**State of Tennessee Safe Baby Court Initiative**

**2019 Annual Report**

Tennessee's Safe Baby Court Initiative (SBCI) was created in response to Tennessee's critical needs for child and family programs that reduce the incidence of child abuse, neglect and endangerment, to minimize the effects of childhood trauma on small children and to provide stability to parents and children.

Safe Baby Courts exists to promote a collaborative, problem-solving approach to dependency and neglect cases with the needs of the smallest children as the touchstone for decisions in the court case. Anchored by the judge or magistrate, each jurisdiction has a coordinator whose responsibility is to integrate and coordinate system responses to each participating family. Barriers to permanency are addressed, along with any other needs a child and a caregiver might have. Special focus is placed on the mental health aspect of a child who has either been placed in DCS custody or who is at risk of being placed into DCS' custody.

Traditional child welfare models have encouraged the removal of the infant from a drug-addicted parent in order to maintain the child's safety. Current research from our national partner, Zero to Three, indicates that more focus on the child's mental health while encouraging all parties to move swiftly towards permanency is the best practice. The Zero to Three Model also emphasizes community engagement in locating resources for the families who need specialized care.

The Department of Children's Services, along with the Administrative Office of the Courts and the Department of Mental Health and Substance Abuse, have worked collaboratively over the past year in order to support the individual jurisdictions work towards our combined goals. These goals are to reduce the time to permanency for children 3 years old and younger by surrounding at-risk families with support services, to reduce the incidences of repeat maltreatment among children 3 years old and younger, to reduce the long-term and short-term effects of traumatic experiences on infant and toddler brain development, to promote public safety, to increase the personal, familial and societal accountability of families, and to promote the effective interaction and use of resources among all levels of government and community agencies.

The following report is a compilation of the Safe Baby Court program data made available to the department of children's services and reflects annual report data collected by the Administrative Office of the Courts for each Safe Baby Court jurisdiction as well as the Safe Baby Court Outcome Measures Report generated by the Administrative Office of the Courts. Finally, each Safe Baby Court judge, through the AOC, has been asked for specific feedback on their past year.

Finally, the report from Vanderbilt's Center of Excellence contains an analysis of the 0-4 CANS assessments used in a smaller portion of the Safe Baby Court participants. While the data provided by the AOC gives an idea of the "what" that is occurring with the initiative, Vanderbilt's report details a glimpse at the "why" behind the need for a non-adversarial, global approach to cases in our judicial system when families, specifically families of children ages 3 and younger, are in crisis.

# SBC Outcome Measures Report

Tennessee Administrative Office of the Courts

January 27, 2020

## Safe Baby Court Sites

To date, 7 Safe Baby Court (SBC) sites have been established in juvenile courts across Tennessee. The current SBC Sites are Coffee, Davidson, Grundy, Johnson, Knox, Madison, and Stewart Counties.

The SBCs served a total of 125 cases and 246 children in 2019. This represents all cases open at some point during the calendar year, even if for short period of time. The table below shows the number of cases and children each SBC served.

| County | Cases | Children |
|---|---|---|
| Coffee | 22 | 53 |
| Davidson | 26 | 42 |
| Grundy | 18 | 36 |
| Johnson | 5 | 7 |
| Knox | 23 | 38 |
| Madison | 18 | 44 |
| Stewart | 13 | 26 |
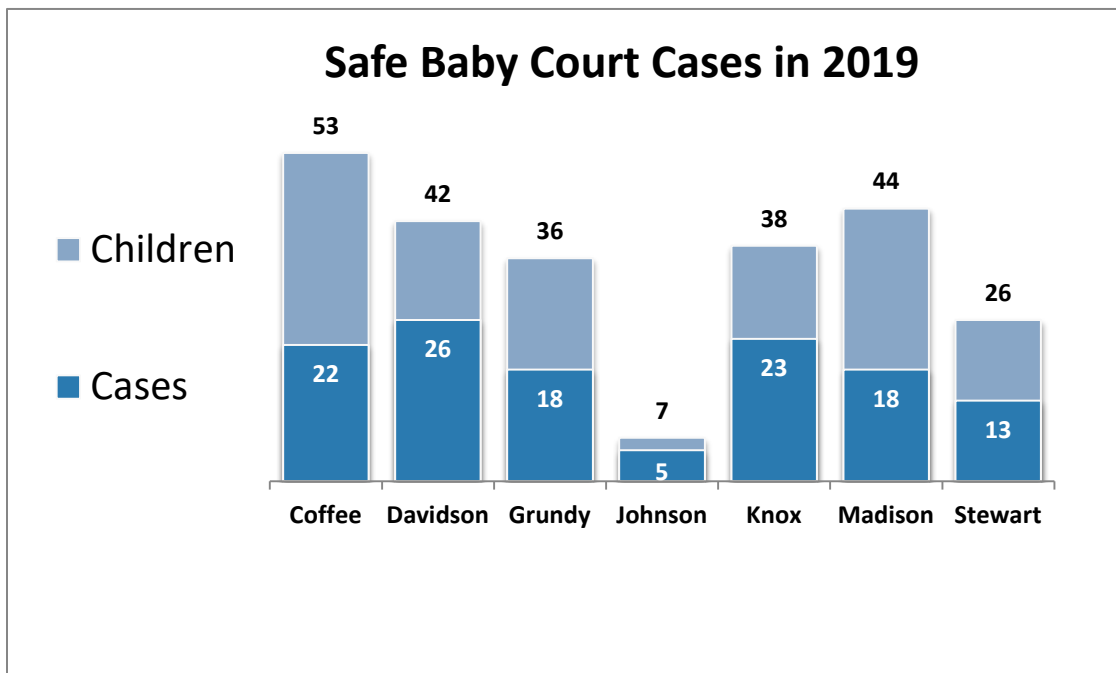
# Families and Children Participating in SBC

## 1. Families Enrolled in SBC

### Number of children served by race and ethnicity

The first table below illustrates the breakdown by race and ethnicity of the total of 246 children. The second table shows the race and ethnicity of children in each SBC.

*Race and Ethnicity*

|  | Num (%) |
| --- | --- |
| White | 152 (62%) |
| Black/African American | 46 (19%) |
| Two or More Races | 34 (14%) |
| Hispanic | 12 (5%) |
| Am. Indian or Alaska Native | 1 (0%) |
| Unknown | 1 (0%) |



Race and Ethnicity in Safe Baby Court Cases
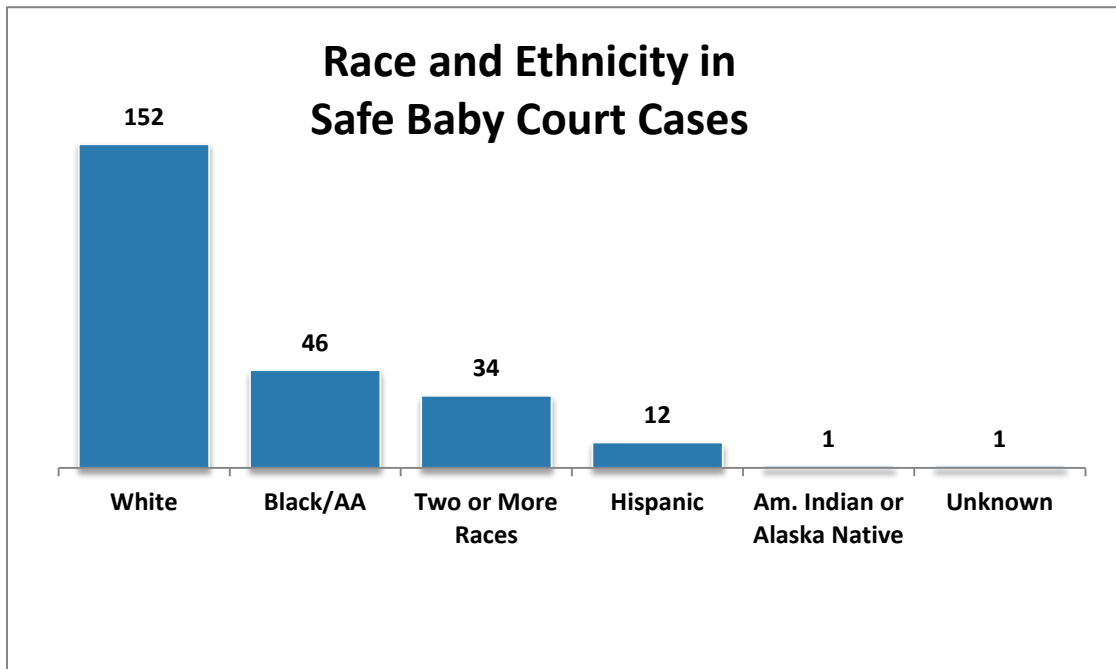
**Number of children served by race, ethnicity, and county**

| Race and Ethnicity | County | | | | | | |
|---|---|---|---|---|---|---|---|
| | Coffee | Davidson | Grundy | Johnson | Knox | Madison | Stewart |
| White | 39 | 10 | 34 | 7 | 20 | 18 | 24 |
| Black/African American | 0 | 22 | 0 | 0 | 2 | 22 | 0 |
| Two or More Races | 10 | 4 | 1 | 0 | 13 | 4 | 2 |
| Hispanic | 4 | 6 | 1 | 0 | 1 | 0 | 0 |
| Am. Indian or Alaska Native | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 1 | 0 | 0 |

## Number of Children by Race, Ethnicity, and County

| | Coffee | Davidson | Grundy | Johnson | Knox | Madison | Stewart |
|---|---|---|---|---|---|---|---|
| White | 39 | 10 | 34 | 7 | 20 | 18 | 24 |
| Black/African American | 0 | 22 | 0 | 0 | 2 | 22 | 0 |
| Two or More Races | 10 | 4 | 1 | 0 | 13 | 4 | 2 |
| Hispanic | 4 | 6 | 1 | 0 | 1 | 0 | 0 |
| Am. Indian or Alaska Native | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Unkown | 0 | 0 | 0 | 0 | 1 | 0 | 0 |

White ▪ Black/African American ▪ Two or More Races ▪ Hispanic ▪ Am. Indian or Alaska Native ▪ Unkown

## 2. Type of Living Arrangement

### Number and percentage of children currently in foster care and non-custodial placements

The following table shows the total and percentage for each type of living arrangement for the 246 children. This represents the *current placement* or the placement when the SBC case was closed. There were a total of 91 children in foster care placements and 155 children in non-custodial placements. Of the children in foster care, 17 children resided with a relative.

*Living Arrangement*

|  | Num (%) |
| --- | --- |
| Relative (Non-Custodial) | 84 (34%) |
| Non-Relative (Foster Care) | 74 (30%) |
| Birth Parent | 61 (25%) |
| Relative (Foster Care) | 17 (7%) |
| Non-Relative (Non-Custodial) | 10 (4%) |
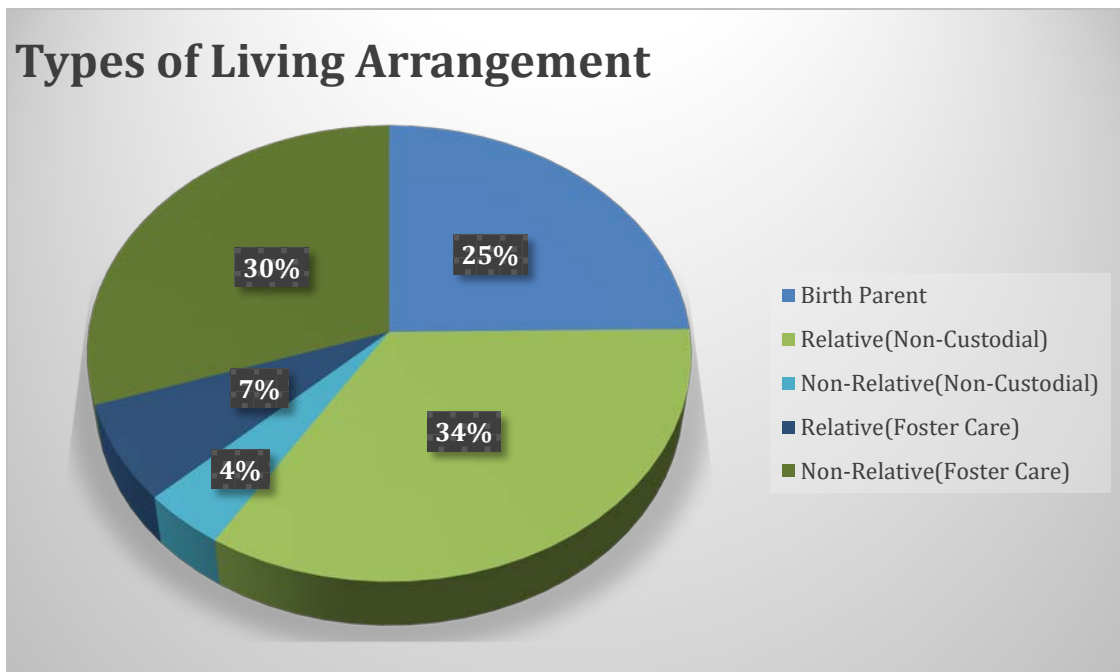
## Number of placements by race and ethnicity

Of the 246 children with identified foster care or non-custodial placements, 151 children were placed once, 71 children had two placements, 19 children had three placements, 4 children had four placements, and 1 child had five placements during SBC.

*Race and Ethnicity Placements*

|                             | 1   | 2  | 3 | 4 | 5 |
|-----------------------------|-----|----|---|---|---|
| White                       | 106 | 34 | 9 | 3 | 0 |
| Black/African American      | 18  | 20 | 7 | 0 | 1 |
| Two or More Races           | 19  | 13 | 2 | 0 | 0 |
| Hispanic                    | 6   | 4  | 1 | 1 | 0 |
| Am. Indian or Alaska Native | 1   | 0  | 0 | 0 | 0 |
| Unknown                     | 1   | 0  | 0 | 0 | 0 |
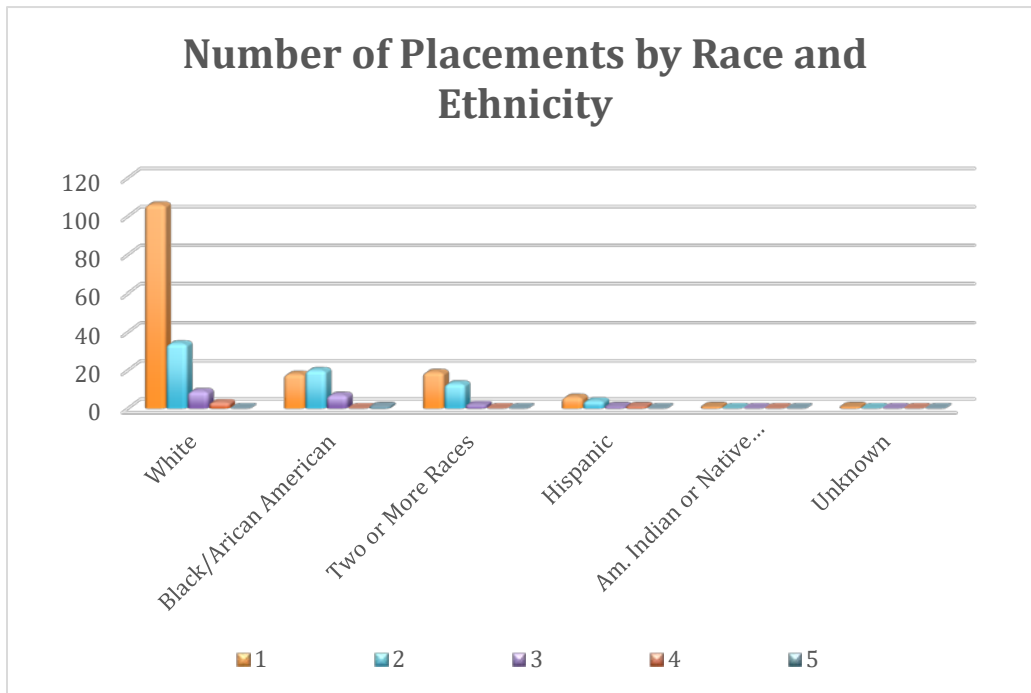
## 3. Length of Time in Foster Care

### Number of children in foster care less than 6 months, 7-12 months, 13-18 months, and 19 months or longer

Of the 100 children who were in foster care *at some point* during SBC, 27 children were in foster care 0 - 6 months, 34 were in foster care 7 - 12 months, 14 were in foster care 13 - 18 months, and 25 were in foster care 19 months or longer.

The following table shows the race and ethnicity of children in foster care based on the length of time in foster care.

*Race and Ethnicity Length of Time in Foster Care*

|  | 0 - 6 months | 7 - 12 months | 13 - 18 months | 19 months or longer |
|---|---|---|---|---|
| White | 13 | 21 | 9 | 19 |
| Black/African American | 5 | 0 | 1 | 3 |
| Two or More Races | 6 | 12 | 3 | 2 |
| Hispanic | 2 | 1 | 1 | 1 |
| Am. Indian or Alaska Native | 1 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 |



Length of Time in Foster Care
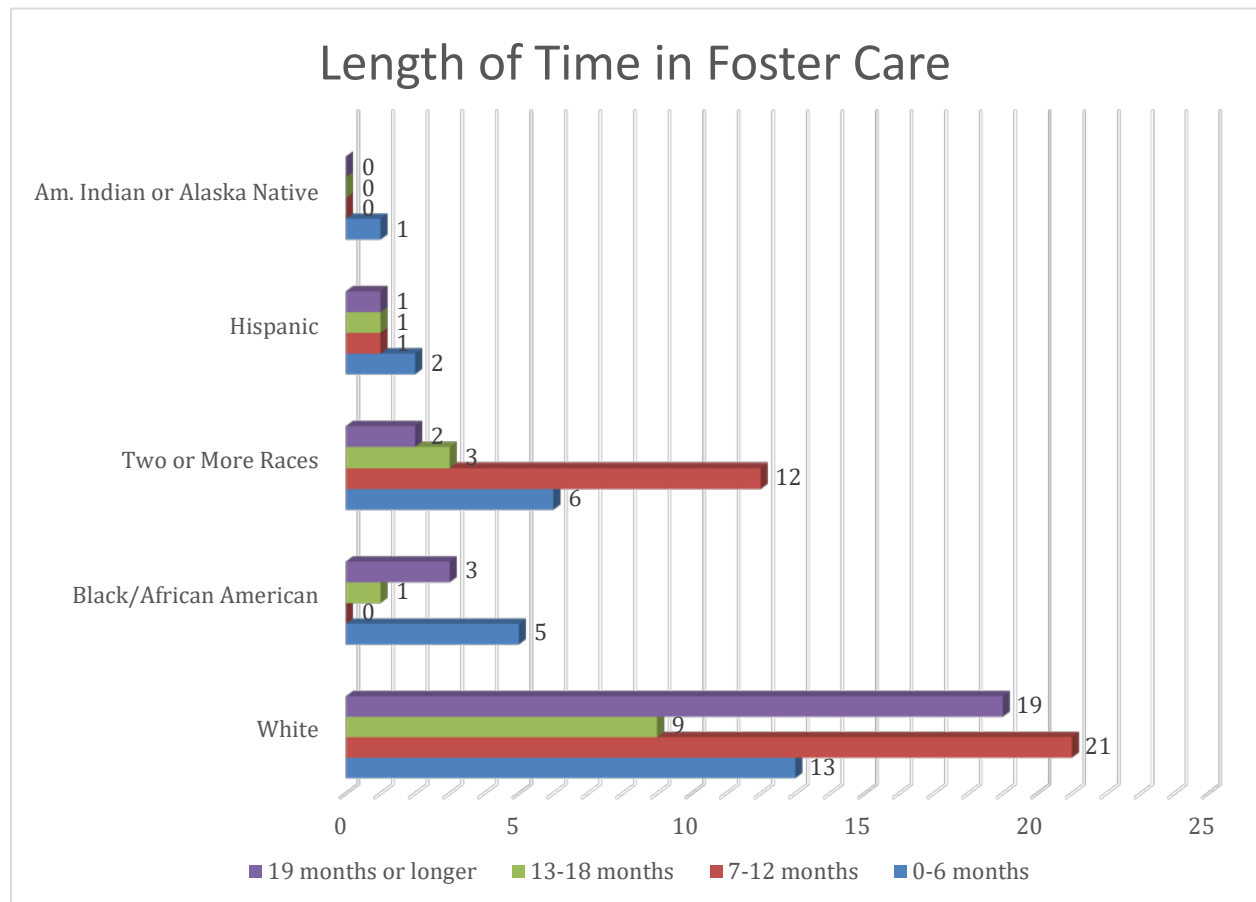
## 4. Family Participation in Family Team Meetings (FTMs)

### Number and percentage of FTMs at which a birth parent was present

*581 Total FTMs During the Time Period*

| Present | Either Parent | Both Parents | Mother Only Present | Father Only Present |
|---------|---------------|--------------|---------------------|---------------------|
| Yes | 436 (75%) | 161 (28%) | 407 (70%) | 190 (33%) |
| No | 145 (25%) | 420 (72%) | 174 (30%) | 391 (67%) |
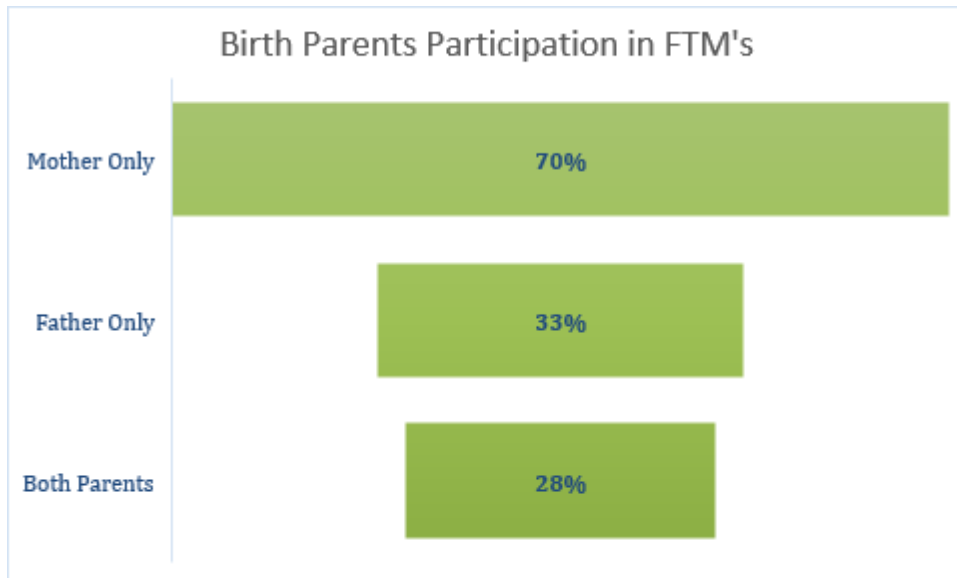


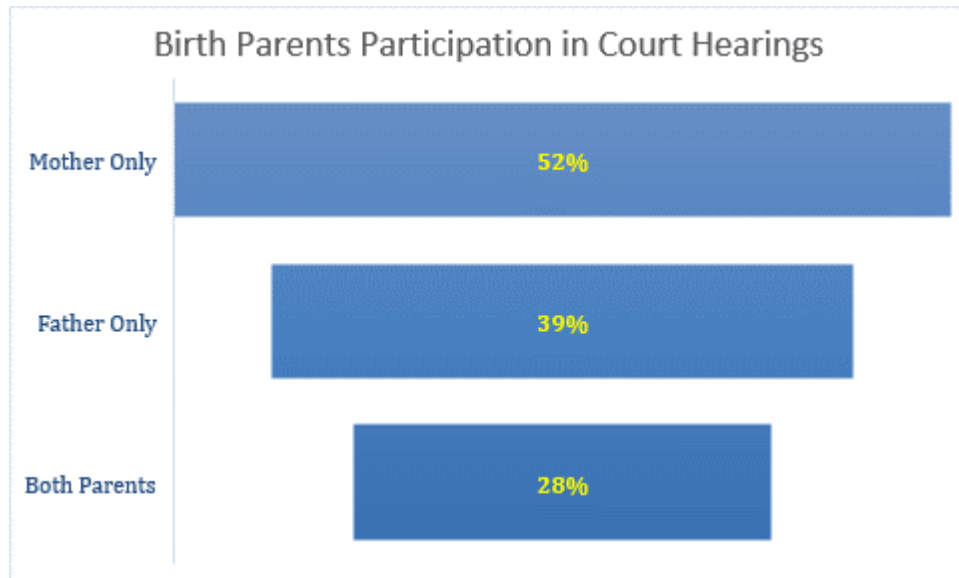*Number and percentage of FTMs in which a birth parent was in treatment or incarcerated*

| Father in Treatment | Mother in Treatment | Father Incarcerated | Mother Incarcerated |
|---------------------|---------------------|---------------------|---------------------|
| 0 ( 0%) | 3 ( 0.5%) | 11 ( 2%) | 7 ( 1%) |

## 5. Family Participation in Court Hearings

### Number and percentage of court hearings in which a birth parent was present

*1153 Total Disposed Court Hearings During the Time Period*

| Present | Either Parent | Both Parents | Mother Only Present | Father Only Present |
|---|---|---|---|---|
| Yes | 729 (63%) | 319 (28%) | 595 (52%) | 453 (39%) |
| No | 424 (37%) | 834 (72%) | 558 (48%) | 700 (61%) |



*Number and percentage of court hearings in which a birth parent was in treatment or incarcerated*

| Father in Treatment | Mother in Treatment | Father Incarcerated | Mother Incarcerated |
|---|---|---|---|
| 12 ( 1%) | 15 ( 1%) | 20 ( 2%) | 8 ( 1%) |

## 6. Family Participation in Treatment Services

### Number and percentage of families who participated in one or more services

A total of 125 families participated in SBC. Of these families, 121 (97%) participated in 909 services. Of these services that were provided, 511 (56%) were successfully completed, 147 (16%) were ended unsuccessfully, and 251 (28%) have yet to be completed.



**Family Participation in Services**

251, 28%
511, 56%
147, 16%

■ Successfully completed   ■ Ended Unsuccessfully   ■ In Progress
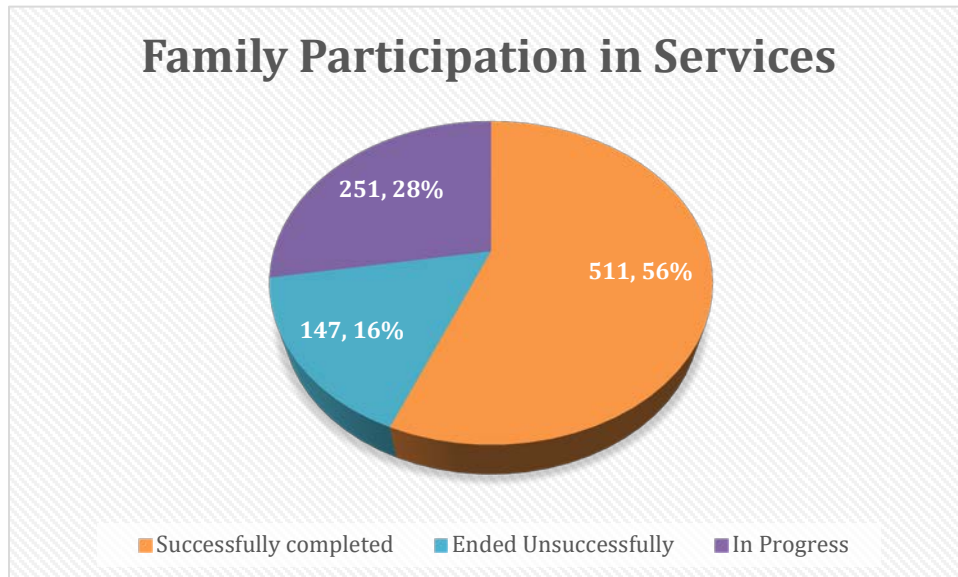
The following services were provided to families in SBC:

| | |
|---|---|
| A&D Assessment | Therapeutic Preschool |
| A&D Outpatient Treatment | Therapeutic Visitation |
| TEIS Evaluation | Behavioral Therapy |
| TEIS Screening Referral | Comprehensive Child and Family Treatment |
| Mental Health Assessment | (CCFT) |
| Individual Counseling | Feeding Therapy |
| A&D Inpatient Treatment | Speech Therapy |
| Child-Parent Psychotherapy (CPP) | Family Counseling |
| Parenting Classes | Head Start |
| In-Home Services | Parenting Assessment |
| Medication Management | Play Therapy |
| Mental Health Outpatient Treatment | School-Based Therapy |
| Medication Assisted Treatment | Sober Living Program |
| CANS Assessment (0-4) | Transportation Services |
| Developmental Follow-Up | AA/NA |
| Medication Evaluation | Attend AA Meetings |
| Developmental Therapy | Domestic Violence Services |
| Occupational Therapy | Employment Training and Search |
| Parent Mentoring Services | Family SOS (Systems of Support) |
| Trauma Assessment | Mental Health Inpatient Treatment |
| Building Strong Childhoods | Mental Health Screening |
| Physical Therapy | Tennessee Health Link Care Coordination |

*Top 5 Services Provided to Families*

| A&D Assessment | A&D Outpatient Treatment | TEIS Evaluation | TEIS Screening Referral | Mental Health Assessment |
| --- | --- | --- | --- | --- |
| 129 (14%) | 110 (12%) | 103 (11%) | 96 (11%) | 77 (8%) |



**TOP 5 SERVICES PROVIDED TO FAMILIES**
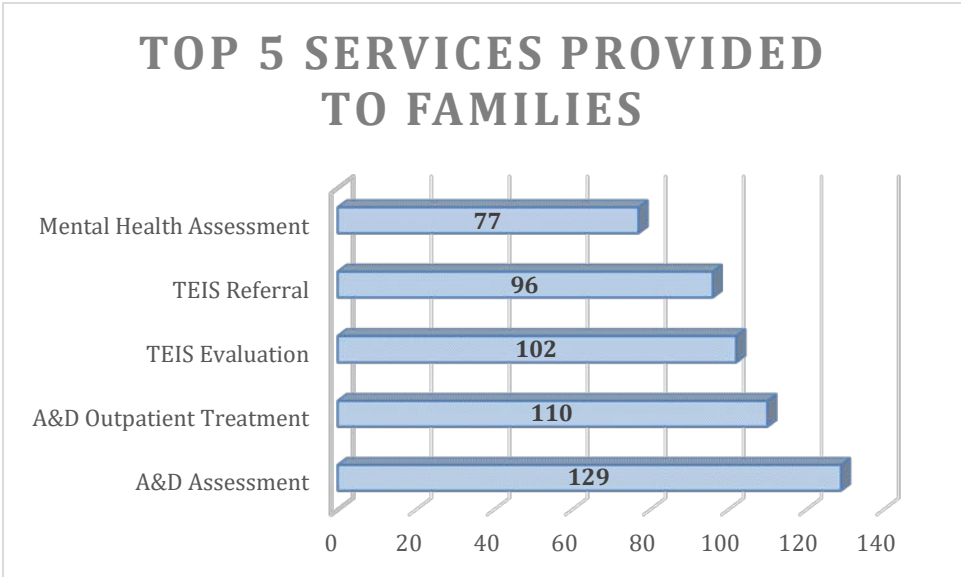
### 7. Visitation Plan Completion

**Number of visits per case, averaged monthly**

One hundred one out of 106 cases without a no contact order had parent-child visitation. On average, these families had 11.4 visits per month. Nineteen cases had a no contact order, 12 of which had visitation before or after the no contact order.

## Supportive Processes for Families

### 8. Occurrence of Court Hearings

**Number of completed court hearings per case**

Out of 125 cases in Safe Baby Court, 124 had completed court hearings. These cases had hearings for an average of 1 hearing per month.  1 case opened in December and the first review hearing occurred in January.

### 9. Occurrence of Family Team Meetings (FTMs)

**Number of completed FTMs per case**

Out of 125 cases in Safe Baby Court, 120 had Family Team Meetings (FTM). These cases had 581 FTMs for an average of 0.5 FTMs per month.
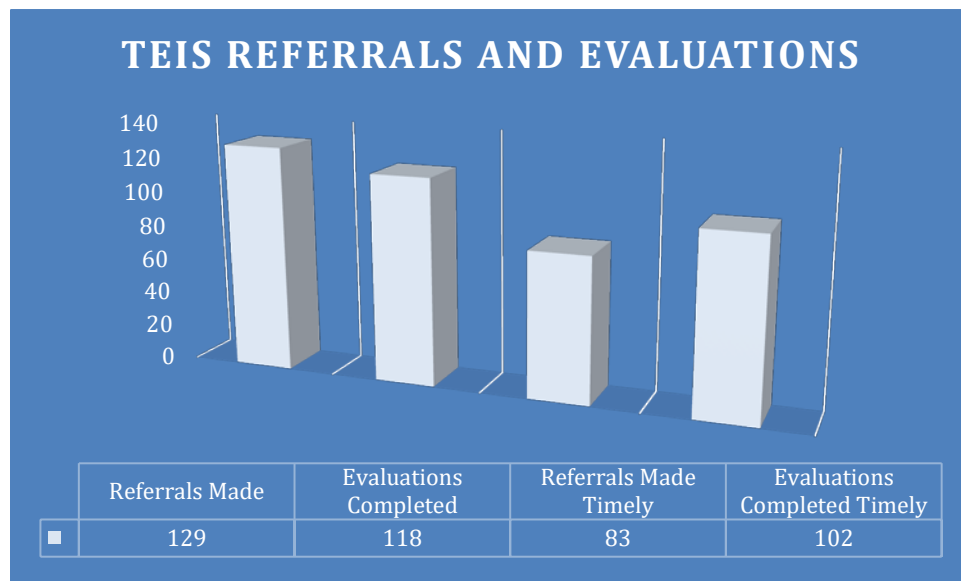
## 10. TEIS Referrals and Evaluations

### Number of children with *TEIS referrals*

Out of the 144 children in SBC who were under the age of three when their SBC case began, 129 children received TEIS referrals. Of the TEIS referrals that occurred, 83 (64%) followed timeliness guidelines.

### Number of children with *TEIS evaluations*

Of the 144 children in SBC who were under the age of three when their SBC case began, 118 children received TEIS evaluations. Four children were referred to TEIS, but did not require screeings. Of the TEIS evaluations that occurred, 102 (86%) followed timeliness guidelines.

## TEIS REFERRALS AND EVALUATIONS

| | Referrals Made | Evaluations Completed | Referrals Made Timely | Evaluations Completed Timely |
|---|---|---|---|---|
| ■ | 129 | 118 | 83 | 102 |

## 11. Early Intervention Services for Children

### Children with early intervention services

A total of 246 children participated in SBC. Of these children, 155 (63%) children participated in 358 services. Of these services that were provided, 234 (65%) were successfully completed, 16 (4%) were ended unsuccessfully, and 108 (30%) have yet to be completed.



EARLY INTERVENTION SERVICES FOR CHILDREN
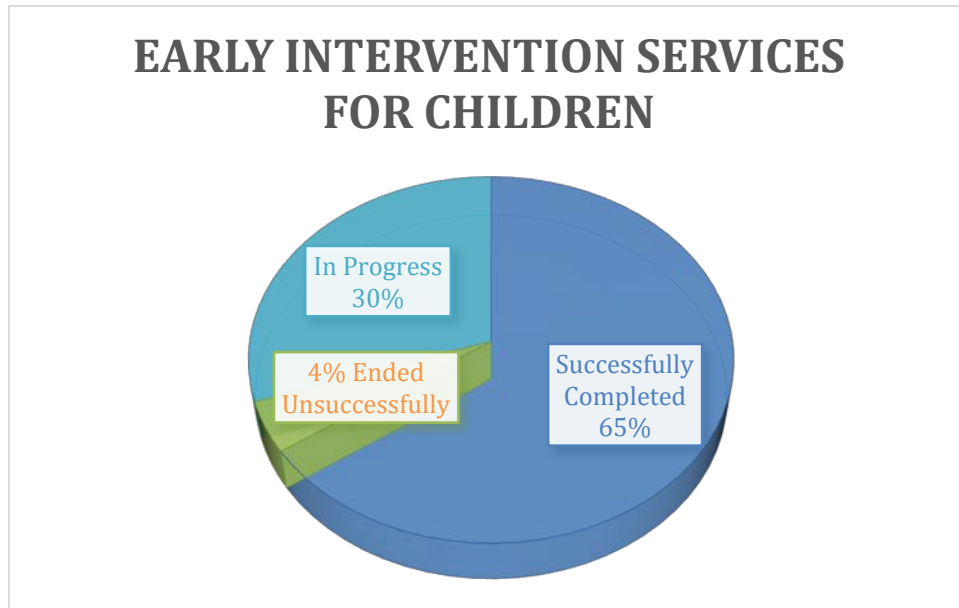
### Number and percentage of children who participated in one or more services

The following table shows the number of services per child:

*Number of Services*

| 1 | 2 | 3 | 4 | 5 | 6 | 8 |
|---|---|---|---|---|---|---|
| 45 (29%) | 61 (39%) | 26 (17%) | 9 (6%) | 9 (6%) | 4 (3%) | 1 (1%) |

## 12. Child-Parent Psychotherapy (CPP) Services

### Families receiving CPP services

*Cases with CPP by County*

| County | Cases with CPP |
|--------|---------------:|
| Knox | 21 |
| Davidson | 6 |
| Grundy | 5 |
| Johnson | 5 |

Child-Parent Psychotherapy (CPP) services are accessible to Davidson, Grundy, Knox, and Johnson Counties. CPP is not available in Coffee, Madison, and Stewart Counties. Out of the 72 families in the four counties with CPP services available, Thirty-seven (51%) were provided with CPP services while participating in SBC.

# Supports to the System

## 13. Occurrence of SBC Stakeholder Meetings

Out of the seven SBC counties, all of the counties conducted a total of 40 stakeholder meetings in 2019.

### Number of SBC Stakeholder Meetings per Month

*Stakeholder Meetings by County*

| County | Num. of Stakeholder Meetings in 2019 |
|--------|--------------------------------------:|
| Davidson | 13 |
| Madison | 6 |
| Coffee | 5 |
| Grundy | 5 |
| Knox | 5 |
| Johnson | 3 |
| Stewart | 3 |

## 14. Stakeholders Represented at SBC Stakeholder Meetings

| | | | |
|---|---|---|---|
| SBC Coordinator | Local Government Agency | Judge | Foster Parent Association Member |
| Mental Health Professional | CASA | TCCY Staff | Primary Health Care Provider |
| Substance Abuse Provider | Early Head Start | Infant Mental Health Specialist | State and/or Local Legislator |
| Faith-Based Group / Church | Child Care Provider | Parenting Education Provider | Utility Company |
| Home Visiting Provider | Early Intervention Specialist | DCS Legal | Banking Agency |
| DCS Staff (Other than Legal) | Health Dept. | School Personnel | AOC Staff |
| Juvenile Court Staff | Magistrate | Various GALs | Dentist |
| Volunteer Community Leader | Law Enforcement | Visitation Provider | Real Estate Agency |
| Domestic Violence Service Provider | DHS Staff | Various Parent Attorneys | DOE Staff |
| Other Child and Family Advocate | Higher Education Personnel | Housing Authority | TDMHSAS Staff |

# 2019 Legislative Safe Baby Court 0-4 CANS Descriptive Statistics

Prepared for the Department of Children's Services
by the Vanderbilt University Center of Excellence
for Children in State Custody

*27 January, 2020*

## Contents

# 1 Introduction

The data that generated this report was collected through December 31, 2019.

***Infant Mental Health, Assessment, & Safe Baby Court***

According to U.S. Department of Health and Human Services (2017), infants and toddlers make up 31% of children in foster care, and this age group enters the foster care system at higher percentages than any other. Research has shown that very young children are particularly vulnerable to ACEs (National Scientific Council on the Developing Child, 2005/2014). In addition, this age group is receiving increased attention as the opioid epidemic has contributed to an influx of infants born with Neonatal Abstinence Syndrome (NAS), often leading to them and their families to come into contact with the child welfare system.

Vanderbilt Center of Excellence (COE), Department of Children's Services (DCS), and the Administrative Office of the Courts (AOC) has conducted an initial implementation of the 0-4 CANS, a specialized early childhood module of the CANS, with the seven current Safe Baby Courts (SBCs) across Tennessee. Modeled after the ZERO TO THREE Safe Babies Court Team approach (2018), the Tennessee SBC program targets the unique developmental needs of infants and toddlers involved in the child welfare system and capitalizes on the impact of intervening early in families to reduce ACEs and improve caregiver-child relationships.

The areas assessed by the 0-4 CANS will target the unique needs of very young children, such as pregnancy and birth history; the caregiver-child attachment; and motor, communication, and cognitive development. Implementation of the 0-4 CANS will enhance professional practices by introducing a common language that SBC teams (i.e., DCS, courts, and community-based agencies) can use to discuss, collaborate, and create service plans for the families. In addition, the 0-4 CANS will provide a data-driven process for understanding the population served by SBCs and will enable a more systematic quality improvement process at a programmatic level.

***The CANS***

The Child and Adolescent Needs and Strengths (CANS) instrument was developed to support decision making, including service planning and level of care, as well as to facilitate quality improvement initiatives and to allow for the monitoring of outcomes[1]. Versions of the CANS are currently being used statewide in 39 states, and at the organizational-level or higher in all 50 states, with applications in toddler/infant welfare, mental health, juvenile justice, and early intervention[2]. The 0-4 CANS is specialized to assess toddler/infant and caregiver functioning in 6 major life domains: caregiver's resources and needs, toddler/infant's trauma experiences, toddler/infant's functioning, toddler/infant's needs, toddler/infant's risk factors and behaviors, and toddler/infant's strengths.

***Rating the CANS***

The CANS is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require complex scoring or calculations in order to be meaningful to the child and family. - The 0-4 CANS utilizes a rating scale on individual items of 0, 1, 2, or 3.

- Basic core items - grouped by domain - are rated for all individuals.

- A rating of 1, 2, or 3 on identified items are actionable ratings.

- Individual assessment modules provide additional questions for information in a specific area. Each CANS rating suggests different pathways for service planning. For the majority of items, there are four levels of rating with specific anchored definitions. These item level descriptions are designed to translate into the following action levels (separate for needs and strengths):

**Basic Design for Rating Needs**

| Rating | Level of Need | Appropriate Action |
|---|---|---|
| 0 | No evidence of Need | No action needed |
| 1 | Significant history or possible need that is not interfering with functioning | Watchful waiting/prevention/additional assessment |
| 2 | Need interferes with functioning | Action/intervention required |
| 3 | Need is dangerous or disabling | Immediate action/Intensive action required |

**Basic Design for Rating Strengths**

| Rating | Level of Strength | Appropriate Action |
|---|---|---|
| 0 | Centerpiece strength | Central to planning |
| 1 | Strength present | Useful in planning |
| 2 | Identified strength | Build or develop strength |
| 3 | No strength identified | Strength creation or identification may be indicated |

### *Reliability of the CANS*

The CANS has demonstrated reliability. Several professional roles including clinicians, researchers, and caseworkers have been trained to reliably use the CANS[3]. The average inter-rater reliability of the CANS is 0.75 with vignettes; the reliability is higher (0.84) with case records and can be above 0.90 with live cases[4]. Domains within the comprehensive CANS have shown good internal consistency[5]. The CANS is auditable and audit reliabilities demonstrate that the CANS is reliable at the item level[3,4,6].

### *Validity of the CANS*

CANS dimension scores have been shown to be valid outcome measures in residential treatment, intensive community treatment, foster care and treatment foster care, community mental health, and juvenile justice programs[4]. Studies have demonstrated the CANS validity, or the ability to measure toddler/infant and their caregiver's needs and strengths[7]. The CANS assessment has also been used to distinguish needs of toddler/infant in urban and rural settings[8,9]. Validation studies on the development of the CANS has established its ability to predict a number of important outcomes for youth, including:

1. Re-arrest & school suspension[8]

2. Placement disruption[10]

3. Psychiatric hospitalization[9] & psychiatric rehospitalization[11]

4. Psychotropic medication use[12]

### *Reporting*

This report was provided to the Department of Children's Services per the pending contract (#35910-04074). We were limited in the data we were able to analyze due to delays in finalizing contracts and Memorandums of Understanding (MOU), thus restricting our access to certain data elements that were expected to be available for use in generating this report. Using the available data, we have generated a year-end report for 2019 Safe Baby Courts summarizing item-level findings within the 0-4 CANS among participating courts. When all anticipated data sources are available, we will be able to a more robust report, which will include the following outcome measures: Time to Permanency, Length of Stay, Return on Investment, and Service Provision.

# 2 Distribution of Ratings of Top Ten Actionable Items For Caregiver and Toddler/Infant Domains

- "Percentage of Assessments" column below refers to the number of assessments with the actionable item in the row over total number of assessments

Top ten actionable items in the caregiver domain:

|    | Items | Count | Percentage.of.Assessments |
|----|-------|-------|---------------------------|
| 1  | Substance Use | 98 | 77.78% |
| 2  | Mental Health | 93 | 73.81% |
| 3  | Parental Criminal Activity | 79 | 62.7% |
| 4  | Adjustment to Trauma | 77 | 61.11% |
| 5  | Involvement in Caregiving Functions | 69 | 54.76% |
| 6  | Social Resources | 68 | 53.97% |
| 7  | Residential Stability | 63 | 50% |
| 8  | Safety | 56 | 44.44% |
| 9  | Supervision | 53 | 42.06% |
| 10 | Organization | 47 | 37.3% |

Top ten actionable items in the toddler/infant domains:

|    | Items | Count | Percentage.of.Assessments |
|----|-------|-------|---------------------------|
| 1  | Substance Exposure | 88 | 69.84% |
| 2  | Parental Availability | 70 | 55.56% |
| 3  | Neglect | 51 | 40.48% |
| 4  | Family Functioning | 49 | 38.89% |
| 5  | Attachment Difficulties | 47 | 37.3% |
| 6  | Prenatal Care | 43 | 34.13% |
| 7  | Developmental / Intellectual | 41 | 32.54% |
| 8  | Parent/Sibling Problems | 39 | 30.95% |
| 9  | Witness to Family/ Comm/School Violence | 31 | 24.6% |
| 10 | Communication | 31 | 24.6% |

# 3 Histogram of Actionable Items Per Assessment

## 3.1 Caregiver Actionable Items

A histogram of caregiver actionable items is found below to visualize total actionable items by assessment.

There are a total number of 126 assessments captured and the total number of actionable items for caregiver items is 15.

An actionable item on an assessment is one that has been rated as Watchful Waiting/Prevent (1), Act on Need Interfering with Function (2), or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated No Current Need for Action (0).



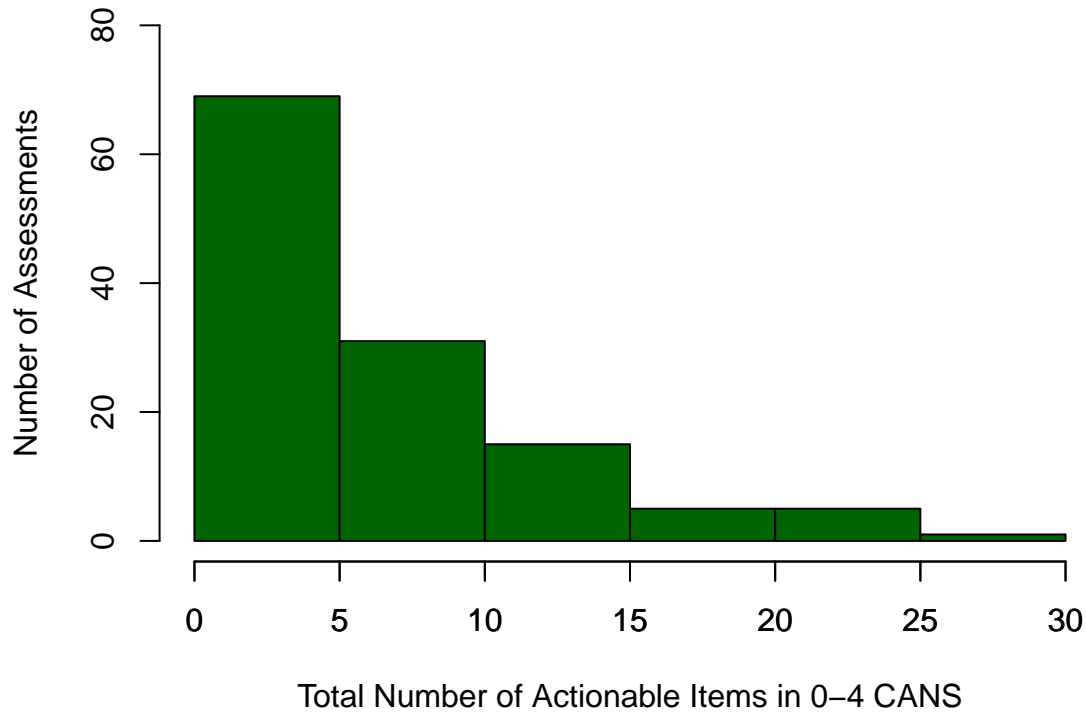Total Number of Actionable Items in 0–4 CANS
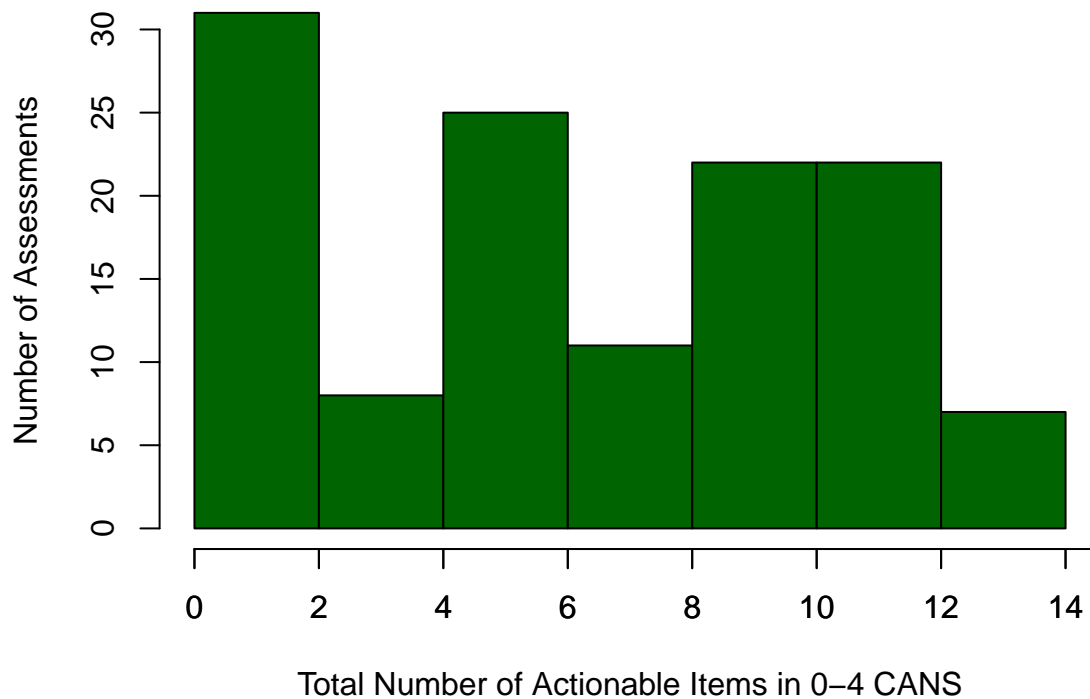
- This histogram shows the total number of actionable ratings across the 15 caregiver-need items within the 0-4 CANS assessment for all completed assessments (N = 120).

- 24.60% of the assessments have between 0-2 actionable caregiver need items.

- 27.78% of assessments report 10 or more actionable caregiver need items (out of 15 possible caregiver items).

## 3.2   Toddler/Infant Actionable Items

A histogram of toddler/infant actionable items is found below to visualize total actionable items by assessment.

There are a total number of 126 assessments captured and the total number of actionable items for toddler/infant items is 38.

An actionable item on an assessment is one that has been rated as Watchful Waiting/Prevent (1), Act on Need Interfering with Function (2), or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated No Current Need for Action (0).



Total Number of Actionable Items in 0–4 CANS

- This histogram shows the total number of actionable ratings across the remaining 38 items, not directly assessing caregiver-need, within the 0-4 CANS assessment for all completed assessments (N = 120).

- 54% of ratings (% that are in 0 - 5 column) related to infant/toddlers are not actionable at this time; this provides a critical window for prevention/services.

# 4 Domain-Delineated Frequency of Actionable Items by Item

## 4.1 Caregiver Items Proportions Bar Chart

There are 126 assessments total. An actionable item on an assessment is one that has been rated as Watchful Waiting/Prevent (1), Act on Need Interfering with Function (2), or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated No Current Need for Action (0).

**Percentage of Actionable Ratings for each Caregiver–Need Item**
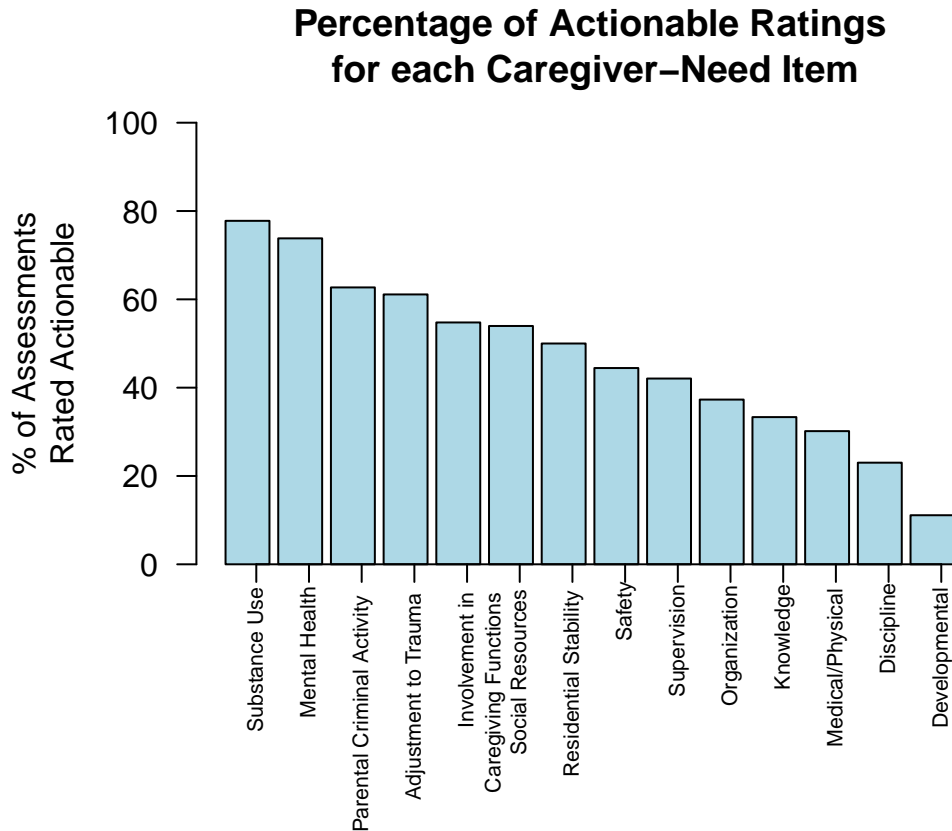


- 77.78% of assessments reported actionable ratings for caregiver substance abuse, 73.81% reported caregiver mental health needs, and 62.70% of assessments reported parental criminal activity.

- Substance Use and Mental Health are items that reflect the most CG need.

- Substance Use: This item rates the impact of any notable substance use by caregivers that might limit their capacity to provide care for the youth.

- Mental Health: This item refers to any serious mental health issues (not including substance abuse) that might limit a caregiver's capacity for providing parenting/caregiving to the youth.

## 4.2 Trauma Items Proportions Bar Chart

There are 126 assessments total. An actionable item on an assessment is one that has been rated as Watchful Waiting/Prevent (1), Act on Need Interfering with Function (2), or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated No Current Need for Action (0).

**Percentage of Actionable Ratings
for each Toddler/Infant Traumatic Experiences Item**
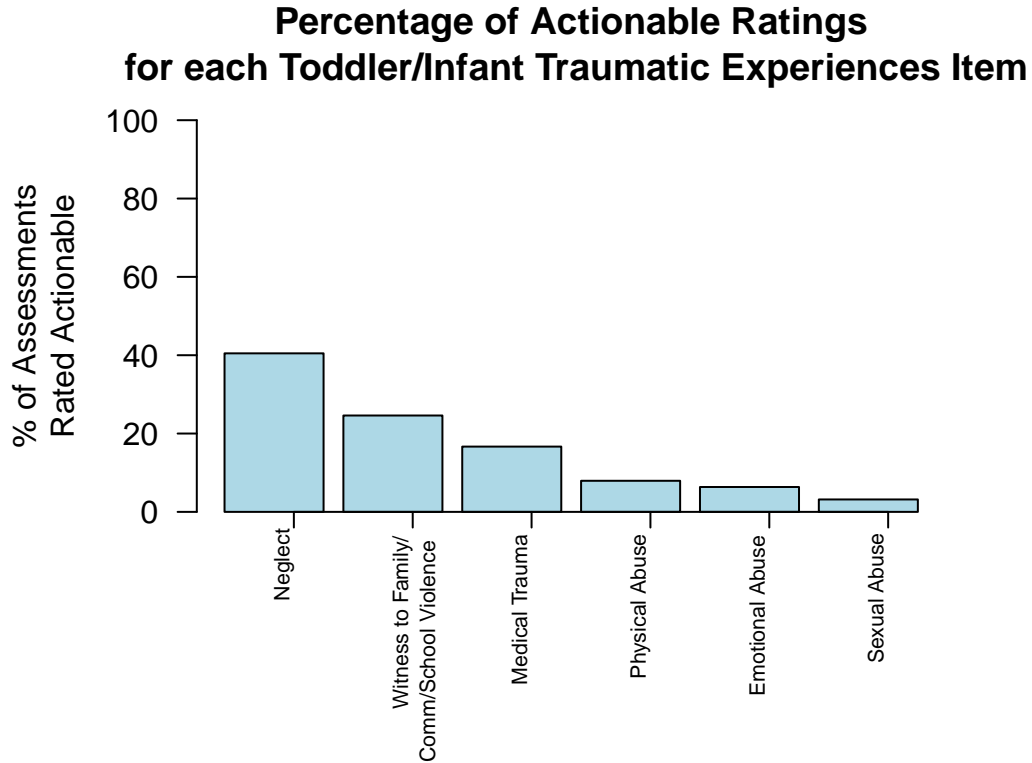
- Neglect is the most reported actionable toddler/infant trauma item (approximately 40%), followed by witness to family, community, or school violence (approximately 30%), and then medical trauma (approximately 20%).

- Neglect: This rating describes whether or not the child has experienced neglect. Neglect can refer to a lack of food, shelter or supervision (physical neglect), lack of access to needed medical care (medical neglect), or failure to receive academic instruction (educational neglect).

- Witness to Family, Community, or School Violence: This rating describes the severity of exposure to family, school or community violence.

## 4.3   Functioning Items Proportions Bar Chart

There are 126 assessments total. An actionable item on an assessment is one that has been rated as Watchful Waiting/Prevent (1), Act on Need Interfering with Function (2), or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated No Current Need for Action (0).

**Percentage of Actionable Rating for each Functioning Item**
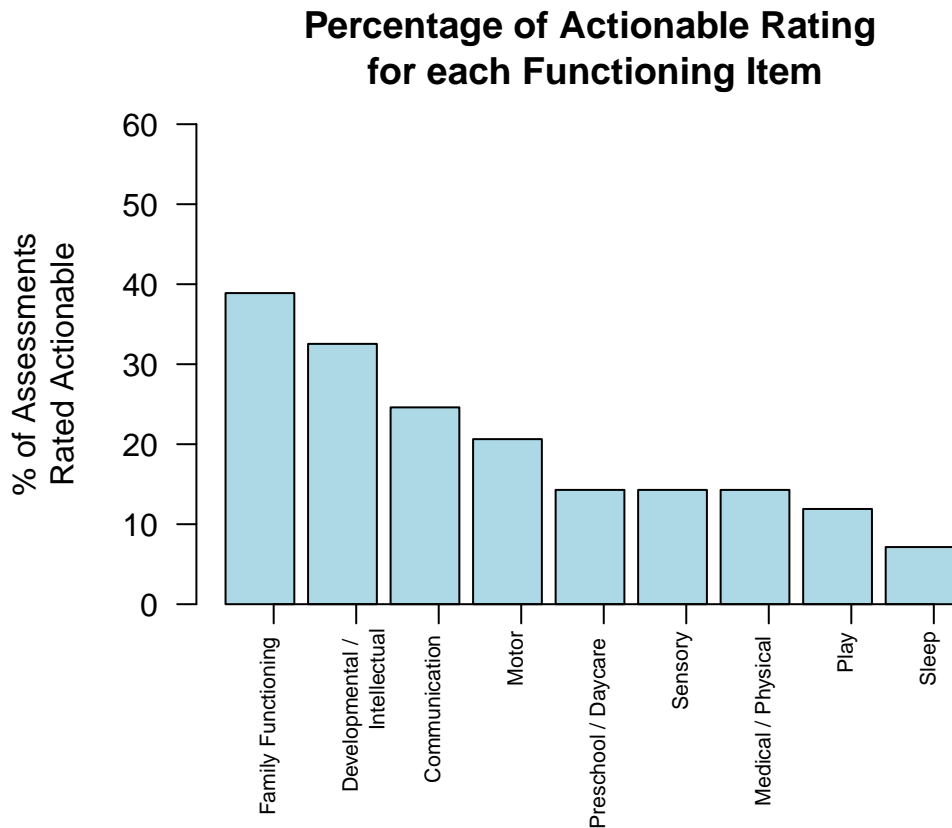


- 38.89% of assessments reported an actionable rating on the Family functioning item, which assesses the toddler/infant's relationship with those in the family.

- 32.54% of assessments reported an actionable rating on the toddler/infant development/intellectual item, which describes the toddler/infant's development compared to standard development milestones.

- Family Functioning: This item evaluates and rates the child's relationships with those who are in their family. It is recommended that the description of family should come from the toddler/infant's perspective (i.e. who the youth describes as their family). In the absence of this information, consider biological and adoptive relatives and their significant others with whom the toddler/infant is still in contact. Foster families should only be considered if they have made a significant commitment to the toddler/infant. For youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan. When rating this item, take into account the relationship the toddler/infant has with their family as well as the relationship of the family as a whole.

- Developmental/Intellectual: This item describes the child's development as compared to standard developmental milestones, as well as rates the presence of any developmental or intellectual disabilities. It includes Intellectual Developmental Disorder (IDD) and Autism Spectrum Disorders. Rate the item depending on the significance of the disability and the related level of impairment in personal, social, family, school, or occupational functioning.

## 4.4 Needs Items Proportions Bar Chart

There are 126 assessments total. An actionable item on an assessment is one that has been rated as Watchful Waiting/Prevent (1), Act on Need Interfering with Function (2), or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated No Current Need for Action (0).

**Percentage of Actionable Rating for each Needs Item**
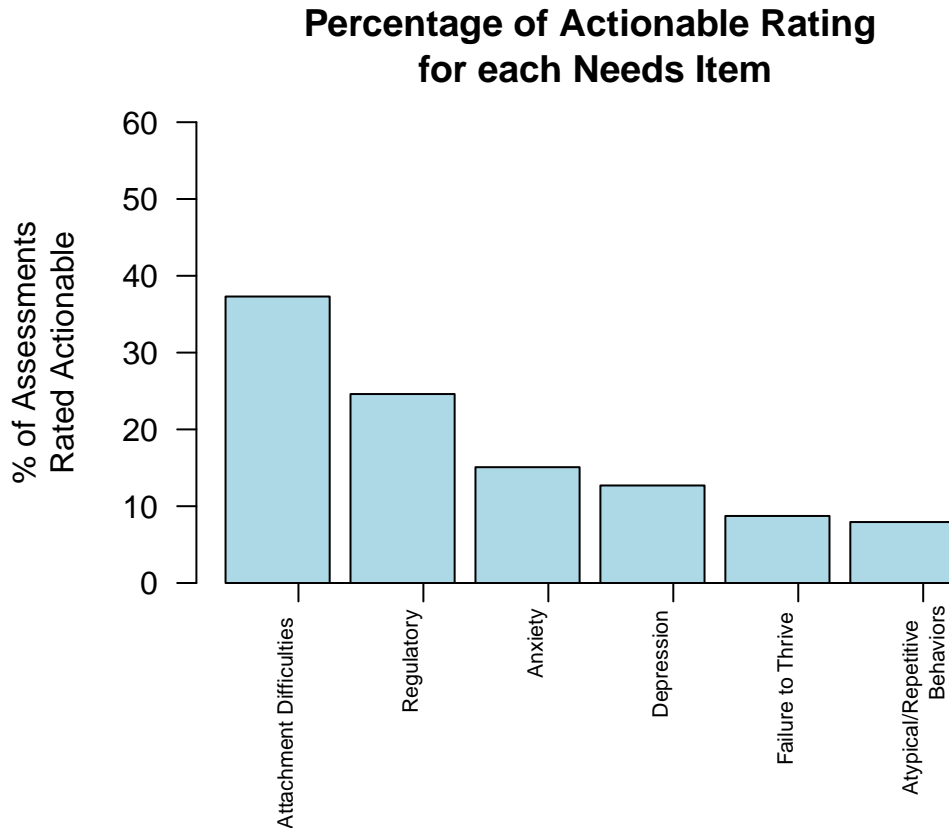


- 37.30% of assessments report an actionable rating in the Attachment Difficulties item, which describes the level of need as it relates to the toddler/infant's parental or caregiver relationship.

- 24.60% of assessments show actionable need in the Regulatory item. This item describes the toddler/infant's ability to self-regulate.

- Attachment Difficulties: This item should be rated within the context of the child's significant parental or caregiver relationships.

- Regulatory: Item refers to all dimensions of self-regulation, including the quality and predictability of sucking/feeding, sleeping, elimination, activity level/intensity, sensitivity to external stimulation, and ability to be consoled.

## 4.5 Risk Items Proportions Bar Chart

There are 126 assessments total. An actionable item on an assessment is one that has been rated as Watchful Waiting/Prevent (1), Act on Need Interfering with Function (2), or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated No Current Need for Action (0).

**Percentage of Actionable Rating for each Risk Item**
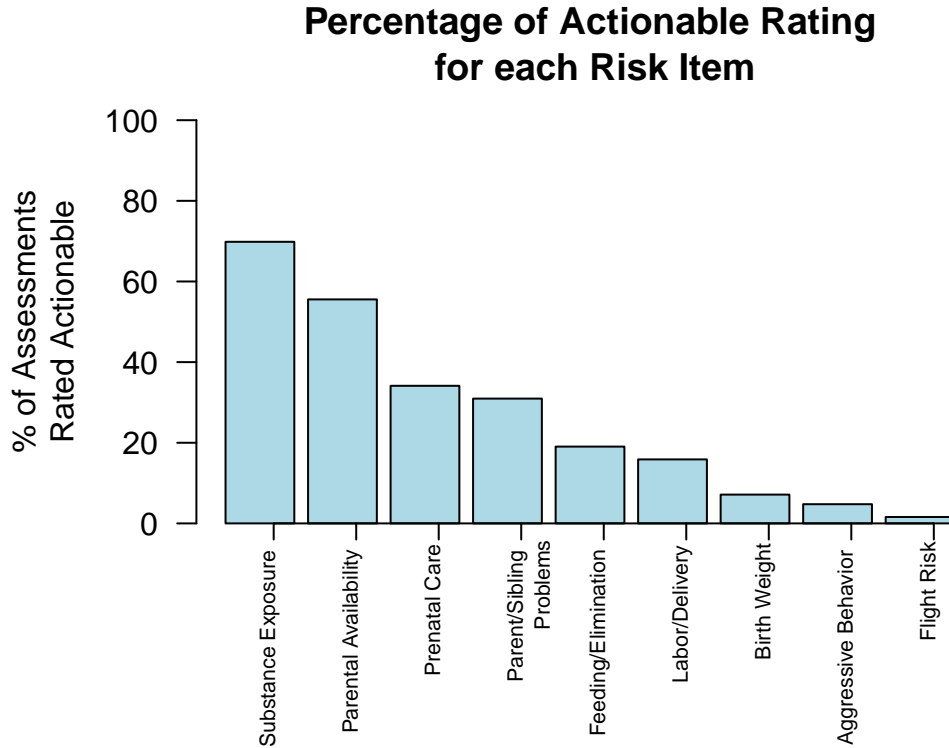


- 69.84% of assessments report an actionable rating in the Substance Exposure item.

- 55.56% of assessments show actionable need in the Parental Availability item.

- Substance Exposure: This dimension describes the child's exposure to substance use and abuse both before and after birth.

- Parental Availability: This addresses the primary caregiver's emotional and physical availability to the child in the weeks immediately following the birth. Rate parental availability up to 3 months (12 weeks) postpartum.

## 4.6 Strengths Items Proportions Bar Chart

There are a total number of 126 assessments captured and the total number of actionable items for strengths items is 3. Ratings for Strength Items include Well Developed or Centerpiece Strength; May be used as a Protective Factor (0), Useful Strength is Evident but Requires Effort to Maximize this Strength (1), Strength has been identify be requires significant efforts to build (2), No current strength identified (3).

**Percentage of Assessments With Centerpiece and Useful Strengths**
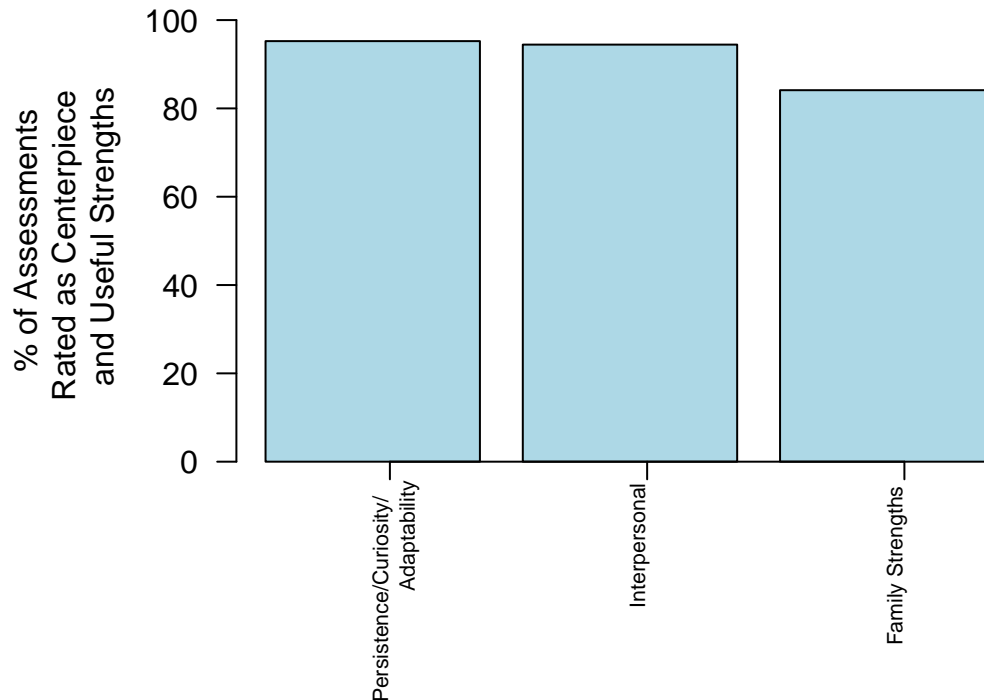


- 95.24% of Assessments reported centerpiece and useful strengths in the Persistence/Curiosity/Adaptibility item, 94.44% reported centerpiece and useful strengths in the Interpersonal item, and 84.13% reported centerpiece and useful strengths in the family strengths item.

- Persistence/Curiosity/Adaptibility: This rating describes the child's self-initiated efforts to discover their world.

- Interpersonal: This item is used to identify a child's social and relationship skills. This strength indicates an ability to make and maintain long-standing relationships with peers and adults.

- Family Strengths: This item refers to the presence of a sense of family identity as well as love and communication among family members. Even families who are struggling often have a firm foundation that consists of a positive sense of family and strong underlying love and commitment to each other. These are the constructs this strength is intended to identify. As with Family Functioning, the definition of family comes from the child's perspective (i.e., who the child describes as their family). If this information is not known, then we recommend a definition of family that includes biological/adoptive relatives and their significant others with whom the youth is still in contact.

# 5   Appendix

**Tennesee Safe Baby CANS**

**2.0 Basic Structure**

**Caregiver Resources & Needs**

- Adjustment to Trauma Experiences
- Medical/Physical
- Developmental
- Mental Health
- Substance Use
- Parental Criminal Activity
- Supervision
- Discipline
- Involvement in Caregiving Functions
- Knowledge
- Safety
- Organization
- Social Resources
- Residential Stability

**Child Traumatic Experiences**

- Sexual Abuse
- Physical Abuse
- Emotional Abuse
- Neglect
- Medical Trauma
- Witness to Family/School/Community Violence

**0-4 Module Items**

- Functioning
- Family Functioning
- Preschool/Daycare
- Play
- Developmental/Intellectual
- Motor
- Sensory
- Communication
- Sleep
- Medical/Physical

**Needs**

- Attachment Difficulties
- Regulatory
- Failure to Thrive
- Depression
- Anxiety
- Atypical/Repetitive Behaviors

**Risk Factors and Behaviors**

- Birth Weight
- Feeding/Elimination
- Prenatal Care
- Labor and Delivery
- Substance Exposure
- Parent or Sibling Problems
- Parental Availability
- Self Harm
- Aggressive Behavior
- Flight Risk

**Strengths**

- Family Strengths
- Interpersonal
- Persistence/Curiosity/Adaptability end{minipage}

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# 7 Computing Environment

To maintain high standards and reproducible research, we provide the computing environment under which all analyses were conducted. These analyses were done using the following version of R, the operating system, and add-on packages and others:

- R version 3.5.1 (2018-07-02), Windows, 10 x64, x86-64

- Base packages: stats, graphics, grDevices, utils, datasets, methods, base

- Other packages: ryouready 0.4, redcapAPI 2.2, RColorBrewer 1.1-2, xtable 1.8-4, reshape2 1.4.3, knitr 1.24, Hmisc 4.2-0, ggplot2 3.2.1, Formula 1.2-3, survival 2.42-3, lattice 0.20-35

- Loaded packages via the namespace but not attached: Rcpp 1.0.2, assertthat 0.2.1, zeallot 0.1.0, digest 0.6.20, cellranger 1.1.0, R6 2.4.0, plyr 1.8.4, chron 2.3-54, backports 1.1.4, acepack 1.4.1, evaluate 0.14, httr 1.4.1, pillar 1.4.2, rlang 0.4.1, readxl 1.3.1, lazyeval 0.2.2, curl 4.0, rstudioapi 0.10, data.table 1.12.2, car 3.0-4, rpart 4.1-13, Matrix 1.2-14, checkmate 1.9.4, rmarkdown 1.14, splines 3.5.1, stringr 1.4.0, foreign 0.8-70, htmlwidgets 1.3, munsell 0.5.0, compiler 3.5.1, xfun 0.8, pkgconfig 2.0.2, base64enc 0.1-3, htmltools 0.4.0, nnet 7.3-12, tidyselect 0.2.5, tibble 2.1.3, gridExtra 2.3, htmlTable 1.13.1, rio 0.5.16, crayon 1.3.4, dplyr 0.8.3, withr 2.1.2, grid 3.5.1, gtable 0.3.0, magrittr 1.5, scales 1.0.0, zip 2.0.4, carData 3.0-2, stringi 1.4.3, latticeExtra 0.6-28, vctrs 0.2.0, openxlsx 4.1.3, tools 3.5.1, forcats 0.4.0, glue 1.3.1, purrr 0.3.2, hms 0.5.1, abind 1.4-5, yaml 2.2.0, colorspace 1.4-1, cluster 2.0.7-1, labelVector 0.1.0, haven 2.2.0

### Safe Baby Court Judges and the SBCI

*"Our SBC program has been in operation since 2018 and we can now say that the early positive predictions and hopes we had for the program are being realized. Problems facing a family are being revealed earlier in the process, and services to address those problems are being deployed sooner. We are seeing successful resolutions much quicker than with the typical d/n case. In fact, I wish every d/n case could be handled in this manner."*
**Judge Andy Brigham, Stewart County**


*"We held the first SBC graduation in the State in the Spring of 2019 and then closed out the year with our all father graduation in December. We had 6 SBC graduates with 16 children returning to the custody of their parents. We also had 7 other children finding permanency (1 adopted and 6 permanent guardianships) through the SBC program which was a success for these children!*

*"Mid-year, we added a parent mentor to the team. She is able to give them extra motivation and encouragement, a shoulder to lean on, a resource for additional services, a big sister, and so much more.  We hope to add a recent male graduate as a mentor for our fathers this year.*

*We began several amazing programs this year, including Trauma Informed Parenting, budgeting and cooking classes. One of our SBC participants (who is a chef) conducted cooking classes including a "Cooking on a Budget."*

*We obtained a grant for transportation which enabled us to get a van and a driver. This allowed us to transport parents to visits and treatment – increasing both for the good of our families.*

*We have the Safe Baby House which parents can use for meetings and visitation in a neutral location. Visits occur in a homelike setting where parents are able to cook meals, play games, and read to their children.*

*We are looking forward to 2020 as we begin incorporating Celebrating Families in to our SBC program."*
**Magistrate Stacy Lynch, Coffee County**


*"SBC has been a God send to Juvenile Court and Madison County. Our most precious and innocent victims of drug exposure, our babies, have their fate placed in the hands of the best group of loving, caring SBC staff and volunteers. With Magistrate Howell at the helm and the dedicated SBC members, families are given every opportunity to work a plan that allows babies to have the best care. We have witnessed mothers become drug free, responsible caregivers, and fathers learn what effective parenting involves. As the Juvenile Court Judge of Madison County for over 20 years, I do not know of any other program like SBC that has positively impacted the lives of our families in such a life changing way. We must continue this program as long as we have children affected by drugs, the families deserve a chance. If not SBC then where else can we turn for help?"*
**Judge Christy R Little, Madison County**

*"Madison County SBC has presented those families who have become involved in the child welfare system a unique opportunity to put the pieces of their broken lives back together through a hands-on and genuinely caring process.  The successes that Madison County SBC has produced are proof that this process works and has lessened the impact and trauma the children and their families experience when they become involved in the court system.  We have witnessed swift permanency for children and/or family reunification that would have otherwise taken significantly longer to achieve, if at all.  In the years to come, it is our hope that the services provided through SBC become available to all families involved with the courts in order to end the ongoing cycles associated with dependent and neglected children. "*
**Magistrate Joey Howell, Madison County**

*"SBC has made an amazing difference in the lives of parents, babies and families in Grundy County. I think of SBC as the hub of a wheel that brings all the available resources together to help our families. As a result of SBC, mothers and fathers have become responsible, drug free, effective parents. We have seen babies placed in healthy loving forever homes. Grundy County SBC has changed the course of many lives. As a Juvenile Judge of fourteen years, SBC gives me great hope for the future of our families!"*
**Judge Trey Anderson, Grundy County**

*"Safe Baby Court has been a wonderful asset to our rural county.  This program has given hope and empowerment to those that thought they never had a chance.  With more frequent court hearings, family team meetings, and visitations, these families are making more consistent strides with improving themselves.  Due to the intensity of SBC requirements, we are seeing and hearing our families feel like they have a voice. Most importantly, we are seeing a shift in how our community perceives those with addictions and that in itself is an incredible success!"*
**Judge Williams Bliss Hawkins, Johnson County**

*"Volunteers from the community and faith-based organizations have donated their time, resources, and hearts to numerous families of our programs. These resources include but are not limited to baby supplies, Christmas gifts, future fundraising opportunities, and general support.  Various organizations like Metro Parks, Core Civic, Davidson County Sheriff's Office and Robertson County Courts and Sheriff's Department have altered their normal policies to allow our parents to visit their children under circumstances that would have never been allowed in the past.  We have had the opportunity to hire parent mentors as well as volunteers to support families through the court process."*
**Magistrate Jerice Glanton, Davidson County**

*Knox County Safe Baby Court has seen a lot of growth and success in the past year due to the large and diverse partnerships that we have developed. We are affiliated with a significant number of substance abuse and mental health providers. Also, our local housing authority and various property owners have assisted us in expediting vouchers and securing appropriate housing. An unexpected success has been with our resources in the medical, vision and dental care areas that have addressed personal care issues that have not been a priority for our clients. All of the community contacts that have been identified and cultivated in past year*

*have had a positive impact on our families and dramatically increased our rates of permanency and reunification.*
**Magistrate Michael W. Fortune, Knox County**