

SAFE AND SECURE BABY COURT (SSBC) FIRST YEAR

SUMMARY AND REVIEW

March 2017 – March 2018

INITIAL PREMISE OF SSBC

The pilot project for the SSBC was instituted by Chief Judge Michael B. Forte in March of 2017 as an alternative to the regular DCYF calendar. This specialty court calendar is geared toward serving young, first time parents of infants 0 – 12 months who may have a generational history of DCYF involvement as juveniles or present as needing extra support to ensure that they can safely and effectively parent their new babies.

A foundation of the “Baby Court” concept is the recognition that crucial mental and emotional development occurs in babies. Early bonding and nurturing, even during the first few months of life, have been shown to be fundamentally linked to stability later in life. Dr. Susan Dickstein, an infant mental health specialist at Brown University and Bradley Hospital, consulted on this project and is 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.

The special features of the SSBC include:

- Immediate referral to the Brown Center for an Infant/Parent Assessment conducted by Dr. Cindy Loncar. This assessment, which is typically completed within the first two weeks of the case, is paid for by insurance independent from 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 as frequently as every two weeks to assess progress and adjust case plans.
- Minimum of 3 weekly visits for parents and children.
- A care coordinator is provided by the court to assist with referrals, with a preference for utilizing existing community resources in addition to providers traditionally utilized by DCYF.
- Foster parents are invited to court hearings and are encouraged to host visits and serve as mentors to new parents.
- Material supplies (diapers, baby items, books, etc.) are distributed directly to parents as donations permit.

PARTICIPATION TO DATE

The initial goal of the SSBC Pilot was to serve ten families in its first year. We are happy to report that the Pilot has enrolled nineteen families since its inception, nearly twice the target number. Even more significantly, of these nineteen cases, eight have been successfully closed to the Court and DCYF.

A more detailed breakdown of our SSBC statistics follows with many thanks to SSBC staff member Rosemary Soave for tracking these numbers.

As of March 21, 2018

38 cases referred (combined referrals from Family Court Judges, Magistrates, attorneys and DCYF)

26 Intakes by SSBC Staff (Stephanie Brodeur and Rosemary Soave)

19 Parents enrolled (8 successfully closed/11 cases presently active)

DEMOGRAPHICS OF PARTICIPANTS

- Average age of parents who successfully completed ¹ SSBC: 26 years old (3 parents were in their 30s: all others were 23 years old or younger).
- Average age of children: 3 months.
- Average length of stay in SSBC Court: 3.2 months for closed cases.

In addition to the data we are tracking internally, we have coordinated with DCYF to create a tracking system to reveal any further contact the families may have with DCYF once we close their cases. Many thanks to Joe Carr of DCYF, for creating a spreadsheet tool to flag any subsequent DCYF involvement for 3 years post-closure to monitor, the nature of the contact and any action taken by DCYF.

Of note, so far no SSBC cases which have been closed have popped up again for any reason. A small sample and a short window of time, but encouraging nonetheless!

OUTREACH AND REFERRAL SOURCES

Our strongest source of referrals continues to be our own Family Court Judges and Magistrates, in combination with referrals from RILS, Public Defender and private counsel. (We have also established a referral conduit with Woman & Infants, but so far those potential cases

¹One parent did not successfully complete – she was referred to Family Treatment Drug Court when a substance issue became paramount.

have been re-directed to Family Treatment Drug Court as they presented with substance abuse as the dominant issue.) Of note, SSBC is modeled on the Family Treatment Drug Court (FTDC) which targets parents whose primary issue is substance abuse.

Unfortunately, our effort to obtain referrals directly from DCYF has floundered. Despite agreeing on a mechanism whereby potential SSBC cases would be identified by the Department and directed to SSBC for arraignment, only 4 of our 38 referrals have reached us this way.

This is significant in that potential involvement with SSBC is delayed by months when we fail to capture the cases when they are first filed. 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. Even with great cooperation from our other referral sources, we typically haven't received potential cases until they are several months along in the court process.

To address this issue, we are working on a plan to screen cases internally when they are initially filed with the Court. Potential SSBC and FTDC cases will be identified in-house through the clerk's office. In effect, the Court will be able to conduct its own sorting and outreach with no time lag before intake. Parents who wish to accept an intake appointment will be referred at arraignment to our court-based Women's Services Department. The intake is confidential and parents who are accepted will be assigned counsel before formally joining either court, which can occur within two weeks of the completed intake. Of course, participation is voluntary.

A change such as this in the Family Court's internal referral process would greatly increase the number of referrals to both specialty courts. The cooperation of the Women's Services Director and case management staff in preparing to potentially absorb the anticipated increase in intakes is greatly appreciated. All staff has already been cross-trained to execute a single intake to determine eligibility for either court. Many thanks to Women's Services Director Linda Lynch and her case management staff – Rosemary Soave, Stephanie Brodeur, Julie Connolly and Christine Munroe for the help in hopefully streamlining our process. Stay tuned for a final report on this change.

SERVICE DELIVERY

The combination of rapid referrals, tailored case plans, increased visits and frequent court reviews form the foundation of what SSBC seeks to provide in order to service, safely reunify and close these cases as timely as possible, ideally with community based services remaining in place after case closure. Specifically, here is what we have been able to achieve in each category.

- First: Intake has consistently occurred within 5 days of receipt of any referral, if not sooner. Increased referral volume through the internal flagging system may require slightly longer intake dates, but this will be balanced by the fact that we will be capturing the cases much sooner than previously.
- Second: The cooperation of the Brown Center in conducting infant-parent assessments is really the jewel in the crown of the SSBC. Thanks to Dr. Cindy Loncar and her staff, the average turnaround from the parents' first appointment to our receipt of a detailed, written assessment has been only ten days. This assessment, in turn, guides the creation of a tailored, family-specific case plan created by DCYF but with the input of all parties. Dr. Loncar's work is paid for by Medicaid.
- Third: DCYF has consistently cooperated with the order of providing a minimum of 3 weekly visits for the parents. The Department has also supplied a designated attorney to the Court, Nicole DiLibero, which is tremendously helpful to maintaining continuity. In addition, assigned social case workers have been very cooperative with the concept of generating specialized case plans, eliminating or adding services based on the individual progress of the family. This is consistent with the concept of incremental tasks rather than a "kitchen sink" to-do list.
- Fourth: Our own SSBC care coordinator, Stephanie Brodeur and Rosemary Soave, (who is "on loan" from FTDC) as well as our assigned CASA attorney, Lynn Radiches, have filled a crucial role in connecting the dots to maximize parental and Department accountability. Not only Ms. Brodeur, but also Attorney Lynn Radiches have been advocates for specific referrals, conducted their own home visits and helped to link the families to services.
- Fifth: A central goal of the SSBC is to tap into existing community-based resources beyond providers traditionally utilized by DCYF. Not only are these services funded independently, but the services can extend beyond the closure of the case to the Department. Services available through the Department of Health, such as Healthy Families America and the Nurse Family Partnership and many others are a great fit for our families, especially as they are geared towards young parents. Our DOH contact, Kristine Campagna, has been a tremendous help to us identifying these programs and is working on creating a system whereby referrals can be made directly by SSBC staff from a specially compiled list of DOH services.
- Sixth: Finally, we have amassed many donations of baby supplies and books through the efforts of Steering Committee Member Lynn DeMerchant. These have been meticulously catalogued by Victoria Montagano, our social work intern, to enable

distribution to occur directly to families on their court dates. Parents can leave the courtroom and literally pick up items on their way out.

So, to re-cap, we are solidly on our way to achieving the goals and objectives as set forth in our pilot proposal. To review these goals:

Specific Objectives for Pilot RI-SSBC in 2017:

1. Decrease time to permanency : ✓ Goal Met
2. Decrease number of placements experienced by the infant: ✓ Goal Met
3. Decrease time to initial parent-child contact for those infants in out of home placement:
✓ Goal Met
4. Increase frequency of parent-child contact per week: ✓ Goal Met
5. Increase access to (and engagement in) family resources/supports: ✓ Goal Met
6. Increase frequency of Court reviews: ✓ Goal Met
7. Decrease recurrence of substantiated reports of abuse/neglect: ✓ Goal Met
8. Increase frequency of least disruptive most family like setting: ✓ Goal Met
9. Increase access to (and engagement in infant mental health) training and professional development opportunities for professionals. – IN PROGRESS
10. Participants to complete a satisfaction questionnaire. – BEING DEVELOPED. Questionnaires for closed participants to go out by the end of April.

GOALS AND CHANGES FOR OUR SECOND YEAR

Expand Criteria

Upon review of first –year participants, the steering committee has considered a number of possible ways to expand our criteria for eligibility. Particular consideration was given to input from Dr. Dickstein and Dr. Loncar in terms of our priorities and capacity. Ultimately, it was agreed that our eligibility would expand as follows:

- Minor parents aged 17 or older may join the Court (They must have a G.A.L. appointed at time of intake).

- Baby need not be parent’s first child, as long as any previous children are not simultaneously open to DCYF on the regular court calendar at the time of intake. (As Dr. Dickstein put it, “the baby doesn’t care about birth order!”)
- The baby may be over 12 months old at the time of intake. (This is consistent with the “Zero to Three” literature concerning infant development.)

*All cases still accepted on a case-by-case basis, despite these expansions.

Medical Marijuana Use

The possession of the “medical marijuana card” by parents is a topic of the moment on all the Family Court calendars. In consultation with a committee created by the Chief Judge to examine this issue, as well as input from the FTDC, we have determined that we will treat this just as we would any other prescription: a copy of the card must be supplied by the parent, as well as copies of the receipts from a dispensary, where applicable, to establish that the marijuana is obtained through a proper source. Possession of a medical marijuana card will not be a barrier to participation in SSBC, but any substance-related interference with parenting will be.

Goals for 2018

- Serve 30 families in second year.
- Capture and renovate additional court space for intake, visits...shall we say a “Parenting Time Multi-Purpose Center” in collaboration with Women’s Services Department.
- Expand our community partnerships to achieve more referrals independent of DCYF
- Develop mentor foster home proposal in collaboration with DCYF

Many thanks to our SSBC Steering Committee Members. This wonderful group is truly dedicated to this project and has generated great discussion and excellent suggestions to help us develop and refine the Pilot. Looking forward to working with everyone in our second year.

SSBC STEERING COMMITTEE MEMBERS

Associate Justice Lia Stuhlsatz

Anne Cournoyer, DCYF

Joseph Carr, DCYF

Lynn DeMerchant, Sherlock Center Rhode Island College

Dr. Susan Dickstein, Brown University and Bradley Hospital/RIAIMH

Dr. Cindy Loncar, Brown Center

Kristine Campagna, Department of Health

Linda Lynch, Director of Women's Services

Attorney Nicole DiLibero, DCYF

Attorney Lynne Radiches, CASA

Rosemary Soave, MSW Care Coordinator

Stephanie Brodeur, MSW Care Coordinator

Sharon O'Keefe, Chief Legal Counsel