# Healthy Infant Court
## Policy and Procedure Manual

Last Updated: March 29, 2023

# Healthy Infant Court

## Mission Statement

The Healthy Infant Court puts infants at the center of the court process, engaging parents and other collaborative partners to focus on early child development and social and emotional health, while ensuring positive relationships and access to quality services.

## Overview

The Milwaukee County Healthy Infant Court (HIC) is a progressive problem-solving court that combines elements of national Safe Babies Court Teams models and the Milwaukee Family Drug Treatment Court, tailored to meet the needs of infants and families in Milwaukee. The HIC program is designed to provide differentiated case management to effectively address the unique needs of the youngest, most vulnerable children and families in the Milwaukee County child welfare system.

Infants (0-3 years old) are the largest group of children referred to the Division of Milwaukee Child Protective Services (DMCPS), as well as the most vulnerable of any age group to the life-long effects of early trauma and toxic stress on brain development, and thus benefit greatly from specialized services within the child welfare system. The HIC program focuses on more timely permanency, stopping the multigenerational cycle of child welfare involvement, relationship building, and providing therapeutic jurisprudence in a trauma informed manner. A critical component of HIC includes connecting infants and families to Infant Mental Health Counseling with a specialized treatment provider.

Once an infant is enrolled in HIC, the case will be transferred to HIC-trained judges, Assistant District Attorneys (ADAs), Guardians ad Litem (GALs), parent attorneys, and case managers. The identified infant will be considered the HIC participant, which will allow the infant to remain in HIC even if the parent eventually chooses to withdraw his/her participation in the program. If this situation arises, the placement provider will assume the role of the infant's primary caregiver within HIC.

The HIC team has received special training on the developmental and mental health needs of infants, thus ensuring that the participants receive quality, tailored services to better develop rich, early relationships and reach quick and stable permanency. The HIC team will meet with the judge monthly in an effort to increase communication and collaboration amongst professionals, caregivers, birth families, and the court. At the non-adversarial HIC Team Meetings the team will discuss each family's progress and develop individualized and realistic service plans that address each family's specific needs.

# Healthy Infant Court
## Steering Committee

The HIC Steering Committee will meet every third Wednesday of the month. When appropriate, the committee will meet quarterly. The Steering Committee will provide input on the HIC policies and procedures, review all performance measures, and assure the project remains focused and consistent with the mission and vision.

### List of Steering Committee Members and Roles

1. Judge Jane Carroll - Judge presiding over Healthy Infant Court Cases
2. Judge Mary Triggiano –Advisory Member/Founding Judge
3. Christine Mochel –Healthy Infant Court Coordinator
4. Rebecca Foley – Family Drug Treatment Court Coordinator
5. Sarah Henery – Attorney, Division of Milwaukee Child Protective Services
6. Laurice Lincoln – Policy Initiative Advisor/Chief Implementation Officer, Wisconsin Department of Children and Families
7. Dr. Michelle Urban - Medical Director, Division of Milwaukee Child Protective Services
8. Lisa Vega - Family Case Management Manager, WellPoint Care Network
9. Megan Paschke - Family Case Management Manager, Children's Wisconsin
10. Elisabeth Muller, William Pipp – Assistant District Attorney, Milwaukee County
11. Chelsea Fischer – Guardian ad Litem, Legal Aid Society of Milwaukee, Inc.
12. Catherine Flaherty, Dorothy Dey – Private Bar Attorney representing parents
13. Tanya Bitter-Schnell - Care4Kids representative
14. Anntoinette McKee - Early Head Start Deputy Director, Next Door Foundation
15. Eileen Sperl - Meta House
16. Geri Lyday, Cheryl Walker-Lloyd, Darsell Johns – Disabilities Services, Birth to Three
17. Kevin O'Brien, Margo Camacho, Brian Myers – Infant Mental Health Treatment Providers

# Healthy Infant Court
## HIC Team

### Team Members and Key Roles

#### JUDGE

The judge plays a central role in the HIC team, setting aside a special docket and holding monthly, non-adversarial reviews to assess progress and identify modifications needed in each HIC case. The judge leads efforts to reduce the adversarial nature of court proceedings. He or she approaches HIC cases in a trauma-informed manner, displaying dignity and respect for all involved. The judge values the infant mental health specialist's role in the HIC team and utilizes their expertise in assessing parent-child relationships regarding placement, visitation, reunification, and permanency. When appropriate, the judge orders child-parent psychotherapy and frequent visitation. The judge makes child attachment a central focus of the team's efforts and strives to stabilize placements and avoid placement moves that could be detrimental to the child. The judge relies on the community coordinator and HIC team to determine appropriate, evidence based services that will enhance each child's wellbeing.

#### HIC COORDINATOR

The HIC coordinator is responsible for the organization and planning of the Milwaukee County HIC. The coordinator provides child development expertise to the judge and HIC team by organizing trainings for all team members and collaborative partners. This individual coordinates services and resources for infants, toddlers, and their families with local community providers in collaboration with the ongoing case manager. The HIC coordinator is responsible for ensuring team meetings are held and each individual attends all HIC Team Meetings. The coordinator monitors adherence to the court's implementation plans and acts as the primary contact with Milwaukee County Court Administration, Division of Milwaukee Child Protective Services (DMCPS), private bar attorneys, Guardians ad Litem (GALs), and the Milwaukee County District Attorney Office. The HIC coordinator ensures that data is being gathered in a timely manner for reporting purposes and ensures reporting of evaluation data to the Wisconsin Department of Children and Families (DCF).

#### BIOLOGICALPARENT(S)

The biological parents are valued and respected members of the HIC team. The HIC team understands that a birth parent comes to the court process with a wide variety of traumatic stressors present in his or her life. The biological parent is expected to engage in the HIC process including attending all team meetings and having regular contact with the ongoing case manager, the assigned parent's attorney, the assigned IMH treatment provider and placement providers/foster

parents. The biological parent is expected to complete the goals and conditions of their Dispositional Order and participate in services as recommended by the IMH treatment provider in conjunction with the HIC team. Parent programs shall be evidence-based and evidence-informed and focus on child development, positive approaches to nurturing and caring for children, healing trauma, and working to address issues that interfere with parenting capacity. The team should make concerted efforts to find and engage fathers in the parenting and HIC process. The HIC team and biological parents shall focus attention on increasing the time child and parents spend together and expanding the parenting opportunities for contact.

## CAREGIVER(S)/PLACEMENT PROVIDER(S)/FOSTER PARENT(S)

Foster parents and other placement providers fill a key role as a parent to the child and are respected members of the HIC team. Foster parents and placements should participate in team meetings, court hearings and community trainings. The HIC team works with all co-parents involved in a child's life and helps facilitate strong lines of communication between these persons in order to develop a connected, coordinated and attuned view of the child. This helps create an environment of predictability, routine and family-level security for the child and decreases the child's stress when transitioning between residences and caregivers. Training and support are required prior to and while foster parents are engaged with a child and his/her family.

## INFANT MENTAL HEALTH (IMH) TREATMENT PROVIDERS

IMH treatment providers will provide dyadic early mental health services to caregivers and children using an evidence-based clinical model specific to an infant/toddler population, such as Child-Parent Psychotherapy (CPP). The IMH treatment provider will provide expertise in assessing parent-child relationships for purposes of court orders related to placement, visitation, reunification, and permanency. The IMH treatment provider will provide a written monthly report that summarizes the infant and parent's treatment and progress. IMH treatment providers will consult with case managers and HIC team members on the topic of early mental health.

## ONGOING CASE MANAGER

The ongoing case manager works as part of the HIC team to provide services to the infant and family. Each family will be assigned an ongoing case manager after the Temporary Physical Custody (TPC) hearing. The case manager will ensure timely and appropriate child, parent, and family focused treatment and other necessary services. In addition, the case manager will refer the infant and parent dyad to an infant mental health specialist for assessment and treatment. The case manager will provide monthly written progress reports to the HIC team. Included in the case manager's report will be updates on any progress, strengths and needs, and changes in treatment or services for the infant and family. These services include but are not limited to infant mental health, early education and intervention, visitation, medical care, parent education and mentoring, and parent mental health and AODA services.

## ATTORNEYS (ADA, PARENT'S ATTORNEY, GAL)

All attorneys formally involved in HIC should familiarize themselves with the HIC policies and procedures and participate in HIC trainings. All attorneys are expected to participate in a non-adversarial manner at HIC meetings to promote a unified infant court team. The HIC attorneys should contribute to the team's efforts in community education and local resource acquisition while contributing to education of peers, colleagues and the judiciary in the efficacy of infant court. The HIC team includes ADAs, GALs, and parent's attorneys.

**Assistant District Attorney (ADA)-** An Assistant District Attorney (ADA) will assist the HIC coordinator in identifying eligible children to participate in HIC. The ADA will share information obtained from DMCPS regarding infants who meet the eligibility criteria. The ADA is expected to participate in team meetings and attend all non-adversarial court proceedings. If the ADA intends to file a petition for guardianship, termination of parental rights, or to modify terms of a court order, the ADA will attempt to inform the HIC team prior to filing, or in the case of an emergency, as soon as practical thereafter.

**Parent's Attorney**- A HIC parent's attorney informs his/her client about the opportunity to participate in HIC with his/her infant and discusses ways that the court may benefit the infant and family. The attorney is expected to ensure all legal rights of the client are protected, advocate for fair and equal treatment of his/her client, participate fully in team meetings, and represent his/her client in all children's court proceedings. Parents' attorneys will stress to their clients the importance of the parents' participation in all infant mental health, developmental, and medical appointments. In addition, parents' attorneys will strongly encourage their clients to work collaboratively to co-parent with the child's placement, engaging in communication according to the QPM philosophy. The parent should also be encouraged to participate in visitation as determined appropriate by the team. Parents' attorneys will attempt to notify a client's team through e-mail or phone of any requests for changes in visitation or placement if they know in advance that they will be requesting a change.

**Guardian ad Litem (GAL)-** The GAL serves a vital role in the HIC team as he/she advocates for the best interest of the infant in all matters, including visitation, placement, and permanency. The GAL will work closely with the ongoing case manager and placement provider to ensure that the child's immediate and long-term needs are being met by his/her treatment plan. The GAL should attempt contact with his/her ward/caregivers monthly and face-to-face contact with the ward when feasible. If the GAL intends to modify the court order, the GAL shall attempt to inform the HIC team prior to filing, or in the case of an emergency, as soon as practical thereafter. The GAL should ensure that appropriate services are being provided, and if an infant is not receiving the services that he/she needs, the GAL should address his/her client's needs in the HIC Team Meeting. The GAL should ensure the safety and well-being of the infant and seek quick and safe permanency for the child.

# Healthy Infant Court
## Eligibility Criteria

### Qualifying Criteria-
**Case must meet all requirements listed in order to be considered for HIC.**

1. Infant who is 0-36 months old at time of TPC.
2. HIC is a voluntary program, therefore at least one parent must be willing to participate and complete the HIC application packet.
3. Temporary Physical Custody (TPC) of infant has been taken by the court and a Child in Need of Protection and Services (CHIPS) Petition has been or will be filed with the court. The infant can be placed either in or out of the home of a parent.

### Disqualifying Criteria-
**Any one of these criteria will be the basis to exclude a case from consideration for HIC.**

1. Both parents or applicant parent facing imminent, long-term incarceration (six-months or longer) without access to the child.
2. Active No Contact Order or Injunction between applicant parent(s) and infant.
3. Applicant parent has an active and pending TPR case, unless the applicant parent has a qualifying infant on a CHIPS Petition filed during the pendency of the active TPR matter and the TPR parties unanimously agree to participation in HIC.
4. All parties must unanimously agree to participation in HIC for cases where it has been six months or longer since TPC for the qualifying infant.

### Case-by-Case Considerations-
**This non-exhaustive list of items will be considered on a case-by-case basis during the staffing of a potential HIC case (so long as all qualifying criteria are met).**

1. The current location of the parent and/or caregiver. Preference will be given to parents who live in Milwaukee County and to caregivers who live within 30 minutes of the applicant parent(s) due to service restrictions and transportation limitations.
2. The caregiver's willingness to participate in HIC programming.
3. No Contact Order or Injunction between the parents.
4. The applicant parent's ability to meaningfully participate in HIC programming.

# Healthy Infant Court

## Case Identification Prior to or at the TPC Hearing

### Policy

Attempts will be made to engage parents in HIC as early on in a case as possible. The HIC coordinator will therefore collaborate with the DMCPS Initial Assessment Specialists (IAS) to identify Child in Need of Protection and Services (CHIPS) cases that may be eligible for HIC before or on the day of the TPC hearing. The HIC coordinator will present the program to the birth parents of potentially eligible infants, provide the HIC brochure, and assist interested parents in completing the HIC application packet.

### Procedure

- The HIC coordinator will review the CHIPS emergency detention list the night before the TPC hearings are scheduled to determine if any of the TPCs include infants in the target age range for court participation. The HIC coordinator will consult with IAS and the District Attorney's Office prior to the TPC hearing to gather additional information to determine whether the case qualifies for consideration for HIC.

- DMCPS IAS can also independently identify cases which IAS believes qualify for consideration for HIC. These cases should be referred to the HIC coordinator prior to the TPC hearing.

- If the case meets the eligibility criteria and no disqualification criteria are known, the HIC coordinator will meet with the birth parent(s) at Milwaukee County Vel Phillips Youth and Family Justice Center (VPYFJC) on the day of the TPC hearing to introduce the HIC program and provide the HIC brochure and application packet to the parent(s) of potentially eligible infant(s).

- Every effort will be made to include the parent's attorney in the discussion, and s/he will be given the opportunity to ensure his/her client understands the HIC program, expectations of parents, and the application. If the parent's attorney is not yet assigned or unavailable, the parent will be given an opportunity to meet with him/her before the HIC application is reviewed.

- If one or both parents are interested in participating with his/her infant, the coordinator will provide the parent(s) with the HIC application packet and assist them in completing it. The HIC coordinator will explain that a completed application does not guarantee enrollment of their children into HIC, and that the application must be reviewed by and staffed with the HIC team prior to acceptance into the program.

**Appropriate Forms: HIC Brochure; Letter to Parents; HIC Application; Ex Parte Agreement for Parents; Waiver of Confidentiality**

# Healthy Infant Court
## Case Identification after the TPC Hearing

### Policy

CHIPS cases may be referred to HIC throughout the pendency of the CHIPS case so long as the application is completed within six-months of the TPC Hearing.

### Procedure

- Judges, DMCPS contracted agencies (Children's Wisconsin and WellPoint), private bar attorneys, community service providers, assistant district attorneys (ADAs), and guardians ad litem (GALs) may refer cases to the HIC coordinator during the pendency of a case.

- The HIC coordinator will consult the ongoing case manager, parents' attorneys, the assigned and HIC ADA, and the assigned and HIC GAL to gather necessary information to determine if the case may qualify for HIC. The HIC coordinator will consult with the ongoing case manager, family support specialist(s), community service providers, visitation worker(s), and if available, IMH treatment provider, to determine if the infant and family meets the eligibility criteria for HIC.

- If the family meets the eligibility criteria, the HIC coordinator will meet with the birth parent(s) at Milwaukee County Vel Phillips Youth and Family Justice Center (VPYFJC) before the next scheduled hearing to introduce the HIC program and provide the HIC brochure to the potentially eligible parent(s).

- If one or both parents are interested in participating with his/her infant, the coordinator will provide the parent(s) with the HIC application packet and assist them in completing it.

- The parent's attorney will be included in the discussion and given the opportunity to ensure his/her client understands the HIC program, expectations of parents, and the application.

**Appropriate Forms: HIC Brochure; Letter to Parents; HIC Application; Ex Parte Agreement for Parents; Waiver of Confidentiality**

# Healthy Infant Court
# Application Process

## Policy

All potential participant parents are required to complete an application, waiver of confidentiality, and an agreement of ex parte communication. The HIC coordinator will provide all the appropriate forms to the HIC parent attorney appointed to the potential participant.

## Procedure

- When a case is identified at the TPC Hearing as a potential HIC case and the parent states interest in HIC, the coordinator will identify a HIC parent attorney to meet with the parent to complete the application, waiver of confidentiality, and agreement to ex parte communication. The attorney shall have the parent sign all necessary forms and submit them to the HIC coordinator upon completion.

- If the other parent is not interested in participating in HIC or does not meet the eligibility criteria, the coordinator will introduce the program to the non-participating parent and his/her attorney. The coordinator will request the non-participating parent sign the ex parte communication waiver form.

- If a parent is not at court for the TPC Hearing due to hospitalization, detox, or incarceration, or if the case is identified after the TPC Hearing, the attorney appointed for the parent and/or HIC coordinator will contact the parent to determine his/her level of interest in participating in HIC. If the parent is interested in the program, the attorney will contact the HIC coordinator and the HIC coordinator and/or parent's attorney will meet with the parent to complete the application, waiver of confidentiality, and agreement to ex parte communication prior to the next hearing scheduled for the case.

**Appropriate Forms: HIC Application**; **Waiver of Confidentiality**; **Agreement of Ex Parte Communication**; **Non-Participating Parent Agreement of Ex Parte Communicatio**n

# Healthy Infant Court
## Review of Potential Cases

### Policy

A staffing will be scheduled for every case that meets the Healthy Infant Court eligibility criteria and for which an application has been filed by at least one parent requesting participation in HIC.

### Procedure

- Once the infant has been deemed appropriate for the court and if a parent expresses an interest in HIC, the coordinator will notify the appropriate HIC team at either Children's or WellPoint by e-mail as soon as possible.

- After the HIC coordinator has consulted with the HIC team at the respective agency, the HIC coordinator will meet in-person or have a phone conversation with the placement provider to gage the caregiver's willingness and ability to meet the necessary expectations of HIC. The HIC coordinator will look into the location of the caregiver's residence as compared to the participant parent's residence to determine if distance will be a concern.

- The HIC coordinator will be responsible for gathering any additional information that will assist the team in determining if the case is appropriate for HIC. Information will only be sent to the voting members of HIC the case review teams. Information to be shared includes:
  1. The history of the case and incidents leading to TPC;
  2. Any agency evaluation tools that have been completed and are available at the time of the staffing;
  3. Logistics of the case:
     - Parent engagement and willingness to participate in HIC;
     - Parent functioning, including but not limited to cognitive impairment, mental health needs, etc.;
     - Child(ren) functioning, including but not limited to mental health needs, physical health needs, relational needs, etc.;
     - Caregiver investment and location;
     - Scheduling limitations for the child, parent, caregiver, or professionals;
     - Existing orders for no contact and status of criminal cases;
     - Current family court orders.

- All team members who participate in the HIC Staffing or are provided documentation in preparation for the HIC Staffing will be required to sign a confidentiality waiver or have a previously signed waiver on file.

- The HIC coordinator will schedule a case staffing within 14 days of application submission to review the application and determine if the case is appropriate for HIC. This staffing will include the respective agency's Case Review Teams (listed below), HIC parents' attorney(s) (or non HIC parent's attorney(s) if appointed and different than the HIC parent's attorney(s)), a GAL representative, case manager (if assigned and different than the review team), an ADA representative, and any service providers already on the case. Priority will be made to have this staffing occur in person, though the staffing may occur via email or conference call if warranted.

**WellPoint Case Review Team**

| Name | Role | Email Address |
|---|---|---|
| Lisa Vega | Case Management Program Manager | lvega@wellpoint.org |
| Melinda Deibert | Ongoing Case Management Supervisor – for HIC | mdeibert@wellpoint.org |
| Brian Myers | Infant Mental Health Specialist | bmyers@wellpoint.org |

**Children's Case Review Team**

| Name | Role | Email Address |
|---|---|---|
| Megan Paschke | Case Management Program Manager | mpaschke@childrenswi.org |
| Erin Koceja | Ongoing Case Management Supervisor – for HIC | ekoceja@childrenswi.org |
| Kevin O'Brien | Infant Mental Health Specialist | Ko'brien@childrenswi.org |

- A case will be accepted into HIC if a majority of the voting parties vote that HIC is appropriate. Each voting group gets one vote. The voting groups include: (1) parent's attorney(s); (2) ADA; (3) GAL; (4) case management team. The HIC judge will ultimately determine if the case will be accepted.

- The coordinator will inform the HIC ADA, HIC GAL, and existing parents' attorneys of the decision no later than 48 hours after the decision is made. The coordinator will ensure that a HIC parent's attorney is available to take the case at the plea hearing or subsequent hearing if required by these policies and procedures.

- The agencies will re-assign HIC cases internally, per agency policy, and the Court will appoint HIC attorney(s) and administratively reassign the case to the HIC judge. The assigned agency will send out a referral for an IMH treatment provider, if not already referred, and assist with putting the parent(s), caregivers, and IMH treatment provider in contact with one another.

# Healthy Infant Court
# Acceptance into HIC

## Policy

If a case is accepted into HIC, the family shall participate in the next scheduled monthly HIC Team Meeting date if the date is at least 14 days after the date of acceptance and feasible for the HIC team. If the next scheduled monthly HIC Team Meeting is less than 14 days after the date of acceptance into HIC or not feasible for the HIC team, the family shall participate in the following month's scheduled monthly HIC Team Meeting.

## Procedure

- The HIC coordinator will e-mail the HIC team once the decision has been made. The email will identify if the case has been accepted, and if so, the starting date in HIC.

- The WellPoint or Children's Program Director will inform the HIC coordinator which ongoing case manager (OCM) will work with the participant and will inform the OCM that his/her client has been accepted.

- The OCM and the parent's attorney(s) will both contact the parent to inform him/her of his/her acceptance and start date.

- Prior to or as soon as feasible after the initial HIC Team Meeting, the ongoing case manager shall facilitate a meeting between the birth parent(s) and caregiver(s) to meet and discuss the care of the child. This meeting is designed to get the parents focused on how to best co-parent with the caregiver and serves an opportunity to facilitate engagement between the parent and caregiver.

# Healthy Infant Court
## Intake Attorney Appointments

### Policy

In all cases that come into HIC prior to Disposition, the participating parent will be appointed a HIC parent attorney.

### Procedure

- If the parent is interested in HIC at the TPC Hearing, the HIC Coordinator will ensure a HIC parent attorney is appointed to the case. If the parent declines to participate, the intake attorney assigned for that day will be appointed to the case.

- If the parent is not present due to a short term incarceration, hospitalization or detox, a HIC parent attorney will be appointed up to the date of the plea hearing. If the parent does not wish to participate in HIC at that point, the case will be transferred to the intake attorney who was scheduled on the day of the detention hearing.

- If a case is denied entry into HIC prior to the date of disposition, the HIC parent attorney will withdraw from the case and the assigned intake attorney for the day of the TPC Hearing will be appointed to represent the parent.

- If an application is still pending on the date of the dispositional hearing or thereafter and the case then does not enter HIC, the HIC attorney will remain the attorney of record.

- If a parent demonstrates interest after the TPC Hearing and prior to the disposition of the case, they may submit an application. If accepted, a HIC parent attorney will be appointed to the case. The initial intake attorney will transfer the case and any case notes to the HIC attorney.

- If the HIC application is accepted on the day of the dispositional hearing or after; with the judges' approval, the assigned intake attorney will be asked if he/she wants to keep the case and participate in HIC. If the attorney declines to keep the case, it will be transferred to a HIC parent attorney.

# Healthy Infant Court
## Case Transfer from Assigned Court to HIC

### Policy

All cases should be administratively transferred to HIC Court when the applicant is accepted into the program. All subsequent hearings should also be rescheduled on the HIC calendar.

### Procedure

- When an applicant is accepted into the program, the HIC coordinator will be responsible for administratively transferring the applicant's case and all open corresponding cases to the assigned HIC judge. The HIC Coordinator will contact the tabbed judge's court and let the court know the case(s) was/were transferred to HIC.

- The HIC coordinator also will be responsible for ensuring all scheduled court dates are transferred to HIC and appropriate notice is provided. At no time will the next court hearing date be changed; the case will be placed on the HIC calendar at the same date and time for continuity.

- If, at any time a party objects to the case being transferred to HIC, or a party files a substitution against the HIC judge, the case will be assigned to the original filing court official.

# Healthy Infant Court
# HIC Team Meeting

## Policy

The HIC team shall consist of the following individuals: the HIC coordinator, biological parents, foster parents/placement providers (caregivers), guardians ad litem, the HIC judge, the IMH treatment provider, the ongoing case manager and case manager supervisor, the HIC ADA, the attorneys for the parent(s), treatment providers servicing the family, and any additional supports/extended family as invited by the team members and appropriate for the HIC Team Meeting setting. All meetings will occur with the HIC judge presiding and are off the record. The HIC Team Meeting shall occur once per month and assist with building communication, speedy access to services, and track the infant/child and family's progress (referrals made, services received, barriers encountered, etc.). No contested issues will be decided at the HIC team meetings. The HIC coordinator shall be responsible for scheduling the HIC team meetings and gathering progress information from team members to be disseminated to the team prior to the scheduled meeting.

## Procedure

- HIC Team Meetings shall take place in the assigned HIC judge's court room one time per month. The HIC team may review allowing attendance on a less frequent basis on a case-by-case basis.

- HIC Team Meetings for HIC only cases will be held the 4$^{th}$ Thursday morning of each month (unless scheduling conflicts require it to be held the 3$^{rd}$ Thursday morning of a month). A schedule of HIC Team Meeting dates shall be determined in advance for each calendar year and sent to all HIC team participants once finalized by the HIC judge and coordinator. Alternative dates and times may be selected as needed on a case-by-case basis and as the HIC judge's court calendar permits. Dually enrolled HIC and Family Drug Treatment Court (FDTC) cases shall be scheduled by parties for Friday mornings prior to regularly scheduled FDTC meeting dates and times.

- Each HIC Team Meeting will be scheduled for 40 minutes to allow the team to fully address updates and goals for the case.

- HIC team members are expected to attend all HIC Team Meetings. If legal parties (ADA, GAL, parent's attorney(s)) are unable to attend a scheduled meeting, he/she shall attempt to find coverage to attend the hearing in his/her place.

- At least one week prior to the scheduled meeting, the HIC coordinator will send an email to the HIC team requesting updates for each case. Case managers, infant mental health specialists, caregivers, and appropriate service providers shall complete the appropriate update form for their role in the case and forward the completed form and/or general updates to the entire HIC team via email no later than two days prior to the scheduled HIC Team Meeting by end of business.

- At the first HIC Team Meeting scheduled on a case, the HIC team will begin with introductions of the members and his/her role on the team. The team will then address the ground rules and expectations for the HIC Team Meetings. Introductions may be made at subsequent HIC Team Meetings as requested by the HIC team members.

- At the end of each team meeting, the HIC coordinator will draft and share a goals sheet for what was discussed during the team meeting and how the team determined moving the case forward. The ongoing case manager, supervisor, or another member of the HIC team will ensure that a hard copy of the goal sheet is provided to the biological parent(s) and caregiver(s) at the end of the HIC Team Meeting. The HIC coordinator will ensure that an electronic copy of the goals sheet is sent to all parties via email no later than one week after the HIC Team Meeting is held.

- At each HIC Team Meeting, the HIC team will review the goals determined at the previous month's meeting and review updates from all team members. Topics to be covered at each HIC Team Meeting include:
    - The infant's physical, mental and developmental health;
    - The infant's placement;
    - Family visitation/contact time (both formal and informal);
    - Concurrent planning and permanency time frames;
    - Adequacy of infant services;
    - Adequacy of parent and caregiver services;
    - Case compliance;
    - What is preventing the infant from returning to the home of a parent today.

- The team meetings are confidential and all participants, team members and/or observers of the HIC Team Meeting will be required to sign a HIC Confidentiality Form.

## Appropriate Forms

1. **HIC Confidentiality Form; Caregiver HIC Monthly Update; Provider HIC Monthly Update**

# Healthy Infant Court
# Transitioning a HIC case from CHIPS to Termination of Parental Rights (TPR) Proceeding

## Policy

Upon the filing of a Termination of Parental Rights (TPR) case, the HIC case will be transitioned out of the assigned HIC Court to solely a family team meeting model.

## Procedure

- If the District Attorney's Office intends to file a TPR or Guardianship petition on a HIC case, the HIC ADA shall contact the HIC Coordinator prior to the filing of the petition. The HIC Coordinator will contact all parties regarding the anticipated filing.

- Once a Termination of Parental Rights (TPR) petition is filed, the HIC Coordinator will schedule a final HIC Team Meeting after the Initial Appearance on the TPR.

- The Coordinator will contact all attorneys, both CHIPS and TPR, and schedule a transitional team meeting within 20 days of the initial appearance on the TPR. The purpose of this transitional team meeting is to:
    - Provide a warm handoff from the HIC legal team to the TPR attorneys;
    - Update all parties on what services are currently in place for the child(ren) who is the subject of HIC;
    - Discuss the HIC team's recommendations for healthy continued contact between child, parent and caregiver.

- At the transition team meeting the team will ensure that a Family Team Meeting date is selected and the parties are aware of that date and time. The HIC Coordinator will continue to attend Family Team Meetings until such time as permanency is reached in the matter.

# Healthy Infant Court
# Exit Staffing

## Policy

The determination of whether a HIC case is discontinued from HIC prior to the case reaching permanency shall be made on a case-by-case basis. An exit staffing will be scheduled when any HIC team member requests HIC discontinue prior to permanency being reached in the case.

## Procedure

- When a HIC team member requests a case be removed from HIC, the coordinator will notify the entire HIC team that a request has been made and schedule an exit staffing within 30 days of the request.
- The HIC coordinator will be responsible for gathering any additional information that will assist the team in determining if HIC should be discontinued for a case. Information will only be sent to the voting members of HIC the case review teams. Information to be shared includes:
  1. Information from the requester as to why the request to discontinue HIC is being made;
  2. Information from the parent(s) and/or the parent(s) current whereabouts;
  3. Information from the caregiver;
  4. Information from current service providers;
  5. Status of services should HIC discontinue;
  6. Current expiration date of the case;
  7. Any other information that the HIC coordinator believes would be helpful for the group to make a final decision.
- All team members who participate in the HIC exit staffing or are provided documentation in preparation for the HIC exit staffing will be required to sign a confidentiality waiver or have a previously signed waiver on file.

- The HIC coordinator will schedule an exit staffing to review all applicable information and determine if the case should be discontinued from HIC. This staffing will include the respective agency's Case Review Teams (listed below), parents' attorney(s), a GAL representative, case manager, an ADA representative, and any service providers on the case. Priority will be made to have this staffing occur in person, though the staffing may occur via email or conference call if warranted.

**WellPoint Case Review Team**

| Name | Role | Email Address |
|---|---|---|
| Lisa Vega | Case Management Program Manager | lvega@wellpoint.org |
| Melinda Deibert | Ongoing Case Management Supervisor – for HIC | mdeibert@wellpoint.org |
| Brian Myers | Infant Mental Health Specialist | bmyers@wellpoint.org |

**Children's Case Review Team**

| Name | Role | Email Address |
|---|---|---|
| Megan Paschke | Case Management Program Manager | mpaschke@childrenswi.org |
| Erin Koceja | Ongoing Case Management Supervisor – for HIC | ekoceja@childrenswi.org |
| Kevin O'Brien | Infant Mental Health Specialist | Ko'brien@childrenswi.org |

- A case will be discontinued from HIC if a majority of the voting parties vote that exit from HIC prior to permanency being reached is appropriate. Each voting group gets one vote. The voting groups include: (1) parent's attorney(s); (2) ADA; (3) GAL; (4) case management team. The HIC judge will ultimately determine if the case will be discontinued from HIC.
- The coordinator will inform the HIC ADA, HIC GAL, and existing parents' attorneys of the decision no later than 48 hours after the decision is made.