Tennessee Department of Children's Services Work Aid for Cases
Assigned to a Safe Baby Court

A. Purpose	Tennessee's Safe Baby Court Initiative (SBCI) was created in response to Tennessee's critical need for child and family programs that reduce the incidence of child abuse, neglect and endangerment; to minimize the effects of childhood trauma on small children; and to provide stability to parents and children. The vision for Tennessee's Safe Baby Courts (SBC) is to achieve lasting safety, permanency and well-being for Tennessee's infants, toddlers and families through a collaborative team approach.

B. **Overview of Safe Baby Court (SBC)**	Tennessee SBCI is a partnership between the Department of Children's Services (DCS), the Department of Mental Health and Substance Abuse Services (DMHSAS), and the Administrative Office of the Courts (AOC). These agencies work collaboratively to support individual jurisdictions reach the combined goals for the SBCI. These goals are to: • Reduce the time to permanency for children 3-years old and younger by surrounding at-risk families with support services; • Reduce the incidences of repeat maltreatment among children 3-years old and younger; • Reduce the long-term and short-term effects of traumatic experiences on infant and toddler brain development; • Promote public safety; • Increase the personal, familial and societal accountability for families; and • Promote the effective interaction and use of resources among all levels of government and community agencies.

C. Requirements for participation in Safe Baby Court	For a case to be accepted into SBC, the following requirements must be met: • DCS has an open case with court involvement; • There must be at least one child in the family that is newborn through three (3) years of age; • The parent(s) must voluntarily agree to participate in SBC; and • The juvenile court where the SBC is located has jurisdiction over the child(ren).

	NOTE: DCS must maintain an open case (CPS, FSS, or SS) until the SBC court case is closed.
D. Assessing suitability to recommend case for participation in Safe Baby Court	Each Juvenile Court that has SBC jurisdiction has the authority to set specific admission criteria. Similarly, each Juvenile Court with SBC jurisdiction has the authority to set specific referral protocols. DCS Case Managers shall check with the court to receive written protocols, if any exist, and otherwise ensure they review and comply with any court criteria when making recommendations or referrals to SBC. Prior to recommending a case be considered for SBC, DCS Case Managers should conduct a holistic assessment of the child(ren) and family, and discuss suitability of the case for SBC with the SBC Community Coordinator. Some of the factors to be considered include, but are not limited to: • Engagement and motivation of the parents/caregivers to participate in the change process; • Capacity of the parents/caregivers to safely parent the children; • Willingness of the parents/caregivers to make the commitment required to participate in SBC; • Prior severe abuse findings or termination of parental rights with the family; • Extended incarceration, hospitalization, or inpatient treatment of the parents/caregivers; and/or

	• Allegations of sexual abuse or severe physical abuse, including whether the Department seeks a severe abuse finding or asks to be relieved of reasonable efforts

E. TFACTS Documentation upon SBC Case Acceptance	When a case has been accepted by the juvenile court as an SBC case, the DCS Case Manager creates a need record for each child in TFACTS. No responsibilities shall be assigned to the SBC need record. Responsibilities are assigned with other identified needs, such as substance use needs, mental health needs, housing stability, etc. The SBC need record does not end until the case is closed or transferred from the Safe Baby Court docket.

F. Safe Baby Court Child and Family Team Meetings (CFTMs), Permanency Planning, and Service Provision	1. The DCS Case Manager invites the SBC Community Coordinator to participate in any initial Child and Family Team Meeting (CFTM) for a family that meets the admission criteria for SBC. At the beginning of the CFTM, the DCS case manager engages the family and ensures that the family agrees to the Coordinator's participation in the CFTM. 2. The DCS Case Manager, in coordination with the SBC Community Coordinator, schedules and holds at least monthly CFTMs through the life of the SBC case. CFTMs may occur more frequently, if needed, but there shall be at least one CFTM per month on every SBC case. Unless DCS policy requires the presence of a facilitator, the SBC Community Coordinator may facilitate the CFTMs. 3. The Family Team is a critical component of SBC case planning. The Family Team fosters an environment of compassion, transparency, and child-focused problem-solving that is also responsive to the parent's needs. DCS Case Managers shall invite all SBC Family Team members to CFTMs. The Family Team includes: • Community Coordinator • CPS/FSS/SS caseworker assigned to the family • Birth parents • Foster parents/caregivers • Other agency or service providers • Supportive family and community members identified by the family • Attorneys representing the children, parents, and child welfare agency • The child's CASA volunteer, if applicable • Early child development specialist working with the children, if applicable • Family's child-parent psychotherapist/infant mental health specialist, if applicable.

4. Permanency plans should be reviewed and updated throughout the life of the SBC case during the monthly CFTMs. Permanency plans are completed as set out in DCS Policies ***14.12, Family Permanency Planning for Child Protective Services Non-Custodial Cases*** and ***16.31,Permanency Planning for Children/Youth in the Department of Children's Services Custody.*** Custodial permanency plans are submitted to the Court for ratification pursuant to statute and local court rules. Any substantive changes to the custodial permanency plans are presented to the court for ratification.
5. The DCS Case Manager shall engage parents in the decision-making process and ensure that the family's voice is heard at all meetings. The DCS Case Manager empowers parents by creating opportunities to increase their capacity for self-advocacy, confidence, and motivation, with a focus on building parental resilience and improved functioning with appropriate supports.
6. The DCS Case Manager shall recognize substance use disorder as a complex recurring medical condition that necessitates a therapeutic approach. The DCS Case Manager will also have increased awareness of different forms of bias, including structural racism and discrimination.
7. The DCS Case Manager ensures that assessment-driven needs identification occurs, including assessment of:
    - The parent-child attachment relationship;
    - Child and parent trauma (current and past);
    - Parent's health, mental health, and parenting needs; and
    - Child's health, mental health, and developmental needs.
8. The DCS Case Manager completes the Toddler and Infant Needs and Strength (TINS) according to ***Protocol for Completion of TINS in Safe Baby Court Cases***
9. Once necessary assessments are completed, the DCS Case Manager engages community partners to meet the needs of families in collaboration with the SBC community coordinator. The DCS Case Manager shall ensure referrals for services are made timely. After referrals are made, the DCS Case Manager regularly monitors the status of the referrals and receipt of services.

10. The DCS Case Manager shall ensure the child's health, mental health, and developmental needs are met as follows:

    a) Children receive regular health care visits per the American Academy of Pediatrics (AAPs) recommended schedule for preventive pediatric health care.

    NOTE: The AAP recommends that children receive preventive pediatric health care at birth, within 5 days of birth, and at ages 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years, and annually thereafter.

    b) Health care visits regularly include screenings for developmental, hearing, vision, behavioral, motor, language, social, cognitive, and emotional skills.

    c) Young children with suspected health or developmental problems receive referrals to specialists and follow-up.

    d) Discuss positive drug screen results for children with the child(ren)'s primary care physician.

    e) Address infant mental health and child development.

    f) Establish a medical home for all children.

11. Concurrent planning is an essential part of SBC. DCS Case Managers ensure concurrent planning happens from the beginning of the case. Concurrent planning occurs on both custodial and non-custodial cases. The focus is on protecting early caregiving relationships, addressing protective factors, and ensuring proactive efforts to promote reunification or other lasting permanency outcomes for the child. The DCS Case Manager engages in courageous and difficult conversations with the parents, fostering an environment of compassionate transparency and child-focused problem-solving responsive to the parent's needs.

12. The DCS Case Manager, in collaboration with the Family Team, shall prioritize supporting parents in making strong, enduring social connections, including creating formal and informal opportunities for building mentoring relationships within their community and cultural circles. The DCS Case Manager and Family Team assist parents in developing peer support networks to help them navigate the child welfare system and, where relevant, to support recovery from substance use disorder.

G. Quality Family Time	1. Frequent, quality family time is essential for successful reunification. If it is appropriate and safe, family time shall occur as frequently as possible, preferably several times a week. Family time is carefully planned to minimize anxiety and stress, and prevent further trauma, for both children and parents.
	2. Family time occurs as soon as possible following removal. Once a child is placed out of home, the DCS Case Manager establishes:
	  An immediate plan that specifies when families can expect the earliest contact with their child; and An ongoing Family Time Plan for frequent time together to support the child's attachment needs.
	3. The Family Time Plan:
	  Includes creative, alternative quality arrangements that can assist the child in maintaining family connections;
	  Ensures family time takes place in a comfortable setting that is safe and appropriate for an infant or toddler, with developmentally appropriate toys and books; where it is safe for the child to crawl and play on the floor; where the parent is unintimated by the environment and is well-supported; and where there are natural opportunities for nurturing moments that strengthen attachment; and
	  Provides mentoring and modeling to parents that strengthens their sense of agency and capacity for nurturing and protective caregiving.
	4. The DCS Case Manager implements strategies for building co-parenting relationships between parents and foster parents or non-custodial placements.