



COMMISSION TO ELIMINATE
CHILD ABUSE AND NEGLECT FATALITIES

TENNESSEE PUBLIC MEETING HIGHLIGHTS—APRIL 28-29, 2015

The Commission to Eliminate Child Abuse and Neglect Fatalities held a public meeting at the SpringHill Suites in downtown Memphis, Tennessee on April 28-29, 2015. Approximately 161 people attended via teleconference or in person. This brief provides highlights from the meeting, which explored key research, policy, and practices in the state of Tennessee related to addressing and preventing child abuse and neglect fatalities.

The meeting opened with remarks by the Commissioner of Tennessee's Department of Children's Services (DCS), Jim Henry, who provided an overview of recent state reforms. When Commissioner Henry was appointed in 2013, he established three priorities: get children safe, healthy, and back on track. His department is approaching these goals by (1) creating a safety culture, (2) supporting children's health and ensuring they get the services they need, and (3) helping children find permanent homes. He emphasized the importance of open communication with staff, the judiciary, legislators, and the media. He also noted that providing workers with improved technology, including tablets and smart phones, has had a positive impact on workloads and has made it easier for workers in the field to access resources for children and families. Through its title IV-E waiver program, Tennessee is currently exploring a number of approaches to reduce the number of children entering foster care, including addressing the impact of adverse childhood experiences (ACEs) and supporting positive youth development.

Panel presentations covered the following topics:

- A multidisciplinary team approach to prevention
- Responses to children with drug exposure
- Enacting a safety culture

For the remainder of the meeting, Commission members engaged in deliberations about the final report and recommendations emerging from the Public Health and Child Protective Services Subcommittees.

A full transcript and meeting minutes will be available on the Commission's website at <https://eliminatechildabusefatalities.sites.usa.gov/event/tennessee-public-meeting/>

MULTIDISCIPLINARY TEAM APPROACH TO PREVENTION

The first panel discussed the potential for the children's advocacy center (CAC) multidisciplinary team process to prevent child abuse and neglect fatalities in families known to the child protective services (CPS) system. The first speaker, Teresa Huizar, is the executive director of the National Children's Alliance, a national association and accreditation organization that supports 777 CACs around the country. She provided an overview of the CAC model's core components, including a

multidisciplinary response involving law enforcement, CPS, prosecution, medical, mental health, victim assistance, and others. CACs provide culturally competent services, including forensic interviews, victim support and advocacy, specialized medical evaluation and treatment, evidence-based trauma-focused mental health services, case review, and tracking, all in a safe, child-focused setting. Although CACs have historically seen a high percentage of child sexual abuse cases, the percentage of other cases (including physical abuse) is growing in recent years. Child abuse experts and communities are recognizing the effectiveness of this model, which has been shown to increase prosecution rates, satisfaction of victims and caregivers, access to mental health treatment, and cost savings. Huizar suggested that the extensive national network of CACs and their proven effective model and protocols could be expanded to address all forms of child maltreatment and support safety planning. Her recommendations for the Commission included the following:

- Create a federal statute that allows CACs to share information across state lines; this could significantly improve decision-making on behalf of children and families.
- Pool and allocate more federal funding (e.g., National Institute of Justice, Centers for Disease Control and Prevention, and others) to address child abuse and neglect fatalities.
- Provide adequate resources to enable CACs to expand the nature of their work while maintaining fidelity to their model.

Chris Newlin, executive director of the National Children’s Advocacy Center, provided a brief history of the development of the CAC model. This model was based on three fundamental principles: (1) child sexual abuse is a serious issue that must be addressed, (2) any system to address abuse should help children, not further traumatize them, and (3) the protection of children requires participation by and cooperation among all agencies involved in investigation and intervention. In recent years, the field has seen an expansion in the types of cases brought to CACs and increased recognition of the fact that children are frequently victims of more than one type of abuse or trauma. Newlin proposed that a modified version of the CAC model (which is typically reactive, rather than proactive) might be employed to support prevention of serious child abuse and neglect, including fatalities. Such an approach would necessarily involve a broad range of law enforcement, CPS, medical, and other community partners.

RESPONSES TO CHILDREN WITH DRUG EXPOSURE

The next panel provided the Commission with a range of perspectives on how best to respond to children who are exposed to parental substance abuse. Dr. Nancy Young, executive director of Children and Family Futures, started off the panel with the premise that it is not solely the responsibility of the child welfare system to respond to this crisis. Support is needed from substance abuse and mental health agencies, as well as health care, home visiting, early childhood, and other partners. Available data indicate that parental drug use is a significant factor in child removals, and that the problem is increasing. Because approximately 85 percent of children who are the subject of substantiated cases of child abuse and neglect either stay home or are returned to their families, Dr. Young suggested that services must be provided to promote parents’ recovery from addiction. Regional Partnership Grants during the past 15 years have shown that providing parents timely access to substance abuse treatment, recovery management, and parenting support improves a range of outcomes for families, including higher reunification rates, lower recidivism, and fewer returns to out-of-home care. Dr. Young also showed that substance abuse is a significant factor in infant roll-over and co-sleeping deaths, and that substance abuse must be addressed if these deaths are to be prevented. Dr. Young’s primary recommendation was to ensure the effective implementation of the Child Abuse Prevention and Treatment Act (CAPTA) requirement for a plan of safe care for all infants with prenatal drug or alcohol exposure; these guidelines are currently ignored by most states. She

provided written testimony with more detailed recommendations to promote the safety of this population of infants.

Three representatives from the DCS Office of Child Safety presented next: Dr. Scott Modell, deputy commissioner; Carla Aaron, executive director; and Amy Coble, state director of investigations. Dr. Modell described the department's emphasis on the intake process. All staff responding to hotline calls are case managers, they use a Structured Decision-Making tool, and every call that is screened out is reviewed by a supervisor. Dr. Modell also noted that since 2012-13, the department has seen a statistically significant reduction in sleep-related deaths, which he attributes to a partnership with the Tennessee Department of Health (TDH). Aaron provided an historical perspective on Tennessee practice and policy related to drug-exposed children, citing an increase in children affected by drugs (particularly methamphetamine and prescription drugs) during the past 10 years. Changes in policy to address this issue include multidisciplinary team partnerships with law enforcement and substance abuse agencies, greater urgency and shorter response times for cases involving very young children (under age 2), engaging families through the state's assessment track when an investigation is not warranted, and a focus on ensuring that training adequately addresses staff's need to understand and address substance abuse issues and the impact on children. Coble discussed several of the state's promising practices. Tennessee trained a select group of investigators to specialize in addressing children born with neonatal abstinence syndrome (NAS). The state also employs liaisons, stationed in hospitals, whose role it is to enhance communication among hospitals, child abuse and neglect physicians, and CPS social workers.

Dr. Michael Warren, assistant commissioner of the Division of Family Health and Wellness within TDH, provided information about the state's public health response to NAS. Dr. Warren noted that NAS is not fatal and is, in his words, "entirely preventable." His two-pronged strategy involves moving upstream to engage in primary prevention in two specific areas: (1) preventing opioid use/misuse by women who are pregnant, and (2) preventing unintentional pregnancy among women who are addicted to or use opioids.

The final two presentations of this panel were by district attorneys Amy Weirich and Michael Dunavent. District Attorney Weirich discussed a new law in Tennessee that permits prosecution of women whose babies are born affected by drug use. She said that women affected by the law are given the opportunity to have their cases handled in drug court—the goal is for the women to succeed in recovery and improve their lives. If they are successful, the charges are dropped and expunged from their records. District Attorney Dunavent focused on methamphetamine and illegal prescription drug use, which are excluded from the new state law. He noted that meth, in particular, is very destructive to children's lives. He testified that although no one wants to "throw away the key" for mothers, longer sentences and increased supervision of women in recovery could help decrease drug use and support rehabilitation and family reunification.

ENACTING A SAFETY CULTURE

For the final panel in Tennessee, three representatives from DCS spoke about the process of applying a safety science approach to the state's child welfare services. Tennessee is in the process of enabling and enacting a safety culture, drawing on lessons learned from other fields and disciplines, including aviation, medicine, engineering and more. Dr. Modell noted that nationally, child welfare services have followed a similar crisis pattern from state to state: budget reductions are followed by high-profile child deaths (featured in the media); this results in individuals being held responsible and fired, and then money is added back to the budget. He argued that creating a safety culture is the "next frontier" that could enable child welfare agencies to escape this cycle. Doing so involves borrowing practices from other industries with successful safety cultures, such as aviation, nuclear power, and the military. As an example, Dr. Modell showed that a critical incident review in aviation

focuses on forward-looking accountability, whereas a similar review in child welfare tends to look backward and focus on assigning blame.

Noel Hengelbrok, director of safety analysis in the Office of Child Health, further emphasized the importance of forward-looking accountability. In Tennessee, efforts have been made to enhance surveillance through child death review and to improve communication among workers, agencies, departments, and systems. The state has instituted regular debriefings between safety analysts and front-line staff in cases of death and near death. Another notable change has been the creation of a confidential system through legislation that allows caseworkers to report factors that may affect child safety without jeopardizing their jobs.

Dr. Michael Cull, deputy commissioner of the Office of Child Health, shared results from a safety culture survey conducted by DCS. This survey helped to build a common language and understanding of what is meant by "safety" within DCS. It received a positive reception by the media, who saw the effort as giving voice to front-line workers. DCS also is redoubling its efforts to build a resilient workforce, in part by building protections into the system rather than waiting for individual workers to recognize and speak up about their own feelings of stress and burnout. The ultimate goal is a safe and engaged workforce that will make better decisions in a high-profile, high-stakes environment.

COMMISSIONER DELIBERATIONS

The remainder of the meeting in Tennessee consisted of Commissioner discussion regarding addressing the needs of the child welfare system to prevent child abuse and neglect fatalities and potential intersections with other social service agencies. Some of the Commission's findings that were discussed at this meeting include the following:

- We need a clear understanding of the different types of child abuse and neglect fatalities. Different types will require different interventions.
- Communication/sharing of information is key to addressing these fatalities.
- Child maltreatment is typically considered to be the sole responsibility of child protection service (CPS) agencies. While the CPS agency response is critical and important, it alone cannot solve the problem.
- There is great variation in how child protection work is done across state and local CPS agencies.
- Law enforcement, public health, education, the judiciary, and other systems must play a critical role in addressing this issue.
- The significant complexity of family dynamics that lead to a fatality or near fatality requires a multidisciplinary approach to assessment and intervention.
- Strong federal leadership around preventing child fatalities due to abuse and neglect and oversight of state compliance with federal law is required.
- No state that provided testimony to the Commission has presented evidence of a successful overarching, statewide strategy to address the issue.

Topics that Commissioners would like to address in more detail at a future meeting include transparency/confidentiality and accountability.