



TENNESSEE
**SAFE
BABY**
COURTS

**STATE OF TENNESSEE SAFE BABY COURT
ANNUAL REPORT—2022**

Report submitted February 1, 2023, pursuant to Tenn. Code Ann. § 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.

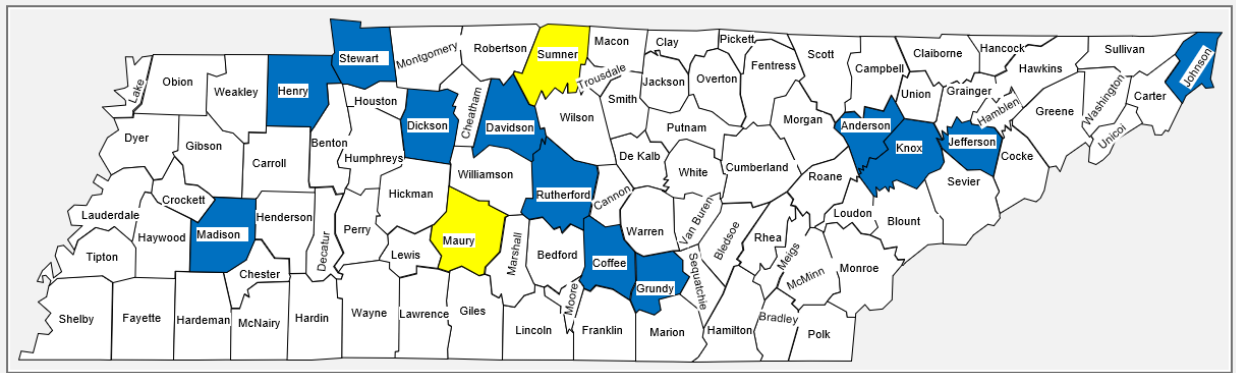
HISTORY AND PURPOSE OF SAFE BABY COURTS IN TENNESSEE

Tennessee's Safe Baby Court (SBC) program began in 2017 pursuant to legislation passed by the Tennessee General Assembly in 2016. *See* Tenn. Code Ann. § 37-1-901 *et seq.* 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 SBCs 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 SBCs 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 of a child who has either been placed in DCS custody or is at risk of being placed into DCS custody.

The Tennessee SBC program is administered by three partner agencies, namely, the Administrative Office of the Courts (AOC), the Department of Children's Services (DCS), and the Department of Mental Health and Substance Abuse Services (DMHSAS). The legislature has empowered these agencies to work together toward the common goal of serving Tennessee's youngest citizens by providing centralized administrative support and leadership to the 14 established Tennessee SBC 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.

SAFE BABY COURT SITES IN TENNESSEE



There are currently 14 established SBC sites in Tennessee. Sumner and Maury counties are the two newest sites, implemented in 2022.

2022 HIGHLIGHTS

Tennessee, in addition to being the first state to focus on prevention work in SBC, remains the only state that maintains a key focus on prevention cases as well as custodial cases. One jurisdiction, Rutherford, focuses solely on prevention cases and has seen positive results from this work.

2022 brought some changes in judicial leadership for five of the SBC sites. A few sites employed new SBC Coordinators. Two brand new sites were fully onboarded and implemented in 2022. Key focuses of the SBC Statewide Leadership Team this year were supporting sites during these transitions; working with all the sites to ensure that they were adhering to the Best Practice Standards; revamping its Tennessee-specific implementation training; and onboarding new sites. The SBC Leadership Team successfully delivered a multi-day training to both Maury and Sumner counties in the fall of 2022.

Best Practice Standards

As noted in prior reports, the SBC Statewide Leadership Team, with support from ZERO TO THREE¹, drafted the Tennessee Safe Baby Courts Best Practice Standards (“BPS”) in 2020. Since then, training on the BPS and incorporation of the BPS into each jurisdiction’s work has been a key focus of the SBC Statewide Leadership Team. In 2022, the SBC Statewide Leadership Team conducted 5 BPS trainings, attracting a total of 111 participants. Audiences included judges/magistrates, SBC Coordinators,

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attorneys, DCS staff, service providers, and other key stakeholders. The SBC Statewide Leadership Team was also invited to present the BPS to foster parents at the DCS Annual Foster Parent Conference. The BPS were also integrated as a key component of the Tennessee SBC Implementation Training.

Vanderbilt Center of Excellence (VCOE)

Tennessee SBCs also received support from the VCOE. The VCOE conducted a training series entitled, "Infant Mental Health in Safe Baby Court," which focused on the core concepts of infant mental health as they apply to the multidisciplinary practice of child welfare and SBCs. Topics included relationship-based practice, effective teaming, development, trauma, attachment, and other pertinent topics related to infant mental health. A total of 205 professionals, including court staff, DCS staff, CASA, mental health professionals, and community partners attended the trainings. Participant surveys gave high satisfaction ratings, with comments focusing on how the trainings put infant mental health into perspective.

During the multi-day implementation trainings for Maury and Sumner counties, the VCOE presented on core components of infant mental health and relationship-based practice. The VCOE also presented "Infant Mental Health: Informing Child Welfare Legal Practice" at the annual DCS Fall Legal Training Conference to 121 DCS attorneys and legal staff.

In addition to these collaborative trainings, the VCOE continued to provide ongoing support to the use of the Toddler, Infant Needs and Strengths (TINS) assessment in SBC cases. The TINS is a specialized assessment that identifies the needs and strengths of young children and their caregivers to help guide service planning and provide a family-centered approach to case planning. The VCOE identified 6 Master's prepared clinicians to provide ongoing training, technical assistance for TINS completion, case consultation, and support for both DCS staff and SBC teams statewide. The VCOE provided certification trainings for DCS staff responsible for completing the TINS assessment in SBC cases and certified a total of 62 staff in 2022. Over the last year, there has been an increased focus on embedding the VCOE consultants into the individual SBC teams and emphasizing the importance of assessment-informed case planning. The VCOE consultants also attended SBC stakeholder meetings, produced a bi-monthly newsletter for statewide distribution to SBC teams, and attended child and family team meetings to discuss the TINS assessment, assist with completing the TINS assessment, and help teams create plans that produce the best outcomes for families.

Other Highlights

- In May 2022, DCS sponsored nine DCS SBC staff to attend the two-day Drug Endangered Children and Human Trafficking Conference. Participants were trained on current trends in substance use; trauma-informed substance use treatment; and services for persons who have experienced trafficking, and were able to take this knowledge back to their SBC teams.
- In September 2022, Tennessee Early Intervention Services (“TEIS”) staff provided training to DCS and SBC staff on the TEIS program and highlighted new expanded services available through TEIS. This was a great opportunity for SBC teams to collaborate with TEIS to ensure children in SBC receive appropriate services.
- DCS continued its partnership with 180 HealthPartners StrongWell to provide clinical services to families with substance use disorders and mental health needs. While this service is not exclusively for SBC families, it was targeted for the counties that had established SBC sites. Involved families received highly individualized interventions, including up to 15 contacts per month, as clinically indicated. The graduation rate of families participating in these services was 66%, which was 40% higher than the national average.

JUDICIAL PERSPECTIVES

“Safe Baby Court continues to perform as advertised. Stewart County opened 6 new SBC cases and closed 3 during 2022. The average length of stay (filing of case until permanency) for those closed cases was 260 days. This is remarkable, considering that most regular [dependency and neglect] cases stay active well over 1 year, often over 2 or more years. Plus, most of our SBC cases involve substance use disorders which, as most observers would agree, typically require significant amounts of time to overcome. The SBC model should be the way we handle all [dependency and neglect] cases, resources being the sticking point. I continue to be a cheerleader for SBC and would welcome the day when each county in Tennessee has a Safe Baby Court. Juvenile court is where the hard work is being done; SBC offers a tested model which shortens the time to the final judicial result.”

***-Judge Andy Brigham,
Tennessee Council of Juvenile and Family Court Judges (TCJFCJ) President
Stewart County Juvenile Court***

"As the new Juvenile Court Judge, I was excited to see Safe Baby Court was thriving in Rutherford County. Our Safe Baby Court is the only one in the country that serves only non-custodial cases in an effort to prevent these children from entering state's custody. The families that volunteer for this program are committed to improving their lives and to reunifying with their children. The additional support offered to the families in Safe Baby Court has proven that better outcomes are possible. We have families that struggle, but the team of professionals surrounding these families is dedicated to ensuring that each individual need is met, and any barriers are overcome. We have seen so many months of sobriety achieved, family relationships repaired, reunification, life-skills learned, employment and housing obtained, education achieved, legal issues resolved, and so many more positive achievements. The community has rallied in support of this program and continues to help our families thrive. I am proud to preside over Safe Baby Court and look forward to helping families achieve healthy, positive, and long-term success."

***-Judge Travis Lampley,
Rutherford County Juvenile Court***

"2022 was another great year for Grundy County Safe Baby Court. We were able to serve 20 families this year, which totaled 42 children served. We successfully closed 9 cases, including 3 sibling units reunified with fathers, 1 sibling unit reunified with mother and father, and 5 sibling units divested to relative caregivers. With the help of our Safe Baby Court program, many children were able to achieve permanency this past year. We commend several parents in the hard work they put into the program to re-gain custody of their children and relative caregivers for stepping up to be a long-term permanency option for these children, helping alleviate the burden in the foster care system. Safe Baby Court was also the recipient of the benefits of a service project by the Grundy County Leadership Program. We were gifted a storage shed, which will allow us to take donations, such as car seats, diapers, etc. that benefit our families throughout the year. With Grundy County being a rural community, we depend on these partnerships to ensure our families are able to access as many resources as are available to them. We are looking forward to another great year in Grundy County!"

***-Judge William "Trey" Anderson,
Grundy County Juvenile Court***

“SBC in 2022 has proven to be even more a crucial necessity than ever before. The critical lack of DCS workers, increase in babies born with drugs in their system, and more families in crisis has shown an increase in SBC cases. The invaluable service of the SBC Magistrate, Coordinator, team, and community support has saved lives and protected our most vulnerable children. I would not be able to handle my caseload in 2022 and present without SBC and its support. Please continue this program and help us during these struggles that lie ahead.”

***-Judge Christy Little,
Madison County Juvenile Court***

“We need programs, such as these, that restore people’s faith in the court system, law enforcement, prosecutors, and community. If we make a difference in one family it is worth the time and effort.”

***-Judge Greg Perry,
Coffee County Juvenile Court***

“Our SBC [Coordinator] is dedicated to serving these families and is always very informative to the court. She is an important part of our court personnel.”

***-Judge Perry Stout,
Johnson County Juvenile Court***

“...This program truly works to reunify families and their children. Our Safe Baby Coordinator...goes above and beyond to comfort, counsel and provide services to families to help them navigate the court system. I have seen families thrive after working with SBC and for the first time we are seeing families reuniting and not ending up back in the system. To say I am grateful to have Safe Baby Court and ... our Coordinator is an understatement. Looking forward to seeing this program continue to grow and thrive in Tennessee.”

***-Melissa Hollaway, Circuit, General Sessions, and Juvenile Court Clerk
Johnson County***

“Since my appointment by Judge Sheila Calloway in August 2022 as the Magistrate for Safe Babies Court in Davidson County, I have been rewarded by the chance to work with families in difficult circumstances and to try and assist them in getting the necessary services to reduce or mitigate further involvement with the juvenile justice system in years ahead. My task has been made immeasurably easier by the outstanding work of our SBC Coordinator...who does a fantastic job of marshaling services and spearheading the efforts of a diverse and committed team. It’s my privilege to serve with them, and I look forward to continuing the journey.”

***-Magistrate Olen Wunningham,
Davidson County Juvenile Court***

“2022 was a challenging year for child welfare in Knox County. We experienced the perfect storm coming out of COVID to include a local affordable housing crisis, a steep increase in illegal drugs, particularly fentanyl, and our local Department of Children’s Services in a significant staffing and placement crisis. Thanks to the additional funding provided through Safe Baby Court, our families benefitted from increased access to mental health and substance use treatment, housing assistance and safe baby court programs such as fostering relations which enabled increased visitation. Ultimately, we were able to weather the storm and assist 71% of our children to permanency.”

***-Magistrate Angela Blevins,
Knox County Juvenile Court***

DATA REPORTING AND ANALYSIS

The following section contains the data reporting and analysis compiled in partnership with the VCOE.

VCOE’s report is a summary of the annual Safe Baby Court program data collected by the AOC. The report, titled *SBC Outcome Measures Report 2022*, shows data from each Safe Baby Court jurisdiction, as well as the Safe Baby Court outcome measures.

The second report, titled *2022 Legislative Safe Baby Court 0-4 TINS Descriptive Statistics*, shows the top ten actionable items identified for caregivers and for infants on TINS assessments completed in 2022.

SBC Outcome Measures Report 2022

26 January, 2023

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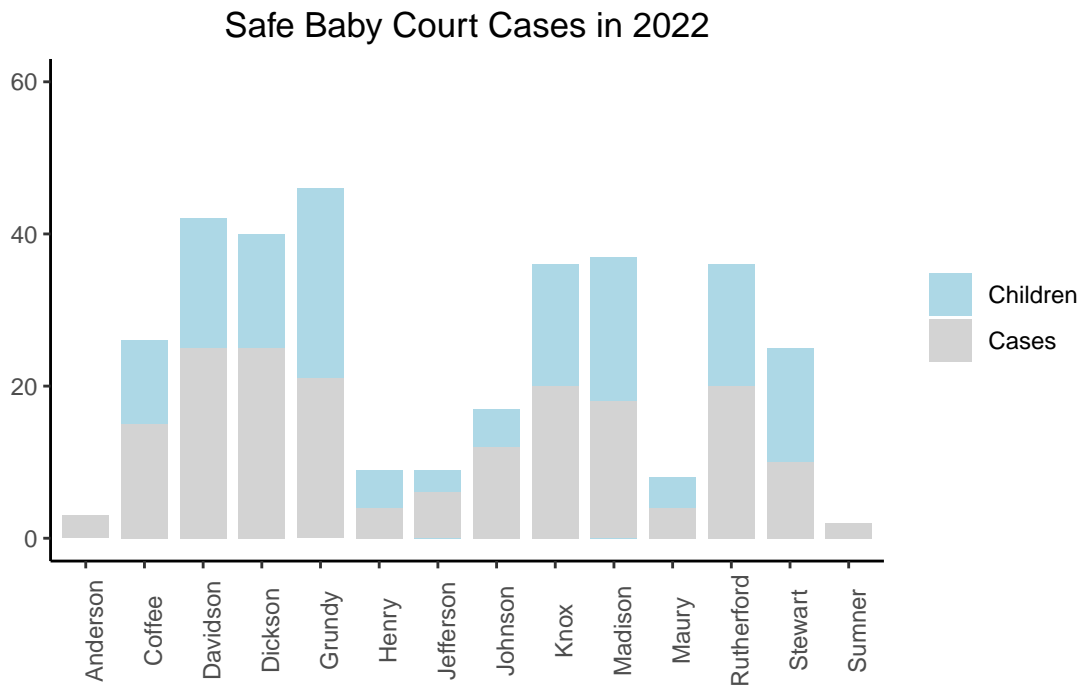
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1 Safe Baby Court Sites

To date, 14 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, Maury, Rutherford, Stewart, and Sumner Counties.

The SBCs served a total of 185 cases and 336 children in 2022. Maury and Sumner counties both completed implementation in late 2022 and began accepting cases in November, 2022. The table below shows the number of cases and children each SBC served.

County	Cases	Children
Anderson	3	3
Coffee	15	26
Davidson	25	42
Dickson	25	40
Grundy	21	46
Henry	4	9
Jefferson	6	9
Johnson	12	17
Knox	20	36
Madison	18	37
Maury	4	8
Rutherford	20	36
Stewart	10	25
Sumner	2	2



2 Length of Stay in SBC Intervention

2.1 Frequency Breakdown of Custodial vs. Non-Custodial Children

- Custodial children, for the purpose of this report, are defined as children who spent at least one day in foster care.
- SBC Status is defined at a case level; if any children in the case have an ongoing SBC, then each child attached to that case will have an SBC Status of “In Progress” in this section. If all SBC children attached to a case have completed SBC, and some have different statuses/dates, the latest end date’s status will be used.

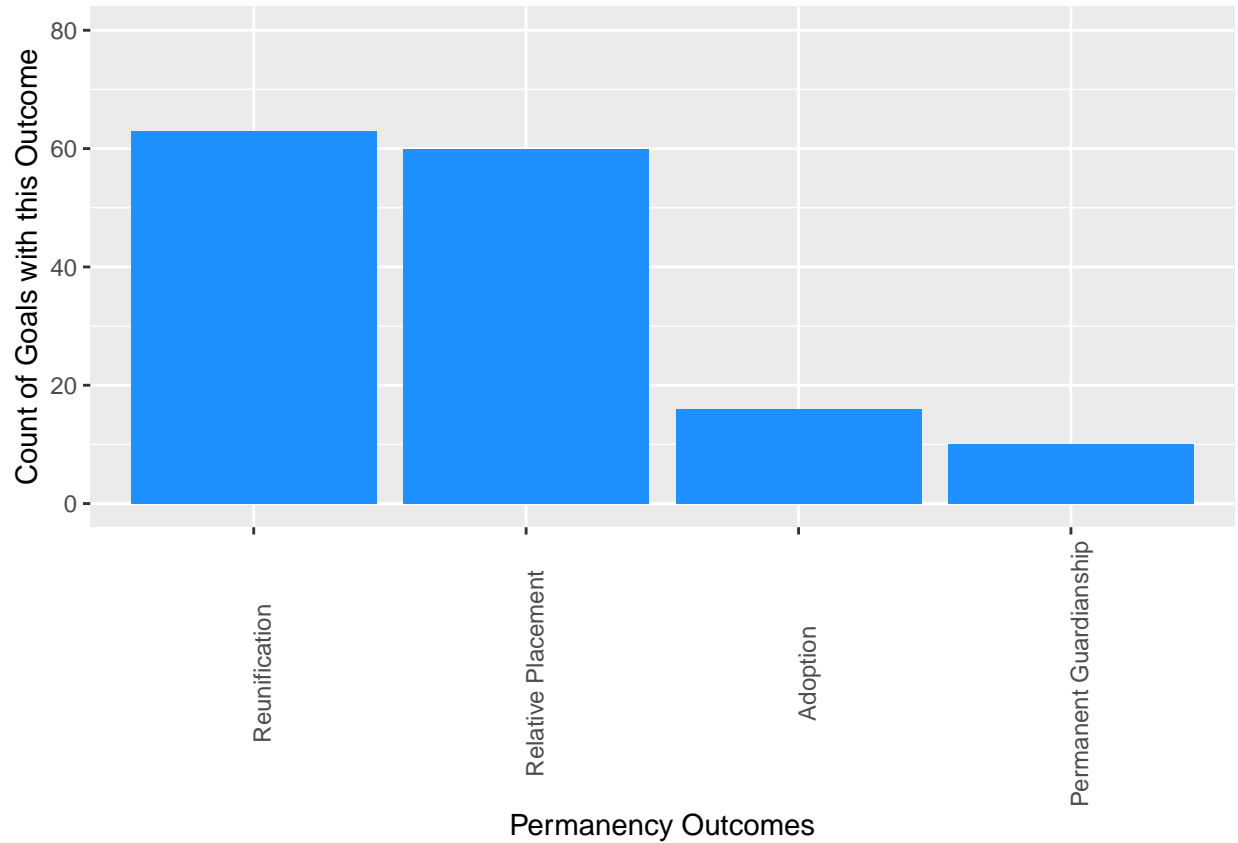
Table 1: Case Percentage Breakdown by SBC Status and Custodial Status

	Custodial	Non-Custodial
Successfully Completed	52 (40.94%)	88 (41.51%)
In Progress	69 (54.33%)	112 (52.83%)
Other	6 (4.72%)	12 (5.66%)

- 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 cases that were unsuccessfully discharged from the program by the judge or magistrate hearing the case.

2.2 Permanency Outcome Breakdown

- The breakdown below illustrates the number of completed permanency goals.



2.3 Average Length of Stay in SBC Intervention for Cases Open in 2022

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

SBC Status	Custodial Cases	Non-Custodial Cases
Successfully Completed	470	342
In Progress	490	390

The average length of stay for custodial cases that successfully completed SBC is 470 days. The average length of stay for custodial cases with cases still in progress up through January 1st, 2023, is 490 days.

The average length of stay for non-custodial cases that successfully completed SBC is 342 days. The average length of stay for non-custodial cases with cases still in progress up through January 1st, 2023, is 390 days.

3 Families and Children Participating in SBC

3.1 Breakdowns of children served by race and ethnicity

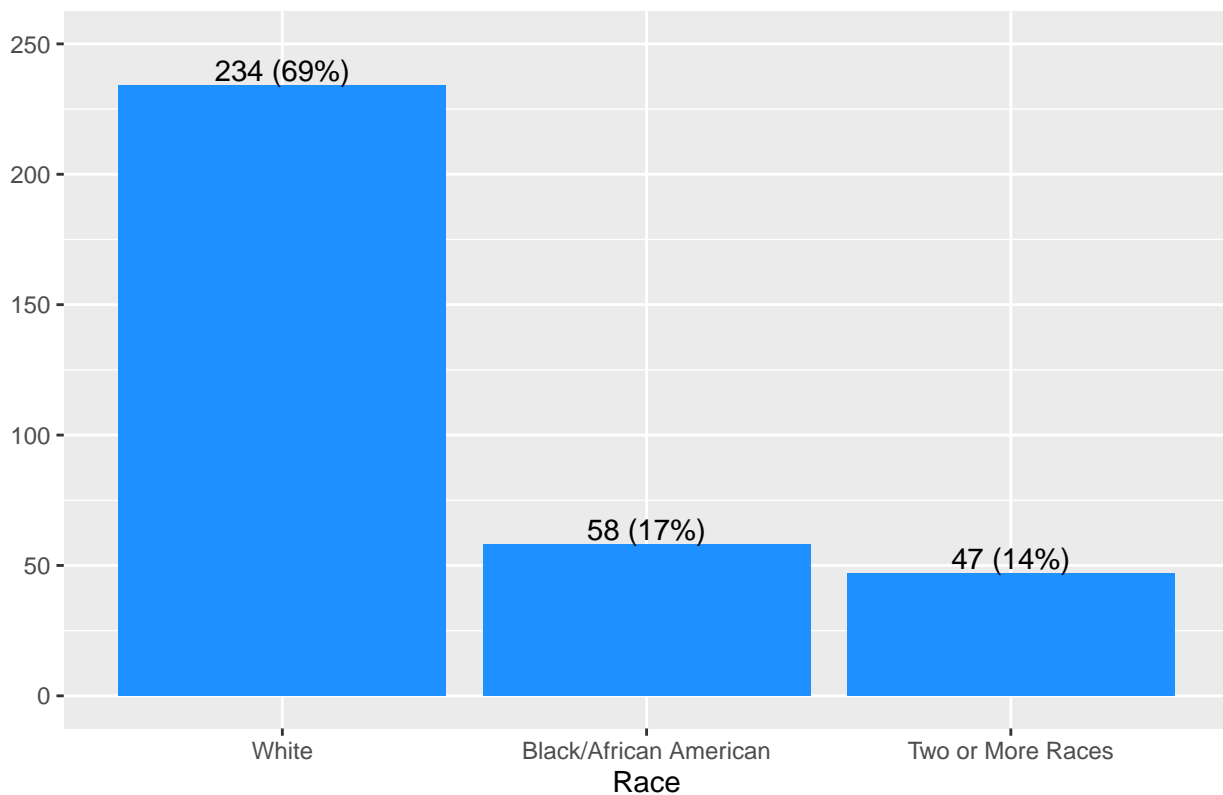
Tables 3 through 6 illustrate the breakdown of children served by race and ethnicity, and also by county, of the total of 336 children.

3.1.1 Children served by race

Table 3: Race

Race	Count(%) of SBC Children	Count(%) of all Custodial Children 0-4
White	234 (69%)	472 (51.08%)
Black/African American	58 (17%)	191 (20.67%)
Two or More Races	47 (14%)	102 (11.04%)
American Indian/Alaska Native	0 (0%)	2 (0.22%)
Asian	0 (0%)	6 (0.65%)
Native Hawaiian/Other Pacific Islander	0 (0%)	5 (0.54%)

Race in Safe Baby Court Children

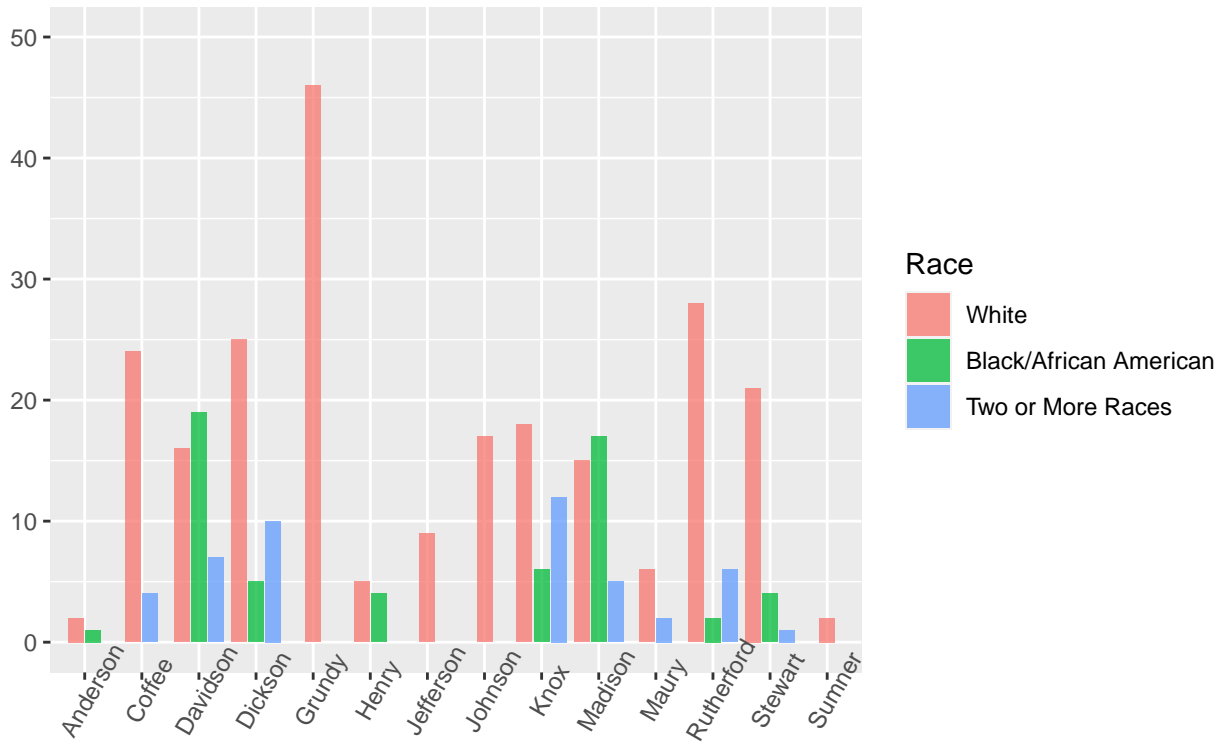


3.1.2 Children served by race and county

Table 4: Race By County

	Anderson	Coffee	Davidson	Dickson	Grundy	Henry	Jefferson	Johnson	Knox	Madison	Maury	Rutherford	Stewart	Sumner
White	2	24	16	25	46	5	9	17	18	15	6	28	21	2
Black/African American	1	0	19	5	0	4	0	0	6	17	0	2	4	0
Two or More Races	0	4	7	10	0	0	0	0	12	5	2	6	1	0
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0

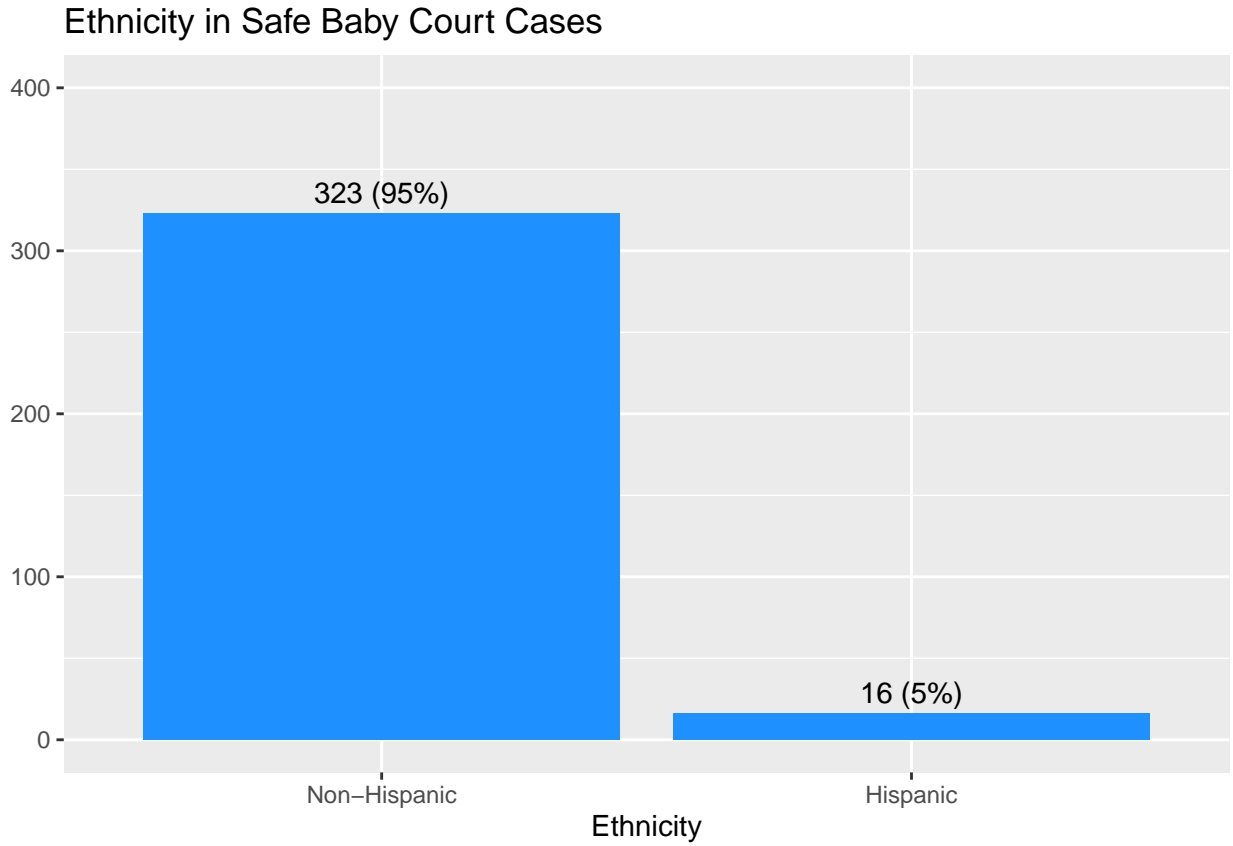
Number of Children by Race and County



3.1.3 Children served by ethnicity

Table 5: Ethnicity

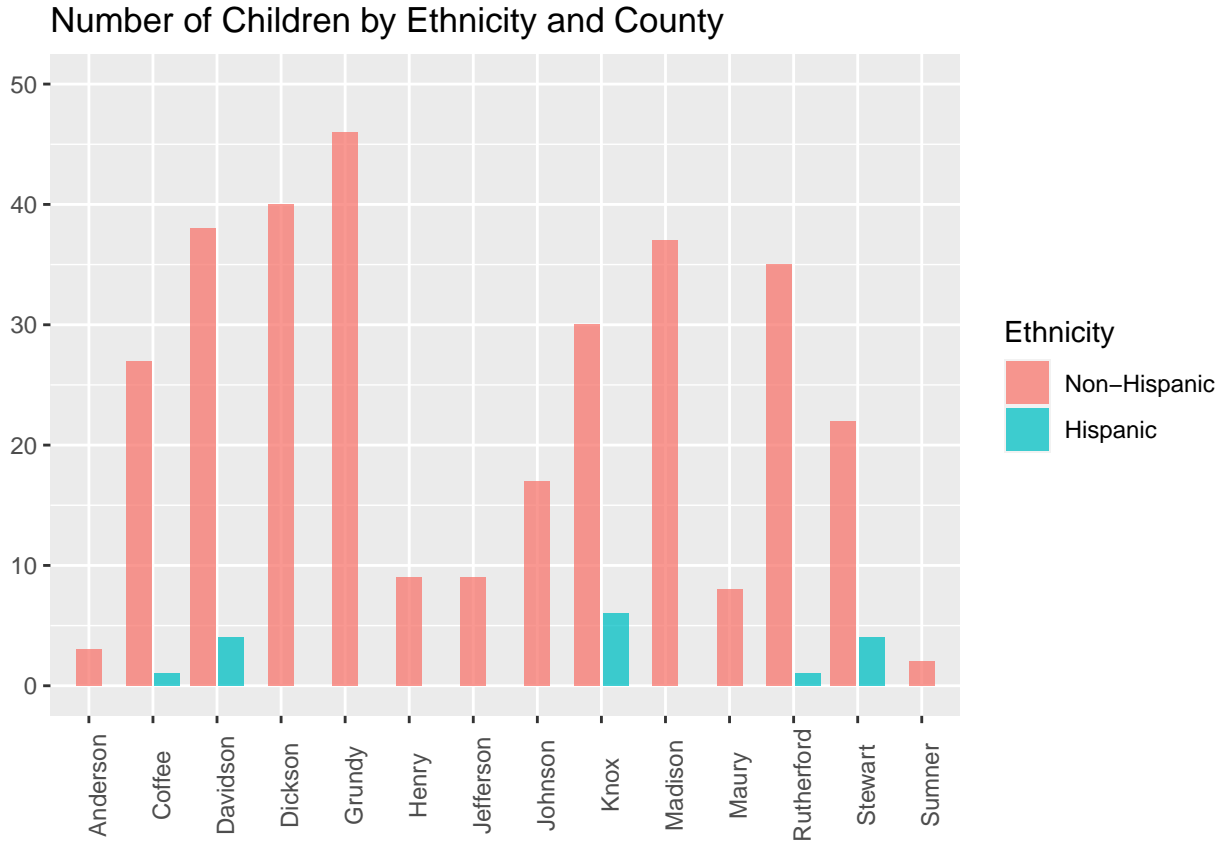
Ethnicity	Count(%) of SBC Children	Count(%) of all Custodial Children 0-4
Non-Hispanic	323 (95.3%)	679 (73.5%)
Hispanic	16 (4.7%)	73 (7.9%)



3.1.4 Children served by ethnicity and county

Table 6: Ethnicity by County

	Anderson	Coffee	Davidson	Dickson	Grundy	Henry	Jefferson	Johnson	Knox	Madison	Maury	Rutherford	Stewart	Sumner
Non-Hispanic	3	27	38	40	46	9	9	17	30	37	8	35	22	2
Hispanic	0	1	4	0	0	0	0	0	6	0	0	1	4	0



3.2 Type of Living Arrangement

3.2.1 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 336 children. This represents the *current placement* or the placement when the SBC case was closed. There were a total of 147 children in foster care placements and 167 children in non-custodial placements. Of the children in foster care, 32 children resided with a relative. 25 children did not have a recorded current placement/placement at SBC close.

Table 7: Living Arrangement

	Count (%)
Non-Relative (Foster Care)	114 (36.31%)
Relative (Non-Custodial)	113 (35.99%)
Relative (Foster Care)	32 (10.19%)
Birth Parent	31 (9.87%)
Birth Parent with Supv by Relative	10 (3.18%)
Non-Relative (Non-Custodial)	9 (2.87%)
Birth Parent/Drug Treatment Facility	2 (0.64%)
Birth Parent with Supv by Non-Relative	1 (0.32%)
Hospital	1 (0.32%)
Foster Care (Res Treatment Facility)	1 (0.32%)

3.2.2 Number of placements by race and ethnicity

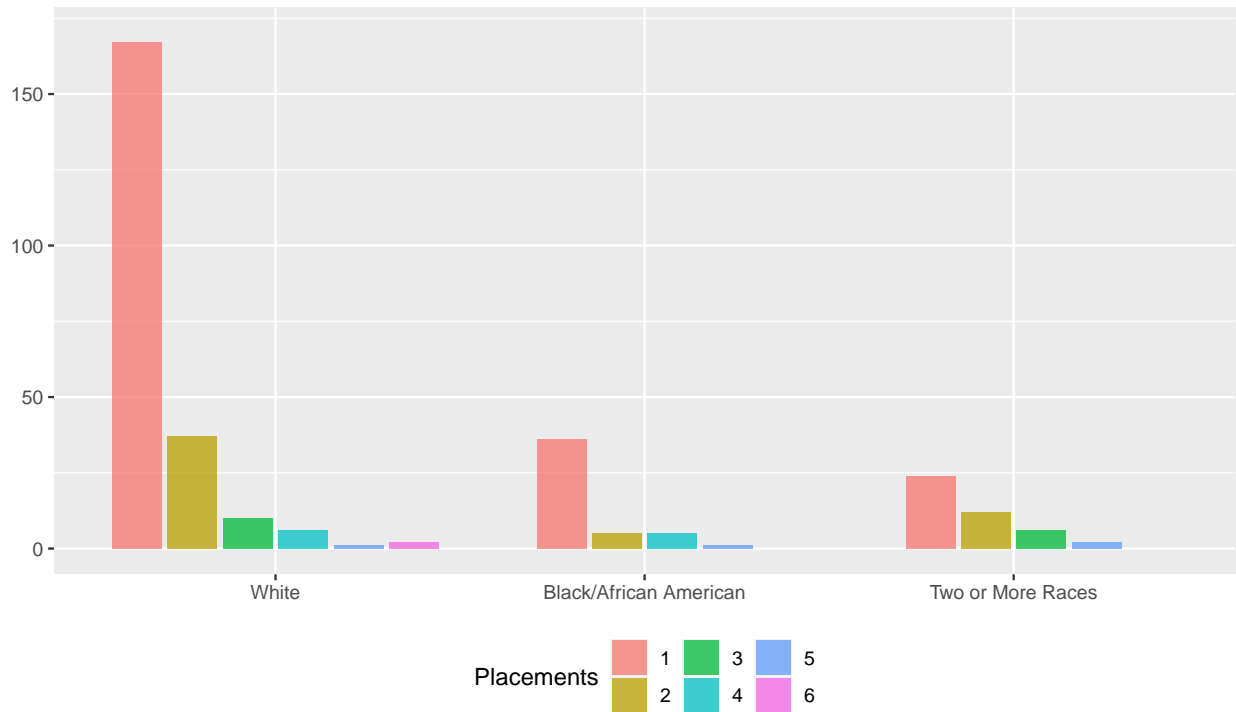
Of the 314 children with identified foster care or non-custodial placements, 227 child(ren) were placed once, 54 child(ren) had two placements, 16 child(ren) had three placements, 11 child(ren) had four placements, 4 child(ren) had five placements, and 2 child(ren) had six placements during SBC.

3.2.2.1 Placements by Race

Table 8: Placements by Race

	1	2	3	4	5	6
White	167	37	10	6	1	2
Black/African American	36	5	0	5	1	0
Two or More Races	24	12	6	0	2	0
American Indian/Alaska Native	0	0	0	0	0	0
Asian	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0

Number of Placements by Race



3.2.2.2 Placements by Ethnicity

Table 9: Placements by Ethnicity

	1	2	3	4	5	6
Non-Hispanic	220	49	12	11	4	2
Hispanic	7	5	4	0	0	0

3.3 Length of Time in Foster Care

This section reflects the total amount of time that SBC children spent in foster care, rather than the amount of time that the children were in the SBC intervention.

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

Of the 127 children who were in foster care *at some point* during SBC, 30 children were in foster care 0 - 6 months, 38 were in foster care 7 - 12 months, 25 were in foster care 13 - 18 months, and 34 were in foster care 19 months or longer. The following tables shows the race and ethnicity of children in foster care based on the length of time in foster care.

3.3.1.1 Breakdown of Foster Care Time 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	15 (18%)	28 (34%)	20 (24%)	19 (23%)
Black/African American	11 (48%)	4 (17%)	0 (0%)	8 (35%)
Two or More Races	4 (18%)	6 (27%)	5 (23%)	7 (32%)
American Indian/Alaska Native	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Native Hawaiian/Other Pacific Islander	0 (0%)	0 (0%)	0 (0%)	0 (0%)

3.3.1.2 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
Non-Hispanic	29 (25%)	33 (28%)	23 (20%)	32 (27%)
Hispanic	1 (10%)	5 (50%)	2 (20%)	2 (20%)

3.4 Family Participation in Children and Family Team Meetings (CFTMs)

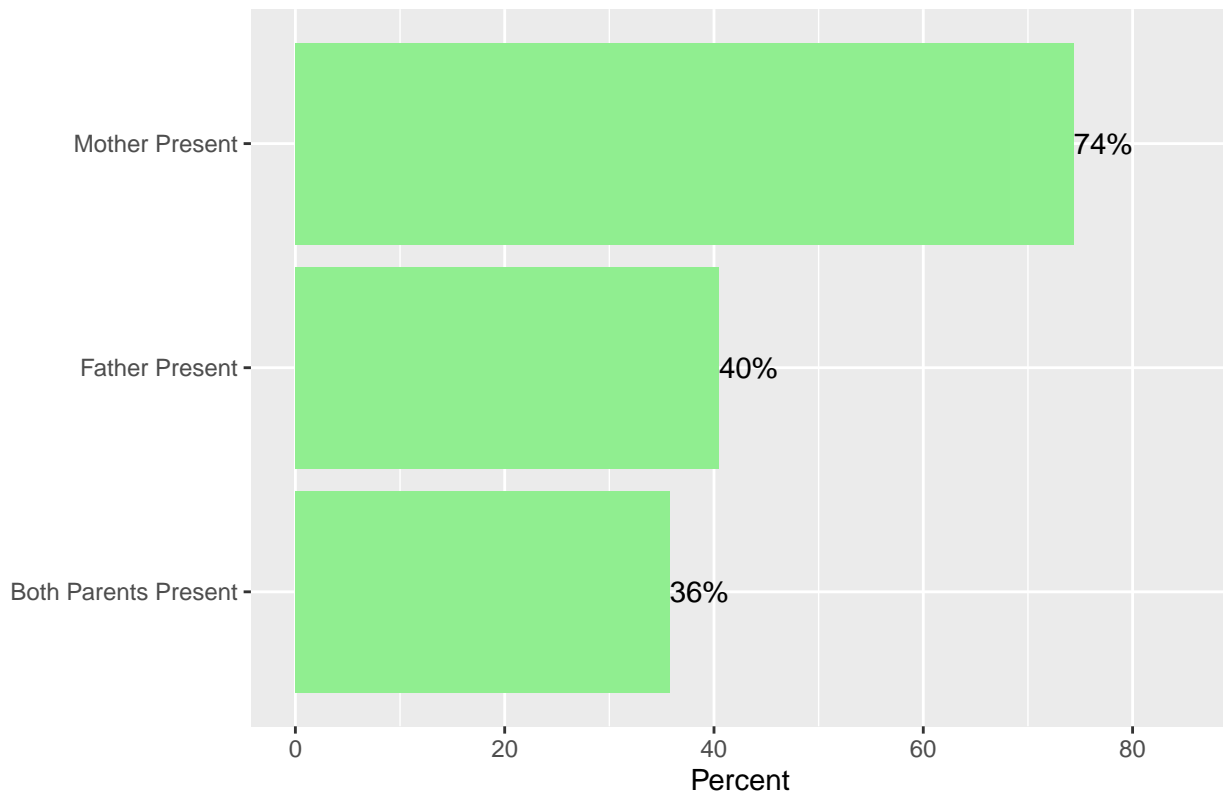
3.4.1 Number and percentage of CFTMs at which a birth parent was present for cases open in 2022

Table 12: 1531 Total CFTMs for Cases Open in 2022

Present	Mother Present	Father Present	Both Parents Present
Yes	1139 (74%)	620 (40%)	548 (36%)
No	392 (26%)	911 (60%)	983 (64%)

In the table above, 1531 total CFTM's were broken down into whether or not parents were present at the meetings. All columns sum to 1531. For example, out of the 1531 CFTM meetings, in 548 (36%) of them, the father was present (and in 983 (64%) of them, that was not the case).

Birth Parents Participation in CFTM's



The denominator for the percentages displayed above was the total number of CFTM's, 1531.

Out of the CFTMs where the mother or father were missing (392 and 911 respectively), the parent being in treatment or incarcerated accounted for the following number of CFTMs missed:

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

Father in Treatment	Mother in Treatment	Father Incarcerated	Mother Incarcerated
22 (2%)	41 (10%)	112 (12%)	47 (12%)

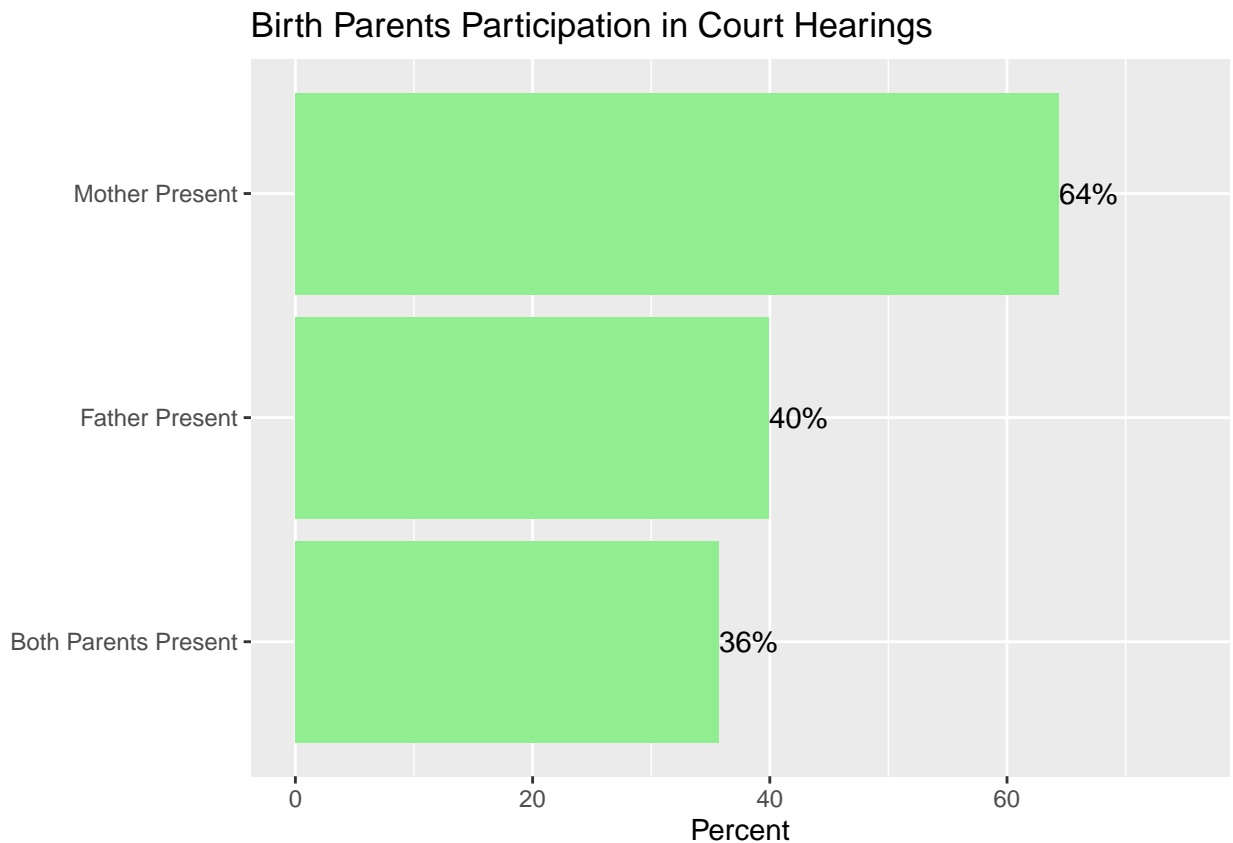
3.5 Family Participation in Court Hearings

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

Table 14: 1727 Total Disposed Court Hearings for Cases Open in 2022

Present	Mother Present	Father Present	Both Parents Present
Yes	1112 (64%)	690 (40%)	617 (36%)
No	614 (36%)	1036 (60%)	1109 (64%)

These numbers and percentages were calculated in a similar manner to the CFTM table and chart above. The denominator for the percentages is the total number of court hearings, 1727.



Out of the hearings where the mother or father were missing (614 and 1036 respectively), the parent being in treatment or incarcerated accounted for the following number of hearings missed:

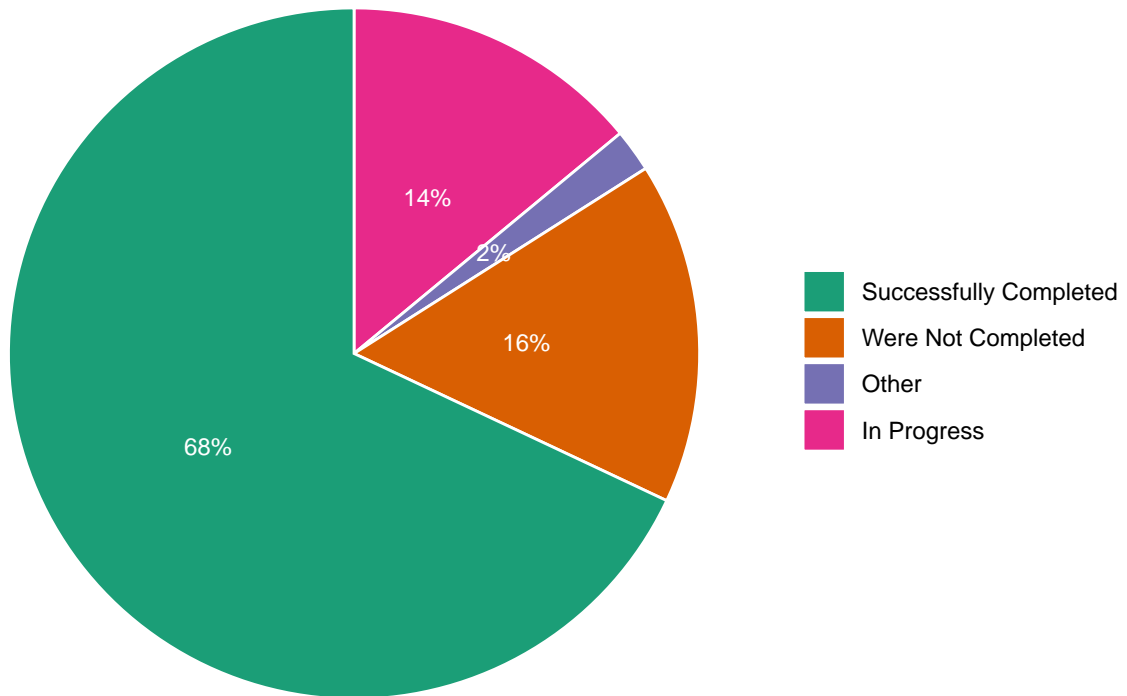
Table 15: Number and percentage of Court Hearings missed in which a birth parent was in treatment or incarcerated

Father in Treatment	Mother in Treatment	Father Incarcerated	Mother Incarcerated
25 (2%)	31 (5%)	132 (13%)	40 (7%)

3.6 Family Participation in Treatment Services

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

A total of 185 families participated in SBC. Of these families, 162 (88%) participated in 1356 services. Of these services that were provided, 921 (68%) were successfully completed, 217 (16%) were not completed, 24 (2%) have a status listed as “Other,” and 194 (14%) are in progress.

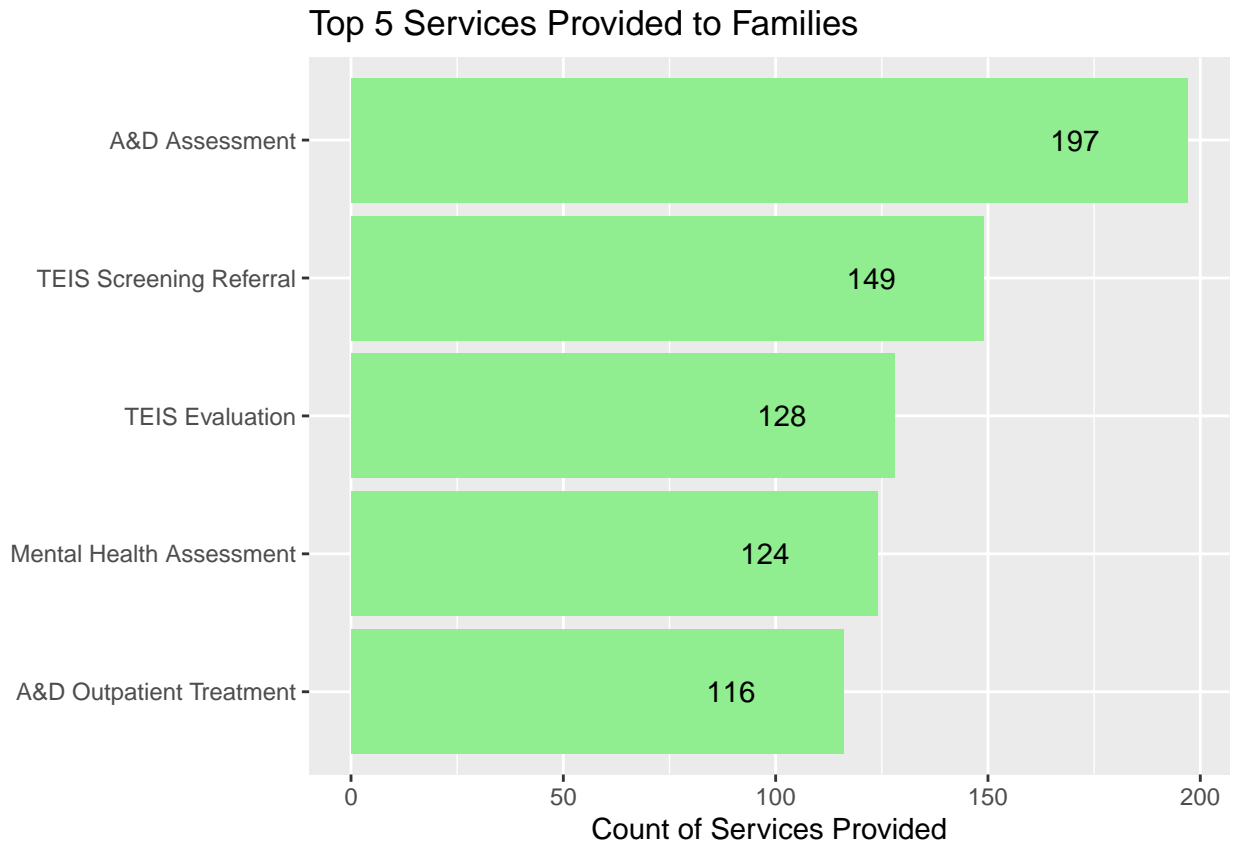


The following services were provided to families in SBC:

A&D Assessment, TEIS Screening Referral, TEIS Evaluation, Mental Health Assessment, A&D Outpatient Treatment, A&D Inpatient Treatment, Parenting Classes, Individual Counseling, Parenting Assessment, Child-Parent Psychotherapy (CPP), In-Home Services, Domestic Violence Services, Psychological Assessment, Medication Management, Developmental Therapy, Mental Health Outpatient Treatment, Developmental Follow-Up, Therapeutic Visitation, Physical Therapy, Medication Assisted Treatment, Occupational Therapy, Speech Therapy, Medication Evaluation, Comprehensive Child and Family Treatment (CCFT), Feeding Therapy, Sober Living Program, AA/NA, Family Counseling, Fostering Relationships, Medication Assisted Treatment - Suboxone, Parent Mentoring Services, Trauma Therapy, A&D Education, Head Start, Play Therapy, Employment Training and Search, Group Counseling, School-Based Therapy, Anger Management, Attend AA Meetings, CANS Assessment (0-4), Co-Parenting Classes, Medication Assisted Treatment - Vivitrol, Psychiatric Treatment, Recovery Coaching, Tennessee Early Intervention Services, TINS Assessment, ABA Therapy, Batterer Intervention Class, Behavioral Therapy, Mental Health Screening, Parent-Child Interaction Therapy, Psychosexual Evaluation, Therapeutic Preschool, and Vision Therapy

Table 16: Top 5 Services Provided to Families

A&D Assessment	197
TEIS Screening Referral	149
TEIS Evaluation	128
Mental Health Assessment	124
A&D Outpatient Treatment	116



3.7 Visitation Plan Completion

3.7.1 Number of visits per case, averaged monthly

On average, these families had 8.89 visit(s) per month.

4 Supportive Processes for Families

4.1 Occurrence of Court Hearings

4.1.1 Number of completed court hearings per case

Out of 185 cases in Safe Baby Court, 179 had completed court hearings. These cases had 1727 hearings for an average of 0.78 hearing(s) per month.

4.2 Occurrence of Children and Family Team Meetings (CFTMs)

4.2.1 Number of completed CFTMs per case

Out of 185 cases in Safe Baby Court, 171 had Children and Family Team Meetings (CFTM). These cases had 1531 CFTMs for an average of 0.7 CFTM(s) per month.

4.3 TEIS Referrals and Evaluations

4.3.1 Number of children with *TEIS referrals*

Out of the 219 children in SBC who were under the age of three when their SBC case began, 165 children received TEIS referrals. Of the TEIS referrals that occurred, 117 (71%) followed timeliness guidelines.

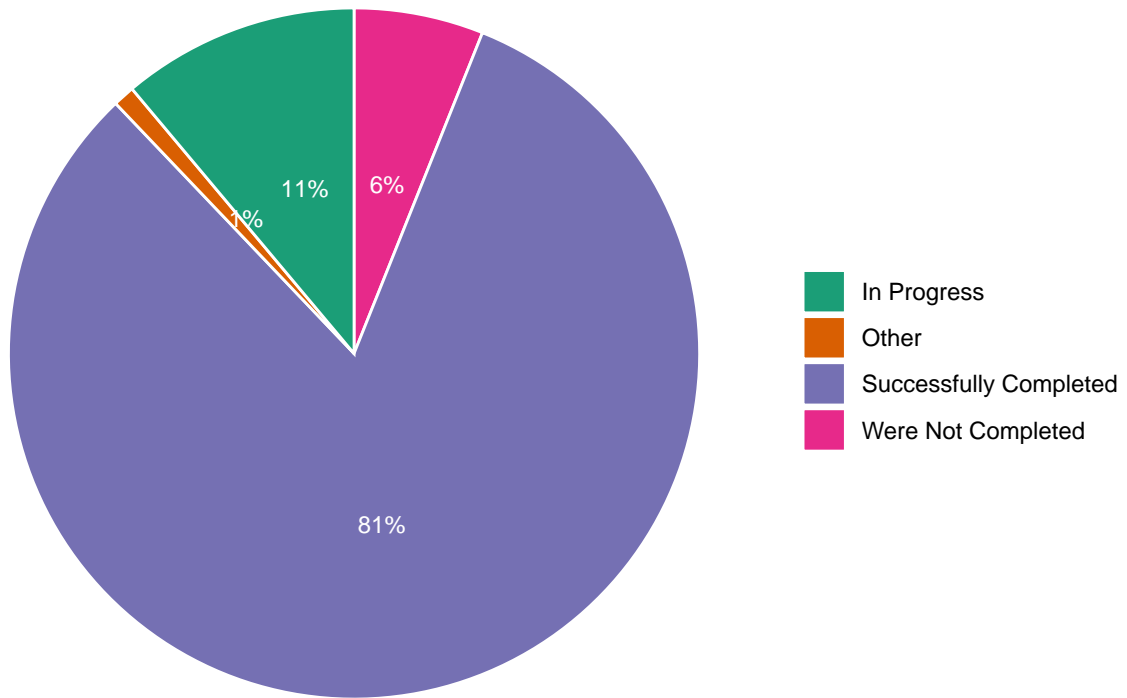
4.3.2 Number of children with *TEIS evaluations*

Of the 219 children in SBC who were under the age of three when their SBC case began, 134 children received TEIS evaluations. Seven children were referred to TEIS, but did not require screenings. Of the TEIS evaluations that occurred, 106 (79%) followed timeliness guidelines.

4.4 Early Intervention Services for Children

4.4.1 Children with early intervention services

A total of 336 children participated in SBC. Of these children, 230 (68%) children participated in 500 services. Of these services that were provided, 407 (81%) were successfully completed, 31 (6%) were not completed, 7 (1%) services ended for other reasons, and 55 (11%) are in progress.



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+
92 (40.0%)	82 (35.7%)	25 (10.9%)	10 (4.3%)	21 (9.1%)

4.5 Child-Parent Psychotherapy (CPP) Services

4.5.1 Families receiving CPP services

Table 18: Cases with CPP by County

County	Number of CPP Cases by County
Knox	16
Dickson	4
Grundy	3
Henry	2
Rutherford	1

Child Parent Psychotherapy (CPP) is not currently available in every SBC site, and in the sites where it is available, it may not be a recommended service for the family. Out of the of the 125 families in the counties with CPP services available, 26 (21%) were provided with CPP services while participating in SBC.

5 Supports to the System

5.1 Occurrence of SBC Stakeholder Meetings

Out of the 14 SBC counties, 11 counties conducted a total of 46 stakeholder meetings in 2022.

5.1.1 Number of SBC Stakeholder Meetings per Month

Table 19: Stakeholder Meetings by County

County	Number of Stakeholder Meetings in 2022
Coffee	11
Davidson	4
Johnson	4
Stewart	4
Rutherford	4
Jefferson	4
Knox	3
Maury	3
Grundy	3
Madison	3
Sumner	3
Dickson	0
Henry	0
Anderson	0

5.2 Stakeholders Represented at SBC Stakeholder Meetings

The following stakeholders were represented at SBC Stakeholder Meetings:

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

2022 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*

27 January, 2023

The data that generated this report was collected from January 1st, 2022 through January 1st, 2023.

1 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	42	52.5%
2	Mental Health	33	41.25%
3	Supervision	32	40%
4	Safety	29	36.25%
5	Knowledge	27	33.75%
6	Involvement in Caregiving Functions	24	30%
7	Adjustment to Trauma	21	26.25%
8	Residential Stability	20	25%
9	Social Resources	19	23.75%
10	Organization	18	22.5%

Top ten actionable items in the toddler/infant domains:

	Items	Count	Percentage.of.Assessments
1	Neglect	68	80.95%
2	Substance Exposure	50	59.52%
3	Family Functioning	36	42.86%
4	Witness to Family/Comm/ School Violence	35	41.67%
5	Parental Availability	32	38.1%
6	Parent/Sibling Problems	28	33.33%
7	Attachment Difficulties	23	27.38%
8	Developmental / Intellectual	21	25%
9	Medical Trauma	19	22.62%
10	Communication	18	21.43%