STATE OF TENNESSEE SAFE BABY COURT ANNUAL REPORT – 2020

*Report submitted February 1, 2021, pursuant to T.C.A. § 37-1-903

VISION STATEMENT

To achieve lasting safety, permanency, and well-being for Tennessee's infants, toddlers, and families through a collaborative team approach.

HISTORY AND PURPOSE OF SAFE BABY COURTS IN TENNESSEE

Tennessee's Safe Baby Court (SBC) program began in 2018 pursuant to legislation[1] passed by the Tennessee General Assembly in 2017. The legislation's intent was to address critical needs for Tennessee's youngest and most vulnerable children and their families. The result was an innovative, problem-solving response to Tennessee's critical needs for child and family programs. Tennessee Safe Baby Courts seek to: reduce the incidence of child abuse, neglect and endangerment; to minimize the effects of childhood trauma on our youngest children; and to provide stability and a pathway to permanency to parents and families.

Tennessee Safe Baby Courts use a collaborative, multi-disciplinary approach to dependency and neglect cases with the needs of the youngest children (ages zero through three and their siblings) as the touchstone for decisions in the case. Anchored by the juvenile court judge or magistrate, each jurisdiction has a coordinator whose responsibility is to integrate and coordinate system responses to each participating family. The team addresses barriers to permanency, 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 is at risk of being placed into DCS custody.

The Tennessee Safe Baby Court program is administered by three partner agencies and empowered by the legislature to work together for the common goal of serving Tennessee's youngest citizens:

- Administrative Office of the Courts (AOC)[2]
- Department of Children's Services (DCS)[3]
- Department of Mental Health and Substance Abuse Services (DMHSAS)[4]

[1] (2017 Pub.Acts, c. 366, § 1, eff. Jan. 1, 2018).
[2] The Administrative Office of the Courts is led by Director Deborah Taylor Tate
[3] The Department of Children's Services is led by Commissioner Jennifer Nichols
[4] The Department of Mental Health and Substance Abuse Services is led by Commissioner Marie Williams

Working collaboratively, these three agencies provide centralized administrative support and leadership to the 12 Tennessee Safe Baby Court sites. DCS is statutorily charged with administering the program and reporting to the Tennessee General Assembly; the AOC is charged with SBC site selection; and DMHSAS is charged with working collaboratively with the other agencies to provide expertise in addressing mental health and substance use disorder issues.

In 2020, the Statewide Leadership Team was formed. The team consists of representatives of each agency. The Statewide Leadership Team works collaboratively to provide leadership, support, resources, and guidance to the individual Safe Baby Court sites.

Tennessee's Safe Baby Courts use the core tenets of the ZERO TO THREE[5] approach. The ZERO TO THREE approach is designed to provide intensive, wrap-around therapy and services to children ages zero to three years of age and their siblings in order to reduce infant and toddler early childhood trauma and to restore stability to families. ZERO TO THREE's Core Components are:

[5] ZERO TO THREE. The name of the organization, trademark, and any copyrighted material listed herein are the exclusive rights of ZERO TO THREE and used with permission. www.zerotothree.org

2020 – GROWTH IN A CHALLENGING YEAR

2020 was a historic year, bringing many challenges, including the global pandemic caused by COVID-19. The pandemic impacted the work of Tennessee Safe Baby Courts in many ways, including: implementing remote and/or virtual court hearings, family team meetings, community stakeholder meetings, services, parent/child visitations, and trainings; travel restrictions; health risk to court personnel and DCS staff; pauses/delays in new site implementations; modifications of training plans; budget restraints due to economic downturns; provider service interruptions; etc.

With the unique challenges presented by COVID-19, Safe Baby Court teams had to be creative to continue to provide frequent, but safe, family time. One innovative solution used by most sites was virtual visitation. Alternatively, when in- person visits occurred, teams worked together to ensure the safety and well-being for all involved.

Number of Cases

There were 176 cases in 2020, serving a total of 324 children. By comparison, in 2019, there were 125 cases, serving a total of 246 children.

New Court Sites Established

5 new court sites were established in 2020, bringing the total of Tennessee SBC sites to 12. A more detailed breakdown of the 12 court sites is to follow in the SBC Outcome Measures Report, found immediately following this program overview.

Tennessee Safe Baby Court Advisory Committee

The Tennessee Safe Baby Court Advisory Committee, chaired by DCS Commissioner Jennifer Nichols, held its first meeting in the 4th quarter of 2020. The Committee is comprised of an incredibly impressive list of Tennessee leaders in a variety of disciplines. The Committee's membership and charges are set forth in Tenn. Code Ann. § 37-1-909. The Committee will hold subsequent meetings in 2021, working to serve Tennessee Safe Baby Courts in an advisory role.

Ongoing Partnership with ZERO TO THREE

A partnership with the national organization ZERO TO THREE has been important since the inception of Tennessee Safe Baby Courts. ZERO TO THREE assisted with the implementation and training of the initial court sites and continues to provide technical assistance, training, and support to the Statewide Leadership Team and

individual court sites. In February, ZERO TO THREE led the Statewide Leadership Team in a strategic planning session and helped the team develop its current mission statement, outline roles and responsibilities, and develop a communication and strategic plan for moving forward.

ZERO TO THREE regularly consults with the Statewide Leadership Team to review materials, provide technical assistance, and offer guidance on training, support and best practices for Tennessee SBCs. ZERO TO THREE conducted monthly "Community of Practice" calls for judges, attorneys, community coordinators, and state leadership. The calls included sites from around the country and provided an opportunity for peer-to-peer engagement.

New Assessment Tools

- Development of the Fidelity Tool – developed in partnership with the Statewide SBC Team, SBC community coordinators, VCOE, and ZERO TO THREE (discussed in further detail later in this report) –This tool is not yet operational, but significant planning and work went into its development and design in 2020.
- The TINS assessment – Toddler and Infants Needs and Strengths Assessment – developed with VCOE (discussed in further detail later in this report).

Highlights of 2020 Trainings

- FAN Training – Facilitating Attuned Interactions – is currently being provided by Allied Behavioral Health Solutions.
- New SBC coordinators were trained in DCS 101, which includes DCS policies, child welfare and juvenile court processes, procedures, and laws.
- SBC coordinators and DCS staff were trained and certified in the TINS assessment (discussed in detail in VCOE report to follow).
- All DCS SBC case managers, supervisors and leadership were trained on the new DCS Work Aid and Protocol for TINS and SBC cases.
- SBC team members are participating in ZERO TO THREE's national learning collaborative.

- ZERO TO THREE new site implementation training
- ZERO TO THREE national Cross Sites training
- Annually, at the Foster Parent Conference, foster parents are offered a training that highlights the Safe Baby Court process
- Judicial and Child Welfare team interaction and support provided as needed by the *Jurist in Residence*.

Creation of Best Practice Standards

With input from ZERO TO THREE, leaders from DCS, AOC, and DMHSAS developed a Best Practice Standards guide for use in all Tennessee Safe Baby Court sites. The guide is the result of many months of collaborative work between DCS, AOC, and DMHSAS, and it will serve as a foundational framework. Implementation of the Best Practice Standards guide is expected in the first quarter of 2021.

JUDICIAL PERSPECTIVE

"This past year has been quite a challenge. Covid restrictions limited in-court appearances, and drastically curtailed visitations, but did not stop child and family team meetings nor our monthly court reviews. Every SBC member adapted to our new environment, with the result that SBC cases proceeded and children achieved permanency on the same accelerated timeline as before Covid. It has been inspiring to see each SBC team member respond and adapt and continue to serve our state's babies. My hope for the upcoming is to continue to lean forward into whatever challenges come our way. The SBC concept proved itself resilient and suitable for meeting extraordinary challenges."

-**Judge Andy Brigham, Stewart County Juvenile Court**

“During a year of sadness, fear, and loss, one program has remained steadfast in its vision to protect our children and families. Safe Baby Court has not missed a court date, even if it has been virtual. Our SBC team has worked tirelessly to nurture our babies and help our families. With Magistrate Howell’s strong leadership and our SBC

staff and stakeholders investment, the lives being touched, blessed, and improved has increased. “No” is not a word spoken, even if some parents have been turned away time after time. Through it all, Madison County continues to benefit from this life changing program. It would be unimaginable to lose a successful program because of lack of funding. The pandemic is a force to be reckoned with, but a child that asks a police officer “what took you so long to get here” after suffering severe abuse, deserves all the funds and services we can provide. Once again I ask, if we do not place our priorities and services in our children, what does our future hold? I do not want to find out!”

-Judge Christy R. Little, Madison County Juvenile Court

“As the pandemic ravaged through our county and surrounding areas, the Davidson County Safe Babies Court Team never stopped working for our children and their families. Realizing the pandemic and potential loss of life would put a damper on the spirit of our families, possibly impeding the progress our families and children were already making, we immediately started holding virtual Court and Family Team Meetings. We were able to provide Kroger gift cards to our families to help them with transportation, groceries, and cell phone related needs. The funding we provided also assisted families with utility bills, housing and rent when jobs were lost. Additionally, all of our families were offered Holiday support for their children.

Throughout all of the challenges in Davidson County for 2020 (March tornado, Covid and the Christmas Day bombing), the Safe Babies Court team and our dedicated service providers continued steadfastly, remained constant, and carried on without wavering to serve those involved in our program.”

-Magistrate Jerice L. Glanton, Davidson County Juvenile Court

“Henry County Juvenile Court was blessed to receive a Safe Baby Court Grant, with our first case appearing on the docket in January 2020. The program allows parents who are struggling with issues such as addiction and mental health issues, seen as broken by society, piece their lives back together in a meaningful way. This not only benefits them, but more importantly creates a brighter and happier future for their children. The parents no longer feel alone and isolated. They no longer fear asking for help and recognize that seeking help is a sign of courage and not weakness. The

efforts of the SBC Team are focused on minimizing trauma for young children and achieving permanency faster for these precious souls. The efforts have demonstrated the preservation of family relationships, increased service delivery for all parties and the recognition of the unique needs of each child and family.

I wish every dependency and neglect case could receive the hands-on approach and services of SBC cases. If we could achieve that goal, more children would achieve permanency faster and never again enter the foster care system in Tennessee. Oh what a wonderful day that would be for our sweet children!!"

-Judge Vicki Snyder, Henry County Juvenile Court

"During the unprecedented times and challenges that the year 2020 brought us, Madison County Safe Baby Court not only survived, the program has in fact flourished. Despite the transition to a new Community Coordinator, Zoom hearings and virtual Family Team meetings, we continue to serve our families and more importantly, our children. Thanks to our entire team, the expectations of our program continue to be realized, our parents continue to become responsible and drug free and our kids continue to find permanency in an expedited manner. These results would not have been realistic considering all of the challenges this year has presented, however, with the "all in" approach we have developed as a team over the years, the transitions have been almost unnoticeable. In the year, 2021, we intend to continue to deliver positive influences and results to the lives of our children and their families who are involved in Madison County Safe Baby Court."

-Magistrate Judge Joseph Howell, Madison County Juvenile Court

"We have just finished our first year as a Tennessee Safe Baby Court, and it has been, and continues to be, one of the most successful and fulfilling experiences in my life. I am more convinced now than ever it is the approach that should be taken in every dependency, neglect, and abuse case."

-Judge Michael Meise, Dickson County Juvenile Court

"I have previously been involved with our SBC as a board member since its inception in our County. Since July, I have presided over our SBC, with direct interaction with

the participants and teams. I have always supported the program, however, interaction with the participants has strengthened the importance of the program to me. The opportunity to see parents who have no support, self-doubt and low self esteem has strengthened not only my understanding of the program, it has solidified the importance of the program in our community. Witnessing, first hand, change in individuals with hope and determination to succeed, as well as support from others in the group, including successful reunification of families, has been one of the most rewarding experiences of my career. The program has provided hope for those that thought they were lost and unappreciated and the transformation of their personality and resolve is truly inspiring to all involved with the program!"

-Judge Grey Perry, Coffee County Juvenile Court

"Starting Safe Baby Court of Rutherford County in the middle of a pandemic has its challenges, but it has grown into something beautiful. All of the families in our program are in kinship placements and not receiving foster care services. We intentionally chose this population because we felt that it had been traditionally underserved in our community and wanted to prevent children from entering the foster care system. Through this program, the families we serve are receiving higher levels of care and have much more support than ever before. Families are no longer experiencing long delays in service delivery. They are getting into treatment much faster and addressing the traumas that lead to the initial court involvement. Children are getting a great deal of visitation with their parents from day one which benefits not only the children's bonding and attachment, but also the parent's emotional well-being and drive to improve their lives and the lives of the children. Families and professionals are demonstrating that they can work together as a team to make long-lasting positive change for the lives of our most vulnerable populations. The community support for Safe Baby Court has been overwhelming and we look forward to developing many new partnerships. It has been my pleasure to see this program grow in our county and I think that all child welfare cases would benefit from the support offered through Safe Baby Court. We are coming up on our first graduations in the nearing months and I look forward to those celebrations, because that's not something that happens just by chance!"

-Judge Donna Davenport, Rutherford County Juvenile Court

"I'm very proud of the work our safe babies court has done, particularly through the covid 19 pandemic. We've managed to move our families forward towards permanency despite the complexities that virtual court and quarantines presented."

-Magistrate Angela Blevins, Knox County Juvenile Court

DATA REPORTING AND ANALYSIS

The following sections detail two different reports compiled in partnership with the Vanderbilt Centers of Excellence (VCOE).

VCOE's first report is a summary of the annual Safe Baby Court program data collected by the AOC. The report, titled *SBC Outcome Measures Report 2021*, shows data from each Safe Baby Court jurisdiction, as well as the Safe Baby Court outcome measures.

VCOE's second report contains an analysis of TINS assessments. The report, titled *2021 Legislative Safe Baby Court 0-4 TINS Descriptive Statistics*, provides more detail of the transition from 0-4 CANS Assessment, which was administered by SBC Coordinators, to the newly implemented TINS Assessment, which is facilitated by DCS staff at CFTM meetings. It is important to note, the TINS assessment was just operationalized by DCS in December of 2020. Accordingly, as outlined by VCOE, the data reflected in the TINS report for this year is limited due to that transition.

Combined, these reports highlight the "why" and the "what" behind this innovative approach.

SBC Outcome Measures Report 2021

28 January, 2021

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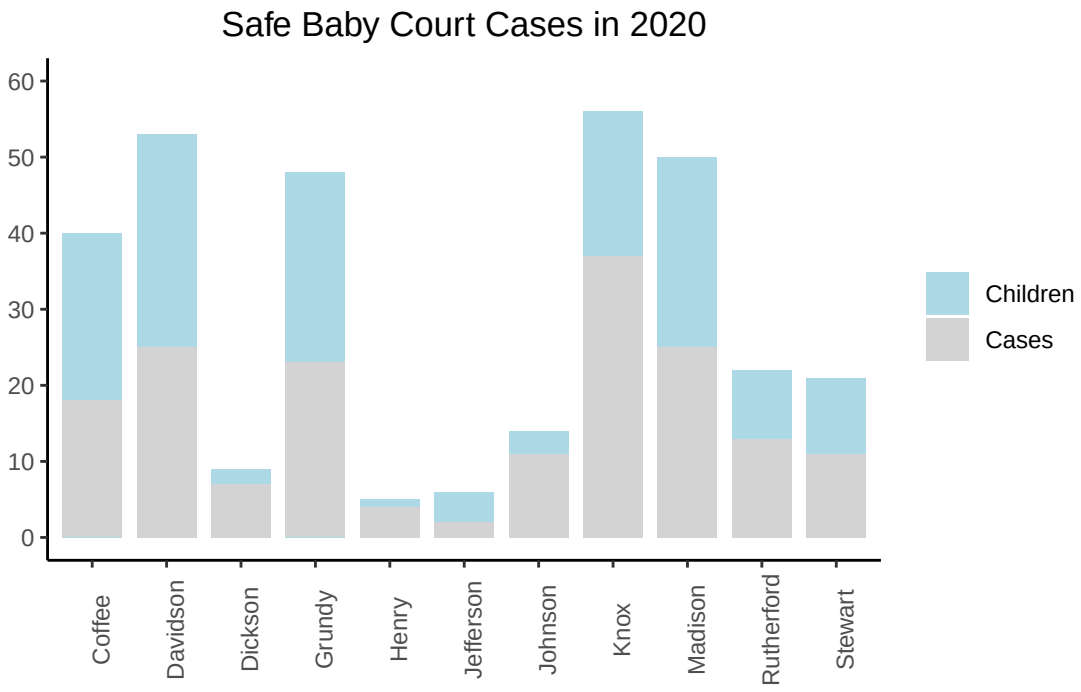
1 Safe Baby Court Sites

To date, 12 Safe Baby Court (SBC) sites have been established in juvenile courts across Tennessee. The current SBC Sites are Anderson, Coffee, Davidson, Dickson, Grundy, Henry, Jefferson, Johnson, Knox, Madison, Rutherford, and Stewart Counties. Implementation in Anderson County will begin in January 2021. Therefore, data for this county will be included in the 2021 Annual Report.

The SBCs served a total of 176 cases and 324 children in 2020. The table below shows the number of cases and children each SBC served.

County	Cases	Children
Coffee	18	40
Davidson	25	53
Dickson	7	9
Grundy	23	48
Henry	4	5
Jefferson	2	6
Johnson	11	14
Knox	37	56
Madison	25	50
Rutherford	13	22
Stewart	11	21



2 Length of Stay/Time to Permanency

2.1 Frequency Breakdown of Custodial vs. Non-Custodial Kids

Table 1: Case Percentage Breakdown by SBC Status and Custodial Status

	Custodial	Non-Custodial
In Progress	73%	55%
Other	2%	7%
Successfully Completed	24%	38%
Unsuccessful	1%	0%

- Note that the "Other" category can consist of instances such as a transfer of jurisdiction, a parent requesting to no longer be a part of SBC, a conflict of interest closing the case, or other circumstances such as these.

2.2 Average Length of Stay in SBC

Table 2: Average Length of Stay (Days) by SBC Status and Custodial Status

SBC Status	Custodial Cases	Non-Custodial Cases
In Progress	456	183
Other	243	179
Successfully Completed	461	381
Unsuccessful	90	NA

The average length of stay for custodial cases that successfully completed SBC is 461 days. The average length of stay for custodial cases that failed to complete SBC sucessfully is 90 days. The average length of stay for custodial cases with "Other" SBC Status is 243 days. The average length of stay for custodial cases that are still in progress through January 1st, 2021, is 456 days.

The average length of stay for non-custodial cases that successfully completed SBC is 381 days. The average length of stay for non-custodial cases that failed to complete SBC cannot be computed because no cases fell into this category. The average length of stay for non-custodial cases with "Other" SBC Status is 179 days. The average length of stay for non-custodial cases that are still in progress through January 1st, 2021, is 183 days.

3 Families and Children Participating in SBC

3.1 Families Enrolled in SBC

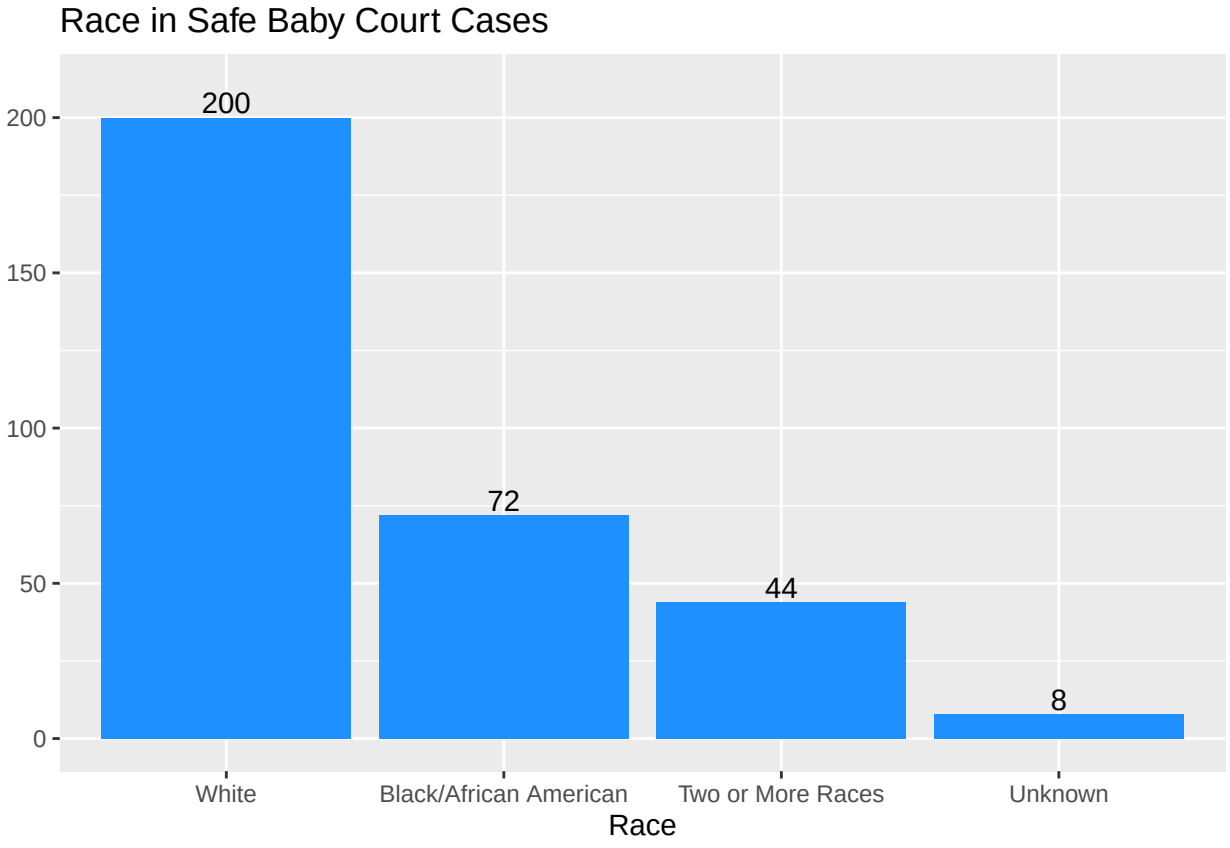
3.2 Breakdowns of children served by race and ethnicity

Tables 3 through 6 illustrate the breakdown of children served by race and ethnicity, and also by county, of the total of 324 children.

3.2.1 Children served by race

Table 3: Race

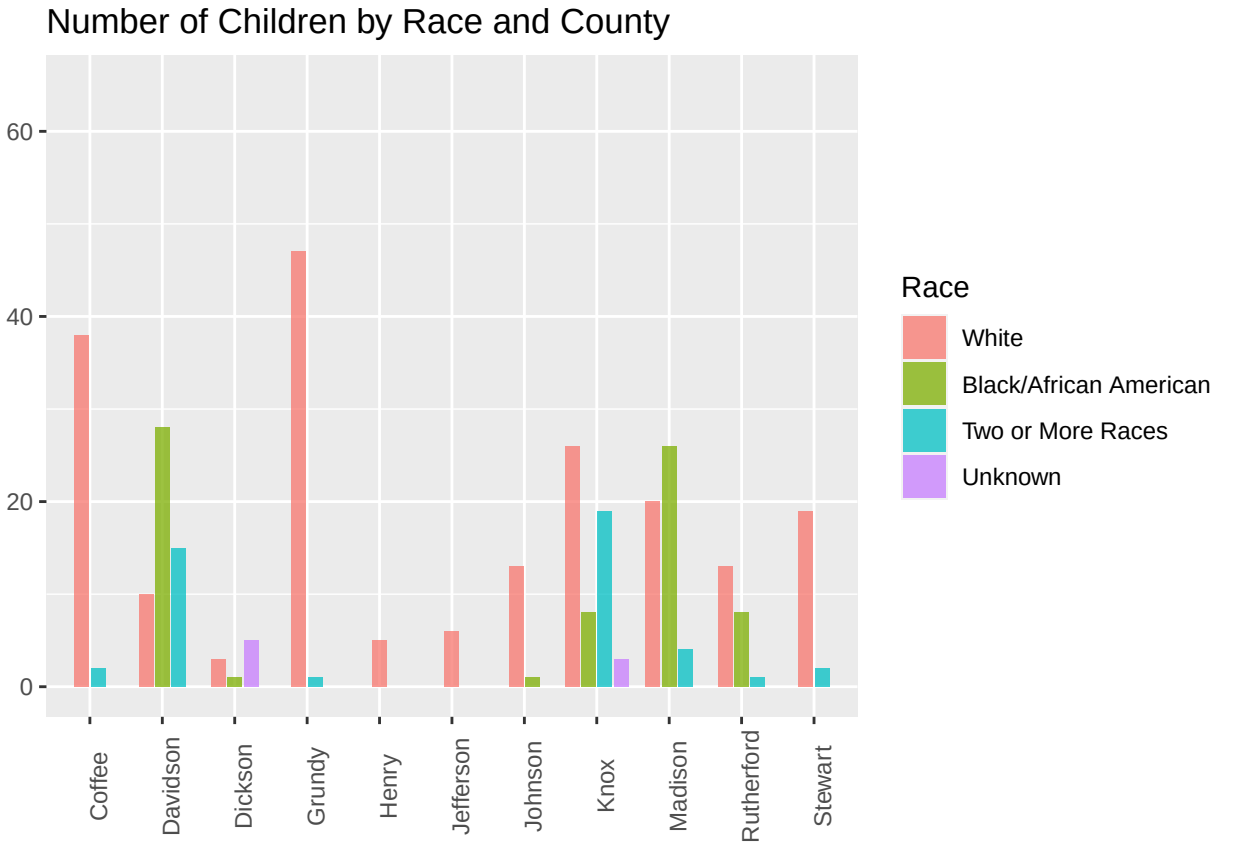
	Num (%)
White	200 (62%)
Black/African American	72 (22%)
Two or More Races	44 (14%)
Unknown	8 (2%)



3.2.2 Children served by race and county

Table 4: Race By County

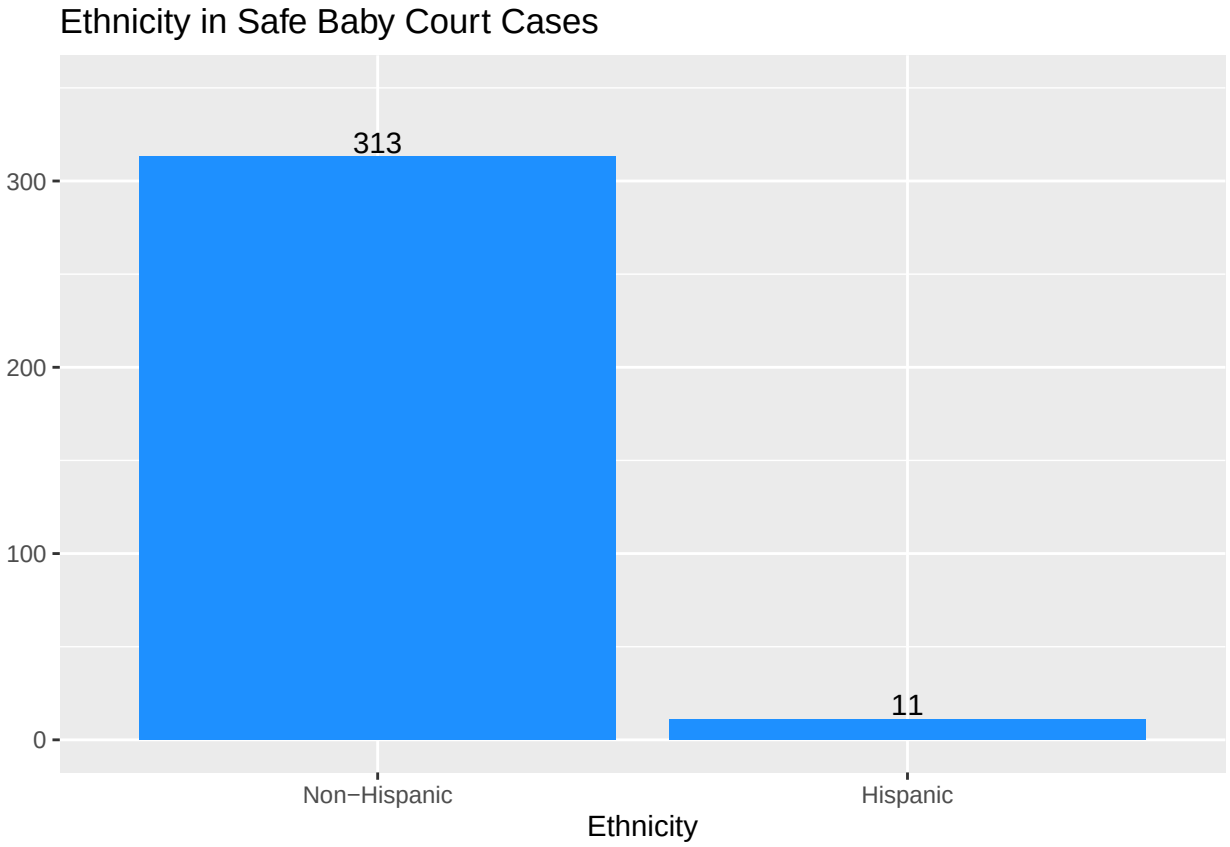
	Coffee	Davidson	Dickson	Grundy	Henry	Jefferson	Johnson	Knox	Madison	Rutherford	Stewart
White	38	10	3	47	5	6	13	26	20	13	19
Black/African American	0	28	1	0	0	0	1	8	26	8	0
Two or More Races	2	15	0	1	0	0	0	19	4	1	2
Unknown	0	0	5	0	0	0	0	3	0	0	0



3.2.3 Children served by ethnicity

Table 5: Ethnicity

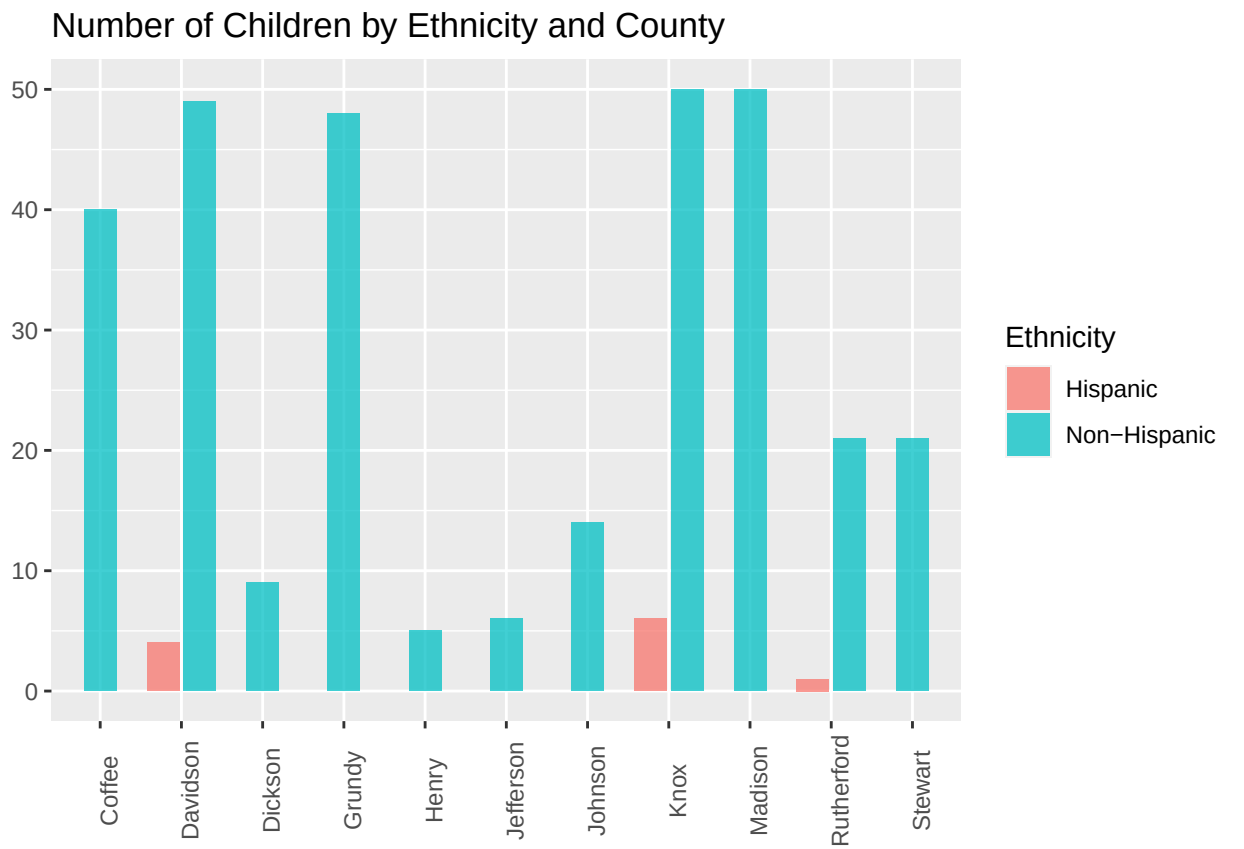
	Num (%)
Hispanic	11 (3%)
Non-Hispanic	313 (97%)



3.2.4 Children served by ethnicity and county

Table 6: Ethnicity by County

	Coffee	Davidson	Dickson	Grundy	Henry	Jefferson	Johnson	Knox	Madison	Rutherford	Stewart
Hispanic	0	4	0	0	0	0	0	6	0	1	0
Non-Hispanic	40	49	9	48	5	6	14	50	50	21	21



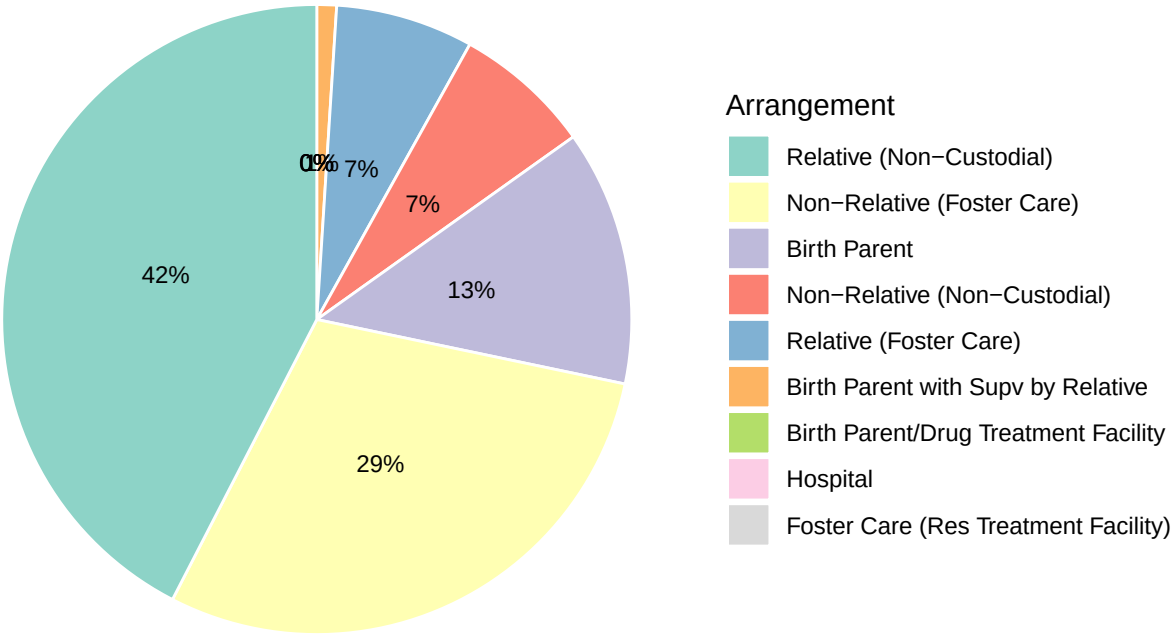
3.3 Type of Living Arrangement

3.3.1 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 324 children. This represents the *current placement* or the placement when the SBC case was closed. There were a total of 118 children in foster care placements and 206 children in non-custodial placements. Of the children in foster care, 23 children resided with a relative.

Table 7: Living Arrangement

	Num (%)
Relative (Non-Custodial)	136 (42%)
Non-Relative (Foster Care)	94 (29%)
Birth Parent	41 (13%)
Non-Relative (Non-Custodial)	24 (7%)
Relative (Foster Care)	23 (7%)
Birth Parent with Supv by Relative	3 (1%)
Birth Parent/Drug Treatment Facility	1 (0%)
Hospital	1 (0%)
Foster Care (Res Treatment Facility)	1 (0%)



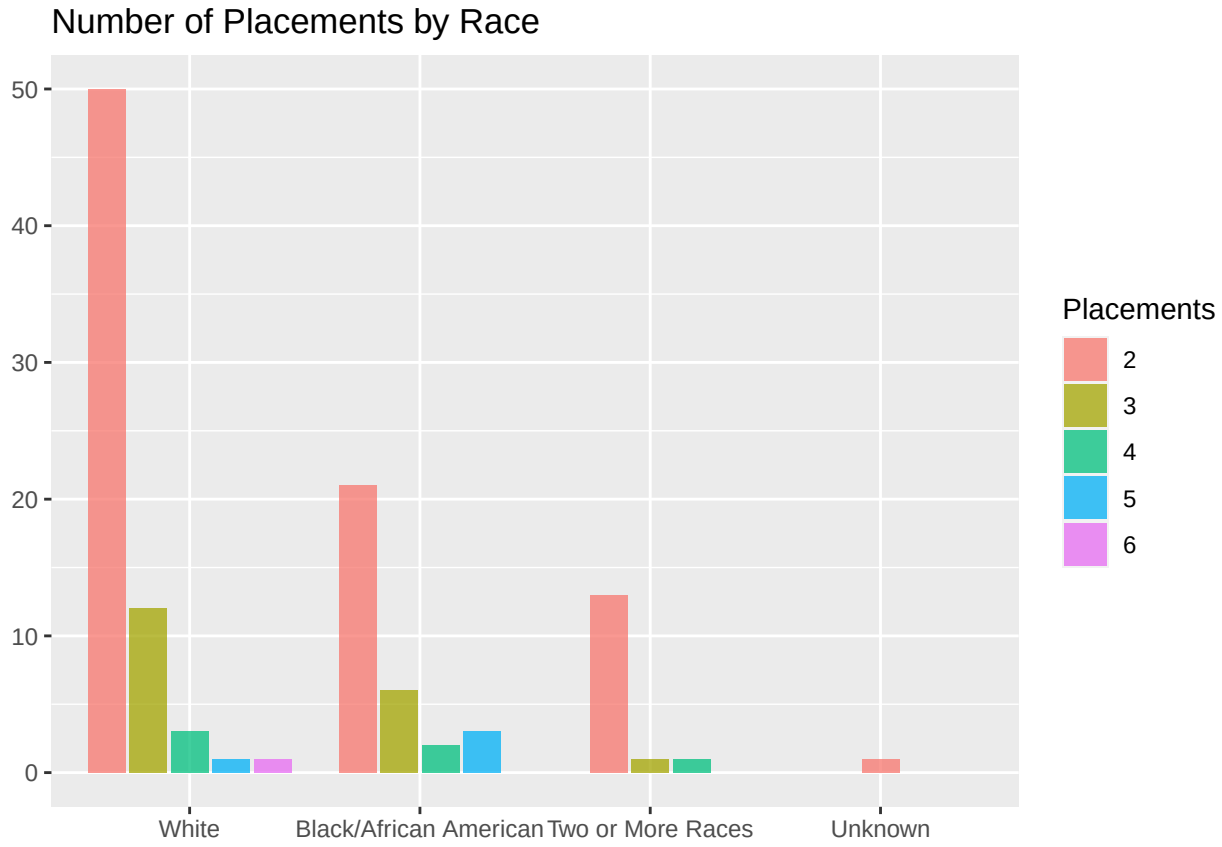
3.3.2 Number of placements by race and ethnicity

Of the 115 children with identified foster care or non-custodial placements, 85 child(ren) were placed once, 19 child(ren) had two placements, 6 child(ren) had three placements, 4 child(ren) had four placements, and 1 child(ren) had five placements during SBC.

3.3.2.1 Placements by Race

Table 8: Placements by Race

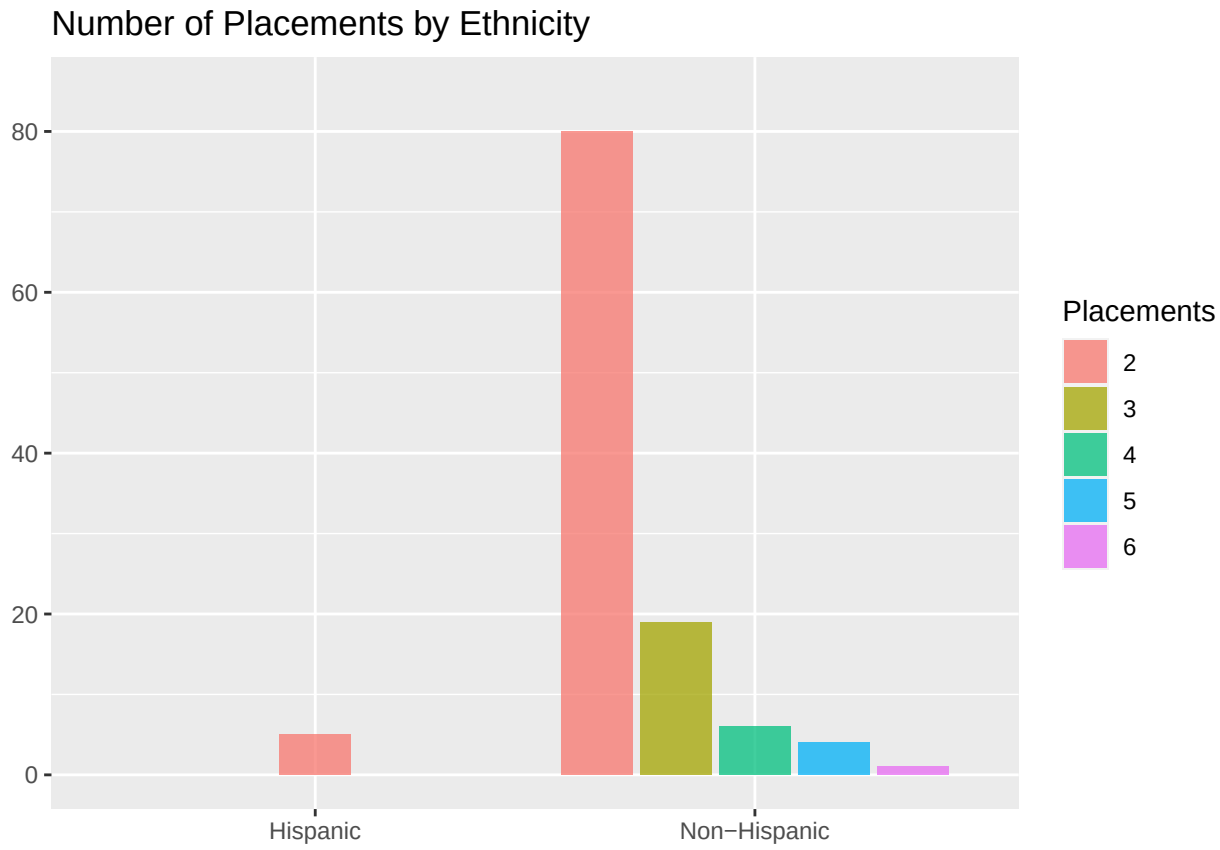
	2	3	4	5	6
White	50	12	3	1	1
Black/African American	21	6	2	3	0
Two or More Races	13	1	1	0	0
Unknown	1	0	0	0	0



3.3.2.2 Placements by Ethnicity

Table 9: Placements by Ethnicity

	2	3	4	5	6
Hispanic	5	0	0	0	0
Non-Hispanic	80	19	6	4	1



3.4 Length of Time in Foster Care

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

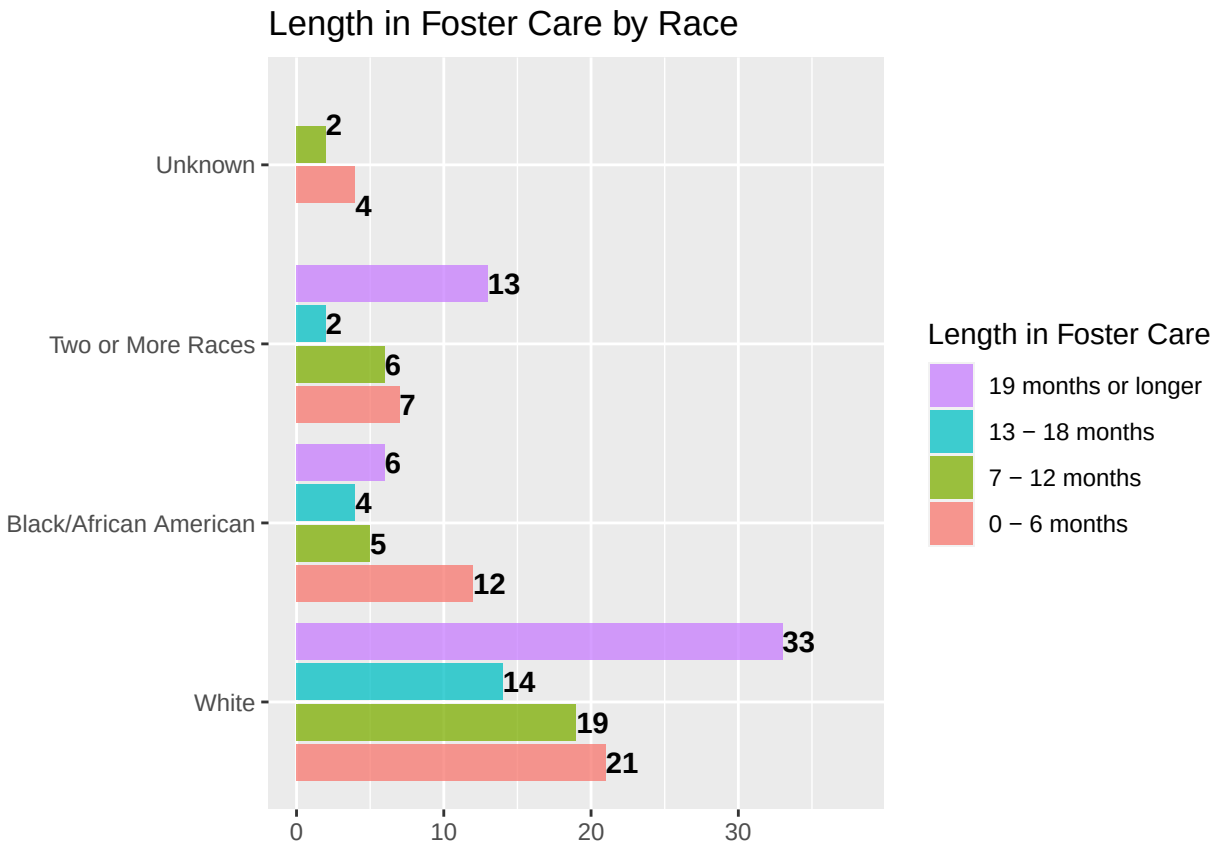
Of the 148 children who were in foster care *at some point* during SBC, 44 children were in foster care 0 - 6 months, 32 were in foster care 7 - 12 months, 20 were in foster care 13 - 18 months, and 52 were in foster care 19 months or longer.

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

3.4.1.1 Breakdown by Race

Table 10: Race by Length of Time in Foster Care

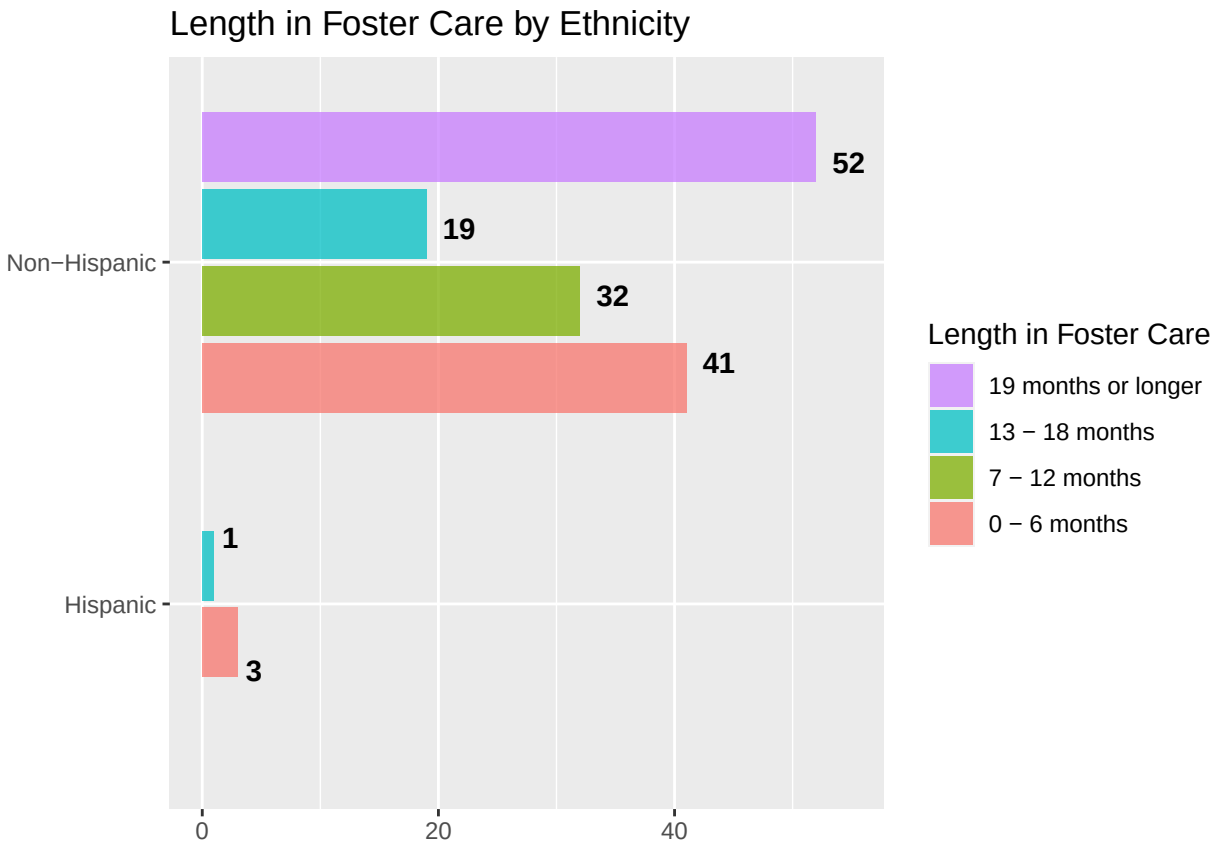
	0 - 6 months	7 - 12 months	13 - 18 months	19 months or longer
White	21	19	14	33
Black/African American	12	5	4	6
Two or More Races	7	6	2	13
Unknown	4	2	0	0



3.4.1.2 Breakdown by Ethnicity

Table 11: Ethnicity by Length of Time in Foster Care

	0 - 6 months	7 - 12 months	13 - 18 months	19 months or longer
Hispanic	3	0	1	0
Non-Hispanic	41	32	19	52



3.5 Family Participation in Family Team Meetings (FTMs)

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

Table 12: 1078 Total FTMs During the Time Period

Present	Either Parent	Both Parents	Mother Only Present	Father Only Present
Yes	835 (77%)	383 (36%)	786 (73%)	432 (40%)
No	243 (23%)	695 (64%)	292 (27%)	646 (60%)

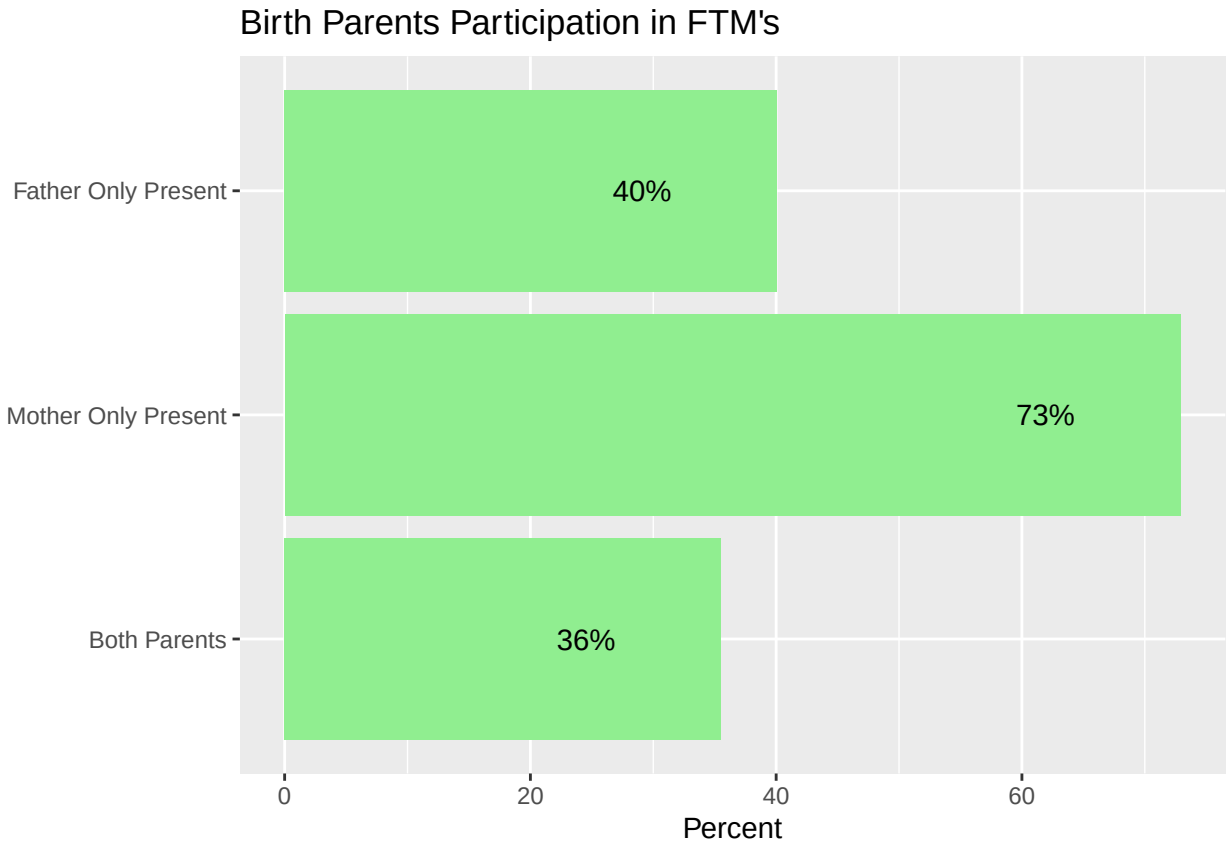


Table 13: Number and percentage of FTMs in which a birth parent was in treatment or incarcerated

Father in Treatment	Mother in Treatment	Father Incarcerated	Mother Incarcerated
0 (0%)	24 (2%)	60 (6%)	14 (1%)

3.6 Family Participation in Court Hearings

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

Table 14: 1566 Total Disposed Court Hearings During the Time Period

Present	Either Parent	Both Parents	Mother Only Present	Father Only Present
Yes	1046 (67%)	539 (34%)	954 (61%)	631 (40%)
No	520 (33%)	1027 (66%)	612 (39%)	935 (60%)

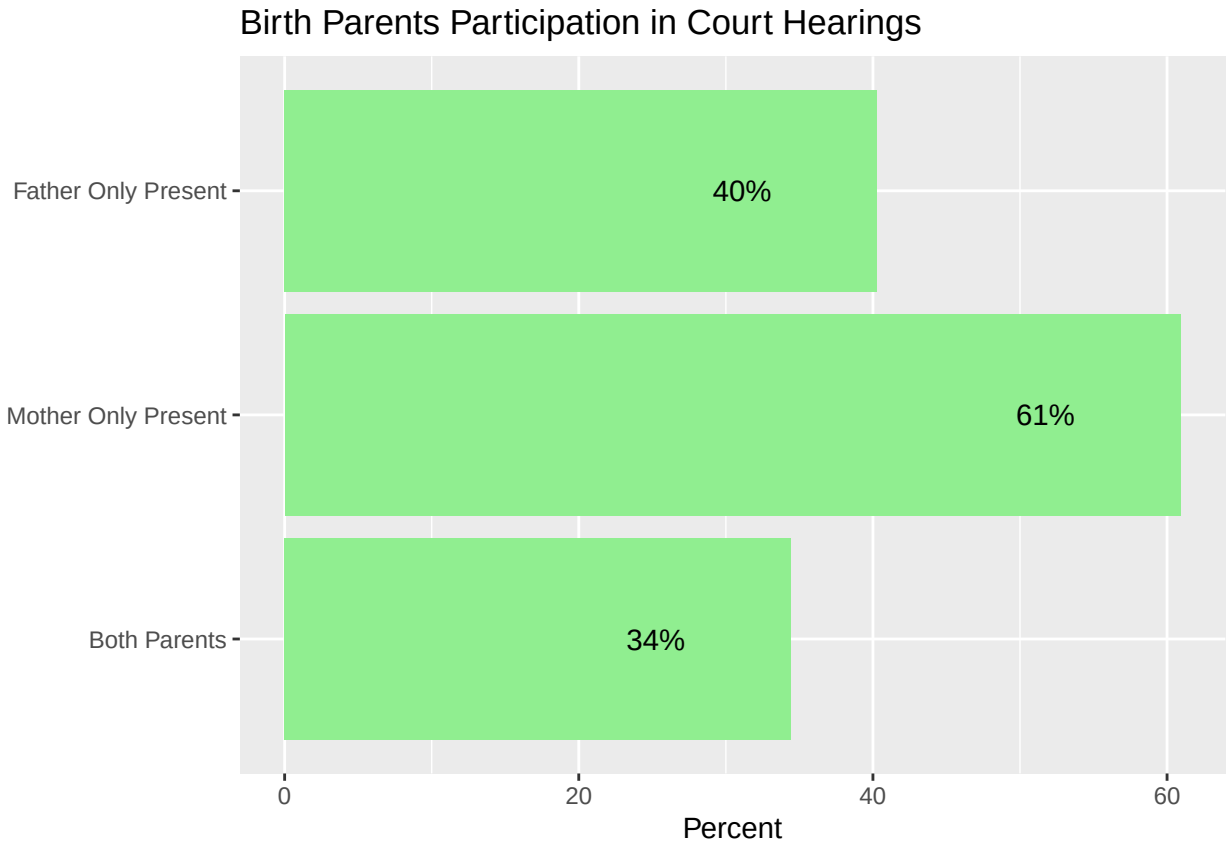


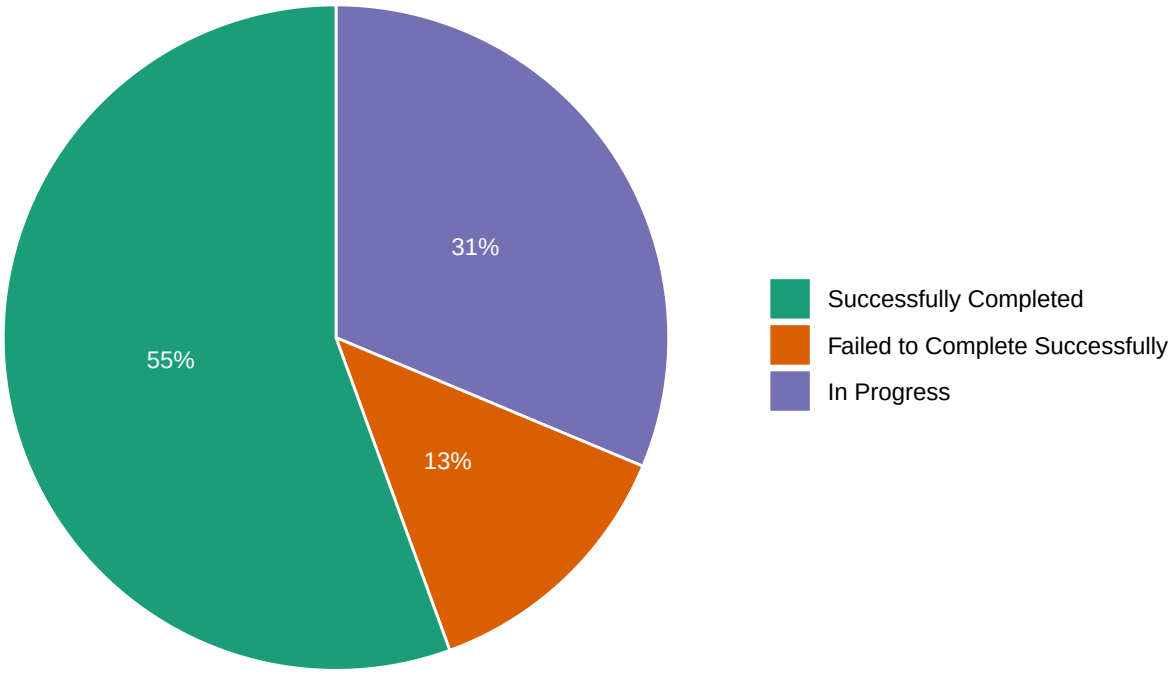
Table 15: Number and percentage of court hearings in which a birth parent was in treatment or incarcerated

Father in Treatment	Mother in Treatment	Father Incarcerated	Mother Incarcerated
20 (1%)	40 (3%)	64 (4%)	18 (1%)

3.7 Family Participation in Treatment Services

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

A total of 176 families participated in SBC. Of these families, 163 (93%) participated in 1356 services. Of these services that were provided, 751 (55%) were successfully completed, 180 (13%) were ended unsuccessfully, and 425 (31%) have yet to be completed.

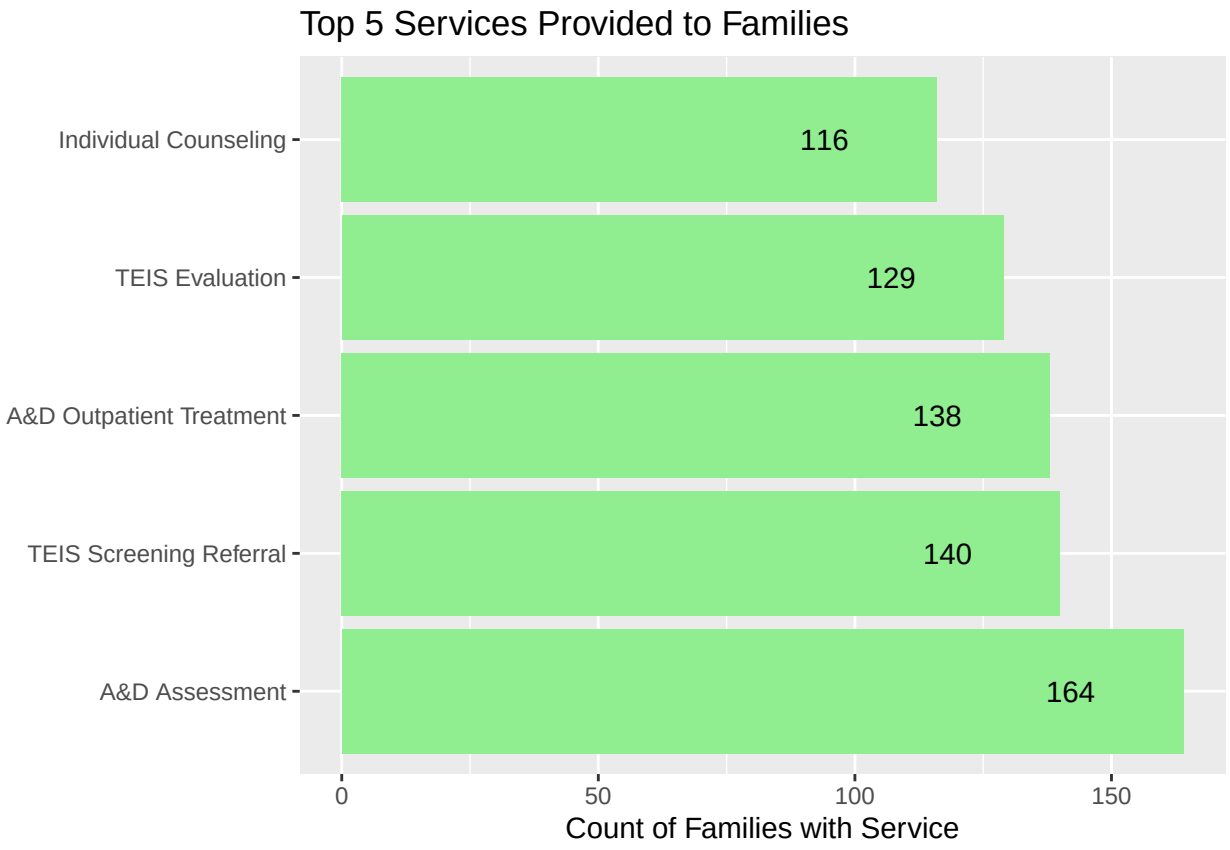


The following services were provided to families in SBC:

Services Provided
A&D Assessment
TEIS Screening Referral
A&D Outpatient Treatment
TEIS Evaluation
Individual Counseling
Mental Health Assessment
A&D Inpatient Treatment
Parenting Classes
Child-Parent Psychotherapy (CPP)
Medication Management
In-Home Services
Parenting Assessment
Medication Assisted Treatment
Developmental Therapy
Mental Health Outpatient Treatment
Developmental Follow-Up
Psychological Assessment
Occupational Therapy
Physical Therapy
Domestic Violence Services
Medication Evaluation
Sober Living Program
Speech Therapy
Therapeutic Visitation
AA/NA
Family Counseling
Behavioral Therapy
CANS Assessment (0-4)
Group Counseling
Parent Mentoring Services
Comprehensive Child and Family Treatment (CCFT)
Head Start
Mental Health Inpatient Treatment
Therapeutic Preschool
Attend AA Meetings
Play Therapy
Psychiatric Evaluation
School-Based Therapy
Trauma Assessment
A&D Education
Celebrating Families
Feeding Therapy
Mental Health Screening
ACES Education
Anger Management
Co-Parenting Classes
Employment Training and Search
Family SOS (Systems of Support)
Parent-Child Interaction Therapy
Psychosexual Evaluation
Transitional Living Services
Trauma Therapy

Table 16: Top 5 Services Provided to Families

A&D Assessment	TEIS Screening Referral	A&D Outpatient Treatment	TEIS Evaluation	Individual Counseling
164 (12%)	140 (10%)	138 (10%)	129 (10%)	116 (9%)



3.8 Visitation Plan Completion

3.8.1 Number of visits per case, averaged monthly

One hundred sixteen out of 148 cases without a no contact order had parent-child visitation. On average, these families had 10.9 visit(s) per month. Twenty-eight cases had a no contact order, 22 of which had visitation before or after the no contact order.

4 Supportive Processes for Families

4.1 Occurrence of Court Hearings

4.1.1 Number of completed court hearings per case

Out of 176 cases in Safe Baby Court, 172 had completed court hearings. These cases had hearings for an average of 0.9 hearing(s) per month.

4.2 Occurrence of Family Team Meetings (FTMs)

4.2.1 Number of completed FTMs per case

Out of 176 cases in Safe Baby Court, 162 had Family Team Meetings (FTM). These cases had 1078 FTMs for an average of 0.6 FTM(s) per month.

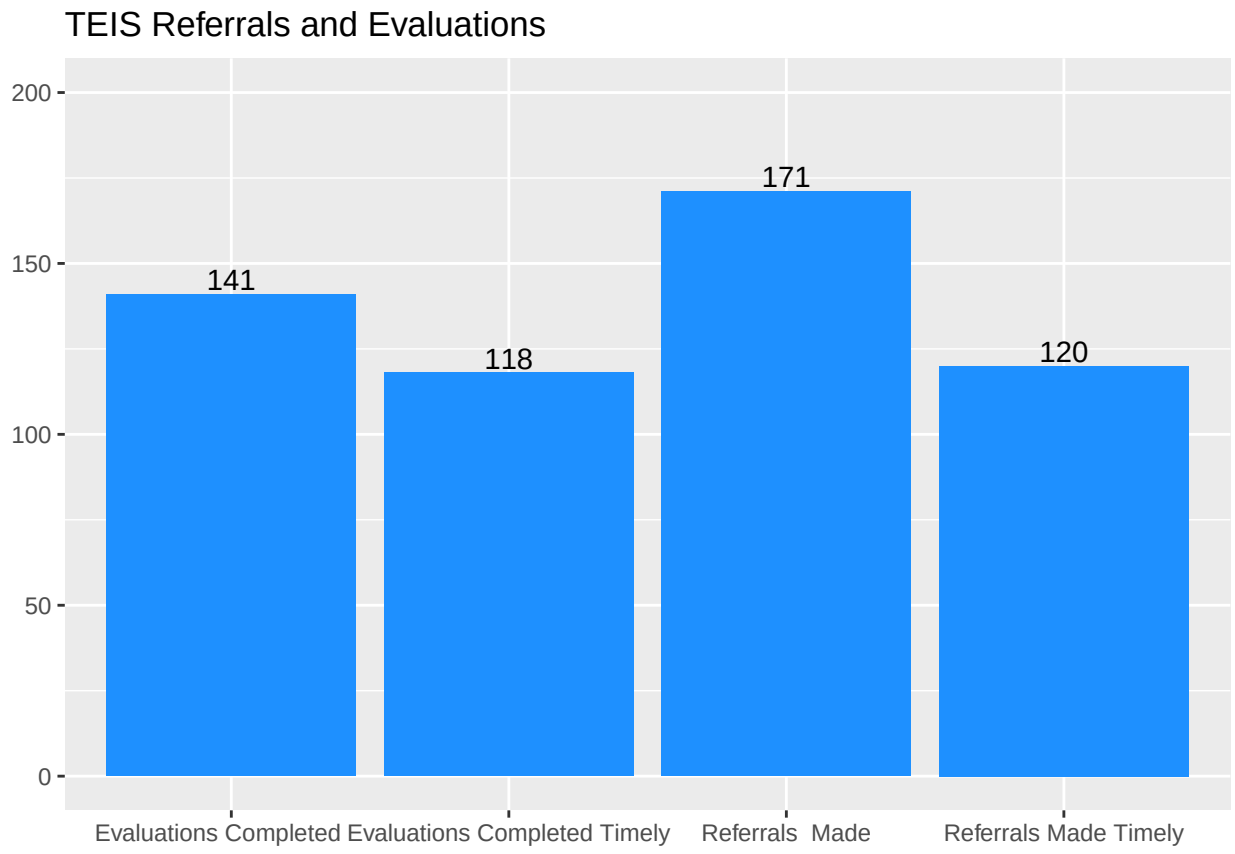
4.3 TEIS Referrals and Evaluations

4.3.1 Number of children with *TEIS referrals*

Out of the 208 children in SBC who were under the age of three when their SBC case began, 171 children received TEIS referrals. Of the TEIS referrals that occurred, 120 (70%) followed timeliness guidelines.

4.3.2 Number of children with *TEIS evaluations*

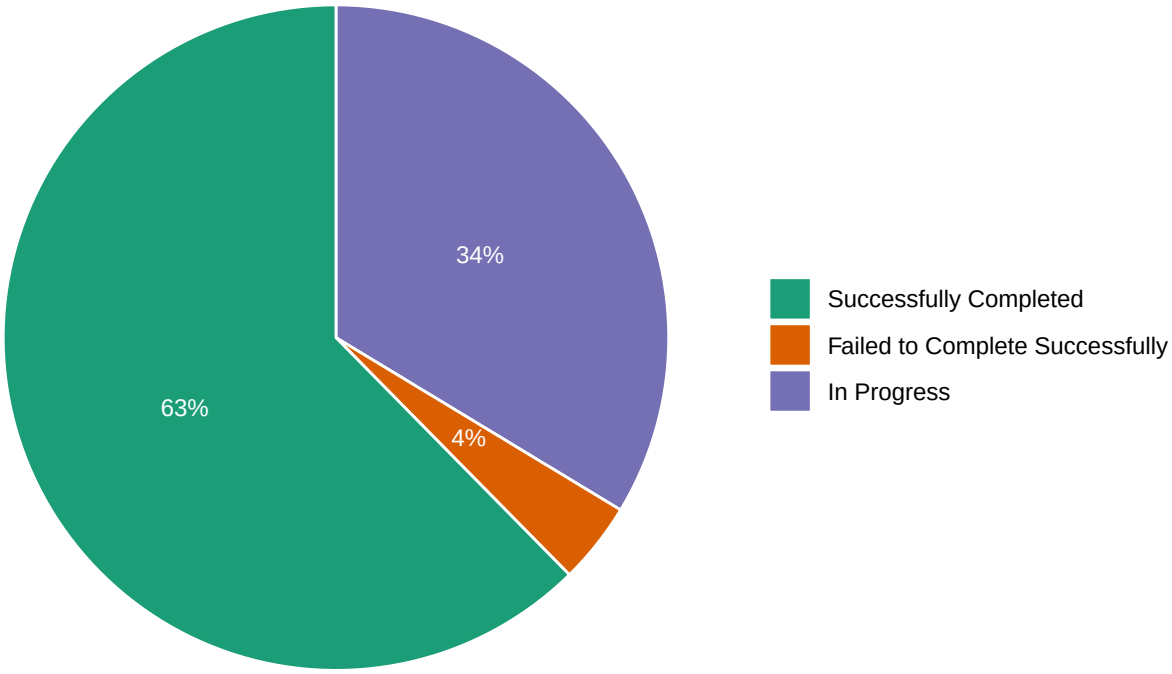
Of the 208 children in SBC who were under the age of three when their SBC case began, 141 children received TEIS evaluations. Ten children were referred to TEIS, but did not require screenings. Of the TEIS evaluations that occurred, 118 (84%) followed timeliness guidelines.



4.4 Early Intervention Services for Children

4.4.1 Children with early intervention services

A total of 324 children participated in SBC. Of these children, 234 (72%) children participated in 547 services. Of these services that were provided, 342 (63%) were successfully completed, 21 (4%) were ended unsuccessfully, and 184 (34%) have yet to be completed.



4.4.2 Number and percentage of children who participated in one or more services

The following table shows the number of services per child:

Table 17: Number of Services

1	2	3	4	5	6	7	8
75 (32%)	87 (37%)	34 (15%)	16 (7%)	11 (5%)	3 (1%)	5 (2%)	3 (1%)

4.5 Child-Parent Psychotherapy (CPP) Services

4.5.1 Families receiving CPP services

Table 18: Cases with CPP by County

County	Cases with CPP
Knox	31
Grundy	8
Davidson	4
Rutherford	3
Henry	2
Johnson	1
Stewart	1

Child-Parent Psychotherapy (CPP) services are accessible in Davidson, Grundy, Knox, and Johnson Counties. CPP is not available in Coffee, Madison, and Stewart Counties. Out of the 96 families in the four counties with CPP services available, 50 (52%) were provided with CPP services while participating in SBC.

5 Supports to the System

5.1 Occurrence of SBC Stakeholder Meetings

Out of the 12 SBC counties, 10 counties conducted a total of 30 stakeholder meetings in 2020.

5.1.1 Number of SBC Stakeholder Meetings per Month

Table 19: Stakeholder Meetings by County

County	Num. of Stakeholder Meetings in 2020	Avg. Stakeholder Meetings Each Quarter
Rutherford	5	1.2
Dickson	4	1
Grundy	4	1
Davidson	3	0.8
Johnson	3	0.8
Knox	3	0.8
Coffee	2	0.5
Jefferson	2	0.5
Madison	2	0.5
Stewart	2	0.5
Henry	0	0

5.2 Stakeholders Represented at SBC Stakeholder Meetings

5.2.1 Counts of stakeholder participants at SBC stakeholder meetings

Table 20: Stakeholder Meetings Attended Out of 30 Meetings

	Stakeholder Meetings Attended
SBC Coordinator	21
DCS Staff (Other than Legal)	19
Substance Abuse Provider	19
CASA	18
Mental Health Professional	17
Home Visiting Provider	15
Faith-Based Group / Church	14
Child Care Provider	12
Juvenile Court Staff	12
Early Head Start	11
Parenting Education Provider	11
Volunteer Community Leader	11
DCS Legal	10
Early Intervention Specialist	10
Local Government Agency	10
Other Child and Family Advocate	10
AOC Staff	9
Health Dept	9
Judge	9
School Personnel	9
Housing Authority	8
TCCY Staff	8
DHS Staff	7
Higher Education Personnel	7
Law Enforcement	7
Various GALs	7
Domestic Violence Service Provider	6
Infant Mental Health Specialist	6
Various Parent Attorneys	6
Visitation Provider	6
Foster Parent Association Member	5
Primary Health Care Provider	5
State and/or Local Legislator	5
Dentist	4
Magistrate	3
Real Estate Agency	3
DOE Staff	2
TDMHSAS Staff	2
Banking Agency	1

2021 Legislative Safe Baby Court 0-4 TINS Descriptive Statistics

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

28 January, 2021

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1 Introduction

The data that generated this report was collected from January 1st, 2020 through December 31st, 2020.

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 TINS (Toddler/Infant Needs and Strengths), 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 TINS 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 TINS 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 TINS 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 TINS

The Toddler/Infant Needs and Strengths (TINS) 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 TINS 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 TINS 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 TINS

The TINS 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 TINS 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 TINS 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 TINS

The TINS has demonstrated reliability. Several professional roles including clinicians, researchers, and caseworkers have been trained to reliably use the TINS[3]. The average inter-rater reliability of the TINS 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 TINS have shown good internal consistency[5]. The TINS is auditable and audit reliabilities demonstrate that the TINS is reliable at the item level[3,4,6].

Validity of the TINS

TINS 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 TINS validity, or the ability to measure toddler/infant and their caregiver's needs and strengths[7]. The TINS 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 TINS 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 contract (#35910-04074). The data was limited this reporting year due to the Toddler and Infant Needs and Strengths (TINS) Assessment Implementation transferring from the Safe Baby Court Coordinators holding the responsibility for the completion to the Department of Children Services Case Managers being responsible for the completion of the TINS. The department has utilized standardized assessment as a best practice in their casework for many years (i.e., Child and Adolescent Needs and Strengths (CANS) along with the Family Support and Advocacy Tool (FAST). The TINS is the toddler/infant version of these assessments and will be utilized by all members of the SBC team to assist in the development of the SBC plan for the families served. The Department will partner with Vanderbilt Center of Excellence (VCOE) to support this implementation and rollout through training, coaching, consulting, audits and analytics.

This change will ensure that the TINS assessment guides the conversation of the Safe Baby Court Child and Family Teams. The TINS assessment will be incorporated into a teaming approach within the Child and Family team meetings. This will assist in the identification of needs and strengths for each family associated with a SBC and help align appropriate services for individualized care and supports.

Using the available data to date, we have generated a report for 2020 Safe Baby Courts summarizing item-level findings within the TINS among 11 participating courts. As the implementation strengthens and data sources are available we will continue to 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	Mental Health	7	25%
2	Substance Use	7	25%
3	Involvement in Caregiving Functions	5	17.86%
4	Adjustment to Trauma	4	14.29%
5	Parental Criminal Activity	4	14.29%
6	Social Resources	4	14.29%
7	Organization	3	10.71%
8	Residential Stability	3	10.71%
9	Supervision	3	10.71%
10	Safety	3	10.71%

Top ten actionable items in the toddler/infant domains:

	Items	Count	Percentage.of.Assessments
1	Substance Exposure	35	68.63%
2	Parental Availability	27	52.94%
3	Family Functioning	24	47.06%
4	Neglect	20	39.22%
5	Prenatal Care	20	39.22%
6	Communication	17	33.33%
7	Parent/Sibling Problems	17	33.33%
8	Developmental / Intellectual	14	27.45%
9	Motor	11	21.57%
10	Medical / Physical	11	21.57%

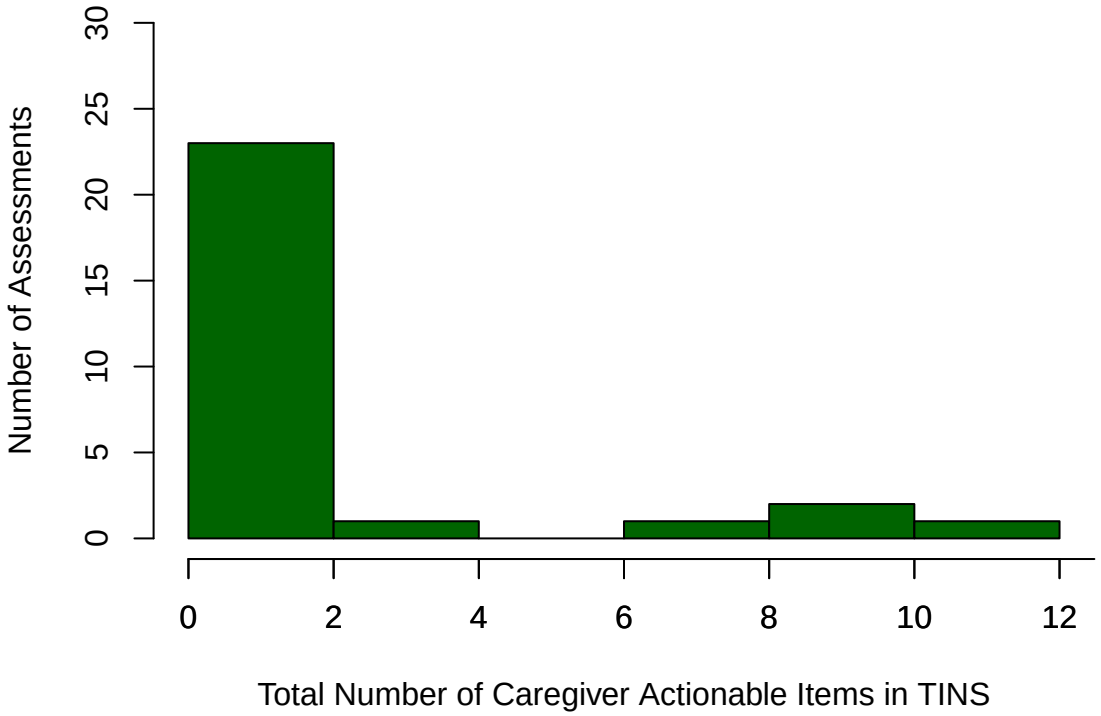
3 Histogram of Actionable Items Per Assessment

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 51 TINS assessments captured, with 28 assessments for primary caregivers, and the total number of actionable items for caregiver items is 47.

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



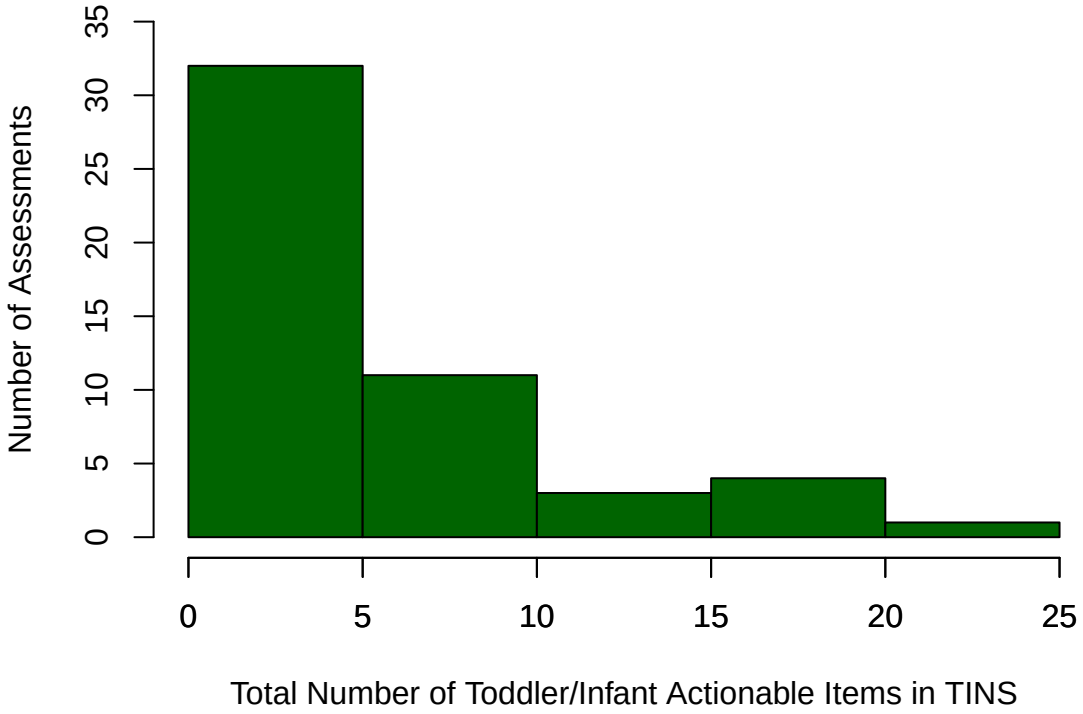
- This histogram shows the total number of actionable ratings across the 14 caregiver-need items within the 0-4 TINS assessment for all completed caregiver assessments (N = 28).
- 82.14% of the assessments have between 0-2 actionable caregiver need items.
- 7.14% of assessments report 10 or more actionable caregiver need items (out of 14 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 51 assessments captured and the total number of items for toddler/infant items is 34.

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). The exceptions to this are the Trauma domain, where a rating of 1 is considered non-actionable, and the Strength domain, which has a separate rating system.

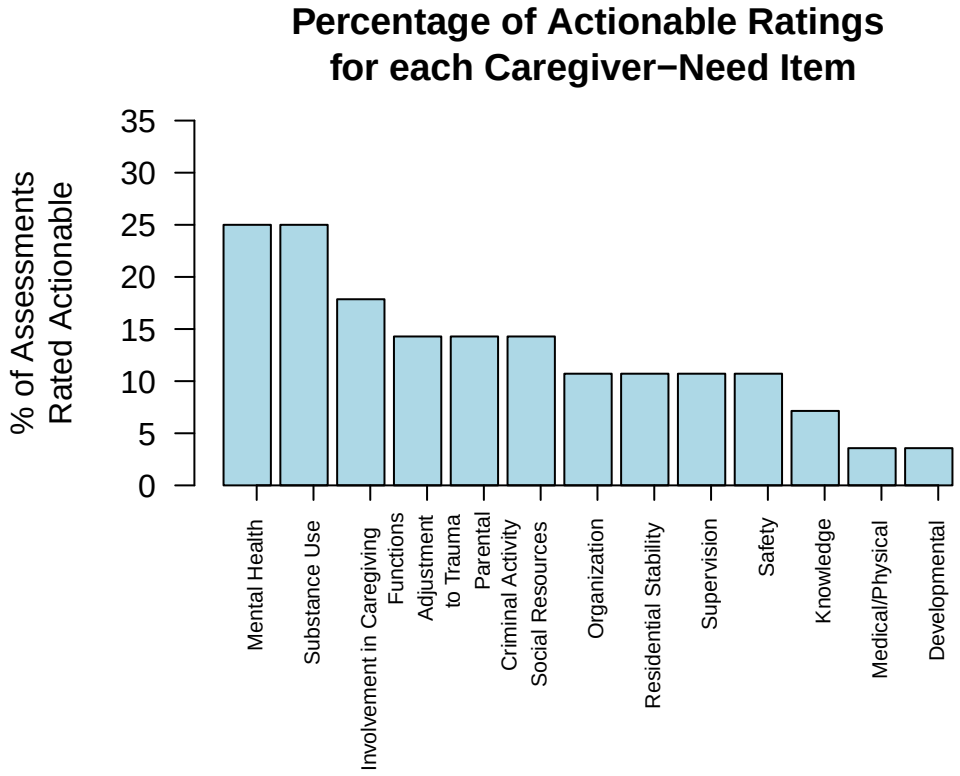


- This histogram shows the total number of actionable ratings across the remaining 34 items, not directly assessing caregiver-need, within the 0-4 TINS assessment for all completed assessments (N = 51).
- 62.75% of ratings (% that are in 0 - 5 column) related to infant/toddlers are not actionable at 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

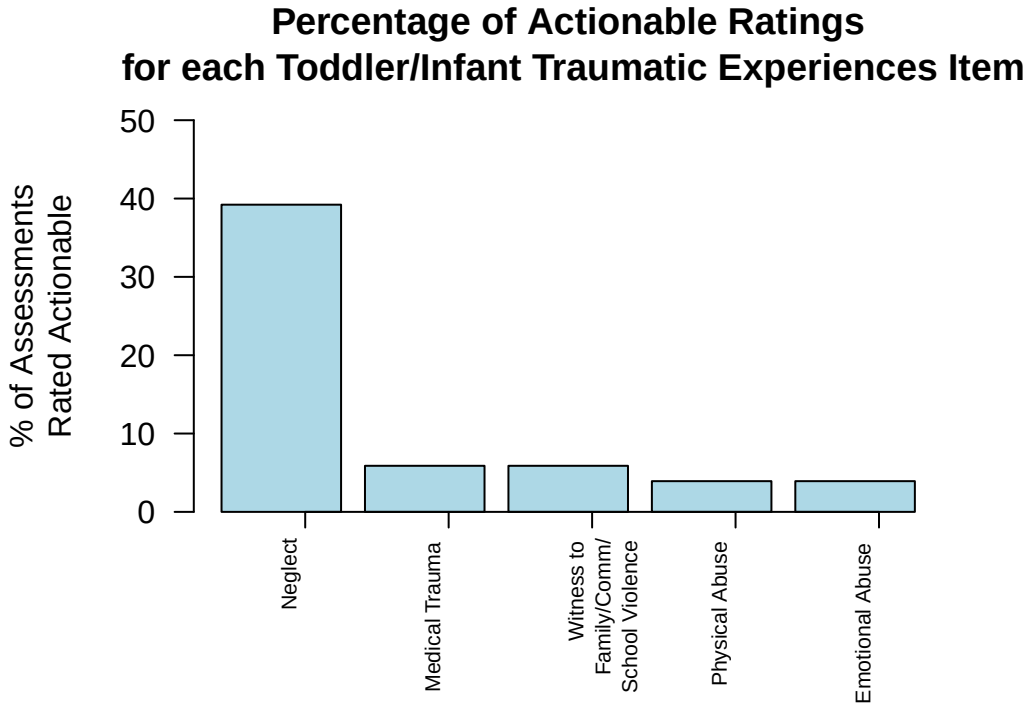
There are 28 primary caregiver assessments total. An actionable item on an assessment is one that has been rated as Act on Need Interfering with Function (2) or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated Watchful Waiting/Prevent (1), or No Current Need for Action (0).



- 25% of assessments reported actionable ratings for caregiver mental health needs, 25% of assessments reported actionable ratings for substance use, and 17.86% reported actionable ratings for involvement in caregiving functions.
- 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.
- 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.
- Involvement in Caregiving Functions: This item refers to the degree to which the caregiver is actively involved in being a parent/caregiver.

4.2 Trauma Items Proportions Bar Chart

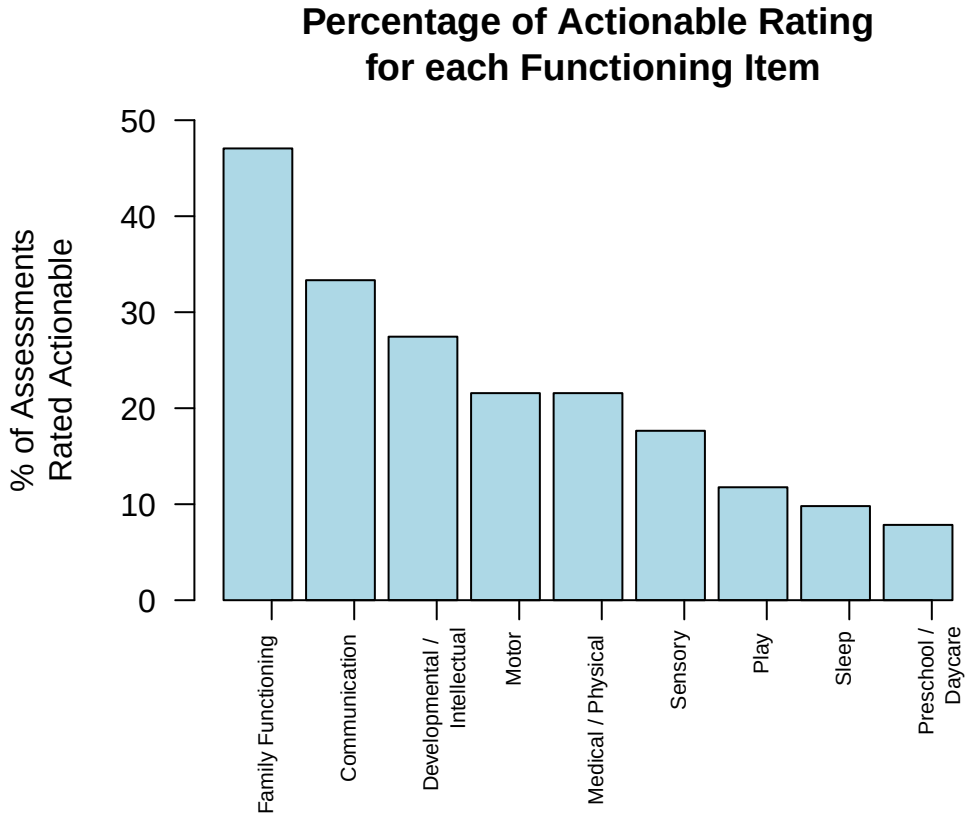
There are 51 assessments total. An actionable item on an assessment is one that has been rated as Act on Need Interfering with Function (2) or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated Watchful Waiting/Prevent (1) or No Current Need for Action (0).



- Neglect is the most reported actionable toddler/infant trauma item (39.22%), followed by medical trauma (5.88%) and witness to family/community/school violence (5.88%).
- 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).
- Medical Trauma: This item rates the child's experience of medically related trauma, including inpatient hospitalizations, outpatient procedures, and significant injuries.
- Witness to Family, School, Community Violence: This rating describes the severity of exposure to family, school or community violence.

4.3 Functioning Items Proportions Bar Chart

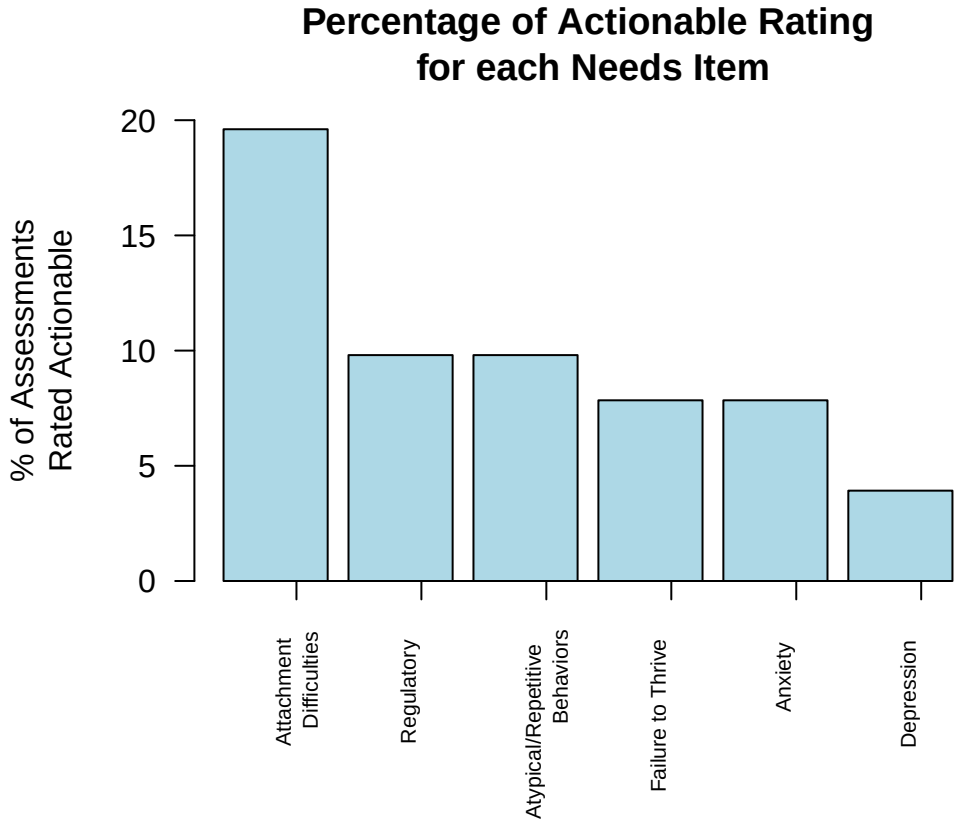
There are 51 assessments total. An actionable item on an assessment is one that has been rated as Watchful Waiting/Prevent (1), Act on Need Interfering with Function (2), or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated No Current Need for Action (0).



- 47.06% of assessments reported an actionable rating on the family functioning item, 33.33% of assessments reported an actionable rating on the communication item, and 27.45% of assessments reported an actionable rating on the developmental/intellectual item.
- 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.
- Communication: This item rates the child's ability to communicate through any medium, including all spontaneous vocalizations and articulations. This item refers to learning disabilities involving expressive and/or receptive language. This item does not refer to challenges in expressing one's feelings.
- 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

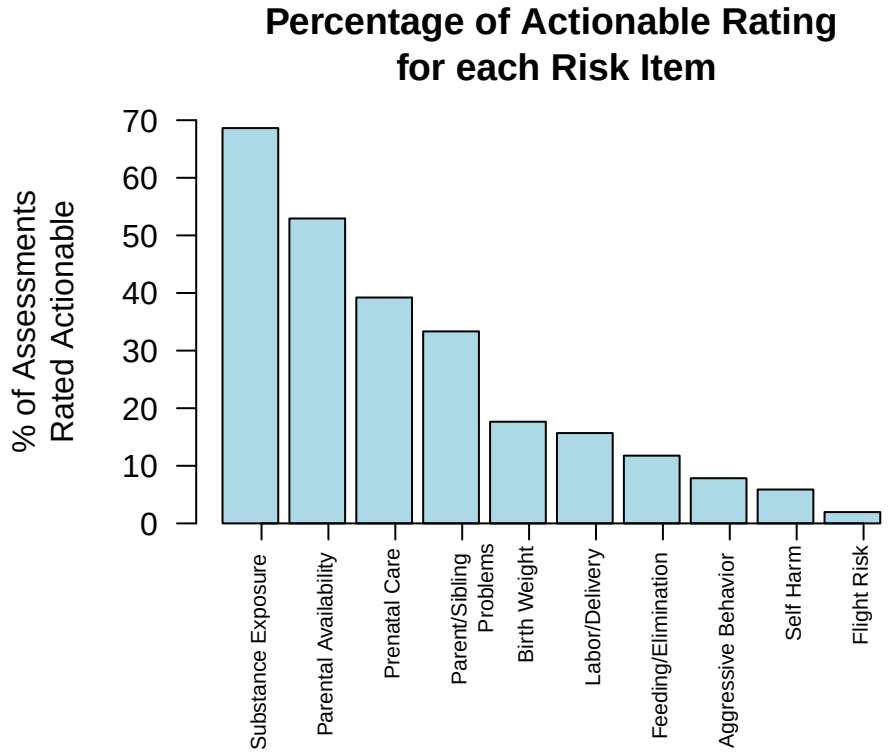
There are 51 assessments total. An actionable item on an assessment is one that has been rated as Watchful Waiting/Prevent (1), Act on Need Interfering with Function (2), or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated No Current Need for Action (0).



- 19.61% 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.
- 9.8% of assessments show actionable need in the Regulatory item. This 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.
- 9.8% of assessments show actionable need in the Atypical/Repetitive Behaviors item. This item describes ritualized or stereotyped behaviors (whether the child repeats certain actions over and over again), or demonstrates behaviors that are unusual or difficult to understand. Behaviors may include mouthing after 1 year, head banging, smelling objects, spinning, twirling, hand flapping, finger-flicking, rocking, tow walking, staring at lights, or repetitive and bizarre verbalizations.

4.5 Risk Items Proportions Bar Chart

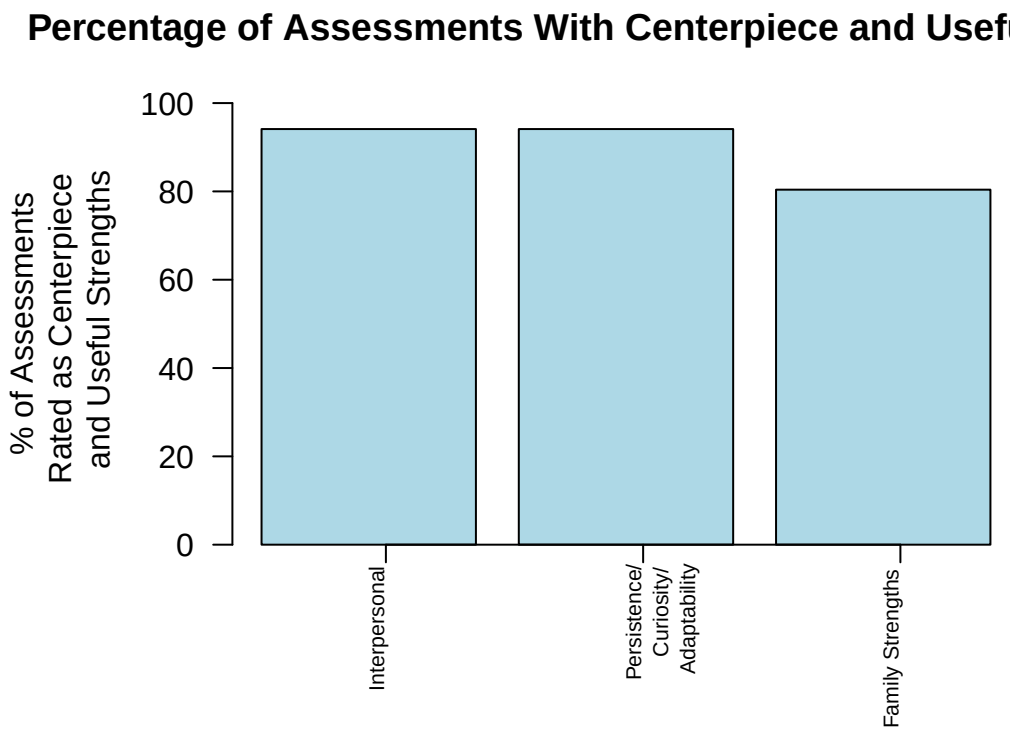
There are 51 assessments total. An actionable item on an assessment is one that has been rated as Watchful Waiting/Prevent (1), Act on Need Interfering with Function (2), or Dangerous/Disabling Problem, Act Immediately (3). A non-actionable item on an assessment is rated No Current Need for Action (0).



- 68.63% of assessments report an actionable rating in the Substance Exposure item.
- 52.94% of assessments show actionable need in the Parental Availability item.
- 39.22% of assessments show actionable need in the Prenatal Care 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.
- Prenatal Care: This refers to the health care and birth circumstances experienced by the child in utero.

4.6 Strengths Items Proportions Bar Chart

There are a total number of 51 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).



- 94.12% of assessments reported centerpiece and useful strengths in the interpersonal item, 94.12% reported centerpiece and useful strengths in the persistence/curiosity/adaptibility item, and 80.39% reported centerpiece and useful strengths in the family strengths item.
- 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.
- Persistence/Curiosity/Adaptibility: This rating describes the child's self-initiated efforts to discover their world.
- 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 TINS

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 4.0.3 (2020-10-10), Windows, 10 x64, x86-64
- Base packages: stats, graphics, grDevices, utils, datasets, methods, base
- Other packages: ryouready 0.4, redcapAPI 2.3, RColorBrewer 1.1-2, xtable 1.8-4, reshape2 1.4.4, knitr 1.31, Hmisc 4.4-2, ggplot2 3.3.3, Formula 1.2-4, survival 3.2-7, lattice 0.20-41
- Loaded packages via the namespace but not attached: Rcpp 1.0.6, png 0.1-7, digest 0.6.27, R6 2.5.0, cellranger 1.1.0, plyr 1.8.6, chron 2.3-56, backports 1.2.0, evaluate 0.14, highr 0.8, httr 1.4.2, pillar 1.4.7, rlang 0.4.10, curl 4.3, readxl 1.3.1, rstudioapi 0.13, data.table 1.13.6, car 3.0-10, rpart 4.1-15, Matrix 1.2-18, checkmate 2.0.0, rmarkdown 2.6, splines 4.0.3, stringr 1.4.0, foreign 0.8-80, htmlwidgets 1.5.3, munsell 0.5.0, compiler 4.0.3, xfun 0.20, pkgconfig 2.0.3, base64enc 0.1-3, htmltools 0.5.1.1, nnet 7.3-14, tidyselect 1.1.0, tibble 3.0.5, gridExtra 2.3, htmlTable 2.1.0, rio 0.5.16, crayon 1.3.4, dplyr 1.0.3, withr 2.4.1, grid 4.0.3, gtable 0.3.0, lifecycle 0.2.0, magrittr 2.0.1, scales 1.1.1, zip 2.1.1, carData 3.0-4, stringi 1.5.3, latticeExtra 0.6-29, ellipsis 0.3.1, generics 0.1.0, vctrs 0.3.6, openxlsx 4.2.3, tools 4.0.3, forcats 0.5.1, glue 1.4.2, purrr 0.3.4, hms 1.0.0, jpeg 0.1-8.1, abind 1.4-5, yaml 2.2.1, colorspace 2.0-0, cluster 2.1.0, labelVector 0.1.1, haven 2.3.1