

FIFTH YEAR

SAFE AND SECURE BABY COURT (SSBC)

SUMMARY AND REVIEW

April 2021 – March 2022

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).

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. March 31, 2022 marks the 5 year anniversary of this specialty calendar, which has grown steadily since its inception in the Spring of 2017.

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 must 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 (Medicaid) 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 their children.
- A social worker ("care coordinator") 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.

REFERRAL SOURCES

Our strongest source of referrals continues to be our own Family Court Judges and Magistrates. In Providence, all judicial officers assigned to the DCYF calendar have begun to routinely refer nearly all cases involving infants for intake with the Safe and Secure Baby Court at arraignment (the Court's first contact with the case). We also regularly receive timely

referrals from the counties. This is tremendously helpful in streamlining a parent's path to consideration for the SSBC.

We also receive referrals from the Public Defenders' office, Rhode Island Legal Services Inc. (RILS), Women and Infants Hospital, and increasingly, from private counsel, as well as from parents themselves.

Notably, we have had more than one occasion of an expectant mother self-referring for an intake in order to be ready to join the court, if eligible, upon the birth of her child and anticipated involvement with DCYF.

Regrettably, we have yet to succeed in establishing a direct referral system with DCYF. Ideally, we aspire to create a communication procedure with DCYF's investigative unit whereby their staff could automatically provide SSBC intake information directly to the parent at the time of removal and/or case opening in cases involving infants zero to eighteen months, our target age group. If we were able to achieve it, such a system would allow us to "hit the ground running" with eligible cases even sooner than we do presently.

A basic premise of the SSBC is that the sooner we can become involved with eligible families, the more quickly we can offer an intake to DCYF-involved parents, and the sooner we can determine eligibility and begin moving to oversee engagement with services with the goal of safely reunifying and/or supporting safe in-home placement at the outset of the case. Quick engagement maximizes the potential to stabilize the parents and preserve infant mental health through parent-child contact.

The period of time directly following the child's birth is when parents seem particularly motivated to engage with services which, in turn, allows them to gain confidence and receive positive reinforcement that they can meet their baby's needs. Time is of the essence to establish regular visitation and achieve bonding, accommodate breast-feeding if that is the desire of the parent, and help the parents begin the process of establishing familiarity with developmental milestones, "safe sleep" practices and comfort with their child's routine and cues.

While all our other referral sources are robust, they all encounter the families several steps into the process of court involvement, whereas the initial encounter with the parents is obviously by DCYF staff.

For this reason, the Department is in the unique position of being able to make an immediate referral, so establishing a pipeline directly from the agency would be ideal.

Of note, in five years we have received only a single referral from DCYF, which is unfortunate. However, we remain determined to continue to seek to engage the Department to enable us to receive referrals directly from the frontline investigators.

COMMUNITY OUTREACH

We continue to pursue community outreach and engagement at every opportunity, arranging presentations for community stakeholders, service providers and any interested parties. As we have established a steady stream of referrals from various providers, our community outreach has evolved to serve a purpose beyond simply introducing SSBC to community partners. We also seek to gain feedback from providers not only about what services they can tailor to SSBC, but also to learn from them about what we can improve. In this way, our relationships with providers have become a fruitful two-way street.

Recent Outreach Efforts have included:

R(11-5-21) RI Association for Infant Mental Health “Strong Roots” – (RIAMH) Training for staff.

(12-1-21) Department of Health Substance Exposed Newborns Conference. Our presentation to DOH staff on specialty courts and issues affecting substance exposed newborns. Presented jointly with Magistrate Jeanne Shepard of Family Treatment Drug Court (FTDC).

(1-25-22) DCYF Social Worker Training SSBC and FTDC Staff, led by Linda Lynch, presented overview of specialty courts and information on how to refer cases to new social workers in training at the Department.

(1-28-22) Amos House Shelter Staff toured new shelter space which opened in old Memorial Hospital in Pawtucket.

(2-3-22) R.I. Housing Coalition for Homeless This agency invited to provide training to SSBC staff regarding housing referrals through their CES (Coordinated Entry System.) Established method by which a court finding of “housing as a last barrier to reunification” can be used by this agency in raising the priority status of our families who are in need of housing.

(2-9-22) RI House of Representatives Oversight Committee Invited by Representative Julie Casmiro to present material about the SSBC to House Members. This opportunity was greatly appreciated.

(2-16-22) Groden Center SSBC staff provided training session to Groden staff regarding SSBC. Follow-up with Director Linda Harrod regarding streamlining our referrals to this agency. (3-31-22)

(2-24-22) RI Bar Association Provided a for-credit CLE presentation explaining the Family Court specialty calendars to members of the private bar.

(2-28-22) Roger Williams Law School Presentation about DCYF calendar and specialty courts at the request of the Student Family Law Association.

(3-3-22) Sandy Chito, LICSW Invited her to present to SSBC staff regarding trauma issues affecting our target group. This provider works intensively with our young parents who have experienced trauma, with a focus on domestic violence issues, and accepts many referrals for our SSBC participants.

DCYF Training Periodically, host new social workers at the courthouse to explain SSBC process and answer questions. We anticipate ongoing sessions such as these at various times throughout the year as we have been invited to present in the future on a routine basis by Betsy Aubin, DCYF Training Coordinator.

Foster Parents Participated in foster parent training to answer general questions about the DCYF calendar and explain the specialty courts to foster parents, as well as hear their feedback. We anticipate ongoing sessions such as these at various times throughout the year as we have been invited to present in the future on a routine basis.

Nowell Academy We continue to engage with this specialty public high school for pregnant and parenting teens, consulting with them on individual cases and referring SSBC participants to their program when possible. Their social work liaison, Waffa Jaffe, frequently joins our hearings when they involve a Nowell student or candidate.

Boystown Representatives from this program met with our full staff to detail relevant services they provide, highlighting their virtual *Common Sense Parenting class* which their program offers free of charge on request.

As the foregoing list hopefully illustrates, we are committed to an ongoing effort to engage with any and all interested parties and providers, not only to introduce the SSBC to as many community stakeholders as possible, but also to educate ourselves about available resources and create relationships with community partners in order to maximize resources available to our families.

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 of 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, 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.

Role of the Care Coordinator

In terms of the functioning of the Court, one of the key features of the Court's operation is that each parent who joins the program is assigned to a care coordinator. This is a social work professional who works for the Court, not DCYF. The coordinator serves as an advocate for the parent, communicates directly with service providers involved in the case, assists the parent in making contacts necessary for case planning, and, not infrequently, assists the parent in communicating with their assigned DCYF social worker.

The concept is that the parent should always have someone to reach out to if they run into a barrier with visitation, transportation or any of the myriad challenges they may face in their individual circumstances. Some parents are in almost daily contact with their care coordinator, especially at the outset of a case. The coordinator generates an independent progress report for each family for every hearing and is able to obtain reports directly from service providers. (In addition, service providers are always invited to attend in person or virtually, and often participate.) Because of their ability to keep in close contact with parents and providers, the care coordinators are often able to troubleshoot and resolve issues in real time and bring them to the Court's attention if necessary. The Care Coordinators meet weekly with the Court to provide an update on each case prior to the Monday SSBC calendar.

Infant/Parent Assessments

Another distinguishing feature of the SSBC is that each parent who joins the court is eligible for a referral to an infant-parent assessment conducted by the Brown Center for Children at Risk. Our care coordinators make this referral directly on a case-by-case basis. The evaluations are paid for by Medicaid, so we do not need to wait for DCYF funding.

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. These evaluations form the basis for case plans tailored to each family. This a behavioral assessment of the interaction between parent and child, evaluating such areas as the parent's ability to read and respond to the child's cues, knowledge of child development, and observation of the child's progress with developmental milestones. Dr. Loncar explicitly declines to review DCYF records which may exist concerning parents' past history with the Department, as her focus is on evaluating parenting skills in real time. The evaluations 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. These reports are provided directly to the Court and form the foundation for an individually tailored, incremental court-ordered case plan for each family.

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 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 DCYF social workers 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. In most cases, the cooperation of the social workers assigned to these cases is heartening and integral to the success of our families.**

Role of CASA (Court Appointed Special Advocates)

Finally, a further feature of SSBC which the Court relies on for information is the role played by the independent Guardian ad Litem assigned to each child at the time of case opening, aka the CASA lawyer. These are lawyers who work directly for the Court, assisted by

their own social workers and volunteers. They visit children both at home and in foster care, depending on the case, and supply independent reports directly 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.

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 as SSBC has grown. 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. On more than one occasion, the CASA lawyer and volunteer has been dispensed directly to a family's home to check on an issue which has arisen during the hearing. These real time "eyes and ears" have enabled us to address a problem before it became a safety risk on more than one occasion.

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. As we say, for these families who did not have a baby shower; being able to assist with basic supplies is invaluable. 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.

This year, CASA is able to resume hosting its annual fundraisers to shore up funds for their Dream Fund. These include an annual golf outing held at Alpine Country Club in June, and an event at Bonnet Shores Beach Club in September. Many thanks to the community support for these events.

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.

RECAP OF HISTORY/CONTEXT:

Goal for First Year (March 2017 – March 2018)

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.

Goal for Third Year (April 2019 – March 2020)

For our third year, we increased our enrollment goal to 75 new parents, ultimately serving 80 parents.

Goal for Fourth Year (April 2020 – March 2021)

Given the unique challenges of Covid restrictions we did not set an enrollment goal for this period. However, it was 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 in our third year to 68, for our fourth year, the reporting period which coincided with Covid restrictions (April 2020 – March 2021).

This internal 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 and Sandy Hayes.

Safe and Secure Baby Court Fifth Year Outcomes (April 2021-March 2022)

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	Fifth Year April 2021-March 2022	Total to Date
Referrals:	38 parents	114 parents	139 parents	169 parents	140 parents	600 parents
New Enrollment	19 parents (Goal of 10)	54 parents (Goal of 30)	80 parents (Goal of 75)	99 parents (No goal set due to Covid)	79 parents (No goal set due to Covid)	331 parents
Successfully Completed Within that Year	8 parents	27 parents	34 parents	68 parents	69 parents	206 parents

Highlights of our Data

- Of the **600** parents referred for intakes over this five year period, there were **394** mothers and **206** fathers.
- Of the **331** total parents over five years, **229** mothers and **102** fathers were accepted.
- To date, **32** minors have been referred and **17** have joined
- Over the course of five years, the average length of time from opening to closing in SSBC is overall **5.8 months**.
- The average age of the children served by the SSBC Calendar **5.5 months** old.
- The average age of the parents served by the SSBC Calendar is **26 years old**.

Cases that Reopened to DCYF and RI Family Court

Since March 2017, only **10** of the 206 successfully closed SSBC cases have reopened to the Department with a new court petition. **None** of these new petitions arose from an episode of maltreatment or injury to the child. Finally of note, no SSBC cases have concluded with an involuntary termination of parental rights.

SSBC SNAPSHOT on March 31, 2022

57 parents and **49** children are currently enrolled in SSBC: **42** Mothers and **15** Fathers

18 potential parents are pending due to upcoming court dates and scheduled SSBC eligibility intakes.

COLLECTION OF DCYF STATISTICS RELEVANT TO SSBC

One bright spot in our efforts to engage with DCYF regarding SSBC is the relationship we have established with their Data Analytics and Evaluation Unit. Many thanks to Dr. Colleen Caron for her detailed response to our request for outcome data tracked by the Department over the course of the five years that SSBC has been underway. Thanks as well to her energetic assistant, Nicole Deschamps, for her work on this project.

Attached please find the DCYF Data Brief which they have graciously allowed us to include with this report.

Our internal program statistics for SSBC, detailed in the foregoing section, are limited to supplying information about how the cases proceed once they come into the court system, i.e. time to reunification, time to case closure with the Court, and whether a case re-opened to the court after closure. Obviously, we can only track our own participants.

The DCYF statistics are a valuable resource to us for two significant reasons. First, they offer a comparison of outcomes between families who were part of SSBC and those who were not. Second, they enable us to learn if and how many cases were subsequently investigated after we close them to SSBC, whereas we can only track those which had subsequent Court involvement, such as a new petition being filed or a court-ordered removal of a child.

For these reasons, the statistics compiled by DCYF add a key piece to our ability to assess the efficacy of the SSBC model. Based on the statistics shared with us so far by DCYF, in anticipation of their final issue brief, it is heartening to see that their internal figures bear out a strong result for SSBC cases:

- Specifically, among the cohort they assessed, their own statistics reveal a reunification rate of 63.00% for families who enrolled in SSBC, versus a 24.7% reunification rate for families who were not referred or enrolled. This is a 38.3% difference! (These are families where the child, age zero to eighteen months, was removed by the Department at case opening.)
- The pace of reunification for each of these two groups is also noteworthy: for the 23.8% reunified without SSBC involvement, the median length of time was

3.8 months. For the 63.00% sent home in SSBC, the length of time to reunification was slightly less: 3.7 months.

- Of further interest, a third group was also tracked by the Department: parents who were referred to SSBC but did not actually enroll. At first blush, this group seemed to present with a puzzling statistic: 23.8% reunified in a median length of time of only 2.6 months - a faster rate than either of the first two groups. In other words, those who reunified in this group did so more quickly without enrolling in SSBC, despite being referred and found to be eligible. But the explanation for this faster pace for those who reunified in the referred-but-not-enrolled group reflects perhaps the best news of all about our SSBC intake process. The intake process, with its rapid assembly of information about the family, enables the court to determine that although eligible, the family does not in fact appear to need the services of SSBC, or to have their case open at all to the Department. Rather than enrolling the family and keeping the case open for no reason, we are able to reunify and close the case promptly, preventing these families from needlessly malingering in the system. We have been able to completely close out 45 cases in this manner since SSBC began. This “bonus aspect” of our speedy intake process not only validates parents who turn out to display no safety concerns, but also frees up resources and time for families with actual service needs.
- Finally, the last group of statistics provided by DCYF which we wish to highlight provides the best “canary in the coal mine” to assess our outcomes. That is, within the cohort studied by the Department, in 5 years there has been only one subsequent removal of a child following reunification on the SSBC calendar, versus three subsequent removals for those reunified without SSBC involvement. In other words, we are reunifying at a 38.3% higher rate than the regular process (63.00% versus 24.7%) yet have had fewer subsequent removals than the non-SSBC group.

Most importantly, to date, no children reunified through SSBC have experienced injury or maltreatment after being reunified, even if their case had to reopen for services.

“Finally Out of the System”

SAFE AND SECURE BABY COURT CASE STUDY:

SNAPSHOT OF A CASE: Intensive Services Lead to Safe and Secure Reunification

History of Mom:

Mom age 19, receives SSI due to fetal alcohol syndrome and is periodically homeless. Mom was open to DCYF as a child. She was adopted by paternal great aunt at age of 13. Aunt/Adoptive mom became “payee” for mom. Mom left this adoptive home before turning 18. Adoptive mom never notified DCYF despite continuing to receive adoption subsidy. Mom moved in with bio mom for short time. Then she was arrested for DV against bio mom. She next went to live with her bio dad and he became her “payee.” Mom became involved with boyfriend who has multiple DV assaults. Mom became pregnant and after having the baby is no longer involved with him.

DCYF Investigation and Removal:

- At birth of Baby 1/1/2021, an anonymous DCYF hotline call was made regarding homelessness, smoking marijuana, domestic violence concerns.
- Hospital toxicology reports came back negative. Nurse shared mother appears to be asking appropriate questions. Mom went to all pre-natal appointments except for one.
- CPI spoke with adoptive mom who wished the conversation to be confidential and not disclosed to mother. Adoptive mom expressed concerns of the type of mother she would be due to fetal alcohol syndrome, poor decision making, cognitive delays, major concerns with father of the baby who has history of DV and he allegedly “prostituted her”. She stated she would take care of baby but won’t have the mom living with her.
- CPI investigated mom’s bio dad and his girlfriend and since they were involved in DCYF and not considered safe this was not an option for mom and baby to live.
- Physician put hold on baby. CPI report alleges “Other neglect” due to past reported history concerns, unstable housing, prostitution, violent abusive relationship, possible substance abuse, cognitive delays due to fetal alcohol syndrome and no suitable housing. “
- Baby placed in foster care.

DCYF Services and Visitation:

- Mom participated in visitation services with Families Together, which was not a good match. Mom was discharged on 6/21/2020. A provider report indicated foster mom

interfered with mom and baby's visits when they transitioned to foster mom's house. Mom's visits were extended to three times a week supervised by foster mother.

- Mom was referred to The Providence Center 8/2021 for substance use evaluation, mental health counseling and case management. Providence Center found no need for substance use treatment.

Referral to Safe and Secure Baby Court:

- July 2021 this case was referred to Safe and Secure Baby Court by Judge Stuhlsatz and mom completed intake and assessment and joined Safe and Secure Baby Court on 10/25/2001. (Baby 10 months and Mom 20 years)
- Mom shared she was depressed, felt that her adoptive mom did not want her to have her baby and was frustrated that she was homeless and had no money since her payees were not giving her any money. Mom complained that visits were being supervised by the foster mom who would not let her hold the baby and was highly critical of her handling the baby.

Since joining SSBC 10/25/2001

- Mom was referred to The Groden Center visitation program and started 10/2021. The Groden Center has only had positive consistent reports of mom's parenting skills. They have joined SSBC hearings and are advocates for mom.
- Mom was assigned a Guardian Ad Litem by the court.
- Mom's payee changed to The Providence Center where they hold her money and help her with her budget. Mom will continue to receive The Providence Center services until she turns 25.
- Mom and baby were referred to The Brown Center for mother and child evaluation. Evaluation Report was positive and recommended DV services for mom.
- Mom was referred to Sandy Chito, LICSW for DV counseling. Sandy ended up being part of the safety plan when they reunified, and mom has since been discharged due to positive progress (March 2022).
- Mom's homelessness continued, until her adoptive mom suddenly let her move home when threatened with the removal of the baby by DCYF. The temporary living situation with mom and adoptive mom became volatile and providers indicated that the adoptive mom was interfering with necessary services for Mom and baby.
- DCYF and SSBC Care Coordinator continuously worked together on housing which was the only barrier to reunification.

Reunification (baby 11 months)

- The court ordered foster placement of the baby be changed in 11/2021 with the removal of the baby from the adoptive mom and placed with mom in a DCYF funded Extended Care Hotel with a supportive safety plan in place. No issues were reported.

- A HUD apartment through Foster Forward became available and mom and baby transitioned at the end of March 2022 to a two bedroom fully furnished apartment.
- The baby celebrated her first birthday and has blossomed hitting and exceeding all milestones.
- Mom has worked with DHS to obtain daycare, food assistance for her and her daughter and is working on getting her driver's license and finding a part-time job.
- Mom has no relationship with adoptive mom. Mom's adoptive mom has continued to call the DCYF hotline with false and unfounded accusations against mom.
- Mom's GAL is working to help Mom with domestic orders and orchestrating visitation with the bio dad who is currently in the ACI.
- Anticipate that this case will successfully close this month (April 2022).

LOOKING AHEAD:

GOALS FOR YEAR SIX (April 2022 – March 2023)

1. There is a firm consensus among our staff that we could greatly enhance our service delivery if we were able to add a Spanish speaking care coordinator, not only as our caseloads warrant additional help, but also to better serve our Spanish speaking parents.
2. We continue in our goal of establishing a reliable, streamlined referral system from DCYF to our intake process.
3. We have committed to collecting exit evaluations whenever possible from parents whose cases are closing or have closed after successfully completing their services. We recognize that learning from the input we receive from our "customers" is what will keep SSBC relevant, flexible and viable.
4. We are dedicated to pursuing further training for our staff, especially in the area of domestic violence. Of note, identifying resources for parents who are alleged to be perpetrators of domestic violence will be a priority this year. The statewide uptick in families dealing with domestic violence issues in the wake of Covid is very evident among the parents we serve. While there are numerous services available for alleged victims/survivors, we agree that we need to do more to address the needs of alleged perpetrators, many of whom are trauma survivors themselves.

We are in the process of scheduling a meeting with Rhode Island Coalition on Domestic Violence to establish a working relationship with their organization and learn more about their "Ten Men" initiative.

5. We seek to learn how many cases result in termination of parental rights petitions on the regular calendar versus those cases involved in SSBC.

6. Finally, we maintain a goal of working with DCYF to establish a model for mentor foster homes which can accommodate young parents with their babies in the same placement.

Annual Steering Committee Meeting and Luncheon

We look forward to our annual meeting for Steering Committee members, stakeholders and guests which will be held on May 5, 2022 at 12:30 p.m. in Courtroom 5J in the Garrahy Judicial Complex.

A luncheon with a Mexican theme in honor of Cinco de Mayo will be served. Welcome to all who can join for this Fifth Year Anniversary.

Thank you to all who have dedicated themselves, personally and professionally, to making this pilot project a success to date.