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Safe Baby Court Annual Report

February 1, 2019

Introduction:

Tennessee has engaged in a statewide effort to change the culture in early childhood by focusing on preventing and mitigating adverse childhood experiences (ACE's) and toxic stress. Through the public-private partnership Building Strong Brains: Tennessee ACE's Initiative, the foundation has been laid to elevate this commitment across our state, and to seek opportunities to collaborate and implement initiatives that support Tennessee's children to be successful in life.

Legislation (Tennessee Code Annotated 37-1-901, et seq) was passed in July of 2017 directing the Department of Children's Services (DCS), in collaboration with the Administrative Office of the Courts (AOC) and the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), to establish Safe Baby Courts (SBC) in five (5) jurisdictions by January 2018. See Attachment 1. The initiative recognizes the critical stages of child development and uses a specialized judicial approach to coordinate and expedite services, and to engage community partners to support and sustain families. The courts are modeled after the Zero to Three core components focusing on babies from the age of birth through (3) years with the goal of reducing the time to permanency, reducing repeat maltreatment, reducing trauma and increasing resource capacity, community involvement and family engagement. Prior to the legislation, two (2) jurisdictions were in the process of developing and implementing a SBC; one located in Davidson County and one in Grundy County. Strong leadership and collaboration from state and community partners was essential to accomplish an initiative of this magnitude and included representatives from the DCS, AOC, TDMHSAS, the Tennessee Council of Juvenile and Family Court Judges (TCJFCJ) Executive Committee, Vanderbilt Center of Excellence, Tennessee Commission on Children and Youth (TCCY), Court Appointed Special Advocates (CASA), and numerous mental health providers and community partners.

Overview

In 2018, five (5) jurisdictions were created representing courts in the urban and rural areas of the state and positioning them within the grand regions. The two (2) existing SBC's were incorporated into the implementation process, which totals seven (7) functioning SBC's statewide. This approach has strong support from the Juvenile Court Judges and the infant mental health community to ensure the needs of the infant as well as the parents/caregivers, are tailored to their unique circumstances and support critical timeframes unique to infant development to reduce trauma, custodial episodes and future involvement from child protective services. The courts were chosen based upon interest and commitment from the Juvenile Court Judge and in concert with the AOC, DCS regional staff and county need based on the rubric developed by TDMHSAS for the selection of System of Care Across Tennessee (SOCAT) sites. Areas for consideration prior to making the final selection of a SBC site included reviewing data for the 0-3 years population for custodial and non-custodial cases, resource capacity, and a review of additional initiatives in that county that would impact the implementation of a SBC.

The DCS has worked closely with the AOC to communicate with the Juvenile Court Judges the expectations and framework of a SBC and the core components as outlined in the Zero to Three model. Zero to Three provided technical assistance to the department and the AOC to prepare the jurisdictions for implementation. Additional activities and tasks included conducting a community readiness assessment, attending training, collecting data and receiving peer-to-peer support from other states. Training was also provided by the Center of Excellence (COE) and the non-profit agency, AIMHi TN.

Implementation Process

The implementation process, as outlined in *TN Safe Baby Court Implementation Procedure* (see Attachment 2) was utilized with each site as well as providing each team with *The Core Components of the Safe Babies Court Team Approach*, which can be found at <https://www.zerotothree.org/resources/1655-the-core-components-of-the-safe-babies-court-team-approach>. The guiding principles established to provide a statewide framework for eligibility of families into the SBC model are:

“Few things are more significant or sacred as the bond between a parent and a child. Few things are more powerful as witnessing the decision of a parent to leave bad decisions in the past, to ignore the sirens in their lives, to listen to their better angels. Safe baby court fosters, in a most intense way, the restoration of that parent-child relationship, and gives parents the opportunity to turn from the shadows and provide a safe and happy home for their children. Nothing in juvenile court is as important.”

Judge Andy Brigham, Stewart County

1. Age: At least one child must be age birth through three (3) years.
2. Jurisdiction: The Juvenile Court must have a current petition pending concerning the child(ren).
3. Voluntary: The family must voluntarily agree to participate in the SBC.

Additionally, each team developed specific selection criteria for assignment to the SBC and created a plan for implementation. Tennessee leads the country in implementing a statewide rollout of SBCs focusing both on custodial and non-custodial cases. Each SBC site formed a core leadership team that represents public, private and community stakeholders.

Strong and educated community partnerships are integral to implementing the SBC model and ultimately to the sustainability of this innovative judicial approach. The coordinators facilitate trainings and quarterly meetings with community stakeholders. Stakeholders are engaged in the SBC process, provide valuable resources, and problem solve around barriers to families accessing services.

"In order to engage with our families on a deeper level and truly foster the feeling of a team approach, court hearings are held with all members gathered around a table as opposed to the traditional set up of a court room. This appears to have a positive impact on the participation of team members, especially the parents. This interaction puts the parents' worth and dignity at the forefront and makes the process feel less punitive, encouraging growth and success." - Jill Overton, Davidson County SBC Coordinator

Supporting Activities

Each SBC site has a court coordinator to provide oversight to the management of the court cases assigned within the SBC and to coordinate activities among the SBC team. DCS, in consultation with the AOC, provided initial support to the court coordinators by developing a three-day training curriculum, which was delivered in May 2018. Additionally, representatives from both DCS and the AOC participate in monthly conference calls with all the court coordinators and regularly have individual phone calls with each court coordinator.

Court coordinators engage community stakeholders in meetings to educate key members on the importance of infant mental health, community involvement and the need to develop specific resources to support families and protect young children. Training is also conducted with the legal professionals in each jurisdiction to further educate those appointed as guardians ad litem and parents' attorneys on the SBC model, locating community resources and the importance of infant mental health for child protection and well-being.

Over the past year, additional funding was received to further support the families involved in SBC and included:

System of Care Across Tennessee (SOCAT): TDMHSAS was allowed to use carry over funding from the SOCAT grant to assist with the SBC initiative. Collaboratively working within the parameters of the grant requirements, each SBC submitted items that would assist their site to further support children and families, provide them with tangible items, and to defray costs associated with training and on-site technical assistance from Zero to Three. The funds, which totaled over \$226,000 were used to provide equipment to the court coordinators such as computers, printers, desks, and projectors. Visitation rooms for families were outfitted with couches, chairs, baby products, educational materials and other items to enhance the visitation experience between the infant and the parents. Staff from every SBC site attended a national conference, consultants from Zero to Three traveled to Tennessee to provide on-site training, facilitate team discussions, and training was offered to mental health providers focusing on the importance of infant mental health. Court coordinators attended in-service training and the Quest Case Management System was implemented to provide consistent data collection for the SBC sites. Items were purchased bearing the SBC logo such as notebooks, pens, mugs, t-shirts and brochures, which are shared by the court coordinators during community events and outreach efforts. A website was developed to further enhance the sharing of information. Attached is the Safe Baby Court Brochure (Attachment 3) and the link to the website is <https://tnsafebabycourts.org/>.

Transportation: Governor Bill Haslam appropriated \$175,000 in FY2019 to be allocated specifically to assist in meeting the transportation needs of the families involved in SBC. Each of the seven (7) SBC sites received this additional funding based upon their individual proposals.

Practice standardization was a priority throughout the implementation process to provide a framework while respecting and preserving the uniqueness of each SBC site. Quest Case Management System is used by the seven (7) SBC sites for SBC cases. The court coordinators input SBC case data, which is accessed and aggregated by the AOC through an agreement the AOC has with the SBC sites. The AOC does not alter or modify the entered data. That aggregate data is then available for tracking and reporting purposes. Additionally, the AOC created a court order template for all SBCs to use, which provides consistency in documenting the voluntary agreement for families who are participating in Safe Baby Court. Expectations were outlined for all the sites regarding the frequency of court hearings, family team meetings and community stakeholder meetings. Each site was responsible for creating their unique selection criteria and workflow process for ensuring cases were identified and communication among the SBC team members was efficient and expeditious. Technical assistance was provided by Zero to Three to assist in the development of local protocols with the expectation that revisions and adjustments would be made as the practice model is refined and fully implemented. A more comprehensive statewide protocol has been created and is currently under review, which is based in part on the Florida Early Childhood Court Best Practice Standards 2018 and aligns with the local

protocols established within each SBC site in Tennessee and with the Zero to Three Core Components of the Safe Babies Court Team Approach. See Attachment 4 *Tennessee Safe Baby Courts Standards of Operation and Implementation Guide (Draft)*.

The courts strategically implemented the SBC initiative with the goal of not exceeding 20 active cases per court, which is the caseload standard recommended by Zero to Three. Due to the ongoing development of community resources, and the intensity of intervention required with families in SBC, it is also recommended by Zero to Three that during the first year of implementation, a caseload of 10 is appropriate to allow for ample time to build resource capacity and engage community partners.

Training

Throughout the first year of implementation, the court coordinators were encouraged to take advantage of training opportunities to support their professional development and increase their understanding of topics related to child welfare. In addition to attending local trainings, the coordinators were connected to multiple statewide trainings and conferences including the juvenile court staff trainings, Connecting for Children's Justice Conference, ACEs Summit, and the SOCAT Wrap Around training. Onboarding training was offered to the court coordinators to increase their knowledge about the juvenile court process, DCS, infant mental health, domestic violence, statewide partnerships and resources. Court coordinators were also trained to facilitate child and family team meetings when appropriate, to further engage and empower families and stakeholders in team decision making. Additionally, many of the court coordinators helped facilitate trainings in their own regions to increase the understanding within their community on infant mental health, drug exposed children, family engagement, and intergenerational trauma.

“Safe Baby Courts use a tested model which ensures a safe and permanent home for children removed from their parents by the Department of Children’s Services. In most cases children will go home to their parent(s) who have completed a structured and rigorous program designed to provide skills and discipline necessary to parent their child. Safe Baby Courts work. They keep children safe and reunite families. I am *grateful to be part of this initiative.*”

Judge Tim Brock, Coffee County

Community Partnerships

It is the intent of the SBC initiative to promote the enhancement and alignment of partnerships, which will lead to systemic improvements. SBC county selection was not only related to judicial willingness and needs within that county, it was also related to the ability to leverage existing and newly forming partnerships. The Multiple Agency Collaboration (MAC) led by the Governor’s Children’s Cabinet and SOCAT, both working with TCCY, collaborated to create and engage community partners as a part of local interagency teams ensuring that all child-serving areas were being represented and could be utilized for their expertise. Local universities have been contacted to identify opportunities for internships

specifically supporting and working with the SBC program. One example for engaging community volunteers to support families, is to provide training so they can assist in supervised visitation within their community. By expanding resources for visitation options between parents and infants, stronger bonding and attachment is strongly encouraged and supported. With a robust and accessible service delivery system focusing on infant mental health and the specific needs within the families, it is believed that the outcomes of reducing child maltreatment and decreasing the time to permanency for young children is achievable.

Infant Mental Health

A core component of the SBC approach is ensuring a Continuum of Mental Health Services that contain relationship-based, developmentally-informed, trauma-competent, culturally humble, and reflective practices. In addition to being an evidence-based treatment for infants, young children, and their families that have experienced trauma, Child Parent Psychotherapy (CPP) is a nationally-recognized treatment model for SBC's. CPP is designed to strengthen the relationship between the child and his or her caregiver to address trauma experiences and help restore the child's mental health and overall developmental trajectory.

Master's and Doctoral-level mental health providers across the state are participating in a CPP learning collaborative, a partnership between the Center of Excellence for Children in State Custody and East Tennessee Children's Hospital. They are receiving support in implementing the CPP treatment model through training, reflective supervision, consultation, and fidelity monitoring. CPP-trained providers are now available in four of the seven communities to provide this treatment when the need has been identified by the SBC team.

Strengthening Existing Initiatives to Leverage Collaboration

Because infants, young children, and their families have a range of experiences and needs, there are additional services and supports available in many of the SBC communities such as SOCAT, and the Multiple Agency Collaboration (MAC). See attachment #4 Crosswalk of Services, which outlines how the SBC model intersects with other programs to further compliment the array of services to align case management so that families feel supported and not overwhelmed by involvement from numerous agencies. Additional programs funded by TDMHSAS and Substance Abuse and Mental Health Services Administration (SAMHSA) include the Regional Intervention Program and Child Care Consultation. In addition to these services, SBC communities have access to other key resources, including Tennessee Early Intervention Services (TEIS) and substance abuse treatment services.

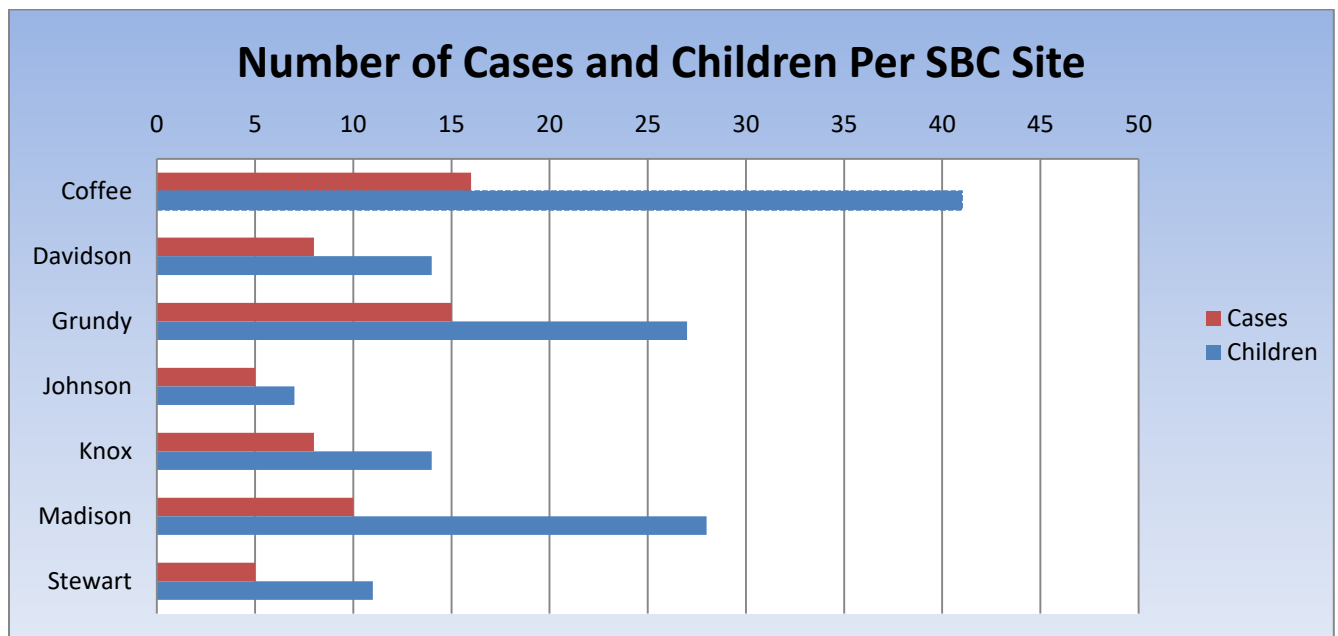
Data Collection

The data provided for this report was generated by the AOC and is a snapshot as of January 23, 2019. Therefore it is very preliminary in providing information to form a program analysis or project outcomes. The court coordinators are responsible for data entry into the Quest System, which was fully implemented in September 2018. Training and on-going

technical assistance has been provided to the court coordinators by the AOC to ensure efficacy and timeliness of data entry and data is monitored regularly by the AOC.

Number of Cases and Children Per SBC Site

As of January 23, 2019, the SBC's served a total of 67 cases representing 142 children¹. The table below shows the number of cases and children each SBC served since its inception.

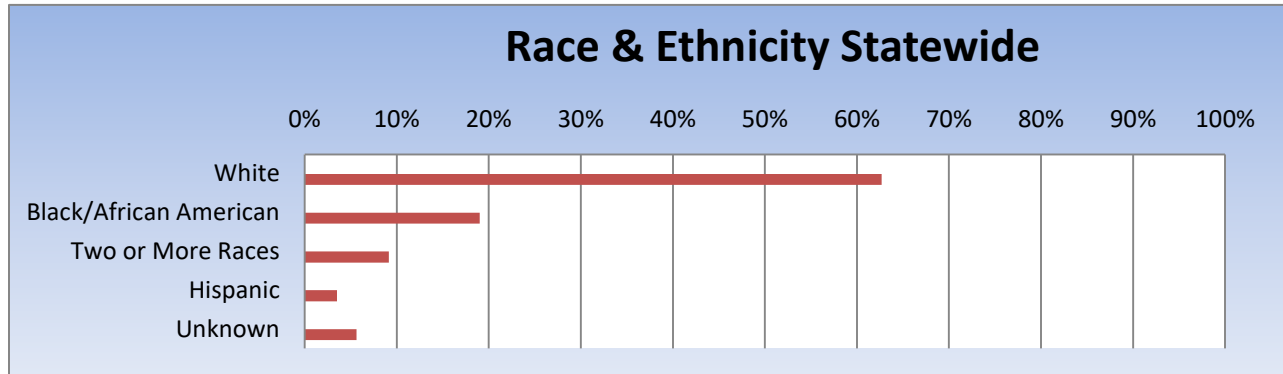


	Cases	Children
Coffee	16	41
Davidson ²	8	14
Grundy	15	27
Johnson	5	7
Knox	8	14
Madison	10	28
Stewart	5	11
Statewide	67	142

¹ The data in this section was entered into the Quest Case Management System by the SBCs and compiled by Lauren Tahash, Statistical Research Specialist, AOC Court Improvement Program and then graphed by DCS.

² Davidson County implemented its original SBC in December 2016 and this ended in January 2018. The current SBC was started in March 2018. Five cases served by the initial SBC are not included in the data due to lack of information.

Race & Ethnicity Statewide



Race & Ethnicity	Statewide	
White	62.7%	89
Black/African American	19.0%	27
Two or More Races	9.2%	13
Hispanic	3.5%	5
Unknown	5.6%	8
Total Responses		142

Length of Time in Foster Care

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

Of the 49 children who were in foster care during SBC, 17 children were in foster care 0 - 6 months, 22 were in foster care 7 - 12 months, 5 were in foster care 13 - 18 months, and 5 were in foster care 19 months or longer.

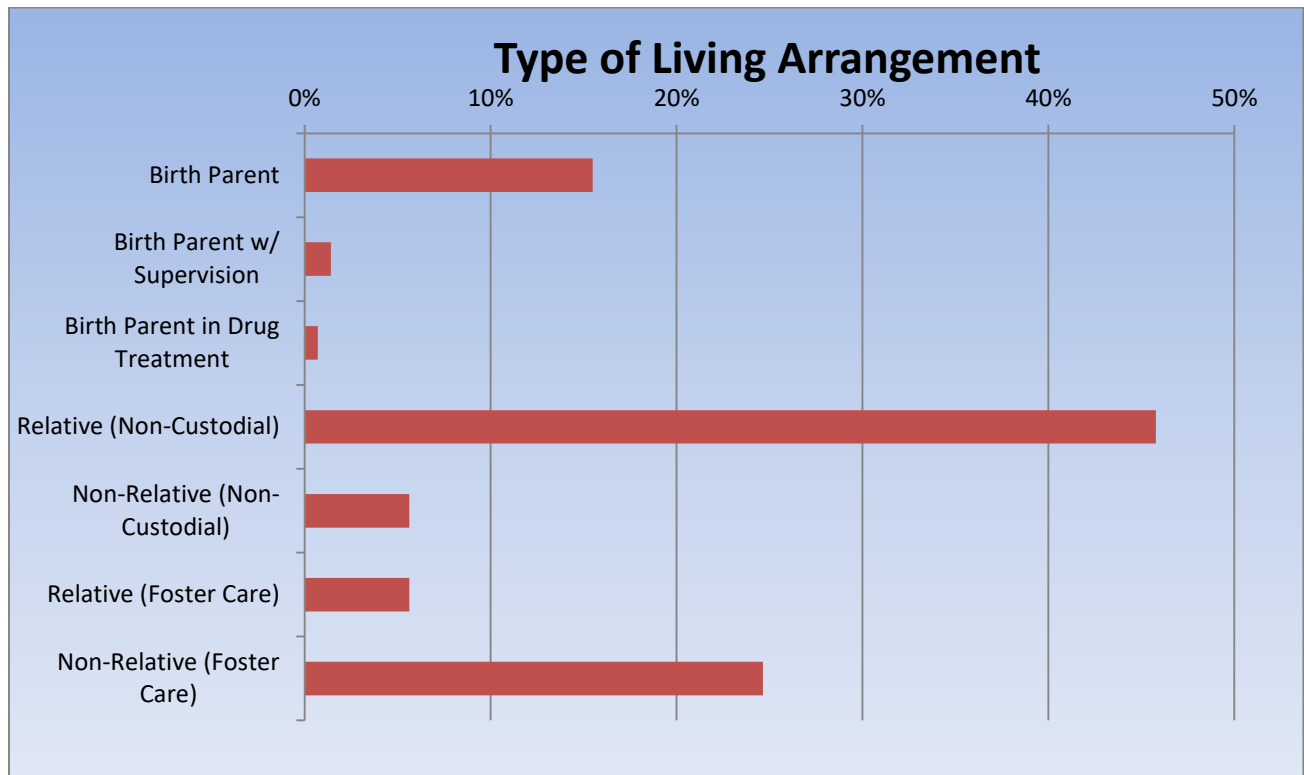
Length of Time in Foster Care ³	0-6 Months		7-12 Months		*13-18 Months		*19 Months or Longer	
Total		17		22		5		5
White	58.8%	10	81.8%	18	60.0%	3	40.0%	2
Black/African American	5.9%	1	0.0%	0	40.0%	2	40.0%	2
Two or More Races	17.6%	3	9.1%	2	0.0%	0	0.0%	0
Hispanic	0.0%	0	4.5%	1	0.0%	0	20.0%	1
Unknown	17.6%	3	4.5%	1	0.0%	0	0.0%	0

³ This data reflects any child in foster care at any time during SBC.

Type of Living Arrangement

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

The following tables show the total and percentage for each type of living arrangement for 142 children. This represents the current placement or the placement when the SBC case was closed. There were a total of 43 children in foster care placements and 98 children in non-custodial placements. Of the children in foster care, 8 children resided with a relative.



Living Arrangement ⁴	%	#
Birth Parent	15.5%	22
Birth Parent w/ Supervision	1.4%	2
Birth Parent in Drug Treatment	0.7%	1
Relative (Non-Custodial)	45.8%	65
Non-Relative (Non-Custodial)	5.6%	8
Relative (Foster Care)	5.6%	8
Non-Relative (Foster Care)	24.6%	35
Total Responses		141

⁴ There is one child without placement data entered into Quest.

Family Participation in Treatment Services

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

A total of 67 families participated in SBC. Of these families, 57 (85%) participated in 248 services. Of these services that were provided, 83 (33%) were successfully completed, 44 (18%) were ended unsuccessfully, and 121 (49%) have yet to be completed.

Services provided to families consisted of Alcohol and Drug (A & D) Assessment, A&D Outpatient Treatment, Mental Health Assessment, In-Home Services, Child-Parent Psychotherapy (CPP), Mental Health Outpatient Treatment, Medication Management, Parenting Classes, A&D Inpatient Treatment, Medication Assisted Treatment, Transportation Services, Individual Counseling, Medication Evaluation, Parent Mentoring Services, Supervised Visitation, Developmental Follow Up, Occupational Therapy, Comprehensive Child and Family Treatment (CCFT), Developmental Therapy, Family Counseling, Mental Health Inpatient Treatment, Physical Therapy, School-Based Therapy, Speech Therapy, Tennessee Health Link Care Coordination, Therapeutic Visitation, and Trauma Assessment.

Top 5 Services Provided to Families

A&D Assessment	A&D Outpatient Treatment	Mental Health Assessment	In-Home Services	Child-Parent Psychotherapy (CPP)
56 (23%)	49 (20%)	36 (15%)	16 (6%)	13 (5%)

Child-Parent Psychotherapy

Child-Parent Psychotherapy (CPP) services are accessible in Davidson, Grundy, Knox, and Johnson Counties. Of the 36 families in these four (4) counties, 12 were provided with CPP services while participating in SBC. While not every family is appropriate for CPP, or requires CPP, this baseline data will continue to be reviewed.

Cases with CPP	
County	Cases
Davidson	3
Grundy	3
Knox	3
Johnson	3

Occurrence of SBC Stakeholder Meetings

Out of the seven SBC counties, 6 counties conducted 22 stakeholder meetings. On average, Stakeholder Meetings occurred 3 times each year since each SBC was initiated.

Stakeholders Represented at SBC Stakeholder Meetings

Of the 22 stakeholder meetings held since implementation, the following were represented:

State Agencies: DCS, AOC, DHS, DOE and TCCY	Home Visiting Provider
Judicial: Judges and Magistrates	Foster Parent Association Member
Legal: Parent Attorneys and Guardians ad Litem	Volunteer Community Leader
Court Appointed Special Attorney (CASA)	Child and Family Advocate
Mental Health Providers: Infant Mental Health	Parenting Education Provider
Mental Health	Higher Education Personnel
Housing Authority	Domestic Violence Service Provider
Child Development: Early Head Start, Child Care Provider	Law Enforcement
Early Intervention Specialist	State and/or Legislator
Faith Based Organization/Church	Health Department
Substance Abuse Provider	

"Families have come to me and asked a question they felt might have been used against them if they had asked the department. Families have felt comfortable telling me that they need help. I think that is a huge success because often families go without, because they feel like they have no one to ask if they admit they need help with something." - Marley Colburn, Madison County Court Coordinator

Regional Updates for SBC Sites

Davidson County: Judge Sheila Calloway received a grant in March 2018. Magistrate Jerice Glanton was appointed to oversee the Safe Baby Court.

Prior to the SBC legislation, Davidson was the first county to implement a SBC in October 2016. Building Strong Brains: Tennessee's ACES Initiative provided funding to TAMHO and AIMHiTN to develop a SBC, however there were challenges with the

initial implementation and steps were taken to restructure the program. In March 2018, Davidson County joined the statewide implementation.

Regional Highlights:

- Employed parent mentors to work closely with the families. Currently, there are two individuals who have been successful in building trust and engaging parents.
- Partnered with pediatric dentists and physicians who have an educational background that support the need for trauma-informed care. One specific partner operates outside the barriers of insurance, creatively thinking of options to offer in-home neurological based services for infants, including physical and occupational therapy. This provider helps resolve barriers related to timeliness of families receiving services.

Grundy County: Judge William “Trey” Anderson received a grant in July 2018.

Prior to the SBC legislation, this court implemented a SBC in July 2017 with oversight provided by Volunteer Behavioral Health through funding from the Building Strong Brains: Tennessee’s ACES Initiative. In July 2018, Grundy County Juvenile Court received funding from DCS to support the SBC. This site has been incorporated into the statewide implementation.

Regional Highlights:

- Developed and strengthened community partnerships with their current stakeholder team consisting of more than 70 people. One of the community stakeholders provided a therapy dog for SBC.
- Utilized a local partner to provide alcohol and drug assessments, mental health assessments, anger management assessments, as well as Intensive Outpatient services within the county. Historically, families had to travel 30 or 40 miles out of the county to receive these services.

Knox County: Judge Timothy Irwin received a grant in January 2018. Magistrate Robin Gunn was appointed to oversee the Safe Baby Court.

Regional Highlights:

- Provided families access to gas cards, diapers, formula and numerous other tangible items.

- Obtained stable housing for a mother who was homeless for over a year. With assistance from multiple service providers, the team was able to help furnish the apartment and encouraged the mother to choose the decorations for her toddler's room. The mother started overnight visits with her child the following week and later shared the joy they experienced from watching TV together in their own apartment.

Madison County: Judge Christy Little received a grant in January 2018. Magistrate Joey Howell was appointed to oversee the Safe Baby Court.

Regional Highlights

- Relationships and communication between DCS and CASA has strengthened and CASA provides donations to ensure the needs of the SBC families are met.
- Strengthening community partnerships has resulted in services frequently being expedited for families involved in the SBC to assist in reaching permanency, specifically substance abuse and mental health agencies.

Stewart County: Judge Andrew Brigham received a grant in January 2018.

Regional Highlights

- Achieving permanency in one (1) case, which successfully closed and the child was reunified with her mother.
- Raising awareness within the community regarding infant mental health, ACEs, and the child welfare system. Through this effort, several churches are interested in serving the children and families in a more meaningful way.

Coffee County: Judge Timothy Brock received a grant in January 2018. Magistrate Stacy Lynch was appointed to oversee the Safe Baby Court.

Regional Highlights

- Visitation for SBC families has increased allowing for more opportunities for healthy bonding and attachment between the baby and family.
- Increased efforts to recruit volunteers and gain support from the community has led to community members volunteering to drive parents to visitation, gather donations of baby clothes, beds, walkers, household items, adult clothes, and much more for families in need.

Additionally, a community member is teaching a class on how to develop and maintain a budget for families.

Johnson County: Judge William Bliss Hawkins received a grant in May 2018.

Regional Highlights

- Training and expanding the knowledge related to infant mental health for DCS staff, court staff, and the community has led to increased visitation between children and parents. It has also been noted the parents have a more positive attitude when they have these consistent and more frequent interactions with their children.
- Increasing services within this rural county benefit and provide much needed services to the families in SBC.

Recommended Activities for 2019

The following activities incorporate the overall strategies for the SBC sites as well as state-level activities created to support and sustain the statewide implementation and to plan for upcoming expansion sites.

- Oversight
 - Finalize the Statewide Safe Baby Court Standards of Operation and Implementation Guide (currently in draft format and out for review).
 - Create a Safe Baby Court Advisory Board with stakeholders representing programmatic and subject matter expertise.
- Community Outreach
 - Develop informational videos to be used with foster parents, community providers, family lawyers, guardians ad litem, and DCS staff to educate and promote the core concepts of SBC.
 - Engage additional agencies in partnerships to support SBC and provide identified services to increase family visitation, address transportation needs, and to strengthen or develop mental health and substance abuse resources for families.
 - Provide collaborative opportunities to educate community stakeholders on the importance of infant mental health and trauma reduction.
- Collaboration
 - Identify with TDMHSAS, opportunities to utilize carry over funding from the SOCAT grant. Funding, which is contingent on approval, will be available to continue training and technical assistance, expand clinical consultation, and provide specific assistance to individuals (i.e. flexible funding). Training and technical assistance will be related to best practices and systems collaboration. Flexible funding will be available as a resource of last option to make a one-time purchase of services, supports, and/or resources that are tied to the family's plan.

- Collaborate with other stakeholders led by the Association of Infant Mental Health in Tennessee (AIMHiTN) related to the *Continuum of Mental Health Services* in Tennessee, who are participating in a year-long series of sessions with the national organization, *Zero to Three*. Goals include identifying strategies to increase education, funding, access to assessment, diagnosis, and treatment of infants and young children.
- Identify in collaboration with the AOC and TDMHSAS, contingent on funding, the expansion of SBC sites and develop implementation strategies.
- Program Evaluation
 - Collaborate with external partners to develop a SBC program evaluation to measure the following outcomes:
 - Reduce time to permanency for children
 - Reduce incidents of repeat maltreatment
 - Reduce effects of traumatic experiences on brain development
 - Increase community resources and service delivery
 - Determine data reporting standards and utilize data from Quest (managed by the AOC) and TFACTS (managed by DCS) to provide analysis for program effectiveness and overall cost savings.

"Safe Baby Court... it's an amazing opportunity to change the course for parents and their children. Similarly, that engagement goes far beyond the initial enrollment, it's about building trusting and establishing transparent relationships with families so we can create a safe place to be honest about relapses and steps back. The course of addiction and recovery is not a straight line and I think we're creating an atmosphere at SBC where we are responding to our babies and our families in ways that are sensitive and supportive of where they are in their journey."

- Kaki Reynolds, Knox County Court Coordinator