



TENNESSEE
**SAFE
BABY**
COURTS

Best Practice Standards

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Introduction

In 2017, the Tennessee General Assembly recognized through legislation that a critical need exists in this state for child and family programs to reduce the incidence of child abuse, neglect, and endangerment, minimize the effects of childhood trauma on small children, and provide stability to parents and children within the state.

With the passing of the legislation, which went into effect on January 1, 2018, the Tennessee Safe Baby Court initiative was born.

The goals of the Zero to Three court programs created by the legislature includes the following:

1. To reduce time to permanency of children thirty-six (36) months of age or younger by surrounding at-risk families with support services;
2. To reduce incidences of repeat maltreatment among children thirty-six (36) months of age or younger;
3. To reduce the long-term and short-term effects of traumatic experiences occurring when a child is thirty-six (36) months of age or younger on a child's brain development;
4. To promote public safety through these reductions;
5. To increase the personal, familial, and societal accountability of families; and
6. To promote effective interaction and the use of resources among both public and private state and local child and family service agencies, state and local mental health agencies, and community agencies.

Tennessee Safe Baby Court, like other problem-solving courts, addresses the root causes of justice system involvement with infants and toddlers, through 3 years of age, and their families through specialized dockets, multidisciplinary teams, and a non-adversarial approach. Offering evidence-based, trauma-informed treatment, judicial supervision, and accountability, problem-solving courts provide individualized interventions for participants, thereby reducing recidivism and promoting confidence and satisfaction with the justice system process. This approach ensures the most efficient use of court and community resources as well as the most effective solutions that promote long-term stability for families. A unique tenet of Safe Baby Court is the focus on community involvement in reestablishing familial supports for our infants and toddlers.

In the 1990's, a judge in Miami pioneered the concept of working with a child psychologist and an early childhood expert to collaborate on behalf of young children in the dependency court system. Building on this concept, the national organization ZERO TO THREE developed the "Safe Baby

Court Team approach” and has been implementing this approach across the United States. Predicated on empirical evidence, the Safe Baby Court Team approach offers an effective method for altering the trajectory for maltreated children and their families.

The first 1,000 days of life (0-36 months) offer a critical window during which a child faces either the greatest risk of “hard wiring” for life-long adversity or the greatest opportunity to ensure long-term well-being.

Cases in Tennessee Safe Baby Court are treated as regular dependency and neglect cases but with a specialized approach to service delivery based in neuroscience research that supports that the most crucial developmental period is the first three years of a child’s life. Jurisdictions across Tennessee have been using this approach since 2016, referring to it as Safe Baby Court. The Safe Baby Courts’ aim is to expedite permanency and reduce repeat maltreatment.

Tennessee Safe Baby Court Best Practice Standards were developed through a partnership between the Department of Children’s Services, Department of Mental Health and Substance Abuse Services, and the Administrative Office of the Courts. Tennessee’s Safe Baby Court Best Practice Standards support the goal of establishing professionalism and fidelity to the national ZERO TO THREE Safe Baby Court Team approach. These standards are not inclusive of every best practice that may exist. As new relevant research studies are completed, new standards may be added.

We want to thank the Tennessee Department of Health, Court Improvement Program, Tennessee Commission on Children and Youth, Tennessee Council of Juvenile and Family Court Judges, Vanderbilt Center of Excellence, Dr. Mindy Kronenberg, and ZERO TO THREE, for their continuous support and contributions to this initiative. Finally, thank you to Florida’s Early Childhood Courts, Florida’s Court Improvement Program, for their groundbreaking work with their Early Childhood Courts and for allowing us to use their Best Practice Standards as our framework for this manual.

Tennessee Safe Baby Court Vision Statement

To achieve lasting safety, permanency, and well-being for Tennessee’s infants, toddlers, and families through a collaborative team approach.

I. Title VI

Tennessee Safe Baby Courts shall not discriminate against groups or individuals specifically protected by state and federal law. Tennessee Safe Baby Courts shall extend the same opportunities for participation and success to all people.

No person shall on the grounds of race, color, national origin or sex, as provided by Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments Act of 1972, be denied the benefits of, or be otherwise subjected to discrimination under any federally funded program or activity.

Tennessee

Safe Baby Court Best Practice Standards

II. Tennessee Safe Baby Court Approach

A Safe Baby Court serves infants and children through 3 years of age who are involved in the child welfare system. This approach shall include wraparound services not only for the infant or toddler, but also siblings, parents, and caregivers. Safe Baby Court’s specialized approach to service delivery is based in neuroscience research that indicates the most crucial developmental period is the first three years of a child’s life.

Tennessee Safe Baby Court targets families with children who are at a heightened risk for developmental, physical, or mental health issues due to the combination of the vulnerability associated with very young age and the trauma related to maltreatment that impacts the critical period of brain development.

Services are identified by the team and tailored specifically to address the identified risk and needs of infants, toddlers, and families.

The goal of Safe Baby Court is to promote safe and swift permanency for children. Research tells us that children do best when they are at home with their families. The family voice is an integral part of the Safe Baby Court approach. It is important to listen to the family, and meet them where they are. Safe Baby Court works to address a child’s relationships with their families through a focus on mental health, attachment and bonding, and creating healthy families.

Tennessee has adopted ZERO TO THREE’s Core Components:



A. Eligibility Criteria

1. DCS must have an open case and the case remains active until the Safe Baby Court case is closed.
2. Dependency and Neglect petition filed with the court. Juvenile court must have jurisdiction.
3. At least one child between the ages of 0 through 3 years.
4. Participation must be voluntary.
5. Target children may be in custody or at risk of coming into custody.

B. Exclusion Criteria

1. Tennessee is unique in that infants and toddlers will not be excluded from participation based on whether or not they are in foster care.
2. Each Safe Baby Court jurisdiction retains the ability to set its own exclusion criteria. For instance, based on team input, sex crimes or other aggravated child abuse crimes may be considered as criteria for disqualification.
3. Potential participants shall not be disqualified from participation solely due to mental and/or substance use needs, need for residential treatment, medical conditions, or use of legally prescribed psychotropic and/or medically assisted treatment (MAT).
4. Statutorily, an individual has no right to participation in Safe Baby Court.
5. Exclusion criteria must be defined objectively and specified in writing by individual Safe Baby Court teams.

C. Goals of Safe Baby Court

These goals shall be communicated with all team members and stakeholders.

1. To reduce time to permanency of children thirty-six (36) months of age or younger by surrounding at-risk families with support services;
2. To reduce incidences of repeat maltreatment among children thirty-six (36) months of age or younger and their siblings served through Safe Baby Court.;
3. To reduce the long-term and short-term effects of traumatic experiences occurring when a child is thirty-six (36) months of age or younger on a child's brain development;
4. To promote public safety through these reductions;
5. To increase the personal, familial, and societal accountability of families; and
6. To promote effective interaction and the use of resources among both public and private state and local child and family service agencies, state and local mental health agencies, and community agencies.

III. Caseloads

The caseload is predicated on local need, available resources, and the program's ability to apply best practices. It is recommended that a Safe Baby Court coordinator have no more than 20 active cases.

IV. Multidisciplinary Team

A multidisciplinary court team shall be established in each Safe Baby Court site and this team includes community stakeholders. The purpose is to support the Safe Baby Court and reinforce and reestablish healthy families and their place in the community.

A. Team Composition

1. The multidisciplinary court team of a Tennessee Safe Baby Court case includes, but is not limited to, birth parents, out-of-home caregivers, a judge or magistrate, the coordinator, infant mental health specialists, attorneys, guardian ad litem, Department of Children's Services staff, CASA, mental health providers, early intervention specialists, members of foster parent organizations, Tennessee Commission on Children and Youth, case manager, and other service providers serving the individual needs of the family.
2. The team is derived from a larger coalition of community stakeholders that are invested in systemic change for the target population.

B. Child and Family Team Meetings (CFTMs)

1. The child and family team meeting includes all team members (except the judge or magistrate) and occurs at least monthly.
2. CFTMs ensure that the assessment driven needs of the child are identified via the Toddler Infant Needs and Strengths (TINS), and includes assessment of the parent-child relationship and parent trauma.
3. CFTMs address permanency and concurrent planning to ensure that the child reaches a permanent and safe home without delays.
4. The presence of infants and children is encouraged at all team meetings, keeping in mind the developmental and emotional needs of the infants and children. CFTMs should be held in a location that is conducive to family engagement.
5. The family voice is an integral part of the child and family team meeting. It is important to listen to the family, encourage active participation, and meet them where they are.
6. Team members work together to ensure placement stability and monitor transitions in the event of placement changes.
7. The team assesses participants' progress in treatment and compliance with permanency plans and court orders and considers additional family needs. The team focuses on potential solutions and family strengths.
8. Relapse planning, prevention, and support is a necessary component of service planning for SBC cases where substance use reduction or elimination is identified as a need.
9. The SBC Team will assist the family in planning for ongoing mental health support.
10. The team identifies specific responsibilities required to achieve desired outcomes.
11. When possible, off-the-record exchange time shall be built into CFTM's so that birth parents and caregivers could have a positive exchange about the progress of the child or children (Hudson, L. A Guide to Implementing the Safe Baby Court Team Approach. *ZERO TO*

THREE, Washington, DC. 2, 200).

12. Safe Baby Court coordinators facilitate CFTMs unless DCS policy requires a DCS facilitator to lead the CFTM.
13. The family is encouraged to have an active role and for their voice to be heard. The family is consulted about inviting supports to the child and family team.
14. Any provider working with the family is invited to participate and engage the child and family team.
15. Prior to the CFTM, team members receive information on the purpose and expectations of the meeting.
16. The initial TINS assessment shall be completed at the beginning of the first SBC CFTM with input from all team members. DCS certified users are responsible for entering the data and sharing the assessment with the team. This assessment will assist in the development of the permanency plan, guide decision making, and will be updated throughout the life of the case.
17. Child and Family Team members may consist of the following:

SBC Coordinator	DCS Caseworker(s)
Parents	Infant Mental Health Specialist
Mental Health Expert	Substance Use Expert
DCS Team Leader	Parent Mentor/Visitation
Early Intervention (e.g. TEIS)	GAL
Attorneys for interested parties	CASA
Placement (Foster parents, Kinship)	Child
Family Supports	Provider Staff

C. Team Communication and Decision-Making

1. Team members share information in order to make informed decisions and recommendations to the court.
2. Partner agencies may execute memoranda of understanding (MOU's) to facilitate sharing of information with team members, if necessary.
3. Participants provide voluntary and informed consent permitting team members to share specific information.
4. The child and family team meeting is where decisions are made, with active participation from the family and team members. When there isn't consensus in the SBCT, the team makes recommendations to the Judge, who is the ultimate decision-maker in the case.

D. Review Hearings

1. Team members attend monthly review hearings.
2. The presence of infants and children is encouraged at all court appearances, keeping in mind the developmental and emotional needs of the children.
3. Other matters may be addressed in monthly review hearings, as long as proper notice is given to the parties of the issues to be addressed, or unless notice is waived by the parties.
4. The court may consider reliable hearsay.
5. Custodial Safe Baby Court cases do not require a separate Foster Care Review Board hearing due to the frequency of regular judicial reviews.

E. Team Training

1. Team members are trained in Tennessee Safe Baby Court best practices prior to working in a Tennessee Safe Baby Court and receive continuing education on an annual basis.
2. Team members receive training regarding trauma-informed practices and cultural competence.
3. Training topics may include:

Secondary Trauma	Reflective Practice
Family Engagement	Adverse Childhood Experiences/Building Strong Brains
Infant Mental Health	Parent/Child Interaction/Visitation
Attachment/ Bonding	Assessment of Child/Parent Relationship
CASA	Team Member Roles
CFTM Best Practice	Family Permanency Plans
Available Resources	Skilled Facilitator Training
Continuous Quality Improvement (CQI)	Outcomes-Annual Report and how do we get there
ZERO TO THREE (ZTT)	Other relevant trainings offered by AOC, DCS, TDMHSAS

V. Roles and Responsibilities

Judge/Magistrate

The judge/magistrate presiding over the Tennessee Safe Baby Court should be up-to-date on current statutes and best practices, a member of the multidisciplinary court team, and trauma-informed. The judge/magistrate should interact frequently and respectfully with participants in hearings; and give due consideration to the input of team members.

A. Professional Training

The judge or magistrate receives training on legal and constitutional issues in Safe Baby Court, judicial ethics, trauma-responsive courts, evidence-based treatment, and other advances in the Safe Baby Court field.

B. Docket

The judge or magistrate maintains a regular and separate Tennessee Safe Baby Court docket, and participants appear before the same judge throughout their participation in Tennessee Safe Baby Court. It is encouraged that Tennessee Safe Baby Court cases remain on the Safe Baby Court docket until permanency is achieved, post-permanency services are put into place, and the judge closes the case.

C. Frequency of Review Hearings

The judge or magistrate ensures that the case is heard monthly through a review hearing or other statutorily required hearing. Additional hearings may be scheduled as needed. Custodial Safe Baby Court cases do not require a separate Foster Care Review Board hearing due to the frequency of regular judicial reviews.

D. Judicial Demeanor

1. The judge or magistrate creates a non-adversarial tone by communicating positively and regularly inviting and valuing input from the multidisciplinary team, the parents, and the caregivers.
2. The judge supports participants and motivates them to successfully complete their permanency plans. This in no way prevents the judge from holding participants accountable for their actions or from applying the law.

E. Judicial Decision-Making

1. The judge makes all final, factual and legal determinations.
2. The judge makes decisions while considering input from the multidisciplinary team members.
3. The judge considers the input of trained treatment professionals when imposing treatment-related conditions.
4. The court explains the basis for its decisions to team members and participants.

Safe Baby Court Coordinator¹

A. Professional Training

The Safe Baby Court coordinator (or community coordinator) receives on-going training on legal and constitutional issues in Safe Baby Court. The coordinator also receives training, including, but not limited to, trauma-informed practices, separation and grief, juvenile law, infant mental health, co-parenting. DCS policies and procedures, family engagement, visitation, substance use, and professional development from ZERO TO THREE. Coordinators are provided support and have frequent conference calls with the Statewide Safe Baby Court Team and ZERO TO THREE to address Safe Baby Court related matters. Coordinators are encouraged to seek assistance from the Statewide Safe Baby Court Team any time they are in need.

B. Roles/Responsibilities of the Coordinator

1. Maintains a neutral role in the case.
2. Shares factual information with the safe baby court team and ensures that team members' voices are heard. Coordinators should help guide discussions about services, progress, modifications, and permanency. However, coordinators shall not share any personal opinions or make recommendations about case decisions.
3. Facilitates discussions, assists in problem-solving, finds creative solutions to reduce barriers, ensures transparency, and encourages team decision-making while acting in the role of a neutral mediator.
4. Presents Safe Baby Court to prospective families.
5. Accesses all information concerning Tennessee Safe Baby Court cases to understand the complex needs and strengths of the families, unless otherwise prohibited by law.
6. Identifies and coordinates resources in the community to support families involved in Tennessee Safe Baby Court, including post-permanency services when needed.
7. Builds a community stakeholder team to create collaborations across traditional and non-traditional services.
8. Ensures quarterly stakeholder meetings occur.
9. Explores identified trends and barriers experienced by families and seeks resourceful solutions.
10. Connects with community providers to explore referral process and problem solve to expedite access.
11. Responsible for helping the parents to build healthy and supportive relationships.
12. Ensures monthly CFTMs occur in each case. The coordinator facilitates the CFTMs unless a

¹ **PLEASE NOTE:** the position of “Safe Baby Court Coordinator” or “Coordinator” should be considered to be used interchangeably with or “Community Coordinator.” The description of “community coordinator” in ZERO TO THREE’s publication entitled “A Guide to Implementing the Safe Babies Court Team Approach”, shall be referenced for additional clarification on what is intended for the role expected of this position. This publication can be found at <https://www.zerotothree.org/resources/2061-zero-to-three-guide-to-implementing-the-safe-babies-court-team-approach>. Please contact a member of the Statewide Safe Baby Court Leadership team for assistance in obtaining a copy of this reference guide.

DCS facilitator is required by DCS policy.

13. Ensures monthly review hearings occur in each case.
14. Refers children under the age of three to Tennessee Early Intervention Systems (TEIS) within seven (7) days of child being placed on the Safe Baby Court docket. In the event that the child was previously referred by Child Protective Services, the coordinator should work on obtaining results of evaluation/status of evaluation from CPS or TEIS within forty-five (45) days.
15. Seeks expert consultation for complex developmental issues, such as infant mental health professionals and Centers of Excellence (COE). The COE provides evaluations and assessments for noncustodial and custodial children.
16. Enters pertinent information into Quest case management system in a timely manner. Information entered into the system includes, but is not limited to, case progress, family contacts, demographics, assessments, permanency plans, referrals and services, and community engagement.
17. Understands the population served and maintains a non-judgmental approach with all parties involved.
18. Works with the SBC team to ensure children in Safe Baby Court are receiving education, mental health, developmental, physical health, and nutrition services as needed, and attending all well-child appointments including EPSDT. SBC coordinator ensures that parents and substitute caregivers understand the importance of such services.
19. The coordinator works with the SBC team to develop a realistic family time plan that accounts for the age, developmental, and educational needs of the child(ren). Consideration should also be given for the feeding and nap time schedules of young children. The visitation plan will keep the baby at the forefront of the decision making.

Foster Parent

A. Professional Training

Foster parents receive a multitude of training, including, but not limited to, TN Knowledge Empowers You (TNKEY) training, CPR, Medication administration, and working with educational systems. Foster parents with an SBC child placed in their home are encouraged to participate in any SBC specific training offered.

B. Roles/Responsibilities of the Foster Parent

1. Complies with all applicable DCS/agency policies
2. Maintains effective and on-going communication with all parties involved with Tennessee Safe Baby Court.
3. Supports reunification and co-parent with birth family.
4. Provides mentoring and modeling to birth parents
5. Follows visitation as set in permanency plan.
6. Shares relevant information concerning the child with the child and family team.
7. Actively participates in monthly Child and Family Team Meetings and review hearings. Foster parents will notify the team in a timely manner if they are not able to participate.

8. Ensures that the child's physical, emotional, social, and educational needs are met based on strengths and needs identified in the permanency plan.
9. Attends meetings and training opportunities as it relates to Safe Baby Court.
10. The foster parent works with the SBC team to develop a realistic family time plan that accounts for the age, developmental, and educational needs of the child(ren), and considers the feeding and nap time schedules of young children. The visitation plan will keep the baby at the forefront of the decision making.

Relative/ Kinship Caregiver

Roles/Responsibilities of the Relative/Kinship Caregiver

1. Maintains effective and on-going communication with all parties involved with Tennessee Safe Baby Court.
2. Supports reunification and co-parent with birth family.
3. Provides mentoring and modeling to birth parents
4. Follows visitation as set in permanency plan.
5. Shares relevant information concerning the child with the child and family team.
6. Actively participates in monthly Child and Family Team Meetings and review hearings. Relative/kinship caregivers will notify the team in a timely manner if they are not able to participate.
7. Ensures that the child's physical, emotional, social, and educational needs are met based on strengths and needs identified in the permanency plan.
8. Attends meetings and training opportunities as it relates to Safe Baby Court.
9. The relative/kinship caregiver works with the SBC team to develop a realistic family time plan that accounts for the age, developmental, and educational needs of the child(ren). Consideration should also be given for the feeding and nap time schedules of young children. The visitation plan will keep the baby at the forefront of the decision making.

DCS Case Manager

Roles/Responsibilities of the DCS Case Manager

A. Professional Training

The DCS case manager receives on-going training on legal and constitutional issues in Safe Baby Court. The case manager also receives training, including, but not limited to, trauma-informed practices, separation and grief, juvenile law, infant mental health, co-parenting, DCS policies and procedures, family engagement, visitation, substance use, and professional development from ZERO TO THREE. DCS case manager is provided support and have frequent conference calls with the DCS statewide leadership team to address Safe Baby Court related matters. DCS case manager is encouraged to seek assistance from the DCS statewide leadership team any time they are in need.

1. Complies with all applicable DCS policies.
2. Assists in identifying cases that are appropriate for Safe Baby Court and makes referrals according to the local protocol.
3. In collaboration with the SBC coordinator, convenes CFTMs in order to engage families in

the development of the individualized, culturally-responsive, family permanency plans and to make any needed decisions regarding the safety of their child(ren).

4. Completes necessary assessments at integral points of the case. Shares assessment results with team members to aid in planning and measuring outcomes.
5. Maintains, at a minimum, monthly face to face contact with all children, parents, and caregivers involved in the assigned case, ensuring private conversations with children who can participate in the interview process.
6. Assesses the safety, health, and well-being of each child at every contact. Gathers information from face to face contacts and interviews with children, caregivers, family members, service providers, and other team members.
7. Shares information with team members to make informed decisions in the context of a child and family team meeting.
8. Ensures the Family Permanency Plan is reviewed at every CFTM and updated when appropriate.
9. Maintains effective and on-going communication with Safe Baby Court team members.
10. Attends meetings and training opportunities as they relate to Safe Baby Court.
11. The DCS Case Manager works with the multidisciplinary team to develop a realistic family time plan that accounts for the age, developmental, and educational needs of the child(ren) and considers the feeding and nap time schedules of young children. The visitation plan will keep the baby at the forefront of the decision making.

Tennessee Statewide Safe Baby Court Leadership Team

Comprised of: AOC, DCS, TDMHSAS

Roles/Responsibilities of the Statewide Leadership Team

1. Maintains effective and on-going communication with all parties involved with Tennessee Safe Baby Court.
2. Collaborates with involved parties to share information.
3. Attends ongoing meetings and training opportunities as it relates to Safe Baby Court.
4. Provides support to local SBC teams.
5. Please refer to the appendix for additional statewide activities.

VI. Permanency/Concurrent Planning

The goal of any child protective services (CPS) agency intervention is achieving a safe, permanent home for a child who has experienced maltreatment. Permanency means a legally permanent, nurturing family for every child involved in the system. Caseworkers focus first on preserving and strengthening families and on preventing the need to place children outside of their homes. When children must be removed from the home to ensure their safety, permanency planning efforts focus on returning them as soon as is safely possible, if appropriate (<https://www.cfsrportal.acf.hhs.gov/>).

All members of the SBC team are responsible for ensuring timely permanency for the child(ren). The roadmap to this is the development and execution of the permanency plan. The plan is a living

document that should be modified as the circumstances of the family change. DCS must prepare a permanency plan within 30 days of removal and, on custodial cases, the plan must be ratified by the court within 60 days.

While reunification is the primary focus of permanency, there are times when reunification may not be in the best interest of the child. In those circumstances, permanency may also include exiting or granting custody to a relative or kin, adoption, permanent guardianship or subsidized permanent guardianship, or planned permanent living arrangement (PPLA). Some of these permanency options may only be available on custodial cases.

Concurrent planning is the identification and active pursuit of more than one permanency goal at the same time and can expedite the achievement of permanency. Concurrent planning should begin from the start of the case and continue until permanency is achieved. If the goal of reunification cannot be achieved during first twelve months, and there is no compelling reason to allow additional time, the team should pursue finalizing permanency through the concurrent goal.

At the discharge/final CFTM, the SBC team assists the family with developing a contingency plan and ensuring the family has access to all necessary resources. The contingency plan should address potential issues such as childcare planning in the event the identified custodian is unable to provide care for the child; what resources to utilize if the child has additional needs; what to do in the event of relapse; etc.

VII. Family Time Coaching and Visitation

Tennessee Safe Baby Court judges and multidisciplinary team ensure individualized, frequent, and meaningful contact between parents and children. More planned visiting days each week has been linked to the likelihood that children will achieve permanency within a year; each additional visit tripled the odds Potter, C.C., Klein-Rothschild, S. (2002). *Getting Home on Time: Predicting Timely Permanence for Young Children. Child Welfare*, 81(2), 123-150). In addition to visitation being an opportunity for meaningful contact, parents receive coaching, mentoring, and support to strengthen the parent/child relationship.

A. Adherence to Family Time Protocols

1. Since frequent and meaningful family time can enhance the child-parent relationship, as well as expedite permanency, Tennessee Safe Baby Court judges and members of the multidisciplinary team advocate for increased visitation.
2. During the pre-removal child and family team meeting, a plan is put in place that informs families of when the earliest parent-child contact can be expected. In the event this has not occurred by the time a case enters Safe Baby Court, a plan will be developed immediately upon admission.
3. The multidisciplinary team develops a realistic family time plan that considers the age,

developmental, and educational needs of the child(ren). The feeding and nap time schedules of young children shall be considered in the development of the plan. The visitation plan will keep the baby at the forefront of the decision making.

4. The multidisciplinary team, with family input, should identify an individual to be the family time coach. The coach's role is to assist the birth family in planning visits and provide guidance during the visits (Hudson, L. 2017 *A Guide to Implementing the Safe Baby Court Team Approach. ZERO TO THREE*, Washington, DC. 2, 200)
5. Innovative methods of visitation should be used to further increase parent-child contact. These methods include "virtual visits."
6. Withholding visitation should not be used as a punitive measure. Visitation should occur unless there is a specific risk of harm to the child(ren).
7. Regular review of the visitation plan and the quality of the visitation with input from the birth parents shall occur at monthly CFTMs or court hearings.

VIII. Child-Parent Therapy

A significant portion of social and mental health development occurs in the first few years of a child's life. To promote well-being and reduce the impact of trauma or other risk factors, infant mental health services should be accessed where appropriate.

Parents/caregivers and children involved with SBC shall be assessed for child-parent services. In the event such services are not accessible in a specific area, the local SBC Team, in partnership with the Statewide SBC Team, will attempt to build capacity for such services. Examples include Child Parent Psychotherapy (CPP), Parent Child Interactive Therapy (PCIT), Circle of Security, Mom Power, or other identified evidence-based services.

A. Assessment

A provider, specializing in infant mental health, conducts an in-depth clinical assessment of the parent, the child, and the attachment relationship, which informs the permanency plan and treatment plan. From this assessment, primary treatment modalities are recommended to the family, team, and court.

B. Evidence-Based Treatment

Providers administer treatment that has been demonstrated to improve outcomes for families involved in the child welfare system.

C. Provider Training and Credentials

1. Providers of child-parent therapies are skilled clinicians, knowledgeable in early childhood development, skilled in clinical assessment of the parent/child relationship, intensively trained in the evidence-based treatment program, and trauma-informed.
2. Providers have reflective supervision and/or other case consultation support to ensure continuous fidelity to evidence-based practices.

3. Clinicians are required to be licensed or license eligible. If services are being provided through a community mental health agency, the clinician can provide services under the supervision of a licensed individual.
4. Providers are invited to participate in SBC trainings.
5. Providers are invited to participate in Child and Family Team meetings.

D. Treatment Intensity and Duration

1. Treatment intensity and duration follows the evidence-based treatment model.
2. Treatment progress and challenges are communicated to the parent(s) and the rest of the team who work collaboratively to facilitate permanency for the child.
3. Relapse or backsliding challenges are openly discussed with the team.
4. Providers should assist parent(s) in addressing past trauma and recognizing the impact of trauma on the parent-child relationship.
5. Families with ongoing domestic violence or substance abuse issues will continue to receive services until such time as they are successfully discharged by the treatment provider. Providers may also recommend that a higher level of care is required to address a parent's needs.
6. The continued requirement for services is not, in and of itself, a reason to reduce or suspend visitation.

IX. Additional Treatment and Social Services

Tennessee Safe Baby Court teams understand the impact of trauma on child development, particularly during the critical early childhood period and have a sense of urgency about expediting the processes necessary to provide children the developmental supports they need. This starts with developmental screening and evaluation and leads expeditiously to referral and services as needed. Participants receive additional treatment and social services necessary to address co-occurring disorders and other needs of the family, to ensure permanency plan compliance and successful permanency.

A. Developmental Assessment

1. Children in Tennessee Safe Baby Court receive a medical examination with developmental
2. screening. For custodial children, this requirement is met by the EPSDT. For non-custodial children, children receive well-child checkups on the same schedule as the EPSDT for custodial children.
3. Referral for developmental assessment to Tennessee Early Intervention Services happens within 7 days of case being assigned to Safe Baby Court docket. If referral has been made previously, the court coordinator must make all efforts to obtain evaluation results within 45 days. In some circumstances, it may be appropriate to make referrals (both custodial and noncustodial) to the Centers of Excellence for Children in State Custody for additional developmental assessments.
4. The assessment(s) should be shared with the SBC team and used to develop/modify the permanency plan and recommend needed treatment and services.

5. The SBC team should also use the assessment(s) to make recommendations to the Judge regarding the progression of the case.

B. Substance Use and Mental Health Treatment

1. Substance use and mental health treatment is administered using an evidence-based treatment model.
2. Substance use and mental health providers are licensed or certified to deliver substance use and mental health treatment services. It is preferred that providers have received trauma-informed training.
3. Providers have reflective supervision and/or other case consultation support to ensure continuous fidelity to evidence-based practices.
4. Providers are invited to participate in SBC trainings.
5. Providers are invited to participate in Child and Family Team meetings.
6. Relapse planning, prevention, and support is a necessary component of service planning for SBC cases where substance use is identified as a need.
7. Providers will assist the family in planning for ongoing mental health support.

C. Additional Supports and Services

Tennessee Safe Baby Courts have a continuum of additional supports and services available, including but not limited to: transportation, housing assistance, medical and dental treatment, vocational and educational programs, and peer parent support.

D. Post-Permanency Treatment, Supports, and Services

1. SBC Team and service providers make recommendations for post-permanency supports such as: parent partners or peer support groups, home visiting, Tennessee Early Intervention Systems, ongoing counseling, Head Start/Early Head Start, or other quality early childhood programs.
2. The Safe Baby Court coordinator continues to serve as a liaison between families, resources, providers, and communities to navigate a collective process to meet the needs of families' post- reunification.
3. At the discharge/final CFTM, the SBC team assists the family with developing a contingency plan ensuring the family has access to all necessary resource. The contingency plan should address potential issues such as childcare planning in the event the identified custodian is unable to provide care for the child; what resources to utilize if the child has additional needs; what to do in the event of relapse; etc.

X. Monitoring and Evaluation

Tennessee Safe Baby Court routinely monitors its adherence to best practice standards. Tennessee Safe Baby Court will be able to monitor and evaluate the program to fidelity of the ZERO TO THREE

Safe Babies Court Team approach after being in operation for a minimum of three (3) years. There is currently an insufficient amount of data to complete comparison studies, accurately gauge disadvantaged groups, or complete independent evaluations.

A. Adherence to Best Practices

1. Tennessee Safe Baby Court will employ continuous quality improvement in that it will monitor its adherence to best practice standards on at least a bi-annual basis, develop a remedial action plan and timetable to rectify deficiencies, and examine the success of the remedial actions.
2. Outcome evaluations describe the effectiveness of the Tennessee Safe Baby Court in the context of its adherence to best practices.

B. Program Monitoring

The Safe Baby Court coordinator enters programmatic and service-related data into Quest for the purposes of case management and program evaluation.

The Statewide SBC leadership team will review data in Quest and TFACTS at least quarterly.

C. Independent Evaluations

1. A skilled and independent evaluator examines the Tennessee Safe Baby Court's adherence to best practices and participant outcomes.
2. Tennessee Safe Baby Court develops a remedial action plan and timetable to implement recommendations from the evaluator.
3. The Statewide SBC Team will assist in obtaining an independent evaluation.

D. Disadvantaged Groups

As it monitors admission rates, services delivered, and permanency achieved, the Tennessee Safe Baby Court should identify ways to improve outcomes for members of disadvantaged groups.

E. Comparison Groups

To examine whether positive outcomes are a direct result of the Tennessee Safe Baby Court program, the outcomes of Tennessee Safe Baby Court participants must be compared against that of an equivalent and unbiased comparison group. Tennessee Safe Baby Court will be able to effectively complete a comparison study after being in operation a minimum of three (3) years.

Tennessee
Safe Baby Court Best Practice Standards
References

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