreatment
<i>Cradles to Crayons: Maricopa County Safe Baby Court Teams Initiative, 2012–2016 (Krysiuk et al., 2016)</i>	Descriptive analyses, comparative analyses with 18 months prior to C2C implementation	Two-sample t-tests comparing pre-C2C with partial and full implementations	1 county	January 2010 through December 2014	• Time to Permanency • Reunification with Caregiver • Repeat Child Maltreatment • Time to Permanency • Reunification with Caregiver • Repeat Child Maltreatment
<i>(How did Cradle to Crayons adapt the Safe Babies Court Team approach in Maricopa County, 2020)</i>	Refers to the 2017 outcome evaluation done in Maricopa County	Descriptive	1 county	Unclear (2010–2017?)	• Time to Permanency • Reunification with Caregiver • Repeat Child Maltreatment • Reunification with Caregiver • Repeat Child Maltreatment
<i>(Impacting Young Lives Throughout Arizona: 2019 Annual Report, 2019)</i>	Refers to the 2017 outcome evaluation done in Maricopa County	Descriptive	1 county	Unclear (2010–2017?)	• Reunification with Caregiver • Repeat Child Maltreatment • Reunification with Caregiver • Repeat Child Maltreatment
<i>(Annual Report of Operations: July 1, 2016– June 30, 2017, n.d.)</i>	Single outcome description	Descriptive	1 county	July 1, 2016 – June 30, 2017	• Reunification with Caregiver
<i>Safe Babies Court Team: A model of collaboration (Beilke & Fisher, 2020)</i>	Outcome descriptions, compared to QIC-ITCT data, national standards, or local comparator	Descriptive	1 county	Unclear (July 2015 – 2019?)	• Time to Permanency • Placement Stability • Repeat Child Maltreatment • Time to Permanency • Reunification with Caregiver • Placement Stability • Access to Services • Time to Permanency • Reunification with Caregiver • Infant Mental Health
<i>(2017 Strategic Partnership Outcomes: Safe Babies Court Team, 2018)</i>	Outcome descriptions, compared to non-SBCT children	Descriptive	1 county	Unclear (July 2015–2017?)	• Time to Permanency • Reunification with Caregiver • Placement Stability • Access to Services • Time to Permanency • Reunification with Caregiver • Infant Mental Health
<i>Permanency and well-being outcomes for maltreated infants: Pilot results from an infant-toddler court team (Stacks et al., 2020)</i>	Descriptive statistics of permanency outcomes	Pre- post-test evaluation of developmental and behavioral outcomes	1 county	Unstated	• Placement Stability • Access to Services • Visitation • Placement Stability • Repeat Child Maltreatment
<i>(HB581., 2017)</i>	Descriptive statistics referencing original report	Descriptive	1 county	October 1, 2011–September 30, 2012	• Access to Services • Visitation • Placement Stability • Repeat Child Maltreatment
<i>Re: HB 388, relating to the Zero to Three Court. Letter in support of Hawaii HB 388 to House Judiciary Committee (Breakey, 2019)</i>	Outcome descriptions referencing original report	Descriptive	1 county	Unstated	• Time to Permanency • Reunification with Caregiver
<i>Dependent children in Washington state: Case timeliness and outcomes, 2018 annual report (Orme et al., 2019)</i>	Descriptive statistics	Descriptive	1 county	October 2016–December 2018	• Time to Permanency • Reunification with Caregiver
<i>Dependent children in Washington state: Case</i>	Descriptive statistics	Descriptive	1 county	October 2016–December 2019	• Time to Permanency

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Table A1 (continued)

Study	Study Design	Statistical Descriptors	# of SBC Sites Included	Month/Year Range of the Study	Outcomes Reported
timeliness and outcomes, 2019 annual report (Orme et al., 2020)					• Reunification with Caregiver
From Child Welfare to Child Well-Being (Jones-Taylor, 2019)	Outcome description	Descriptive	1 county	Unstated	• Time to Permanency • Reunification with Caregiver • Repeat Child Maltreatment
Executive summary of program monitoring report. Juvenile Welfare Board Board of Directors Meeting (Anonymous, 2020)	Single-group retrospective analysis	Descriptive	1 county	FY2018-FY2019	• Time to Permanency • Placement Stability • Repeat Child Maltreatment
Juvenile Welfare Board Board of Directors Meeting (Anonymous, 2019)	Single-group retrospective analysis	Descriptive	1 county	FY18-19	• Reunification with Caregiver • Repeat Child Maltreatment
The National Infant Toddler Court Program: Continuous quality improvement: Our data in action (Caporaso & Huddleston, 2020)	Single-group retrospective analysis	Descriptive	1 county	Unstated	• Reunification with Caregiver • Visitation
Access to justice for those without voice, words, or language (Johnson et al., 2014)	Descriptive statistics	Descriptive	1 county	Unstated-2013	• Reunification with Caregiver
Alaska Judiciary Finance Subcommittee (Ripley, 2020)	Descriptive statistics	Descriptive	1 county	February 2018-unstated (dated January 31, 2020)	• Reunification with Caregiver • Repeat Child Maltreatment • Access to Services
Infant mental health home visiting in the context of an infant—toddler court team: Changes in parental responsiveness and reflective functioning (Stacks et al., 2019)	Descriptive statistics	Pre- post-test evaluation of access to services and familiar relationship outcomes	3 Michigan sites	Unclear-9 months between pre and post-test	• Infant Mental Health
Abstract: The Impact of Infant/Toddler Court Teams on Re-Entry (Krysiak & Sayrs, 2017)	Comparative analyses of annual cohorts pre- and post-C2C implementation	Regression analysis with unknown covariate adjustment	1 county	2010-December 31, 2015	• Placement Stability • Repeat Child Maltreatment
Mansfield Pierce County “Baby Court” project presentation: Presented at Washington State Supreme Court Commission on Children in Foster Care (van Doorninck et al., 2018)	Descriptive statistics	Descriptive	1 county	October 2016-unstated (dated March 19, 2018)	• Time to Permanency • Reunification with Caregiver
Groundbreaking RI program “Baby Court” helps reunify families (Mulvaney, 2020)	Descriptive statistics	Descriptive	Unstated sites in Rhode Island	2017–2020	• Time to Permanency • Reunification with Caregiver • Repeat Child Maltreatment

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