

FOURTH YEAR

SAFE AND SECURE BABY COURT (SSBC)

SUMMARY AND REVIEW

April 2020 – March 2021

INITIAL PREMISE OF SAFE and SECURE BABY COURT

The Safe and Secure Baby Court (“SSBC”) is a specialty calendar within the existing Rhode Island Family Court system which was created by Chief Judge Michael B. Forte in March of 2017 in an effort to recognize and address the cyclical and generational aspects of involvement with DCYF. The creation of this specialty court was also based on the recognition of the crucial role that early bonding and stimulation play in the brain development of infants and toddlers aged zero to three, in consultation with Dr. Susan Dickstein, who is an infant mental health specialist and President of the Rhode Island Association for Infant Mental Health (RIAIMH), and an active member of the SSBC Steering Committee.

This data has led to the creation of so called “Baby Courts” and “Zero to Three” Court programs nationwide. This SSBC initiative by Chief Forte represents the first time a project in Rhode Island Family Court has focused exclusively on infants.

PRESENT CRITERIA AND PROTOCOLS

The SSBC seeks to serve young, first time or new parents of children ages 0-18 months who may have history with the Department as juveniles, housing insecurity, mental health issues, exposure to domestic violence, trauma history and/ or tenuous parenting skills and who are open to cooperating with extra support to achieve reunification and case closure through increased court oversight and targeted referrals.

- Parents must be determined to be eligible through a Clinical Intake Assessment conducted by court-based clinical social workers/care coordinators who are overseen by Linda Lynch, Director of Women’s Services at the Garrahy complex.
- Anyone (lawyer, hospital staff, social worker, community advocate, judge, self) can refer a parent or expectant parent for intake. It is a confidential assessment which generates a determination of eligibility for the Court.
- Joining SSBC requires a plea to Dependency (on an amended petition, if necessary) and parents sign a contract and releases to allow court personnel to contact their service providers directly as well as make referrals on their behalf.

- Minors are eligible to participate as long as they have a Guardian ad Litem to assist them.
- Prior DCYF involvement (even prior termination) with another child is not a barrier to participation as long as the present goal for the child in question is reunification.
- Parents with cognitive limitations, acute psychiatric conditions and/or sex offender history are generally not eligible, although these issues are evaluated at the intake on a case by case basis. Ultimate authority to accept a parent into SSBC lies with the SSBC Judge. Likewise, any case already assigned to the regular DCYF calendar requires the assent of the originating judge to move it to SSBC.

For those accepted, special features of the Court include:

- Immediate referral to The Brown Center for Children at Risk for an Infant/Parent Assessment. This assessment, conducted by Dr. Cindy Loncar and staff, which is typically completed within the first two weeks of the case, is paid for by insurance independent of DCYF, and guides the development of a case plan which is tailored to the family's needs. Case plans are incremental and flexible.
- Court reviews occur as frequently as every two weeks to assess progress and adjust case plans.
- Minimum of 3 weekly visits for parents with children.
- A social worker is provided by the court to assist with referrals, with a preference for utilizing existing community resources in addition to providers traditionally relied upon by DCYF, with an emphasis on referrals to programs through Department of Health ("DOH") (Healthy Families America, Parents as Teachers, Early Intervention, etc.) which can remain in place even after DCYF closure by the Court.
- Foster parents are invited to court hearings and are encouraged to host visits and serve as mentors to new parents.

OUTREACH AND REFERRAL SOURCES

Much like last year, our strongest source of referrals continues to be our own Family Court Judges and Magistrates, in combination with referrals from RILS, CASA, Public Defender and, increasingly, private counsel.

We have engaged in extensive outreach, with team members jointly presenting information about the court to neighborhood groups, Women and Infants Hospital, and numerous community based providers and service agencies. While these efforts have

undoubtedly led to greater familiarity with SSBC within the community, the majority of our actual referrals to date have come from members of the Court.

A basic premise of the Court is that the quicker we can become involved with eligible families, the greater the potential to stabilize the parents and maximize infant mental health through parent-child contact and bonding. The sooner we receive referrals from any source, the faster we can establish case planning consistent with evidence based infant mental health.

For this reason, anyone, including the parents themselves, can seek an intake appointment to determine eligibility for the SSBC.¹

Consistent with the theme of “early intervention” in cases, our Steering Committee members asked us to prioritize improving communication between DCYF Investigators and hospital personnel regarding pre-natal alerts, 72 hour holds, and ex parte removal of newborns from their parents. We reached out to DCYF with the request that they consider dedicating a number of Child Protective Investigators (CPIs) to handle these cases with the benefit of training from Dr. Susan Dickstein and Dr. Cindy Loncar. This initiative has yet to move forward as momentum stalled with the advent of COVID. It has been a source of frustration that despite diligent efforts to engage the Investigative Unit of DCYF, we have yet to receive a single referral from this sector of the Department. However, every other referral source has become so robust that we are actually at capacity on a rolling basis given the caseload capacity of our coordinators.

SERVICE DELIVERY

The combination of rapid referrals, tailored case plans based on our infant-parent assessment, increased visits, and frequent court reviews form the foundation for what the SSBC seeks to provide. Our goal is to identify service needs, safely reunify and ultimately close cases as timely as possible, ideally with the community-based services remaining in place or accessible to the family after case closure.

Specifically, here is what we have been able to offer in the following categories:

Speedy Intake

Intake is conducted by our court-based clinical social workers/care coordinators – Christine Munroe, BSW; Julie Connolly, LCSW; Jessica Karten, BSW; Sandy Hays, BSW and Kristina DeAngelis Poli. Appointments are consistently scheduled within 10 days of any request,

¹ The ultimate decision to approve transfer to the SSBC from another calendar lies with the Judge originally assigned to the case.

and in most cases much sooner, even same day. Considering the increased volume of referrals, this efficient response is a tribute to the dedication and organization of the SSBC staff. We were also assisted greatly but our intern, Dawn Iaccobbo, social work Masters level candidate, who joined our team at the end of June.

Infant/Parent Assessments

Our collaboration with the Brown Center for Children at Risk, which enables us to immediately refer families for a comprehensive infant-parent assessment as our first step upon joining the SSBC, is really a foundation of our process. (Our clinical social workers/care coordinators make the referral directly; the evaluations are funded by Medicaid.)

The indispensable Dr. Cindy Loncar and her staff schedule and perform the evaluations and generate a report for the court within 30 days of meeting with the family, often sooner. The Brown Center for Children at Risk evaluations form the basis for case plans tailored to each family. They are strength-based but candid regarding service needs, identified risks, and specific recommendations for the frequency and level of supervision for visits and/or pace of reunification. In some cases, the Brown Center for Children at Risk schedules a follow-up appointment in order to assess the family's progress once services have been implemented. Dr. Loncar has also made herself available to our social workers, other service providers, and CASA for ongoing dialogue about issues which have arisen in individual cases as they unfold with the court. Reflecting her commitment to this project, Dr. Loncar has added staff to assist in scheduling appointments and conducting evaluations.

The Brown Center for Children at Risk's contribution to our process is probably the single most important element of the SSBC in terms of guiding targeted case planning and court oversight. Due to our increased volume, we now refer to the Brown Center for Children at Risk on a discretionary case by case basis.

Visits

DCYF social caseworkers have consistently cooperated with the standing SSBC order that parents receive a minimum of 3 visits per week. Incorporating foster parents and/or extended family members as resources to host and supervise visits is a big part of this. The effort by DCYF staff in coordinating these visits is greatly appreciated. **Of note, many cases already have the three weekly visits up and running at the time of the referral and intake with SSBC, reflecting significant systemic change within the Department.**

Role of CASA

The role of the CASA office, especially with the help of our designated Guardians ad Litem, Attorney Kristen Cuddy and Attorney Denise Acevedo Perez, has expanded tremendously. Attorney Cuddy and Attorney Perez, along with social workers from their office and specially assigned CASA Volunteers Lynn Sheehan, Jane O'Farrell, Shaween Awan, and Allison Carcieri-Cassidy, Paul Gagnon, and Paul Fitzgerald have become an integral resource to the families and to the court. Their ability to do additional home visits, provide oversight on progress of referrals, and serve as informal mentors to our young parents greatly enhances the court's capacity to ensure child safety. In addition to the crucial role played by the CASA Attorneys, CASA Dreams Fund continues to be a vital resource for baby supplies, clothing and equipment needed by our families. SUMR Brands continues to donate swaddles and sleep sacks, important for "safe sleep" practices, and the CASA partnership with Project Undercover has secured a regular bimonthly donation of 2,000 diapers and wipes for our families. Ocean State Job Lot continues to be a generous contributor of equipment and supplies.

In addition, Amica made a \$2,500.00 donation in honor of one of their employees Shaweem Awan who is one of our dedicated CASA Volunteers. These funds have been used to purchase items such as car seats, pack & plays and strollers.

Community Based Services

Our goal of incorporating community based services, which are not reliant on DCYF funding, remains a centerpiece of the SSBC approach.

To this end, most, if not all, cases include programs such as Healthy Families America, Parents as Teachers, Early Intervention and Nurse Family Partnership, all of which are available through the Department of Health (DOH.) Many of these programs remain involved after case closure.

The DOH, particularly via our liaison and Steering Committee Member, Kristine Campagna, continues to be a key partner.

**FOCUS ON FOURTH YEAR
APRIL 2020 – MARCH 2021**

The beginning of our fourth year of SSBC coincided with the onset of the COVID19 pandemic, which caused the temporary shutdown of the courts and an initially indefinite suspension of our ability to have face to face contact with participants.

Parents' visits were suspended by the Department and/or reassigned as virtual visits for several months. Likewise, most if not all service providers suspended their in person therapy and hands-on parenting programs.

In this bleak and uncertain landscape, it did not seem realistic to set any participation goals as it was not clear if or how we would be able to sustain the program at all, much less plan to add families or improve our services delivery.

However, as a testament to the dedication and resourcefulness of the SSBC staff, DCYF personnel and the providers we have partnered with at The Brown Center for Children at Risk and Department of Health, not to mention the miracle of WebEx, we actually only suspended the program 2 weeks and resumed a full schedule of court hearings as of May 5, 2020.

Most significantly, our families displayed such grace and determination in adapting to virtual hearings and services, and enduring the suspension of direct contact with their babies, which was obviously devastating.

Fortunately, the pause in in-person visits was relatively brief. Referrals and intakes stuttered at first but then gained momentum. Thanks to the resourcefulness of the staff, and the staggered schedule created by Linda Lynch, even in-person intake appointments resumed by mid-summer.

Obviously, much is lost when contact is reduced to virtual meetings and phone calls, but we also discovered some advantages for the families. The ability to participate remotely in "time certain" hearings was actually a boon to parents with transportation barriers. Most, if not all, parents quickly figured out how to join the court hearings on WebEx – ironically with greater ease than many of the attorneys!

Likewise, many parents were able to continue to engage with counseling and other services virtually with decent success. Suffice to say, given the unique challenges of this past year, it is very gratifying to report that we not only kept Safe and Secure Baby Court alive, but actually doubled the number of parents who successfully completed the program from 34 last year (March 2019 – March 2020) to 68 for this reporting period (April 2020 – March 2021).

As the following data chart and summary reflects, we have continued to grow dramatically since the start of the program.

HISTORY/CONTEXT:

The initial goal of the SSBC Pilot was to serve 10 families in its first year (March 2017 – April 2018). The Court ended up serving nearly double that number in its first twelve months of operation, enrolling 19 parents, eight of whom successfully completed SSBC and closed to DCYF as of March 2018.

Goal for second year (March 2018 – March 2019)

Accordingly, we increased our participation goal for our second year, hoping to serve thirty (30) families.

We are happy to report that participation in our second year far exceeded that goal. We enrolled 54 new parents in our second year, 27 of whom have already successfully closed/completed and the balance of whom remain active with the court.

Goal for third year (April 2019 – March 2020)

For our third year, we increased our enrollment goal to 75 new parents ultimately serving 80 in the past year, 34 of whom successfully completed their case plans and achieved case closure.

No specific goal for fourth year due to Covid. However, as noted, we ended up doubling the number of parents who successfully completed the program despite the pandemic.

Snapshot of Momentum	First Year: March 2017- 2018	Second Year: March 2018- 2019	Third year April 2019-March 2020	Fourth Year April 2020- March 2021	Total to Date: (parents)
Referrals:	38	114	139 parents	169 parents	460
Enrolled:	19 new parents (Goal of 10)	54 new parents (Goal of 30)	80 new parents (Goal of 75)	99 new parents	252
Successfully Completed:	8 parents	27 parents	34 parents 25 children	68 parents 49 children	137 parents 98 children

*****On 4/5/2021, SSBC successfully closed a case with 2 siblings resulting in 100 children closed!**

Additional Data of Interest (updated to reflect totals from the third year):

- Of the **460** parents referred for intakes, there were **300** mothers and **160** fathers.
 - a. In the fourth year alone, of the **169** parents referred, there were **114** mothers and **55** fathers.
- Of the **252** total parents, **172** mothers and **80** fathers were accepted.
 - a. Of the **99** parents enrolled in the fourth year alone, there were **67** mothers and **32** fathers. **We are very proud of our success in engaging fathers as well as mothers.**
- Of the **252** total parents enrolled since March 2017, **20** have been sent back to the regular calendar .
 - a. Of the **99** parents enrolled in the fourth year, **7** were sent back to the regular calendar, or less than 10%.
 - b. Typically, the reason for a return to the regular calendar is the recognition that the caseplan needs are not suited to the swifter pace of SSBC, or parent fails to follow the contract requiring them to cooperate with additional services and visits as part of SSBC.
- To date, **19** minors have been referred:
 1. **10** minors joined SSBC
 2. **4** successfully closed
- During the fourth year, **5** minors had been referred, **1** joined SSBC, however **3** are currently active because two had opened during the previous data collection period. and **2** successfully

closed in the fourth year. **2** are pending intakes to determine eligibility and **1** was not eligible for SSBC.

- During the fourth year, the average length of time from opening to closing in SSBC is **6 months**.²
- Only **3** cases of those closed to SSBC since the pilot began had further DCYF involvement of any kind. Significantly, none of the re-openings involved child maltreatment.

The average age of the children served by the court:

1. **3-months-old** during the first and second year
2. **5-months-old** in the third year
3. **9-months-old** in the fourth year

The average age of the parents:

- **24-years-old** during the first and second year
- **25 years old** during the third year
- **27.5-years-old** during the fourth year

76 parents and **63** children are currently enrolled in SSBC, as of the end of March 2021.

To date, **137** total parents have successfully closed in SSBC; **68** parents; **49** children in the fourth year alone.

This data collection and tracking represents the vigilant effort of our clinical social workers/care coordinators: Julie Connolly, Christine Munroe, and Jessica Karten, as well as Kristina Poli, Sandy Hayes and our intern, Dawn Iaccobbo. We also thank DCYF, specifically Colleen Caron, for assistance in identifying cases, if any, which re-open to the Department after closing to SSBC and coordinating on other statistics.

Developments and Events of Note **April 2020 – March 2021**

Ordinarily we schedule a Steering Committee meeting to establish goals for the upcoming year – due to Covid, we were not able to convene a meeting last Spring and it did not

² Previous to Covid, our average length of time for families prior to closing was four (4) months. It is notable that cases remained open only on average of two (2) additional months in the face of challenges created by the pandemic.

seem realistic to set goals with so much uncertainty ahead at that point. For this reason, in lieu of a formal update on goals, what follows is an informal summary of new developments over the course of the past year.

WEB PAGE

1. Casa Attorney Denise Perez suggested that we establish a dedicated web page within the existing Judiciary Website as a resource for those with interest in the Safe and Secure Baby Court calendar. Kudos to Attorney Perez as she worked diligently with Linda Lynch and Gail Valuk to create this page, utilizing input from the SSBC staff. This new page will be unveiled shortly, pending final review and approval by Chief Judge Forte, and is a very exciting addition to our ability to educate the public and potential participants about SSBC.

GRODEN CENTER AND CCA/NEC

2. As many are aware, DCYF ended its long-standing relationship with Spurwink, which provided services to cognitively limited parents. In its place, parents may now be referred for specialized services of this nature through the Groden Center and CCA/NEC (Community Care Alliance/Nurturing Early Connections). Representatives from both of these programs – Jeanne Rheume of CCA and Nancy Mabry of Groden Center both took the initiative to contact SSBC to learn more about how our program works so as to better collaborate with us in terms of our emphasis on more numerous visits and a mentoring approach to case planning.

So far, both of these providers have been very receptive to our model, already generating some success stories in terms of closed cases. Also, having two providers to choose from has all but eliminated the waiting list debacle presented by relying only on Spurwink for these services. This quick availability is consistent with our model of seeking to provide targeted services to families as soon as possible.

NOWELL ACADEMY

3. We have been very fortunate to form a connection with Nowell Academy this year, thanks to the introduction provided by Julie Connolly, LCSW, a member of the SSBC staff. Nowell Academy is a specialized public high school in Providence that serves pregnant and parenting teens. A number of our parents have attended or are presently enrolled in the school, which provides on-site daycare as well as other supportive elements. We now receive

reports directly from the school, as well as referrals, and they have assigned a liaison, Waffa Jaffe, who attends our hearings as needed. This is a mutually beneficial relationship which enhances our ability to serve school age parents.

RHODE ISLAND ASSOCIATION FOR INFANT MENTAL HEALTH (RIAIMH)

4. Another important relationship, in this case with RIAIMH, continues to thrive. RIAIMH President, Dr. Susan Dickstein, continues to be a key member of our Steering Committee, and now provides training about infant mental health to DCYF staff and social workers.

SSBC staff were invited to be a part of a presentation entitled “Strong Roots RI and the Safe and Secure Baby Court” which is part of RIAIMH’s training series. This event, held on Zoom on March 23, 2021, was registered to capacity with over 125 social workers, foster parents and community stakeholders in attendance. SSBC received great feedback about the session, which was recorded for future training purposes.

Our partnership with RIAIMH on matters of educating the social work and provider community about the concepts underpinning SSBC continues to be valuable and mutually beneficial. We look forward to partnering for future events.

DCYF TRAINING

5. In terms of training, we are also pleased to report that the Court was invited to participate in a Zoom training session for new social workers. Training Supervisor Betsy Aubin arranged the session which involved lively participation by the new recruits and a great opportunity to introduce new frontline workers to SSBC. Ms. Aubin has advised that she plans to incorporate further presentations from the Court in her training schedule. We welcome this collaboration with the Department.

THE BROWN CENTER for CHILDREN at RISK

6. Our relationship with The Brown Center for Children at Risk, specifically with Dr. Cindy Loncar, continues to be a key element of SSBC. In a very productive recent meeting with Dr. Loncar, it was agreed that going forward, referrals for a parent child evaluation would be discretionary instead of automatic.

For example, if a child is already placed with a parent or in a kinship setting when the case opens, they may or may not be referred to The Brown Center for an assessment, depending on feedback from other providers and the parent’s level of confidence in parenting.

This reflects the dramatic increase in the volume of referrals and the need to reserve the expertise of The Brown Center for Children at Risk for the cases they can best serve.

PROGRAM CRITERIA

7. In terms of volume, we have also re-affirmed our target age group for our “babies” as zero to 18 months. Despite the aspiration to serve the “zero to three” population, and/or offer “Baby Court to every baby”, it is recognized based on feedback from our clinical social workers/care coordinators that it is not realistic to expand our age group unless we acquire more staff and resources. The higher value of adhering to our model of frequent court oversight and personal engagement by the staff is compromised when we allow our criteria to become overbroad. (Presently, caseloads are for SSBC staff approach 20 cases each, in addition to their ongoing intake duties.) Three of our staff also share the full caseload of the Family Treatment Drug Court parents, and one CASA staff assists us with SSBC.

REGIONAL INTEREST IN SSBC

8. Chief Judge Forte has been contacted by NFI Family Resource Center of Greater Lowell, MA, an organization seeking to create a training with the goal of “building a bridge between foster families and biological families to minimize the trauma that occurs to children” with the request that SSBC staff provide an informational session to the members.

SSBC IN THE NEWS

9. As a final note, SSBC received some “ink” in the form of an article featured in the *Providence Journal* on November 27, 2020. Obviously, the best part was the glamour shot of the staff (masked of course) taken in front of the Garrahy Courthouse!