South Carolina Safe Babies Court

PROTOCOL

Table of Contents

I. Introduction 1

II. Infant Mental Health 2

III. Setting the Stage: Importance of the SBC Approach 6

IV. Leadership at the State Level 11

V. Leadership at the Site Level 14

VI. Leadership at the Family Level 20

VII. Implementation 26

VIII. Mandatory Training and Other Professional Opportunities 31

IX. Understanding the Impact of Our Work: Using Data to Make Decisions and Evaluate Success 38

X. What to Do When: Special Topics 41

XI. Closing Remarks 45

XII. Appendix 46

I. Introduction

Welcome to the South Carolina Safe Babies Court (SBC) Protocol.

The South Carolina Safe Babies Court (SBC) Protocol seeks to empower you, our stakeholders at the state and local levels, to implement the SBC approach in service of some of our state's most vulnerable members—child welfare-involved babies and their families. If you are reading this document, you are likely already a champion of babies in South Carolina, and we are delighted that you are choosing to deepen your knowledge of SBC.

This guide will provide a summary of systems and services impacting South Carolina babies between the age of 0-3 and a comprehensive overview of the South Carolina SBC approach that will support the safety, permanency and well-being of families and their children between the ages of 0-3 in South Carolina. As you dive deeper, you may find it helpful to reference the list of Key Words & Terminology (see Appendix B).

South Carolina's SBC State Advisory Board, Community Coordinators, Local Safe Babies Court Teams, and other SBC partners will be able to use this guide to better understand the core tenants of SBC within the context of South Carolina, and to increase their knowledge of best practice standards, thus improving the SBC approach and outcomes for children and families served. This guide provides a foundation for ensuring the fidelity of the SBC approach is upheld in South Carolina. There is not a "one-size-fits-all" solution to the challenges faced by families within the child welfare system. The fundamentals of the SBC approach can and must be tailored to the local community to ensure effectiveness.

The first 3 years of life are the **most important** for **lifelong** mental health & well-being. -**Zero to Three**

II. Infant and Early Childhood Mental Health

Theoretical framework

Before we seek to understand the operational aspects of SBC, we must first ask ourselves—

Why is this approach needed?

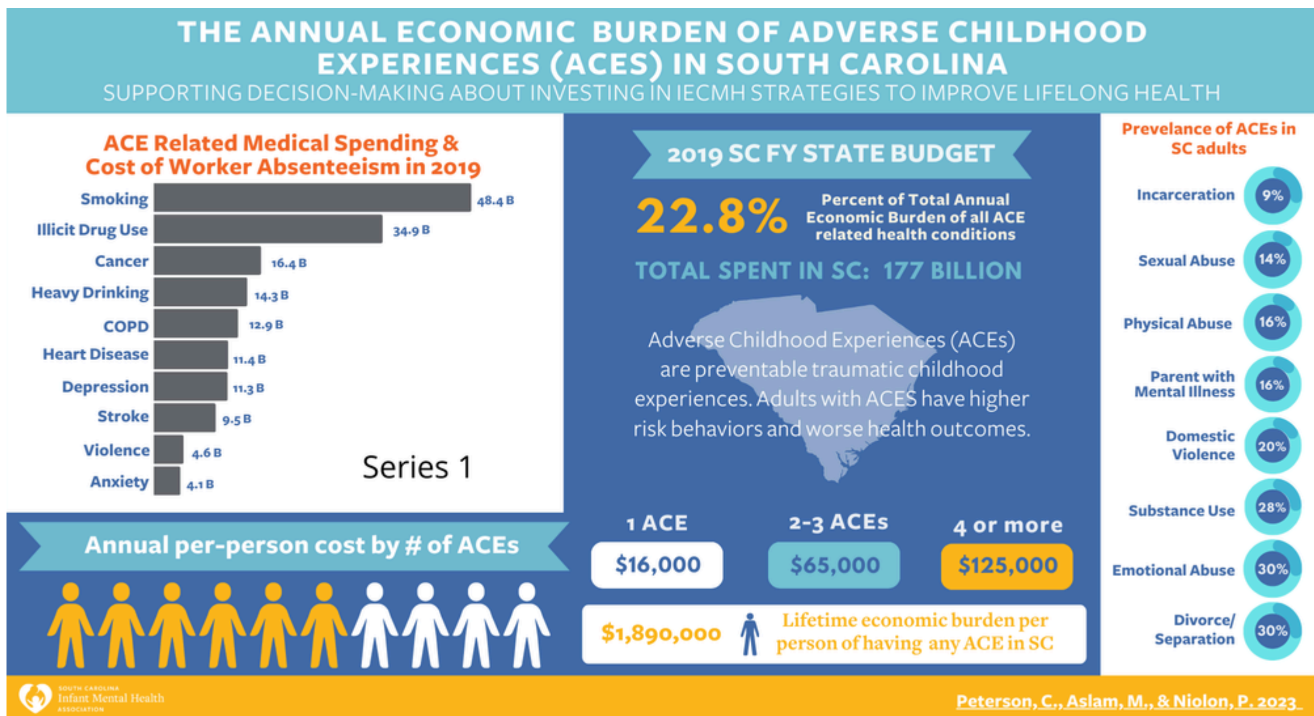
With that question in mind, we will start by setting the theoretical frame for infant and early childhood mental health (often shortened to infant mental health), which is considered the essential underpinning of SBC, upon which the entire approach is built.

The study of infant mental health (IMH) emerged and gained traction in the late 20th century, with a more organized effort in the last two decades (Zeanah & Zeanah, 2018). In particular, Selma Fraiberg and others identified the infant-parent relationship as central to an infant's social and emotional well-being and suggested the importance of considering this relationship when interventions were warranted with the infant and family. Fraiberg and others made it clear that, through interactions with their parents and other adult caregivers, infants learned about the world and what they could expect from it. These earliest experiences would become a child's lens and filter for every subsequent experience throughout their lifespan. The efforts to increase awareness of IMH were advanced by extensive research which has continued to reveal and document the importance of early experiences in a young child's growth and development.

While genes play an important role in the foundation and structure of a child's development, research demonstrates that much of brain development is shaped by early experiences and early relationships (Berens & Nelson, 2018). Research on adverse early experiences shows that toxic stress, defined as frequent and prolonged activation of the body's stress management system, can have a negative effect on the brain's architecture, which can result in serious developmental consequences (National Scientific Council on the Developing Child, 2005). The research on adverse childhood experiences, otherwise known as ACEs, went on to illuminate the biological impact of toxic stress on social-emotional development.

The research found that ACEs not only impacted social-emotional skills in childhood but, without support, could lead to enduring mental health consequences in later childhood and adulthood (CDC, 2020; Zeanah & Zeanah, 2018). Subsequently, these adverse effects have a social and economic cost to families, communities, and societies who support these individuals (CDC, 2020).

While most children progress through development without any significant challenges, approximately 9.5%–14.2% of children birth to 5 years old experience emotional, relational, or behavioral disturbance (Zeanah & Zeanah, 2018). In a preschool classroom with 20 children, for example, 2 to 3 children may be experiencing social-emotional disturbances that are negatively impacting their mental health. When an infant or young child's emotional health deteriorates significantly, they can, and do, experience mental health problems. A recent research study on the economic impact of ACEs estimates that South Carolina spends $177 billion annually managing the economic burden of ACE-related health conditions (Peterson, Aslam, Niolam, et. al, 2023). As a multidisciplinary approach, IMH strives to prevent these poor social, health, and economic outcomes through community-level efforts and to intervene when concerns become apparent.



Reflective Practice

In Safe Babies Court, reflective practice helps professionals understand their own reactions to the children and families they support, partners they work alongside, and systems in which they are embedded. Reflection is a staple component in infant mental health work.

Georgetown University defines reflective practice as, "a means of developing a greater level of self-awareness about and insight into the nature and impact of one's actions and interactions as an opportunity for personal and professional growth and development."

Reflection is co-created in a relationship that is cultivated over time. Within child and family-serving work such as SBC, reflection can be deeply emotional work between the "helper" and the one receiving help. Trust and safety are key factors to building this reflection within a relationship. This practice, which is embedded within infant mental health, also recognizes that reflection is a lifelong developmental process; it is slow and requires intentionality to evolve and grow. Reflective practice encourages one to step back from an interaction or relationship to better understand their feelings and thoughts. Recognizing the helper's feelings and the feelings of the family being served is important. There are many levels of influence in any relationship and interaction; reflective practice increases consciousness of how feelings, thoughts, biases and perceptions influence our engagements with families, partners, and the team. Through reflective practice, SBC strives to keep the child in mind and at the center of the work.

Professionals using reflective practice cultivate self-awareness to develop strategies that enrich their approach. These professionals can start by building their own reflective capacity as they prepare to model and guide this practice with others. Team members are encouraged to engage in regular reflective supervision to foster this lifelong growth. No reflective practice is more salient than in the cultivation of Diversity, Equity, Inclusion, and Belonging, which will be discussed in the next section.

Infant mental health work is social justice work.

Diversity, Equity, Inclusion, and Belonging

While research has clearly documented the consequences of early adverse childhood experiences (ACEs), it is necessary to draw specific attention to the impact of racial inequity as an insidious stressor in the lives of many child-welfare involved families. Discriminatory

policies across various systems impact people of color and there is an identified influence of racial inequality on infants and young children across measures of wellbeing (Cosse, et al. 2018). **These discriminatory policies have created systems of oppression that can harm adults and the children in their care.** Infant mental health work is social justice work. The added impact of racism and biases on early social environments must appropriately and adequately be explored within infant mental health work. Infant mental health policies and practices are dedicated to supporting the development and wellbeing of all infants, children, and families. Diversity, equity, inclusion, and belonging are therefore core components of the SBC work.

Diversity Informed Tenets

Individuals engaged in SBC work should consider their personal process for exploring and cultivating cultural humility. Once identified as cultural competence, the field recognizes that there may not be a place of arrival or "competence" regarding other cultures, but rather striving towards humility to honor other ways of being and a desire to learn more about diverse cultural practices.

The infant mental health field widely recognizes the importance of cultural humility as a part of this work. The Diversity Informed Tenets for Work with Infants, Children, and Families is a resource developed by the Harris Foundation to promote the practice of cultural humility. This stance aligns with the SBC approach and should be elevated in all interactions. Upholding these tenants will allow SBC partners to ensure SBC work is ultimately synonymous with justice work.

Keep the Baby at the Center

In addition to the strong emphasis on cultural humility, a hallmark of the SBC model is keeping the baby in mind. The coordinator, alongside other SBC champions, aims to bring the child's presence into every discussion. Even when not physically present, the child is the organizing focus of the entire SBC process. The SBC model seeks to create an opportunity for a multidisciplinary team to see and speak for the child as they hold in mind the child's experience of the world. Developmental guidelines about the psychological experience of infants and young children are the backdrop of SBC activities, highlighting ways children communicate through behavior and emotional expression as well as the impact of adult caregiving behavior in the relationship which influences a child's sense of safety and security.

III. Setting the Stage: Importance of the SBC Approach

Systems impacting the lives of young children can be transformed by the basic tenant of keeping the baby at the center, and the SBC approach strives to do just that.

At its core, SBC is a team-based approach designed to increase collaboration among key child welfare stakeholders, to strengthen families, and to center the well-being of young children under court jurisdiction. Understanding the unique developmental needs of infants and toddlers, SBC aims to safely expedite permanency for court-involved children ages 0-3. In South Carolina, SBC teams work at both the state and local level and at the child and family level. This collaborative approach champions children, empowers parents, and engages communities.

SBC is offered to any family meeting the following criteria:

child ages 0-3

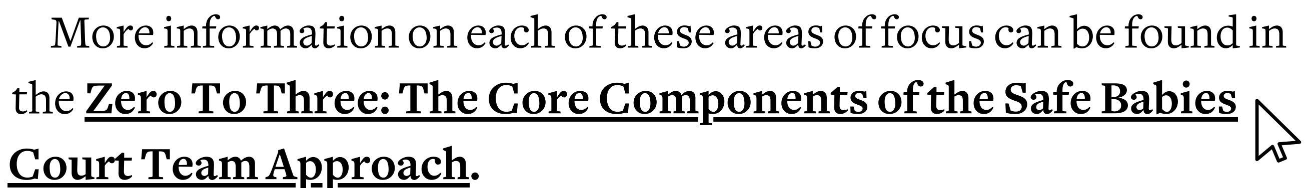
parent willingness to participate

court-involved

Key Ingredients of the SBC Approach: What It Looks Like in Practice

The SBC approach focuses on significantly promoting the best permanency outcomes for children aged 0-3. At the foundation of this initiative in South Carolina is a strong partnership between SCIMHA, Judicial leadership, Child Welfare leadership and Child Advocacy Centers, reaching families of young children at the onset of court involvement. In alignment with the national SBC approach, implementation in South Carolina has focused efforts on the following essential areas:

1. **Enhanced Oversight and Collaborative Problem-Solving**
2. **Expedited and Appropriate Services**
3. **Trauma-Responsive Support**
4. **Continuous Quality Improvement**
5. **Interdisciplinary, Collaborative, and Proactive Teamwork**



More information on each of these areas of focus can be found in the **Zero To Three: The Core Components of the Safe Babies Court Team Approach**.

Safe Babies Court Team™ Approach

ZERO TO THREE
Early connections last a lifetime

ZERO TO THREE's SBCT approach applies the science of early childhood development in meeting the urgent needs of infants and toddlers and strengthening their families.

- The target population is children birth to three years of age under court jurisdiction, who are in foster care or at risk of removal, and their families.
- The goal is to advance the health and well-being of very young children and their families, so they flourish.
- SBCTs promote healthy early childhood development, support family resiliency, and build community capacity to prevent child abuse and neglect.

What does this look like in practice?

While each site will have differences based on the needs of their communities, here are some examples of how the SBC approach might look.

More frequent family/child interactions	Parents and children are receiving frequent, quality family time
Increased family/team communication	Family Team Meetings occur monthly
Connection to services based on understanding of infant mental health needs	Parents are connected to evidence-based treatment such as Child-Parent Psychotherapy
Trauma-informed approach	Judges may choose to check in with families on how family time is going and the child's overall well-being. Infants may be present in court and toys may be available to create a child-centered environment.

Below are the mission and vision statements of South Carolina SBC, as well as values and goals, established by our State Advisory Board:

South Carolina Safe Babies Court Mission

The mission of South Carolina Safe Babies Court is to promote expedited permanency, parent empowerment and positive outcomes for parents, infants, and toddlers by transforming child welfare and court processes through family-centered, trauma-informed, equitable practices that center the mental health needs of babies.

South Carolina Safe Babies Court Vision

We envision a future in which Safe Babies Courts are available statewide leading to healthy families and strong communities across South Carolina.

South Carolina Safe Babies Court Values

COLLABORATION

SBC seeks to shift the child welfare court experience from adversarial to collaborative with all key stakeholders working together to ensure the best outcome for the baby and their family.

CULTURAL RESPONSIVENESS

SBC elevates cultural humility and seeks to promote tenants of diversity, equity, inclusion, and belonging into all practices.

COMMUNITY FOCUS

The SBC approach activates communities to work on behalf of babies and families by promoting access to local resources and support.

TRAUMA-INFORMED APPROACH

SBC prioritizes the mental health needs of infants and seeks to understand the impact of trauma on child-welfare involved families.

History

Zero To Three (ZTT), a national leader in the early childhood field, developed the Infant-Toddler Court Program National Resource Center in 2012. This unique approach promotes collective action in state and communities to transform child welfare into the practice of child and family well-being by strengthening families and preventing the need for babies and toddlers to be removed from their homes

Zero to Three: Infant-Toddler Court Program National Resource Center

Previously known as the Safe Babies Court approach and more recently known as Safe Babies, this is a collaborative model that supports the healthy development of children between the ages of 0-3 who are at risk of removal or have been removed from an unsafe environment. Nationally, SBC has grown from 12 sites to over 100 sites.

Zero to Three: Safe Babies States and Sites

In late 2020 South Carolina Infant Mental Health Association secured federal HRSA funding through ZTT to launch Safe Babies Courts in three counties. In partnership with the South Carolina Network of Child Advocacy Centers, local Child Advocacy Centers in three counties were brought on board to serve as the local home for their community's Safe Babies Court program. Since then, funding from the BlueCross BlueShield of South Carolina Foundation, South Carolina Center for Rural and Primary Healthcare, and South Carolina state government funding, Safe Babies Court has help create Safe Babies Courts in additional counties.

IV. Leadership at the State Level

Safe Babies Court work in South Carolina takes place at three levels: the state level, the site or community level, and the family level. In the following sections of this manual, we will include an overview of each level of work, the ways they interface with each other, and the leadership structure required to ensure they are functioning effectively. We will begin with a description of the key elements of SBC work at the state level.

SCIMHA

As South Carolina's **only** state-level organization focused entirely on infant and early child mental health, SC Infant Mental Health Association (SCIMHA) houses the State Leadership Team for SBC in SC. SCIMHA provides program leadership, implementation guidance, and model fidelity oversight for local SBC sites and builds support for policy and practice change at the state level. Another of SCIMHA's key responsibilities as the state home to Safe Babies Court is to establish and enhance the availability of clinical services that support infant mental health in Safe Babies Court communities. Clinical services like Child Parent Psychotherapy, that focus specifically on healing infant-parent attachment relationships and ending family cycles of trauma, are critical to the success of the Safe Babies Court work. SCIMHA also promotes model fideility and consistency in implementation across all sites. For example, SCIMHA provides a SBC Media Kit that sites can use for local promotion and education. (See Appendix E).

As the state lead for the Safe Babies Court initiative, SCIMHA has dedicated staff to the program:

1. PROJECT DIRECTOR
2. STATEWIDE COORDINATOR
3. CQI SPECIALIST

1. PROJECT DIRECTOR

The Project Director provides programmatic leadership for SBC, primarily at the state level. DOP is the primary contact for the state advisory board. PD manages funding and contracts related to existing sites and conducts outreach to new sites. PD also leads Family Voice work connected to SBC and works closely with SCIMHA's Clinical Director to support building community capacity to provide clinical infant-family mental health services in SBC counties

2. STATEWIDE COORDINATOR

The Statewide Coordinator supports SBC at the local and site level, with emphasis on daily technical assistance for the SBC community coordinators and their supervisors at the local Child Advocacy Centers.

3. CQI SPECIALIST

The Continuous Quality Improvement (CQI) specialist reviews, analyzes, and verifies site-level data. The CQI assists the state and sites in understanding data patterns and developing CQI processes to enhance implementation.

Zero to Three

Zero to Three (ZTT) serves as The Infant-Toddler Court Program National Resource Center, providing technical assistance to states in implementing the Safe Babies model. ZTT's Infant-Toddler Resource Center provides a variety of resources, training, and materials to SBC sites at varying stages of implementation. Additionally, ZTT regularly offers their Community Coordinator Academy, providing new SBC Community Coordinators intensive training to support their critical role in guiding local Safe Babies Court teams. ZTT also holds an annual national meeting, called Cross-Sites which provides opportunities for Safe Babies Court teams to access specialized professional development and opportunities to network with other SBC teams from across the country.

SCNCAC

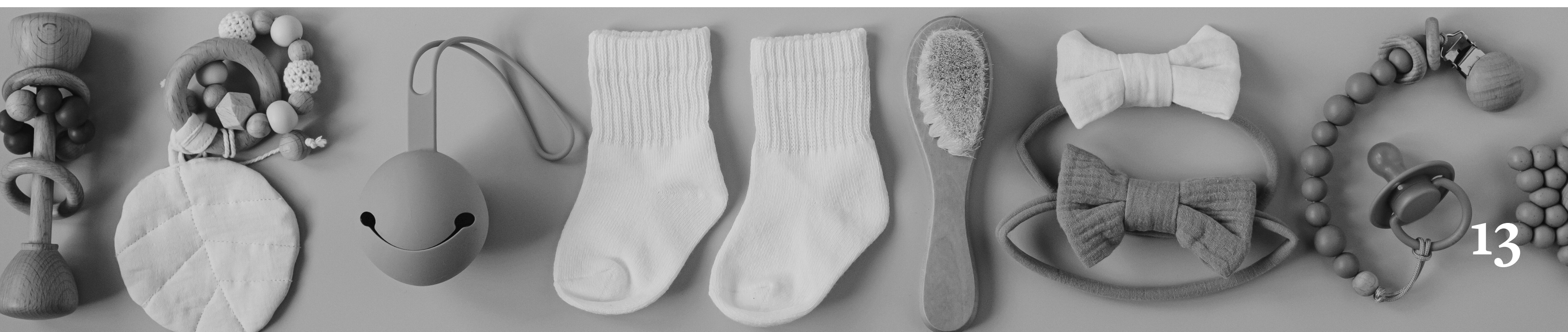
South Carolina Network for Child Advocacy Centers (SCNCAC) is a membership organization representing Child Advocacy Centers (CAC) throughout South Carolina. SCNCAC serves as the liaison between CACs and SBC. Additionally, SCNCAC leaders serve on the SBC State Advisory Board and facilitate monthly meetings among CAC site supervisors to facilitate coordination and support among the CAC's implementing Safe Babies Court. SCNCAC also collaborates closely with SCIMHA's SBC leadership team and assists in supporting implementation of SBC at new sites.

State Advisory Board

The South Carolina Safe Babies Court State Advisory Board (SAB) is a dynamic group of leaders including child welfare, judicial and community partners who leverage their expertise in infant and toddler services to inform South Carolina's SBC efforts. (See Appendix G).

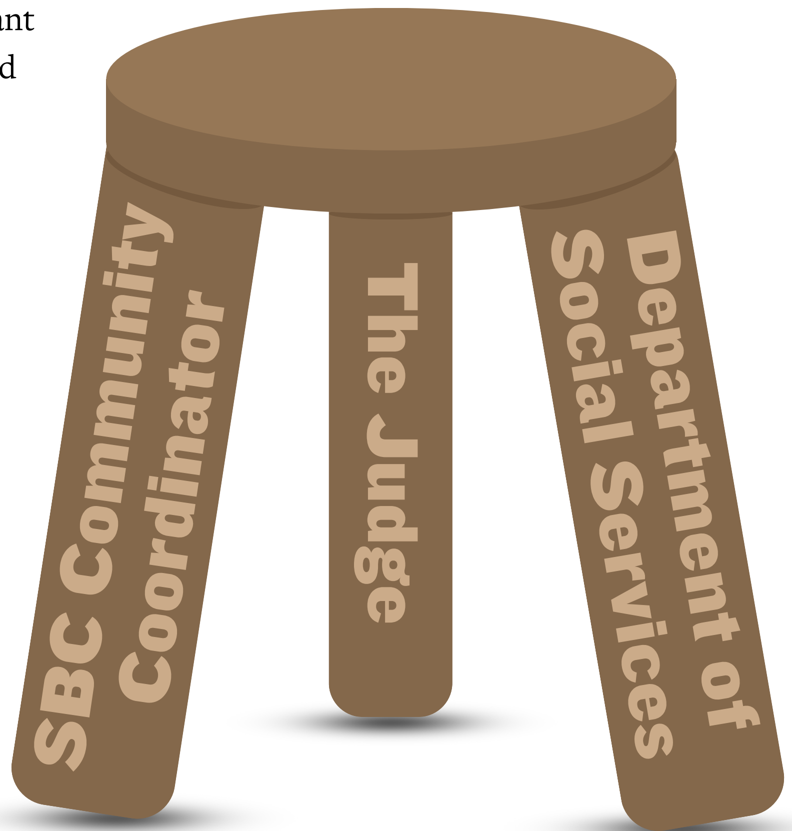
Priorities of the SAB include **monitoring data trends for continuous quality improvement, prioritizing child safety and parent empowerment, and building capacity and infrastructure to support children and families.** Additional priorities include **guidance in identification of future SBC sites, incorporating SBC priorities into current state initiatives, and advocating for legislative and policy changes that provide meaningful support for infants, toddlers and families involved in South Carolina's child welfare system.** The State Advisory Board is also charged with creating and updating a State Case Map which establishes the state's desired Safe Babies Court process from the time a case is initiated to the time a child reaches permanency. The State Case Map is a document capturing the baseline SBC court process that provides a policy and practice standard for sites and that helps ensure fidelity of implementation across the state. In collaboration with the local sites, the State Advisory Board also focuses on sustainability of SBC (See Appendix I).

Currently, the SAB meets one hour monthly, alternating between large group meeting spaces and smaller, solutions-focused topical workgroups which meet more frequently to address specific issues. SCIMHA facilitates SAB meetings.



V. Leadership at the Site Level

The next level of SBC work in South Carolina takes place at the site or community level. Each site is made up of three important elements of leadership, sometimes referred to as the "three-legged stool": the SBC Community Coordinator, Department of Social Services (DSS), and the Judge.



The visual of the three-legged stool demonstrates the importance of each element of leadership at the site level—just as a stool with three legs would topple over if any one leg were missing, so does the SBC approach depend on the sturdiness of each of these three components of site leadership. The Community Coordinator, DSS, and the Judge should see themselves as each equally invested and accountable for the success and leadership of this model in their community. The role of each of these key partners is described more below.

Judge

For SBC sites to thrive, there must be a local judge committed to championing the interests of babies both inside and outside of the court room. The judge keeps the baby at the center of the court proceedings by setting a tone of collaboration, cooperation, and understanding between professionals and families. For an in-depth overview of the judge's essential functions, please reference the Judicial Role Definitional Tool (See Appendix N) provided by Zero to Three. Judges must work collaboratively with the Community Coordinator and DSS to foster a trauma-informed atmosphere in the court room. Judges also set the tone for family

engagement by modeling a strength-based approach and leading the SBC team in recognizing and celebrating each step a parent puts into overcoming challenges that have kept them from being the parents they want to be for their children. Additionally, judges hold their local SBC team accountable and model dedication to continuous quality improvement.

In South Carolina, one special consideration for judicial leadership is the fact that judges travel from county to county. **Because frequent court time is a core component of the SBC approach, it is essential that the judge has a willingness to dedicate regular docket time to SBC cases.** In September 2024, Chief Justice John Kittredge distributed a memo regarding Safe Babies Court in South Carolina, indicating key support from Court Administration for SBC implementation (See Appendix T).

DSS

In addition to the judge, the Department of Social Services (DSS) is the second essential partner of SBC work at the site level. DSS Supervisors from the local site must collaborate closely with the judge and Community Coordinator to ensure DSS support of SBC approach in their local community, as described in ZTT's Child Welfare Leadership Definitional Tool (See Appendix O).

While attending to their primary task of ensuring the safety of the children on their caseload, DSS Case Workers assigned to SBC cases should be educated about the needs of young children and ensure treatment plans are developmentally appropriate and trauma informed. Frequent family time, participation in CFTMs, concurrent planning and recommendations for developmentally indicated screenings and treatments are all components of SBC that a DSS Case Worker should hold in mind.

DSS Supervisors may opt to designate specific DSS case workers to SBC cases. Understanding that the child welfare system across our nation and state is under-resourced, and these agencies often struggle with turnover and capacity issues, the SBC team should come alongside their DSS partners to assist them in problem-solving barriers and jointly carrying the load of supporting young children and families. While DSS engagement is vital to the success of SBC in the local community, the collaborative tone of this approach means that

no one person or system carries the full burden of caring for a child or family's well-being

and the hope is that DSS will feel able to more effectively serve babies within the context of the SBC team.

The Community Coordinator

In the Safe Babies Court approach, the Community Coordinators work at the community and family levels to promote cross-sector collaboration, trauma-responsive care, and family engagement. These functions are primarily realized through the Community Coordinator's role in supporting frequent, quality Family Team Meetings and the Active Community Team. Community Coordinators also bridge the gap between the family and systems. While tending to the needs of each individual family on their caseload, they are also working with their Site Leadership Team to provide leadership in the implementation and sustainability of SBC in their local communities.

CCs must exhibit leadership, facilitate and navigate difficult conversations, and build strong working relationships with families and stakeholders.

To better understand the role of the CC, it is helpful to define what the CC is not. CCs are not case managers and must remain clear and consistent in communicating that distinction to families and SBC team members. As neutral parties, CCs do not make recommendations regarding treatment or placement, but rather work with their SBC team to smooth pathways and remove barriers that could keep parents from accessing services and supports that will help them on their journey to reuniting with their children. SBC teams also look to their Community Coordinator to ensure they are upholding essential elements of the SBC approach. Sitting at the center of both family and site-level work, the Community Coordinator is charged with "leading from the middle."

> **Leading from the middle means creating a safe space for everyone to grow, learn, and thrive. It's about nurturing potential and guiding with empathy, ensuring that every child feels valued and supported in their journey. Coordinators are tasked with leading from the middle – acting as a neutral party in the SBC team.**
>
> -Lailah Abdul-Mateen, Orangeburg Community Coordinator

Site Leadership Team

While the judge, Community Coordinator (CC), and DSS leadership make up the core of site leadership as the "three-legged stool," they are joined by a broader network of community leaders known as the Site Leadership Team (SLT) (See Appendix P).

The goal of the Site Leadership Team is to identify and address barriers to families achieving permanency, safety, and well-being.

The SLT examines emerging patterns among individual SBC cases that will help illuminate broader system patterns such as access to resources, barriers in referral pathways, and partner collaborations.

The Site Leadership Team (SLT) is sometimes referred to as the Site Implementation Team (SIT) in Zero to Three's literature. Generally, this is the same group of people, but SIT is used during the capacity-building and implementation phase of SBC, while SLT tends to be used to describe this group once SBC has been implemented and the team is meeting to provide ongoing leadership to the site.

Regular (typically monthly) meetings of the SLT afford an opportunity to address barriers through a multi-system approach. This Community Coordinator-led space is comprised of community stakeholders who meet with the goal of creating sustainable system change across their local jurisdiction. These stakeholders may include a judge, child welfare leadership (including FPS, CPS, foster care, adoptions), Guardian ad Litem (GAL), attorneys of parents and child welfare, mental health professionals, funders and leaders of local public agencies who serve families. (See Appendix B) Community Coordinators should consider which community members are well-suited to serve as community leaders on their site's Site Leadership Team. Other community members may be better suited for the Active Community Team, which is a group more focused on the development and sharing of community resources and will be discussed further in the next section.

Active Community Team

It takes a village to raise a child.

This often-repeated phrase sums up the mission of the Active Community Team (See Appendix M) , also known as the ACT. The ACT brings community partners together to improve equitable access to comprehensive prevention, early intervention, and therapeutic services and supports for families with very young children.

The Active Community Teams can and should include community voices, such as local faith-based leaders, parents, community organizations like Lions Club, local service providers, etc. There may be members of the Site Leadership Team that also participate in the ACT meetings. Facilitation of the Active Community Team can be led by any participating member, but is most often led by the Community Coordinator. This group convenes regularly (ideally once per month) to collaborate and address the tangible needs of the SBC families. Resource sharing is key to this group's success, and there may be system-level needs identified through this collaboration.

ACT in action:

A local site identified pest infestations as a barrier for many families living in poverty that was sometimes preventing reunification. The ACT recruited a local exterminator to join their group and arranged for pest control services to be offered to SBC families with funding from a local grant.

The bus route in a local community stopped many blocks from the office building where infant mental health services were offered, making it difficult for families without transportation to access treatments required by their DSS case plan. The ACT advocated with the local Department of Transportation to have a stop added to the bus route, making it easier for families to get to their appointments.

Access to housing was a major problem in one local SBC community. The Community Coordinator invited key members of local nonprofits and public service organizations to the monthly SBC ACT and created a comprehensive list of housing resources available to families.

In South Carolina, the ACT can begin with a core group of leaders who identify specific goals and ideas to promote the effectiveness of this group serving and addressing the specific needs of their community. At the beginning of ACT implementation, this core group of leaders should undertake the following tasks:

- **Determine frequency of meeting (recommended monthly)**
- **Identify process for data sharing to identify community needs and continuous quality improvement**
- **Create mission, vision and specific goals and objectives for team**
- **Set clear guidance and expectations of group members**

In some instances, there may be well-established community service groups with a mission or target audience that is aligned with the SBC Active Community Teams. Rather than creating a separate committee, the Community Coordinator may create a partnership in which the existing community service group agrees to create a sub-committee that acts specifically as the SBC Active Community Team.

Themes of needs, barriers, and community resource needs identified through ACTs can be shared with the State Advisory Board for further guidance and/or state level support.

Child Advocacy Centers

Serving as the community-based home for most of our SBC sites, the Child Advocacy Centers (CACs) have deep relationships and connections in their local communities, and therefore play an important leadership role for SBC. CACs use a Multidisciplinary Team (MDT) model made up of agency partners involved in the local child welfare system. Similarly, SBC requires collaboration from cross-sector community partners, many of whom overlap with CAC MDT members. By embedding SBC into the Child Advocacy Centers, service opportunities from both SBC and MDT can be thoughtfully integrated on behalf of families.

Additionally, the CACs have primarily served children three years old and up with limited service opportunities for babies. By integrating SBC into the CAC model, even the very youngest children in local communities have access to services that will promote healing, growth, and healthy development. In South Carolina, many CACs also employ the Community Coordinator for their local SBC site.

VI. Leadership at the Family Level

Community Coordinators (CC) are the primary conduits for Safe Babies Court work at the family level. Community Coordinators work directly with SBC families, supporting them and advocating for their needs as they progress through SBC. By strategically supporting families throughout their court-involvement, CCs work to reduce potential for a family to reenter the child welfare system later. A basic tenant of SBC family level engagement is the belief that families are the experts in their own lives. CCs should meet each family where they are in their readiness for change and should highlight and build upon a family's strengths. While the exact caseload of each Community Coordinator may vary based on the site's needs, CCs are recommended to serve a maximum of 20 SBC families at any time. CCs will begin their work with families by building trust, and ensuring the integration of diversity, equity, inclusion, and belonging are incorporated in their approach to meeting each family's needs. Frequent Child and Family Team Meetings, frequent court hearings, and timely connection to services through developmentally appropriate referrals and assessments are core components of SBC family level work.

The implementation of Safe Babies Court in SC has been a rewarding experience. Having a program that is dedicated to babies between the ages of zero to three has assisted with partners collaborating for the betterment of families. The Child and Family Team Meetings is where the real work happens in real time between all participates such as the family, guardian ad litem, DSS, Safe Babies Court Coordinator and service providers where trust is built to assist families in reaching their permanency/treatment goals. The beauty of this program is seeing it come together in the courtroom with the presence of the judges to where the babies are achieving permanency sooner rather than later.

Josie W. Jones, MA, CPM
Director, Child Welfare Services Safety Director

Assessments and Referrals

Throughout a family's enrollment in SBC, the SBC team must track not only the child's development and mental health, but also the family's needs and progress. DSS maintains standard practices for assessment of children and families entering the child welfare system, and the Community Coordinator should familiarize themselves with those processes at their specific site during the early stages of SBC implementation. The DSS case manager holds primary responsibility for connecting the child and family to services as determined through their assessments, and ensuring the family successfully accesses those services.

Help Me Grow and BabyNet

The CC supports ongoing assessment by connecting all SBC families to Help Me Grow, which is SC's comprehensive, healthy development resource hub for families of young children. (See Appendix K for Help Me Grow Referral Pathway).

As part of DSS standard process, every SBC family will be referred by their DSS case manager to BabyNet in addition to Help Me Grow (HMG). It is vital that the CC shares with the family the purpose of the HMG referral, and the differences between services offered by HMG and services offered by BabyNet. Some key distinctions between the two services are outlined below:

	Help Me Grow	BabyNet
Purpose	HMG is SC's comprehensive hub for healthy development resources for families with young children birth through age 5.	BabyNet is South Carolina's Individuals with Disabilities Education Act (IDEA) Part C program, providing disability screening, referral and therapy services for young children.
Population Served	Any child 5 years of age or younger.	Children under three years old with developmental delays or conditions associated with developmental delays.
Eligibility	Children birth-5 or service providers serving children birth-5	Children are eligible for services if they have a document diagnosis of a developmental delay, or significant developmental delays as follows: delay of at least 40% in 1 area or 25% in 2 areas.
Cost	No cost to families or service providers	No cost to families
Services Provided	Care coordination, including: • Support from child development specialists to identify and connect you to the right resources close to home. • Access to SC's most connected grid of child development and community resources, ranging from basic needs to parent support. • Access to the Ages and Stages Questionnaire (ASQ) for developmental screening • Connection to providers conducting developmentally appropriate Infant Mental Health assessments, including referrals for access to evidence-based IMH services such as Child Parent Psychotherapy, Attachment Bio-Behavioral Catchup, and Circle of Security. • Connection to Infant and Early Childhood Mental Health Consultation Services (i.e.: PEAR)	Direct service, including: • In-home early intervention services related to developmental delays • Development of an Individual Family Service Plan (IDSP) designed to identify services and supports to support the child's developmental delays • Assessment of whether a child is meeting developmental milestones

Child and Family Team Meetings

Safe Babies Court Child and Family Team Meetings (CFTM) (See Appendix Q) are collaborative gatherings that bring together key stakeholders involved in the care and support of children and their families. These meetings aim to facilitate communication, decision-making, and planning to address the needs of the family and their young children comprehensively. Parents serve alongside professionals as the experts on the needs of their child and family. Participants often include: case managers, supervisors, parents, kinship caregivers, foster parents, guardian ad litems, attorneys (parent, DSS and GAL), and service providers.

In South Carolina, CFTMs are facilitated by the CC or the DSS designee/CFTM facilitator monthly and/or before each Safe Babies hearing. DSS policy mandates regular CFTMs as standard practice, and the SBC CC may join DSS CFTMs in lieu of scheduling separate SBC CFTMs; however, it will likely be necessary for additional CFTMs to be scheduled by the SBC team to meet the standard of frequency needed in the SBC approach. For example, DSS may hold a CFTM during the first month the family is involved in child welfare, and then not again until 90 days. In this case, the SBC CC would join the 30 and 90 day DSS CFTMs, but would schedule an additional CFTM at 60 days to meet the SBC standard of monthly CFTMs. Typically, the DSS CFTM facilitator will facilitate CFTMs held as part of standard child welfare timelines, and the CC will facilitate these additional SBC CFTMs.

All CFTMs held for SBC cases should integrate standards of the SBC approach. Regardless of who facilitates the CFTM, purpose, guidelines and expectations should be well-defined. For SBC cases, the purpose of CFTMs is to develop and implement a collaborative plan of action to support the well-being and safety of the child and families. This plan should be considered as an agreement amongst all parties of the case in preparation for court hearings.

The CFTM facilitator will center the family's voice, empowering families and professionals to work together to develop solutions and to make collaborative solutions. CCs assist the team in creating a trauma-informed environment for challenging conversations within the CFTM. The CC should work to elevate the mental health needs of the baby but should allow DSS to maintain the position as the decision-maker on case plans based on their assessment of safety. Remember that the CC should never make placement or case plan recommendations, but rather advocate for best practice and model fidelity. In some instances, some professionals or parents may not be able to participate in CFTMs. In these cases, CFTMs are still held with a strong focus on the baby's needs and plan for moving the case forward.

Some key focuses of a CFTM include:

- Keeping the family voice as an integral part of the CFTM.
- Addressing permanency and concurrent planning to ensure that the child achieves a safe, permanent home as soon as possible.
- Assessing the family's progress in treatment and compliance with permanency plans and court orders and considering additional family needs.
- Highlighting potential solutions and family strengths.

CFTM FAQs

Who Participates?

CFTMs include all team members except the judge This can include:

- Case managers and/or Supervisors
- Family (caregivers and other family support)
- DSS attorney
- Parent attorney
- Guardian Ad Litem (GA attorney)
- GAL program staff
- Kinship and/or Foster Parent
- Providers and other supports (if family is willing)

***Because all parties must have legal representation during CFTMs, it is important that all attorneys are present. If one attorney is unable to attend, the CFTM will proceed without any attorneys participating.**

Who Facilitates?

- The CC will facilitate SBC CFTMs unless DSS policy requires a DSS facilitator to lead the CFTM

When and where do CFTMs occur?

- These CFTMs can be held in-person or virtually at the discretion of the CC and Court Team
- SBC CFTMs must be held at least 1 week prior to court
- CFTMs should occur monthly for SBC families
- SBC CFTMs should be scheduled in between standard schedule for child welfare CFTMs to ensure monthly frequency is met

What is the goal of CFTMs?

- The goal of CFTMs is for the team to come to an agreement prior to court
- If an agreement has been changed prior to court due to a safety concern, this information should be shared with the CC. The CC should check-in with team members 24 hours prior to court to determine if there is a disagreement. The judge should check in with the team prior to court hearing to see if an agreement can be made

Court Hearings

Frequent court hearings are essential to the fidelity of SBC. In the state of South Carolina, each SBC site is led by a dedicated judge who devotes regular, monthly docket time to SBC cases. The structure of designated docket time may vary based on the site's needs and judge's capacities, as well as individualized case needs. **The frequency of court hearings is crucial to the SBC's centering of the developmental and attachment needs of babies, who especially benefit from expedited services and timely permanency.** Judges and SBC teams should work to ensure a trauma-informed environment during court hearings, providing a supportive rather than adversarial tone towards families. During court hearings, families should be supported in understanding the language communicated in court and SBC team members should seek to create an atmosphere of collaboration and agreement. Agreements should prioritize the child's safety and well-being, while also moving the case towards permanency. Safe Babies Court hearings should always have an agreement prior to and/or during court, which will ideally reduce the amount of court time the case requires.

Questions Every Judge and Lawyer Should Ask about Children Involved in the Child Welfare System (See Bench Card in Appendix L) is a resource provided by the National Council of Juvenile and Family Court Judges that provides a framework ensuring the needs of young children are adequately addressed in court hearings.

Cody Lidge, MPA
Courts Program Director

"The SBC model creates an environment where the court system is pivotal in ensuring struggling parents with infants and young children receive intensive supports and services to help keep their families intact. I'm thankful for the SC child welfare professionals committed to improving and expanding this model across the state."

Explore This Resource:

Infant-Toddler Court Program: Tip Sheet for Trauma-Informed Courts

Agreements

a legal term meaning all parties have reached a mutual understanding on how to proceed with the case. In SBC, the agreeing parties include the parents, DSS, GAL, and others represented in the case.

Examples of Trauma-Informed Court Room Environment

- Infants invited to be present in court
- Books and toys provided inside court room
- Judge steps down from the bench, sits at a table with families
- Case plans written in person-centered language
- Language used is accessible to families, court proceedings minimize jargon
- Judge utilizes bench card to ask about the baby and family's well-being

VII. Implementation

Site Readiness Exploration/Pre-Launch Systems Building

Understanding the readiness of a community to support the SBC approach ensures successful implementation. While the specific needs of each community will vary, an initial step will be securing buy-in at the site level from the "three-legged stool" -- the judge, DSS, and CAC. SCIMHA will support each site with assessing readiness and building capacity prior to engaging in implementation activities. The timeline for implementation will vary based on each community's needs, but it is important to recognize that systems-building can take up to a year before a community is ready to directly serve families. Sites are encouraged to use SC's Readiness Tool for Core Components of SBC and the SBC Implementation Rubric to evaluate their readiness (See Appendix H and Appendix J).

While the order and pace of implementation may vary based on the site's needs, some of the steps of implementation are outlined in ZTT Infant Toddler Court Program Site Implementation Road Map (See Appendix R), including:

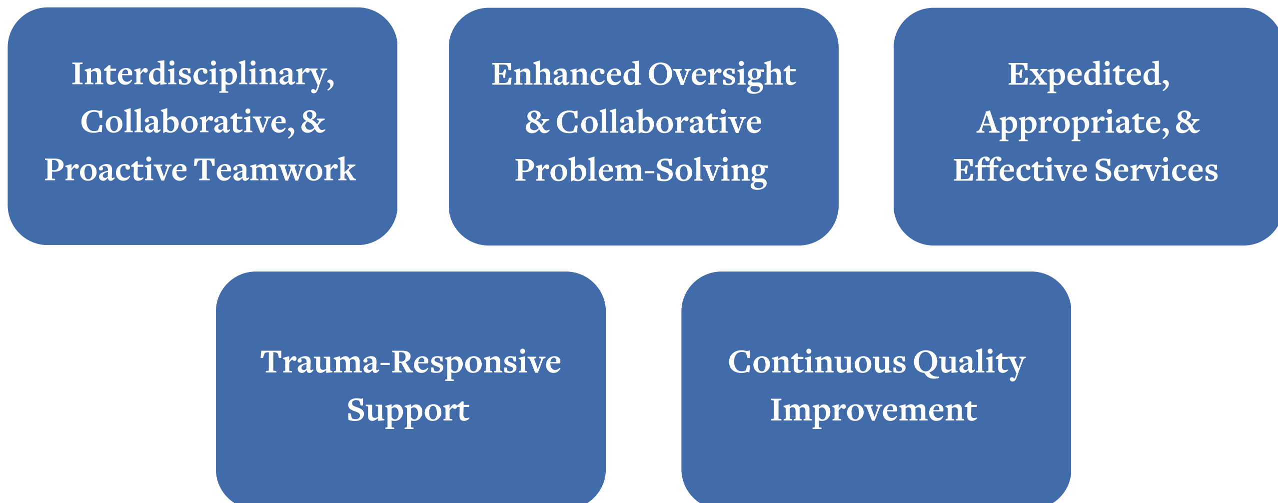
1. **Setting the Stage and Building Relationships**
2. **Staff Hired and Trained**
3. **Site Implementation Planning**
4. **Active Community Team Launch**
5. **Site Implementation**
6. **Ongoing Team Support and Activities**

Site Leadership Team (SLT)/Site Implementation Team (SIT)

As with any group, the Site Leadership Team (SLT)/ Site Implementation Team (SIT) (See Appendix P) launches with a focus on relationship-building and group cohesion. While most of the SLT meetings will be held virtually, the CC may determine opportunities to engage in-person to build rapport as a team. There will be an emphasis at the beginning on educating stakeholders on infant mental health as well as specifics related to the SBC approach. The Statewide Coordinator will provide scaffolding in the development of the SLT as the site launches. The Exploration Inventory and Case Mapping are two of the most significant processes undertaken by the SLT during the first year of implementation and will be described in depth below.

Case Mapping Part 1

One of the first steps for the SLT will be completing Case Mapping Part 1, using a tool that assesses a site's readiness to implement each of the five areas of focus for SBC implementation:



Case Mapping Part 1 is a full-day, collaborative readiness assessment process requiring participation from key members of the SLT. Following the completion of Case Mapping Part 1, a descriptive report will be provided to the SLT that outlines areas of alignment and areas where training and technical assistance could bring current practices, resources, and policies into alignment. This report is not intended to be interpreted as a hard-stop or interference from the site launching; rather, a tool to guide the goals of the team when getting started and seek additional support, if needed.

After Case Mapping Part 1 is completed, the SLT will have a framework for the systems-building work that must occur before the site begins to accept SBC cases. This stage of implementation could take many months, depending on the needs identified in the Exploration Inventory. The systems-building can feel slow but is a crucial part of ensuring the site is set up well to serve families.

Case Mapping Part 2

Once the site has made adequate progress in the areas of need identified by Case Mapping Part 1, the SLT team will then take part in Case Mapping Part 2. Much like Case Mapping Part 1, the Case Mapping Part 2 process is also a full-day, collaborative activity. During Case Mapping Part 2, the SLT creates a roadmap for how a SBC case will move through the court process in their community. During Case Mapping Part 2, the SLT will create a Case Map, which is a working document that captures current practices when a child enters foster care or family preservation with adaptations based on the SBC approach. The team will use guidance from the SBC State Case Map (described below), but will have the opportunity to individualize based on the needs, resources, and current practices in their community.

After Case Mapping Part 2 takes place, a site may be ready to being taking SBC cases or may decide that additional capacity building is required.

Ongoing Convening of Site Leadership Team (SLT)

Once Case Mapping is complete, the SLT begins the ongoing work of supporting their site through Continuous Quality Improvement (CQI). Led by the Community Coordinator, the SLT should meet monthly to increase communication between key community partners. This frequency of meetings affords the opportunity to more promptly and regularly address systemic issues that arise in implementation of the SBC approach and to respond to challenges families experience in the community. While all team members must keep the child in mind, it is the responsibility of the CC to ensure fidelity of the model and keep the team's focus on the infant mental health lens of the approach. In addition to addressing issues at the site level, the SLT acts as a liaison to the State Advisory Board, communicating key progress and barriers that need attention from the state level. The SLT also focuses on sustainability of SBC in their local community through exploration of resources and funding (See Appendix I for A Sustainability Toolkit for Infant Toddler Court Team States and Sites).

As the facilitator of SLT meetings, the CC has autonomy to structure meetings in a manner that is most conducive to their team's needs and composition. The CC should present specific data from their site at each SLT meeting. The CC should also consider opportunities for topical presentations from SCIMHA or other partners and share resources from SCIMHA and/or ZTT to support the team's work. SCIMHA can provide a list of trainings available to sites upon request. The Statewide Coordinator, CQI Specialist, Project Director, SCNCAC representative and other state members may attend SLT meetings to support model fidelity and learn more about the site's progress.

(**See Appendix R**)

Guidance from the State: The State Case Map

SCIMHA's State Advisory Board (SAB) is responsible for developing and continuously refining a baseline process, called the State Case Map, that can be utilized to measure implementation progress within SBC sites. The State Case Map is a visual policy and practice standard that will be useful in implementing in new locations or onboarding new state/site partners (attorneys, judges, GALs, community coordinators, child welfare partners, etc.). The SAB should revisit the State Case Map regularly to identify areas for growth, and to evaluate whether the pieces of the SBC approach are working effectively at the state, community, and family level.

See Appendix S for The State Case Map.

Case Criteria

The State Case Map outlines areas where the state provides a standard process for sites to emulate, and areas where sites may individualize their own case map to fit the needs of their community. While some parts of the approach allow flexibility and creativity, one of the most basic tenants of the model is case criteria, which determines which families are eligible for the SBC approach. The three basic case criteria for the Safe Babies Court approach are:

1. **Age of child:** The family has a child between the ages of 0-3
2. **Court involvement:** The family is involved with the court system because of an allegation of abuse or neglect of the child
3. **Caregiver willingness:** The parent or guardian is willing to participate in the SBC approach

Sites will determine specific pathways for participation in Safe Babies Court depending on whether a family is involved in foster care or family preservation.

Infant Mental Health Services

In section II of this manual, we shared about the theory and practice of infant mental health (IMH) and explained why we infuse the baby's mental health needs into every aspect of the SBC approach. Throughout implementation and beyond, a core responsibility of the CC and SLT will be to explore, understand, and expand access to IMH resources in their community. As discussed, this manual's section regarding the CC's work at the family level, the initial referral to Help Me Grow will assist in connecting SBC families to IMH services. Some key interventions and resources related to IMH services are outlined in the table below, also showing where SBC falls in the continuum of services. More information on each of these resources can be found on SCIMHA's website.

Intervention

Child-Parent Psychotherapy
Intervention helping young children and families recover after traumatic events.

Safe Babies Court
Collaborative team approach led by judges to support families and children ages 0-3 who are engaged in the child welfare system.

Attachment Biobehavioral Catch-up (ABC) Home Visiting
Evidence-based, in-home parenting program to help caregivers nurture infants and develop strong, healthy relationships.

↕ Prevention

Circle of Security® Parenting™
Eight-week parenting group that highlights how children communicate needs and how parents can best respond.

PEAR Network
Program pairing an infant mental health consultant with the professionals who work with children and caregivers to help children form secure relationships, manage emotions, and explore their environment (child care, pre-school, home, etc.).

↕ Promotion

Help Me Grow
Frontline support to guide professionals and families through the complex system of available developmental and behavioral health resources.

Facilitating Attuned Interactions (FAN)
Training to help practitioners tailor responses to meet the needs of the moment and address urgent caregiver concerns.

VIII. Mandatory Training and Other Professional Opportunities

The SBC approach requires a nuanced understanding of special topics impacting infant mental health for child-welfare involved families. SBC partners on the site and state levels must be committed to investing in training and professional development. This section provides an overview of training opportunities for those involved in SBC work.

Endorsement

The Infant and Early Childhood Mental Health Endorsement® is a career development pathway that honors professionals' specialized education, skills and work experiences through a credentialing process designed to demonstrate proficiency in the field. Upon starting the role, CCs will begin their endorsement application via the EASy application. All CCs are expected to work towards their endorsement with the goal of becoming endorsed at the earliest opportunity, and CAC supervisors are also encouraged to participate in endorsement. CCs should also encourage their site teams to consider endorsement as a key pathway to increasing infant mental health knowledge.

Facilitated Attuned iNteractions (FAN)

Facilitating Attuned iNteractions, also known as FAN, is an approach aimed at strengthening the provider-parent relationship. FAN emphasizes the importance of attunement and reading cues to provide empathetic and appropriate responses to the adults we are working with. While the model was created by Erikson Institute's Fussy Baby Network to support caregivers' careful attunement to their child, there is value instituting this approach to build relationships in a wide range of settings. The gift of this approach is the transferable nature of the conceptual framework and practical tools.

CCs receive FAN training and can utilize this approach in their site, community, and family level interactions. This training will assist the CC in establishing trust with families, cultivating teamwork within site partners, and engaging community members.

Reflective Supervision

Reflective supervision is a critical component of the SBC Community Coordinator role. Shamoon-Shanok (2009) defines reflective supervision as "a collaborative relationship for professional growth that improves practice by cherishing strengths and partnering around vulnerabilities to generate growth" (p.8). Within reflective supervision, CCs can examine their thoughts, feelings, and reactions with their supervisor.

To support and enhance their work, CCs receive monthly group reflective supervision provided by SCIMHA staff. In group supervision, CCs can benefit from others' experiences, and receive practical advice as well as emotional support and validation. Reflective supervision gives CCs access to multiple perspectives, insulates them against feelings of isolation, and provides them with a model of authentic interest, respect, and empathy. In another form of parallel process, the reflective supervisor models empathetic, authentic, productive relationship skills that the consultants implement with teachers (Heller, Steier, Phillips, & Eckley, 2013). The CCs support each other's developing capacities to explore equity issues and their influence on the population they serve and their role. CCs also encourage deeper conversations to raise awareness and to support equity in all the work interactions they encounter. CCs reflect on how their own experiences, biases, and fears impact their ability to see each young child as an individual within a unique family and community context. Below is a table outlining some of the key differences between types of supervision.

	Responsibility of Supervisor	Responsibility of Supervisee
Administrative Supervision	• Hire, orient, induct into agency systems • Set administrative expectations for work practices • Oversee agency policies and paperwork • Provide specific information related to job function, team planning or case resources • Evaluate individual progress of consultant according to agency and practice expectations • Use reflection (wonder, curiosity, openness to understand barriers to administrative competence	• Learn job performance expectations • Meet agency and supervisory job expectations • Prepare program and case documentation according to program and agency policy • Tailor work effort based on feedback and evaluation • Engage reflectively when impeded by administrative responsibilities
Reflective Supervision	• Be available for regularly scheduled, individual sessions • Formulate questions to mutually deepen understanding and explore new perspectives • Create shared understanding that broadens awareness • Expand understanding of reflective interactions • Discover with supervisee what is known and what remains unknown • Hold the child and other adults in mind and assist the supervisee in developing this skill	• Be available for regular sessions • Attend to and share both internal and external details • Be open to the process of uncovering what is known and unknown • Create shared understanding through consideration and exploration • Practice holding the child and other adults in mind • Incorporate new understanding, skills and perspective into work with children and caregivers

SCNCAC Training Opportunities

As part of its member services, the South Carolina Network of Children's Advocacy Centers (SNCAC) provides annual professional development which focuses on the improvement of CAC and Multidisciplinary team services. The purpose of SCNCACs training initiatives is to improve the assistance families and children receive during the duration of their time with the CAC. Areas of focus include advocacy, investigative, legal, therapeutic, forensic, and medical. SCNCAC offers additional training opportunities such as Diversity Equity and Inclusion, Commercially Sexually Exploited Children (CSEC), Child Sexual Abuse Materials (CSAM), and the SC Child Abuse Response Protocol.

The natural alignment between the Safe Babies Court Community Coordinator and the CAC Family Advocate provides an environment for intersecting training. The National Children's Alliance constellation of services for advocacy includes:

1. Crisis assessment and intervention, risk assessment, and safety planning and support for children and family members at all stages of involvement with the CAC
2. Assessment of individual needs, cultural considerations for child/family and help to ensure those needs are being addressed in concert with the MDT and other service providers.
3. Presence at the CAC during the forensic interview in order to participate in information sharing with other MDT members, inform and support the family regarding the coordinated, multidisciplinary response, and assess needs of children and nonoffending caregivers.
4. Provision of education and assistance in ensuring access to victim's rights and crime victim's compensation
5. Assistance in procuring concrete services (housing, protective orders, domestic violence intervention, food, transportation, public assistance, civil legal services, etc.
6. Provision of referrals for trauma focused, evidence-supported mental health and specialized medical treatment, if not provided at the CAC
7. Facilitating access to transportation to interviews, court, treatment, and other case-related meetings.
8. Engagement with the child and family to help them understand the investigation/ prosecution process and help ensure understanding of crime victims' rights.
9. Participation in case review to communicate and discuss the unique needs of the child and family and associated services planning; and help ensure the coordination of identified services and that the child and family's concerns are heard and addressed.
10. Provision of case status updates to the family, including investigations, court date, continuances, dispositions, sentencing and inmate status notification (including offender release from custody)
11. Provision of court education and support, including court orientation and accompaniment

Infant and Early Childhood Mental Health (IECMH) Certificates

The IECMH Certificate program prepares professionals from multiple disciplines to support the social, emotional and mental health needs of young children and their families in many settings. The training certificates were developed to address theoretical and direct service Endorsement competencies.

SCIMHA offers three certificate levels ranging in scope – Foundations, Advanced and Clinical. All three certificate programs seek to:

- **Articulate core concepts around infant and early childhood mental health.**
- **Identify ways to apply these concepts into your professional role.**
- **Integrate a diversity, equity and inclusion lens while conceptualizing work with infants, young children and their families.**

Community Coordinators will pursue the Foundations certificate as part of their training plan, and other members of the SBC Site Leadership Team are also encouraged to pursue this professional development opportunity.

Other Training Opportunities

During implementation and beyond, the Community Coordinator should lead their Site Leadership Team (SLT) to consider areas where they would benefit from additional support or training and pursue resources to support those training needs. SCIMHA offers a variety of professional development opportunities and can provide specialized topical training as requested by the sites. DSS, SCNCACs, and other SBC partners also provide training that may be relevant to the SBC site team. SCIMHA provides a training needs assessment (See Appendix F) for sites that can be used to help identify training priorities. Examples of trainings that the SLT may wish to access include:

Infant mental health services: what's available and how to access

The impact of parental substance use on infant mental health

Diversity, equity, inclusion & belonging in infant mental health work

Recognizing and responding to infant-toddler social-emotional delays/ mental health conditions

Recognizing and responding to infant-toddler typical and atypical brain development

Recognizing and responding to infant-toddler needs related to trauma

Recognizing and responding to possible problems in parent-child interactions and the parent-child relationship

Recognizing and responding to possible parent mental health conditions affecting infants and toddlers

Child Welfare training: physical abuse, neglect, medical neglect, sexual abuse, etc.

Using social-emotional screening and assessment tools

Facilitator training of diverse meetings, child and family team meetings, etc.

Conflict resolution

Zealous advocacy for SBC families, attorneys, judicial partners

Shared parenting for kinship caregivers and foster parents

The role of the Family Voice Leader in Safe Babies Court

See Appendix I for SBC Site Training Needs Assessment

Zero to Three

Finally, Zero to Three offers trainings at the national level to Safe Babies Court partners at the state and local level. Opportunities for training include Community of Support calls for specific partners, such as attorneys or Community Coordinators, where professionals can learn from others in similar roles who are implementing SBC across the country. Zero to Three also offers Community Coordinators an intensive training, Community Coordinator Academy, which takes place over the course of multiple weeks and provides many hours of instructive and interactive learning and provides a great foundation for CCs to learn the SBC model. One of the most valuable professional development opportunities available to Safe Babies Court partners is the annual Zero to Three Cross Sites conference, which is a three-day event held in-person. Cross Sites offers workshops and plenaries designed to deepen understanding of the SBC approach and provide opportunities to network with SBC sites from across the country. Judges, DSS partners, CAC supervisors, Community Coordinators, and anyone else involved in the SBC work at the state or local level are encouraged to attend.

IX. Understanding the Impact of Our Work: Using Data to Make Decisions and Evaluate Success

Introduction to CQI

Continuous Quality Improvement (CQI) is an important aspect of the Community Coordinator role. In order to understand the impact of this system approach, information is routinely collected and analyzed. Data goes beyond numbers and quantitative reports; the families' stories bolster our understanding of the qualitative experience in child welfare. According to Zero To Three: A Guide to Implementation:

Each SBCT evaluates its work. The approach is focused on bringing key participants into CQI and evaluation planning. CQI is process for identifying areas of strengths to build on in future work and areas of challenging to address through deliberate action.
(Ch. 2, p. 14)

Collectively understanding the baseline needs of our community and the outcomes of individual- and system-level interventions helps inform the SBC approach to supporting young children and their families in child welfare. This may include referral pathways, frequency of court hearing and team meetings, service connections, placement and permanency outcomes.

Data Systems

SC SBC utilizes the Zero to Three Case Tracking Form (See Appendix D) to track, monitor, and analyze trends. CCs are expected to input information related to each family, child and adult involved with SBC as well as community engagement opportunities. There is an additional external tracking sheet to monitor all incoming referrals. Not only does this require diligent

data input, but the CC must thoughtfully consider how to obtain the breadth of information related to their individual families and sites. This may require exploration with site partners to assist in routine data sharing, including how to gather the pertinent information and create an efficient process to share back with the team and CC.

SCIMHA leadership and other key leaders have access to the database to support data collection and CQI. While the CQI specialist can support CCs with tabulating reports, the CCs should dually provide feedback to the leadership about needs of their site related to data. This information should regularly be shared with their site leadership teams and other system partners to elevate the successes and barriers to the program and local child welfare system.

There are several tools available for CCs to identify, evaluate, and address areas of improvement within their site.

Creating a Sustainable System for Data Collection/Entry, and the Supervisor's Role

Supervisors should work with their CCs to develop a plan for data collection and data entry. **As a standard, data should be entered into the ZTT database within 48 business hours.** For example, if a CFTM is held on a Monday, the data from that meeting should be entered by Wednesday. When enrolling a new family, the initial data collection and entry requirements can take a substantial amount of time and the CC's time should be allocated to ensure this data is properly captured. If a CC is employed by a CAC, CCs should follow all CAC policies related to data and documentation, and the CAC Supervisor ultimately holds responsibility for ensuring appropriate expectations are set between the employer (CAC) and employee (CC) regarding processes for collecting and entering data. In these cases, SCIMHA will work with the CC and CAC Supervisor to determine what supports are needed to ensure data processes run smoothly. For example, SCIMHA's CQI Specialist can send a monthly report to the CAC Supervisor and CC that outlines missing or incomplete data. The CAC Supervisor is encouraged to follow up regularly with their CC to ensure the CC has the right support for meeting data requirements.

Data Sharing

A part of continuous quality improvement is sharing data related to the state, sites, and families. Deidentified information can be shared to the full team or partners to better understand the experience of children and families within child welfare and/or SBC. This practice helps us to learn about patterns within the system and inform how we should adapt our strategies.

There should be careful consideration when individual or family-specific information is being shared. When determining if and when to share personal information, CCs should consider the audience and purpose of the data sharing. First and foremost, coordinators want to model how to respect the families and honor the private nature of information being shared with them. The purpose of sharing information should focus on supporting the family while working collaboratively with partners to improve their outcomes. Secondly, the audience may dictate if that partner can receive that level of detailed information on a child or family. The recipient must already be privy to this information within their role with the family, scope of work within SBC, and/or signed consent by the parent to share. We should not, in any circumstance, share information with partners not intricately involved with the family or who oversee the case at a supervisory level. **Specific names and HIPAA protected health information (PHI) should not be shared in larger groups like SLT/ACT meetings, presentations, or electronic communication without certain technological protections.**

If PHI-related information (such as names, dates of birth, addresses, diagnoses, allegations, etc.) are shared electronically, the CC or team member should ensure protections are in place through their email software. ZTT data sharing agreements are signed by any member accessing the SBC data systems. This agreement emphasizes the importance of honoring Protected Health Information (PHI), which CCS are responsible for upholding.

X. What to Do When: Special Topics

The following scenarios provide an overview of special topics a Safe Babies Court site teams may encounter in their work. Each of these requires certain steps to take, resources to access, and follow-through. As important as the what, is the how. How do SBC teams approach these topics with the families they work with, and how is support provided in a reflective manner? Safety for those involved, be it child, family member or provider, is the paramount concern and needs to be attended to first and foremost for any of the situations below. Of course, professionals should always ensure administrative policies for their specific agencies are adhered to in their responses to these situations.

Parents Experiencing Incarceration

Safe Babies Court promotes and prioritizes engaging with families regardless of their circumstances. When serving any SBC family, the team must prioritize what is in the best interest of the child, while also ensuring equity and accessibility of support for parents. In some instances, parents enrolled in SBC might be unhoused, battling addiction and/or incarcerated. These challenges require a sensitive and empathic approach. Here are a few steps that can be taken by SBC teams to engage and support SBC families who are experiencing incarceration:

Assess the family's needs

Work to consider how parental incarceration might impact the child and determine a plan that prioritizes the child's safety, mental and emotional well-being, and attachment relationships.

Communicate and collaborate

Establish communication channels with correctional facilities to facilitate contact between the SBC Community Coordinator and parent, and if appropriate, between the parent and child. Collaborate with prison staff, social workers, and legal representatives to ensure that the parent's rights and the child's needs are being addressed.

Establish services	Use CFTMs to create individualized case plans for incarcerated parents, addressing their unique needs and circumstances. Connect with the correctional facility and advocate for the parent's access to support services such as counseling, substance abuse treatment, education, job training, and housing assistance to help them successfully reintegrate into their children's lives upon release.
Ensure proper legal representation	Advocate for incarcerated parents to have a parent attorney assigned to protect their parental rights, advocate for kinship or reunification, and assist them with navigating SBC.
Plan for ongoing support	Once a parent is released, continue to support their discharge plan

Cross-County Issues

SBC must originate from a county with an active SBC site. To be eligible for SBC, a family's child welfare case must be under the jurisdiction of an active SBC site/county, regardless of where the family resides. When a case transfers outside of the county from which it originated, the case must either be closed to SBC and transferred to the standard docket, or, if the county where the family is transferred has an active SBC, the family may opt to a transfer to the new county's SBC team.

Contingency Plans (See Appendix C)

Contingency plans ensure that the services SBC families receive continue with the least disruption possible during unexpected staffing or administrative changes within the SBC team. Contingency plans should be developed with input from the entire SBC team, and partners should agree to their role and how they will be contacted if the contingency plan is needed. **The SBC team should develop a contingency plan after their site case mapping but prior to beginning work with families.**

Contingency plans should include:

- **Emergency contact information: phone, email, and addresses for case workers, attorneys, Judges, GAL and other SBC team members**
- **A specific plan for addressing the needs of the baby and family should a key SBC team member become unavailable.**
- **A specific plan for tracking of documentation, data, court hearings, and CFTMs should the team member holding primary responsibility for these items become unavailable.**

The contingency plan is a working document and can be adjusted and edited based on your site needs.

Mandated Reporting

Mandated reporting is the legal obligation of certain individuals to report suspected cases of child abuse or neglect to the appropriate authorities. This obligation typically extends to healthcare professionals, educators, social workers, law enforcement personnel, and others who work closely with children and families. These mandated reporters play a critical role in identifying and addressing potential risks to infants and ensuring their safety and well-being. When engaging with SBC families, CCs must share with the parent and other team members that they are mandated reporters and, if applicable, also adhere to any mandated reported policies of the CAC.

Family Voice Leaders

Family Voice Leaders (FVLs) are individuals with lived experience as parents who have navigated involvement in the child welfare system. Their focus is on incorporating the lived

experience at the child welfare and court systems level. FVLs are individuals who are committed to making positive changes in their family and community within SBC sites using their own experiences to inform their advocacy work. FVLs serve as a "parent voice" to help shape the direction of services for child welfare involved families. FVLs are typically several years removed from their child welfare experience and receive specialized training and reflective supervision through SCIMHA to ensure they are well prepared and supported in navigating their roles within Safe Babies Court sites.

The Role of the Family Voice Leader in Safe Babies Court

Give voice to the parent experience in the early childhood system, integrate parent voice into policy and practice, and increase equity and decision-making power

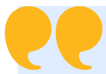
Participate in Active Community Team

Participate in and advise the Site Implementation Team

Meet regularly with the Community Coordinator to problem-solve and center the family experience

XI. Closing Remarks

Safe Babies Court is about systems transformation, and by reading this protocol, you are already a part of our state's collective action on behalf of child-welfare involved babies and their families. Systems change can be slow, but it begins with the centering of relationships. By working within the relationships at the family, site, and state level, South Carolina Safe Babies Court is building a healthier foundation for babies , which ultimately means a healthier future for South Carolina.



All young parents make mistakes. Unfortunately, some mistakes are large enough that they result in court involvement. We now have a way to help these parents learn from their mistakes and grow into healthy, nurturing parents. Safe Babies Court helps participants reach their potential.

Judge Mindy Zimmerman, SC Family Court Circuit 8

XII. Appendix

a. ZTT eLearn Website: ITCP Resource Page

b. Key words & terminology

Core Components

Active Community Team (ACT): brings community partners together to improve equitable access to comprehensive prevention, early intervention, and therapeutic services and supports for families with very young children. This work can be thought of as building a strong early childhood system that aims to reach all children and families with needed services and supports.

Child-Family Team Meeting (CFTM): engages families in collaborative proactive planning that puts young children's developmental needs for safe, stable, and nurturing early caregiving relationships, as well as the individualized needs of each family member, at the center of decision-making.

Diversity, equity, inclusion and belonging (DEIB): serves as a core component of SBC work by elevating the impact of racial inequity as an insidious stressor in the lives of many child-welfare involved families and working to break down systems of oppression.

Infant and early childhood mental health (IECMH or IMH): provides the lens through which all SBC is filtered. IECMH prioritizes developmentally appropriate mental health assessments for babies and toddlers and connection to effective treatment when indicated.

Reflective supervision/consultation (RS/C): promotes relationship-based work through the cultivation of self-awareness. Often takes place in a dyadic or small group format, provided by a specially trained supervisor/consultant.
State Advisory Board (SAB): brings state partners together across sectors to improve equitable access to a comprehensive continuum of promotion, prevention, early intervention, and therapeutic services and supports for families with very young children.

Site Leadership Team (SLT): provides leadership and oversight for effective Safe Babies approach implementation and ongoing sustainability in the community. Also known as Site Implementation Team.

Partners & Roles

SC Network of Children's Advocacy Centers (SCNCAC): serves South Carolina as the leader in child abuse prevention and representative of the state's Child Advocacy Centers.

Children's Advocacy Center (CAC): community-based organizations offering resources to prevent and treat child abuse. Employer of some of SC's SBC Community Coordinators.

Community Coordinator (CC): provide essential 'community level' and 'family level' functions that promote best practices in family engagement, promoting protective factors, trauma-responsive care, and cross-sector collaboration.

South Carolina Infant Mental Health Association (SCIMHA): leads implementation of Safe Babies Court approach in South Carolina. Provides technical assistance to sites, facilitates State Advisory Board, and offers infant mental health expertise.

Zero To Three (ZTT): National partner and creator of Safe Babies Court approach. Provides technical assistance, facilitates case mapping, and offers training to SBC sites and state partners.

Judge: leads SBC teams through essential "in court" and "out of court" functions in the Safe Babies Court approach pertaining to both practice and leadership These functions are realized through a set of core practices and leadership activities drawn from the National Council of Juvenile and Family Court Judges' Enhanced Resource Guidelines and aligned with best practice standards for child abuse and neglect cases.

Department of Social Services (DSS): government agency responsible for investigating and intervening in cases of child abuse or neglect.

Family Preservation Services (FPS): branch of Department of Social Services providing supports and resources to families at risk of having a child removed from their home due to concerns of abuse or neglect.

Parent (608) Attorney: lawyers to serve as counsel for indigent persons in family courts, representing the parents/guardians of the child.

DSS Attorney: lawyer acting as representative of child welfare.

Partners & Roles

Guardian ad Litem (GAL): serves as the voice for the child that is in care. This person meets with the child and caregivers to make sure that the child's needs are being met. They advocate on the child's behalf and determine what's in the best interest of the child.

Biological parents: parent who is related by birth to the child.

Kinship parents: caregiver who is related to the child and steps in to provide guardianship during the family's child welfare involvement.

Resource or (foster) parents: caregivers who house and care for the child while they are in foster care.

Family Voice Leaders (FVLs): individual with lived experience in the child welfare system who represent the perspective of the parent on the Safe Babies Court team.

Help Me Grow (HMG): the state's most comprehensive healthy development resource hub for families with young children.

Department of Mental Health (DMH): state agency responsible for the treatment of people with mental illness. DMH serves as a partner in SBC at the state and site levels.

Law enforcement: government agency charged with investigating and enforcing the law. Serves as a partner in SBC work at the state and site levels.

Infant and Early Childhood Mental Health Consultant (IECMHC): expert in the field of infant mental health who provides support to professionals working with young children in the early care and education (ECE) settings.

Processes & Tools

ASQ: Ages and Stages Questionnaire

CANS: Child & Adolescent Needs Assessments

FAST: Family Advocacy & Supports Tools

TPR: Termination of Parental Rights

Processes & Tools

Family time: court ordered visitation between a child in foster care and their caregiver
Permanency: the identification of a safe, permanent environment in which the child can grow up and belong. Typically, achieving permanency is the end of a child's dependency court involvement.

Reunification: occurs when a child is returned to their biological parents following a period of removal by child welfare.

Merits hearing: a court hearing that occurs 35-days after filing with child welfare that determines the plan for continuation of court hearings and plans towards permanency (ideally, SBC is introduced and connected to the family prior to this time).

Probable Cause: a preliminary hearing that determines whether there is enough evidence to continue the court process. If a child has been taken into Emergency Protective Custody (EPC), parents/guardians are entitled to a probable cause hearing within 72-hours.

Removal: either the physical act of removing a child from his or her residence (either by court order or voluntary), or the act of removing custody from the child's parents due to DSS involvement.

Petition: document filed by DSS to formally initiate a complaint of abuse or neglect against a child's parent(s).

Resources & Interventions

ABC: Attachment Biobehavioral Catch-up

COS-P: Circle of Security Parenting

CPP: Child-Parent Psychotherapy

PCIT: Parent-Child Interaction Therapy

c. SBC Contingency Plan

d. ZTT Case Tracking document

e. SBC Media Kit

- **SBC Social Media Posts**
- **SBC Magnet/Postcard [English]**
- **SBC Magnet/Postcard [Spanish]**
- **SBC Slides**
- **SBC Meeting Flyers**
- **SBC Logos**
- **SBC Brochure For Print**

f. SBC Training Needs Assessment

g. Safe Babies Approach State Advisory Board

h. SC SBC Implementation/Readiness Tool

i. SBC Sustainability Toolkit

j. SBC Implementation Rubric

k . HMG SC Referral Process for SBC

l. Bench Card for Judges and Attorneys

m. Safe Babies Approach Active Community Team

n. Safe Babies Approach Judicial Role

o. Safe Babies Approach Child Welfare Leadership

p. Safe Babies Approach Site Implementation (Leadership) Team

q. Safe Babies Approach Family Team Meetings

r. Safe Babies Approach Site Implementation Roadmap

s. SC SBC State Case Map