

Crosswalk of Services	Multiple Agency Collaboration (MAC) Single Team/Single Plan	Safe Babies Court	System of Care Across Tennessee (SOCAT)
Ages served:	Each region identifies a target population which in some cases includes the age of the child. However, all cases must have a child at least within the age range of birth to 18 years.	Birth through Three (3) Years is the target age however older siblings are also included	Birth-21
Eligibility criteria:	Generally, criteria for this model of practice is families with complex needs who are involved with the Department of Children's Services. Each region identified a target population to begin the use of the model. In most areas the target population concentrates on drug exposed children in their younger years, however the population continues to expand as the model moves forward.	1. DCS has an open case (CPS, SS or FSS) 2. Petition before the Juvenile Court 3. Voluntary participation by parent/caregiver 4. Each jurisdiction can further define local criteria (e.g. substance abuse issues, mental health, custodial or non-custodial status)	The young child/child/youth/young adult is: 1) experiencing emotional or behavioral concerns that affect their daily life (i.e. having trouble in school, with their family, with peers or adults, with law enforcement, or children's services); 2) is having difficulty or is at-risk of being kicked out of pre-school, child care, school, home, etc; 3) has been, is currently, or is at-risk of psychiatric hospitalization, residential placement, or DCS custody; 4) is willing and interested in participating (if under 16, includes family)
Insurance required:	No	No	No
Staffing:	Child and Family Team, this consists of representatives from DCS, DHS, DIDD, TDH, DMHSAS, DOE, DOLWD, and the MCOs assigned to the case. There is also a Care Coordinator who is funded through a DCS Family Preservation Contract who is the 'hub' of the team.	Court Coordinator (typically employed by Juvenile Court)	Care Coordinator, Family Support Specialist (FSS)
Case load size:	There is not a case load size defined.	Maximum 20 cases	12
Intensity of services:	High	High	High
Number of visits:	This is not defined. In the beginning, the expectation is that the services will be more intense, around 7 hours per week through the Care Coordinator and then decrease as the risk lowers. Depending upon their needs, families will receive services from a variety of state partners with different program expectations and interactions.	Visitation between child/parent is frequent; Visits with DCS, Court Coordinator (CC), service providers and the family is frequent but coordinated	Average of 2-3 weekly (includes face-to-face, collateral, family team meetings, etc.)

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Clinical supervision required:	No	No	Yes
Eligibility assessment:	There is not an assessment that determines eligibility but there is a baseline assessment that is conducted at the beginning of the case and periodically throughout the case to measure progress and identify needs.	Determined by criteria and selection process which has been outlined by each court in coordination with their local Safe Baby Court Team.	Clinical Assessment, Child and Adolescent Needs and Strengths (CANS)
Length of participation:	Not prescribed.	Anticipated between 10-12 months; Based upon other jurisdictions	12-18 months
Counties served:	Shelby, Benton, Carroll, Madison, Henderson, Chester, Davidson, Lawrence, Hickman, Wayne, Rutherford, Putnam, Clay, DeKalb, Cumberland, White, Knox, Hamilton, Greene, Washington (with plans to expand statewide)	Coffee, Davidson, Grundy, Johnson, Knox, Madison and Stewart	Madison, Tipton, Decatur, Clay, DeKalb, Putnam, Coffee, Meigs, Sevier, Cocke, Johnson (with plans to expand statewide)
Service provided:	Care Coordination Services are intensive case management services that are offered in each case to help the family stay on track with their services plan and be successful. The families all have different needs, so each service plan is defined by the family's priorities and the safety risks that need to be addressed. Referrals are made through the partners at the table to meet those needs identified, so services might look different for each family.	Increased coordination and communication between family/agencies/courts to access services and timeliness to receiving services. Service array is enhanced or developed, increased case management	High Fidelity Wraparound; Family Support Services; Resource, referral and linkage (TCCY Divisional Coordinators)

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Description:	<p>The Multiple Agency Collaboration, Single Team/Single Plan Approach encourages state agencies to participate in the Child and Family Team Meeting to serve families with complex needs. The Child and Family Team Meeting pulls all of the partners together at one time to discuss the families strengths, needs, and priorities and encourages development of informal supports to help the family be successful and lower the overall risk to the children in the home. Because multiple service providers are at the table, access to services happens more quickly, and services are aligned toward a common set of goals. This team meets regularly, makes referrals as needed and communicates with one another to ensure swift progress and eliminate systemic barriers to the family. DCS contracts for each family to have a care coordinator who will be the hub of communication and assist the family primarily to meet the identified goals and objectives.</p>	<p>Specialized judicial approach recognizing the critical stages of child development and using a coordinated approach to expedite services, increase communication and engage community partnerships and stakeholders to support and sustain families.</p>	<p>Care coordination using a wraparound approach for those with the highest needs. High Fidelity Wraparound is an <i>evidence-based</i> practice that is culturally and linguistically competent and is community-based. High Fidelity Wraparound is a planning process that follows a series of steps to provide individualized care that focuses on the strengths and needs of the children and their family and allows for children and family voice and choice in the process. TCCY Divisional Coordinators, located across the three Grand Regions in Tennessee, assist local communities in the development and implementation of local interagency planning teams that are responsive to the needs of children, youth, young adults, and families of Tennessee.</p>
Evaluation component:	Yes	Yes. Quality Review Tool and review process is underdevelopment; data collection	Yes
Evidence-based/Evidence-evaluation tools:	<p>Evaluation tools developed for this model are the Bridge to Family Stability Self-Assessment, Your Voice Matters Survey (Family Satisfaction Survey), and Team Member Satisfaction Surveys. In addition, data is collected to measure Child Welfare Outcomes through the regular DCS tracking system.</p>	<p>FAST, CANS for 0-3 yrs (Pilot is being discussed for Madison Co)</p>	<p>Caregiver Strain Questionnaire, Columbia Impairment Scale, Pediatric Symptom Checklist, Brief Infant-Toddler Social and Emotional Assessment, Preschool Pediatric Symptom Checklist, Baby Pediatric Symptom Checklist, Wraparound Fidelity Index</p>

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Outcomes:	<p>Align services from across multiple state departments so families get the support they need, when they need it, and in a way that does not create conflicting expectations. The outcome of this model is to reduce children entering foster care, reducing trauma that children experience, to reduce the risk to children in the community, develop informal supports for families so that they can better navigate their situation. Provide the needed services to help families and children stay healthy, to reduce parental drug use, to increase educational opportunities for children, to increase the mental health of children and their caretakers, to help parents become employed and have stable housing, to help families to receive needed services to meet the basic needs of their children and themselves. We hope to build partnerships that will continue outside of the constructs of the model and help serve the customers of Tennessee more efficiently.</p>	<p>To reduce time to permanency; reduce repeat maltreatment, reduce the long-term and short-term effects of traumatic experiences occurring on a child's brain development; increase the personal, familial, and societal accountability of families; and, promote effective interaction and the use of resources among public and private, state and local agencies</p>	<p>SERVICE: Serve over 600 children through local Interagency Planning Teams (SOCAT Teams) and SOCAT Care Coordination Services; Decrease utilization of inpatient care; Reduction of out-of-home placements; Improved community functioning, including improvements in school performance and attendance; Improved and sustained positive mental health, including increases in behavioral and emotional strengths INFRASTRUCTURE: In partnership with the Tennessee Commission on Children and Youth (TCCY) develop and sustain evidence-based services and supports (i.e. wraparound, peer support, etc.); develop, implement, and sustain local SOCAT Teams; develop a SOCAT Financing Plan; develop and implement policy and environmental change strategies that increase access to high quality care</p>