Second Look Commission
2018 Annual Report

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Purpose

All children in Tennessee deserve to be safe, healthy, educated, nurtured and supported, and engaged in activities that provide them opportunities to achieve their fullest potential. However, every year in Tennessee, hundreds of children experience a second or subsequent incident of severe child abuse as defined by TCA §37-3-802. While each case is uniquely tragic, many of the cases share similar fact patterns and present similar opportunities to improve how Tennessee handles severe child abuse cases. Tennessee has a rich history of responding to and addressing issues of the state and its citizens no matter the difficulty. The Second Look Commission (SLC) was created in response to the need to review and improve how Tennessee handles severe child abuse cases.

The SLC was created in 2010 by Public Chapter 1060 (codified as TCA §37-3-801 et seq.) as a unique entity with a single purpose: to "review an appropriate sampling of cases involving a second or subsequent incident of severe child abuse in order to provide recommendations and findings to the general assembly regarding whether or not severe child abuse cases are handled in a manner that provides adequate protection to the children of this state." More than preparing an annual report, the SLC strives to inform the practices and policies of child abuse prevention stakeholders to provide the best protection and mitigation services available. The SLC is designed by statute to bring together professionally diverse representatives of key stakeholders in the child protection system in Tennessee with representatives from all three branches of state government: members of the General Assembly, Department of Children's Services (DCS), the Administrative Office of the Courts (AOC), law enforcement (including the Tennessee Bureau of Investigation and officers from urban and rural areas), district attorneys general, public defenders, child advocacy centers, a physician who specializes in child abuse detection, and other children's advocates. The SLC is the only entity with statutory authority to hold closed meetings to critically analyze confidential information in individual cases. Although SLC members have not seen the need to do so, they have the statutory authority to compel participants in the investigation and disposition of the cases reviewed to appear before it to discuss issues and answer questions. The SLC is the vehicle for representatives of these key groups to meet together to review cases and identify strategies for improving child protection in Tennessee. The SLC continues to facilitate much needed communication and collaboration.

The SLC reviews some of the worst incidents of recurring child abuse and neglect in Tennessee. The SLC reviews cases of children from across Tennessee who have experienced a second or subsequent incidence of severe abuse to identify ways to improve the system and help other children avoid a similar fate. Special, concentrated efforts must also be devoted to analyzing and responding to the tragedy of child abuse. The SLC was created as a catalyst to facilitate improved response to severe child abuse.

Despite the best efforts of an array of child abuse prevention stakeholders, including DCS, AOC, law enforcement district attorneys, child advocacy centers, physicians, mental health providers

and educators, Tennessee's children continue to be subjected to and traumatized by horrifying experiences of repeated incidents of severe child abuse. These issues cannot be adequately addressed by DCS, TCCY, Child Advocacy Centers, law enforcement or any one organization, or community agency or individual. All stakeholders must come together to address this societal problem in a coordinated and concerted manner.

The 1980s brought a dramatic increase in acknowledgement of child sexual abuse and a growing awareness that child protective services, law enforcement, and the criminal justice system were not working together in response to child abuse allegations. In 1985, the Tennessee General Assembly recognized the complex nature of these cases and enacted legislation that established Child Protective Investigative Teams (CPIT). CPITs across the state are composed of professionals who bring a diversity of skills, backgrounds and training to the investigation. Team members include representatives of child protective services, law enforcement, child advocacy center staff, district attorneys, mental health and juvenile court. In 1990, Children's Advocacy Centers (CACs) developed in Tennessee as child-focused, facility- based programs where representatives from CPITs work together to conduct investigations and make team decisions regarding severe child abuse cases.

In 2015 by invitation of Governor Bill and First Lady Crissy Haslam and Deputy Governor Jim Henry and Pat Henry, Tennessee held the Adverse Childhood Experiences (ACEs) Summit. The ACEs Summit was attended by leaders within state and local government, communities, philanthropy, academia, faith organizations and providers. The ACEs Summit helped to serve as a part of the foundation of a myriad of ACEs-related initiatives. On September 11, 2018, the Governor, First Lady and Deputy Governor hosted the *Building Strong Brains Tennessee* 2018 ACEs Summit. The *Building Strong Brains Tennessee* Summit attendees included leaders of the executive, legislative and judicial branches of state government, community and civic leaders, providers, trade associations, educators, academicians, and the faith-based community. The theme of the Summit was "celebrate successes and imagine possibilities." The Summit served as a celebration of Tennessee's response to ACEs and a call to continue the work.

Despite these and other efforts and reforms, more remains to be done. It is our hope that the proposed recommendations of the SLC will be embraced and implemented and will spur child protection professionals to engage in meaningful dialogue that will produce additional ideas for reducing repeat abuse of our children.

Quality vs Quantity

The SLC is unique in that it does not appear to have a similarly situated commission, agency or group in the United States. The uniqueness of the SLC presents great opportunities as well as some challenges in the early going. When determining the best, most efficient way to satisfy and exceed its statutory requirements, the SLC did not have a model to use. The first 15 months of the SLC's existence represents a substantial investment of time and effort on the part of

legislators, law enforcement, and child protection experts and advocates to determine the best methodology for finding and examining cases. The SLC learned some valuable lessons during the first 15 months of its existence.

Based on the language provided by the General Assembly, members of the General Assembly were and are more concerned about the quality of the case reviews as opposed to the quantity of the cases reviewed. The controlling statute authorizes the SLC to review no more than 10 percent of the profiled cases provided by DCS pursuant to TCA§ 37-3-806(a). In its wisdom, the Tennessee General Assembly set a limit on the number of cases to be reviewed on an annual basis because they had an idea of the level of scrutiny, energy and time it would take to effectively review the intended cases. However, no one realized the magnitude of the issue until reliable data was obtained.

Full of ambition and the desire to do whatever is necessary to help Tennessee improve how it handles severe child abuse cases, the SLC reviewed 25 cases during the first full calendar year of its existence. Based on the experience reviewing so many cases during its inaugural year, SLC members determined they would have a greater impact and provide better quality findings and recommendations if the SLC reviewed fewer cases in greater depth and detail. Cases reviewed by the SLC are incredibly complex, multi-faceted, lengthy cases involving incidents of severe child abuse. The cases often involve years of abuse and documentation prior to the second or subsequent incident of severe child abuse. Reviewing fewer cases allows the SLC to more carefully review the documentation and make a more critical assessment regarding findings and recommendations. The SLC continues to prioritize the quality of case reviews over the quantity of cases reviewed.

To ensure the quality of its effort and case reviews, SLC complies with statutory mandates and exceeds those mandates in some instances.

Reporting Requirements

In part, TCA§ 37-3-803(a) states, “The commission shall review an appropriate sampling of cases involving a second or subsequent incident of severe child abuse in order to provide recommendations and findings to the general assembly regarding whether or not severe child abuse cases are handled in a manner that provides adequate protection to the children of this state.” The SLC reviews an appropriate sampling of cases involving a second or subsequent incident of severe child abuse in order to provide recommendations and findings to the General Assembly regarding whether or not severe child abuse cases are handled in a manner that provides adequate protection to the children of this state. In part, TCA§ 37-3-803(b) states, “The commission's findings and recommendations shall address all stages of investigating and attempting to remedy severe child abuse." The findings and recommendations included in SLC annual reports address all stages of investigating and attempting to remedy severe child abuse in

Tennessee, including DCS and law enforcement investigations, provision of services and the prevention and mitigation of harm. TCA§ 37-3-803(d)(2) states, "The commission shall provide a report detailing the commission's findings and recommendations from a review of the appropriate sampling no later than January 1, 2012, and annually thereafter, to the general assembly. Such report shall be submitted to the governor, the judiciary and health and welfare committees of the senate and the civil justice committee of the house of representatives." The SLC has submitted the statutorily mandated report to the entire General Assembly, the Governor's Office and SLC members in a timely manner every year the SLC has been in existence. Additionally, the report is posted on the websites of the Tennessee Commission on Children and Youth and the Administrative Office of the Courts. TCA§ 37-3-808 requires the SLC to meet at least quarterly. Throughout the years, the SLC has generally met every other month and sometimes more often as needed.

Impact of Child Abuse

The future prosperity of any society depends on its ability to foster the health and well-being of the next generation. Child development is important for community and economic development. When a society invests wisely in children and families, the next generation will pay that back through a lifetime of productivity and responsible citizenship. The wise investment in children and families becomes the basis of a prosperous and sustainable society.

The basic architecture of the human brain is constructed through an ongoing process that begins before birth and continues into adulthood. Like the construction of a home, the building process begins with laying the foundation, framing the rooms and wiring the electrical system in a predictable sequence. Early experiences literally shape how the brain gets built; a sturdy foundation in the early years increases the probability of positive outcomes. A fragile foundation increases the odds of later difficulties.

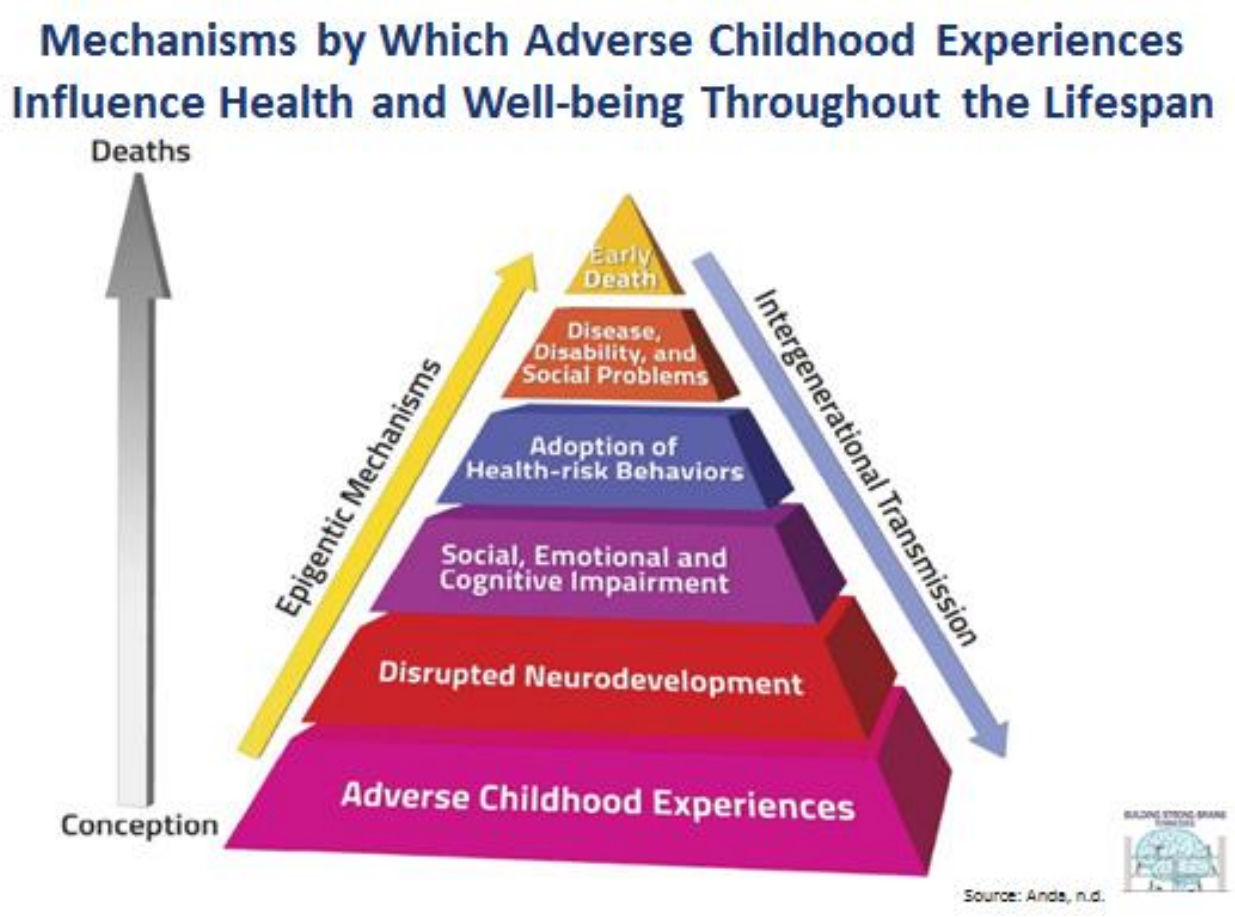
The interactive influences of genes and experience shape the developing brain. The active ingredient is the "serve and return" relationships of children with their parents and other caregivers in their family or community. Like the process of serve and return in games such as tennis and volleyball, young children naturally reach out for interaction through babbling and facial expressions. If adults do not respond by getting in sync and doing the same kind of vocalizing and gesturing back at them, the child's learning process is incomplete. This has negative implications for later learning.

When a young child experiences excessive stress, such as ACEs, extreme poverty, abuse or severe maternal depression – what scientists now call "toxic stress" – it can disrupt the architecture of the developing brain. This can lead to lifelong difficulties in learning, memory and self-regulation. Severe or chronic stress releases harmful chemicals in the brain that impair cell growth and make it harder for neurons to form healthy connections, damage the brain's

developing architecture and increasing the probability of poor outcomes. Intervention in the lives of children who are experiencing toxic stress should not be delayed.

Children who experience the trauma of child abuse are more likely to have difficulty developing trusting relationships. They are less likely to be successful in school and more likely to exhibit behavior problems. They are more likely to have mental health and substance abuse treatment needs. Even in adulthood, they are more likely to experience challenges in maintaining stable relationships and employment. Too frequently, child abuse is intergenerational, and effective responses to first instances of abuse are more likely to reduce future abuse not only to that individual child, but to future generations.

Science tells us that many children's futures are undermined when stress damages the early brain architecture. Trying to change behavior or build new skills on a foundation of brain circuits that were not wired properly when they were first formed requires more work and is less effective. Later interventions are more costly and produce less desirable outcomes than the provision of nurturing, protective relationships and appropriate experiences earlier in life. We know that children who are exposed to serious early stress develop an exaggerated stress response that, over time, weakens their defense system against diseases from heart disease to diabetes and depression.

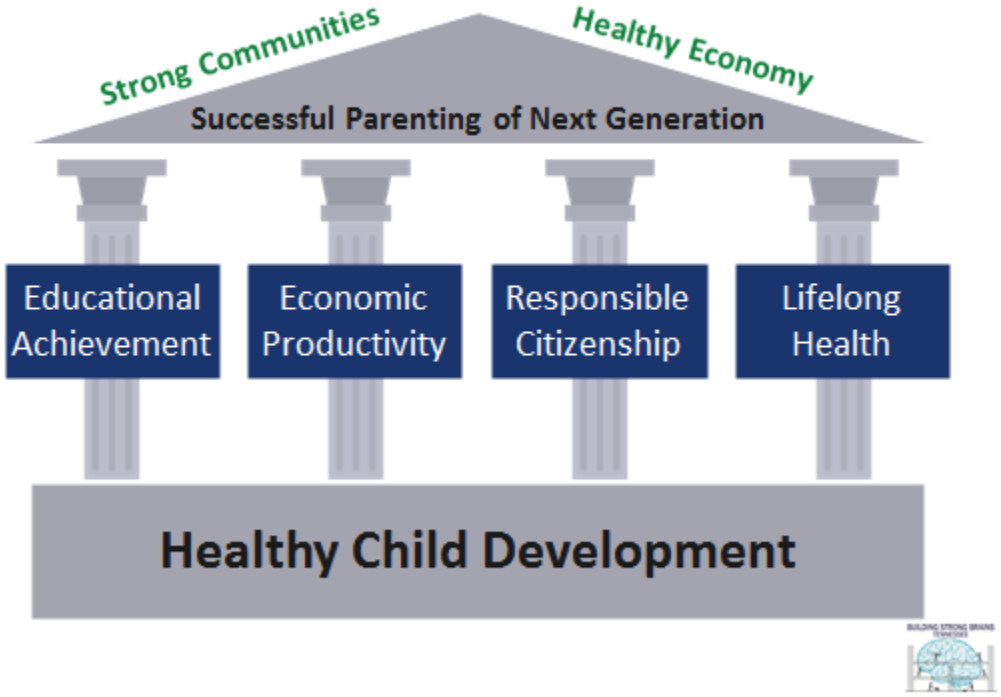


This pyramid was developed to explain the relationship between ACEs and the rates of disease and disability associated with a higher score. When children and families do not have policies and community supports to prevent high ACE scores, higher ACEs leads to disrupted brain development through a lack of serve and return interactions. Science has shown higher ACE scores compromise social, emotional and cognitive development. When communities do not provide safe, stable and nurturing relationships to support strong brain architecture and buffer constant stress, children and adolescents with high ACE scores are at a greater risk to adopt health risk behaviors to cope such as substance and alcohol abuse. Disease, disability and social problems logically follow the adoption of these unhealthy coping skills. One of the most astounding findings from the study from which the pyramid is based is the study showed when a person has four or more ACEs, they tend to die 5-10 years earlier than people who have low or no ACEs. A subsequent study conducted by the National Institute of Health found that when a person has six or more ACEs, their life is cut short by 20 years on average.

The left side of the pyramid depicts the epigenetic mechanisms changing across the lifespan. The right side of the pyramid going down depicts intergenerational transmission of ACEs. Parents with high ACE scores who have children have a much higher likelihood of passing ACEs onto their children. Communities and supports that provide safe, stable and nurturing relationships and environments can disrupt this cycle and positively impact epigenetics.

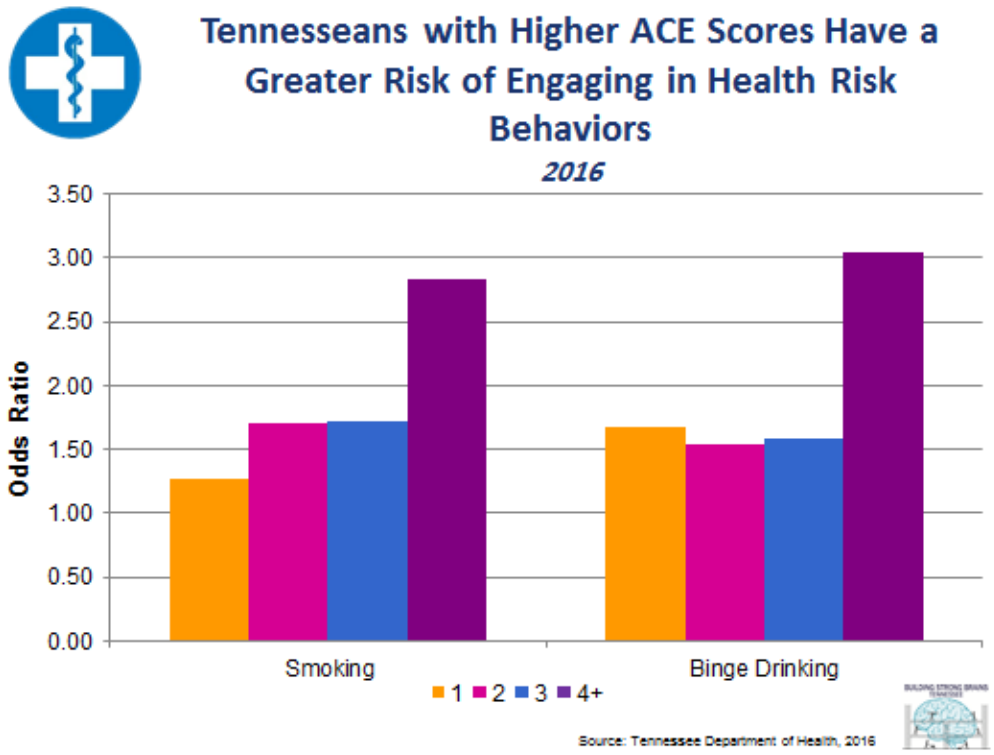
Preventing child abuse and intervening effectively when it first occurs are keys to avoiding lifelong negative consequences from child abuse. Cases reviewed by the SLC continue to make it abundantly clear that there are opportunities to strengthen the systems responding to child maltreatment in Tennessee. As a state, we can and we must identify and implement strategies to ensure children who experience severe abuse, who are among the most vulnerable Tennesseans, receive the protection and remediation assistance they deserve. It will take a concerted and sustained effort to peel away the many layers of this complex issue to get to the core.

As Tennesseans understand the impact of ACEs, they will realize the future economic development and prosperity of the state depends on what we do to prevent these experiences whenever possible and to wrap services around children and families when they cannot be prevented. The picture below illustrates how healthy child development ultimately leads to strong communities and a healthy economy.

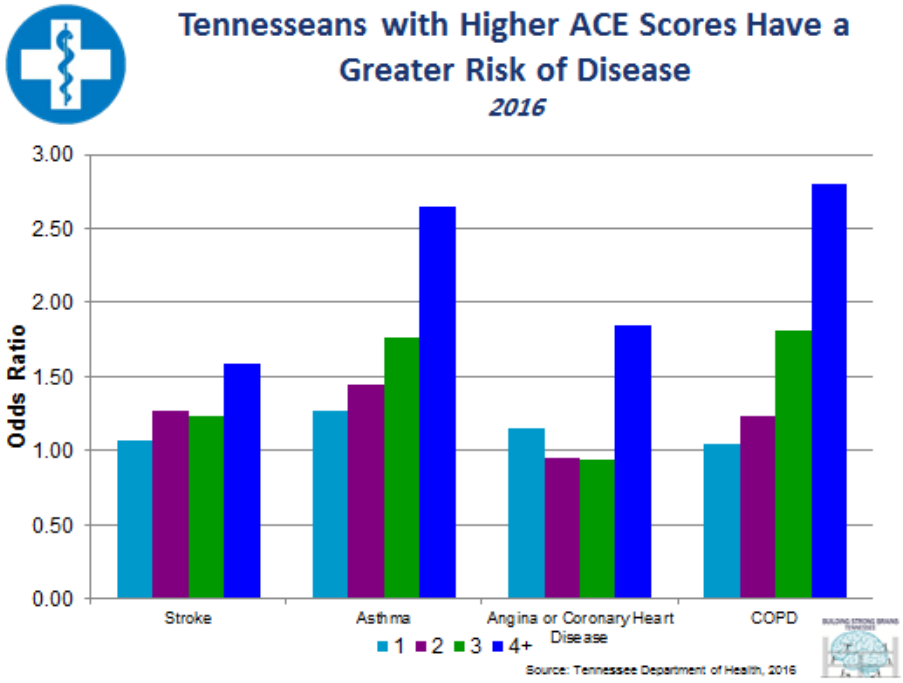


There will be better collaboration across disciplines, departments, agencies and communities, and focus on the infrastructure of services and supports that make a difference. When child abuse and domestic violence prevention, home visiting, mental health and substance abuse services for parents, and a variety of other services and supports are available for early intervention, they put in place a preventive system that catches children before they fall. This kind of sound investment in our society's future is confirmed by brain science. It improves outcomes for children now and is a significant foundation for solutions to many of the long-standing and nagging challenges we face as a state in our health, mental health, social services, child protection, and juvenile and criminal justice systems.

Based on data provided by the Tennessee Department of Health, Tennesseans with higher ACE scores have a greater risk of engaging in health risk behaviors. Four or more ACEs dramatically increase the risks of smoking and binge drinking.



Based on data provided by the Tennessee Department of Health, Tennesseans with higher ACE scores have a greater risk of disease. Four or more ACEs dramatically increase the risks of having asthma, Chronic Obstructive Pulmonary Disease, a stroke and coronary heart disease.



Research shows a correlation between the number of ACEs a person has and the risk of disease and the risk of engaging in health risk behaviors. Every child on the list of profiled cases provided to the SLC has experienced at least two ACEs. Many of them have experienced more than two ACEs.

2018 FINDINGS AND RECOMMENDATIONS

Process for Reviewing Cases

This is the fifth year the list of cases provided by DCS contains cases involving abuse and neglect deaths. The SLC decided to review all the abuse and neglect death cases on the FY 2017 list, as well as a sampling of cases representative of the higher maltreatment type percentages, sexual abuse and drug exposure. Based on a pattern observed by SLC members, the SLC dedicated one meeting to review cases in which the first incident of abuse was Drug Exposed Child and the second or subsequent incident of abuse was Child Sexual Abuse. The SLC also considered the time between the first and second incident of abuse. To maximize its efforts and make the case reviews more relevant, the SLC decided to review only cases in which the first and second incident of abuse occurred within two years of FY 2017.

For each case reviewed, the SLC gathers information from various individuals, departments and agencies. The documentation gathered by the SLC typically includes records from the following, when applicable: DCS, medical service providers, juvenile courts, law enforcement, criminal courts, educational systems, child advocacy centers and various service provider records. In addition to gathering documentation, the SLC obtains additional information through email requests, telephone calls and site visits. The director of the SLC reviews all the gathered

information and provides a written case summary of the cases the SLC will review one week prior to the investigatory meeting of the SLC. Members of the SLC read the summaries prior to the investigatory meetings and arrive at the meetings prepared to analyze each case thoroughly. This calendar year, 2018, the case summaries averaged 50 pages each.

The list of cases provided by DCS for fiscal year 2016-2017 (FY 2017) reported 588 children experienced a second or subsequent incident of severe child abuse. As illustrated by graphs later in this report, the FY 2017 number of children who experienced a second or subsequent incident of severe child abuse is 101 children fewer than FY 2016. Similar to previous years, sexual abuse was the most prevalent type of listed severe child abuse during FY 2017. Sexual abuse accounted for approximately 75 percent of the second or subsequent incident of severe child abuse in FY 2017. However, sexual abuse only accounted for approximately 31 percent of the combined maltreatment type set forth in the FY 2017 list of cases. This is one of the reasons SLC members decided to review a small sub-set of cases in which Drug Exposed Child was the first incident of abuse and Child Sexual Abuse was the second or subsequent incident of severe child abuse. The second most prevalent type of severe abuse was Drug Exposed Child/Infant. Drug exposure accounted for approximately 12 percent of the severe abuse that occurred in FY 2017. However, drug exposure accounted for approximately 36 percent of the combined maltreatment type set forth in the FY 2017 list of cases. More than one-third of all the children represented in the FY 2017 list were exposed to drugs.

As in previous years, the review process was often painful as members considered the horrific and development disrupting experiences endured by the children whose cases were reviewed and, through the review process, could see missed opportunities that might have prevented repeat abuse. Although there continues to be opportunities to improve the manner in which severe child abuse cases are handled in Tennessee, changes continue to occur that will likely have a positive impact on reducing the rate and consequences of severe child abuse.

The following findings and recommendations are based primarily on the child death and severe abuse cases reviewed by the SLC during the 2018 calendar year. The recommendations recommend specific action steps to help resolve a finding in some instances and further research and investigation in other instances. The findings and recommendations are discussed below.

Child Abuse/Neglect Death Cases

The FY 2017 profiled list of cases contained two child death cases. In one of the cases, a parent allowed a paramour to have unsupervised contact with the child even though a No Contact Order prohibited the paramour from having any contact with the child. The parent stated he/she thought the No Contact Order was no longer in place because the DCS matter from which the order originated was closed. The SLC Director listened to an audio recording of the juvenile court hearing in which the judge stated she explicitly ordered no contact between the child and paramour indefinitely.

The documentation in this matter indicates the paramour, despite spending some time in jail, had repeated opportunity to have contact with the subject child and siblings after the DCS matter was closed. His contact with the children resulted in the death of one of them.

Finding – Family members continue to fail to comply with No Contact orders.

Recommendation - Courts must clearly explain, orally and in written word, the scope and duration of No Contact Orders. Courts must take violations of No Contact orders very seriously and enforce the provisions of these Orders with the full weight of the law.

The child death cases also presented additional recurring issues. Although DCS documentation continues to improve each year, it continues to be an ongoing concern. Names of individuals, including perpetrators, were spelled different ways throughout the documentation in TFACTS entries.

In addition to continued training and emphasis on providing proper documentation, the SLC recommends DCS employees use dates (for example, November 7, 2018) as opposed to or in addition to days (for example, Wednesday) in their TFACTS entries. This change makes it easier to compose a timeline and determine when certain actions have been taken or events occurred.

In limited instances, collateral witnesses are not being interviewed. For example, a sibling was not interviewed during investigations prior to the child abuse death. The sibling was interviewed by the police as a part of the child abuse death investigation.

Drug Exposed Child First Incident and Child Sexual Abuse Second Incident

Over the years, including FY 2017, the SLC noticed a substantial number of Drug Exposed Child cases had Child Sexual Abuse as its second or subsequent incident of severe abuse. As a result of this observation, the SLC decided to dedicate one meeting to review cases in which Drug Exposed Child was the first incident of child abuse and Child Sexual Abuse was the second or subsequent incident of severe child abuse. SLC members reviewed this set of cases to look for patterns that may help prevent Child Sexual Abuse in matters where a child has been drug exposed.

Finding – The sexual abuse in this sub-set of cases occurred primarily while the caregiver was abusing drugs.

Although the disclosure of child sexual abuse sometimes occurred months or years after the Drug Exposed Child investigation was closed, the child sexual abuse often occurred while the caregiver was abusing drugs. Children disclosed the sexual abuse when they were removed from the caregiver due to drug exposure and placed in a safe, stable and nurturing environment. This finding is consistent with cases reviewed during previous years following the same pattern of abuse.

Moreover, SLC members found child abuse prevention stakeholders did not pay enough attention to the health care needs of some of the children. Educational needs of the children were also neglected. SLC members noted physical abuse was present in 2 of the 3 cases.

This sub-set of cases presented opportunities to improve documentation. Names of individuals, including perpetrators, were spelled different ways throughout the documentation in TFACTS entries. Duplicate entries continue to be an issue.

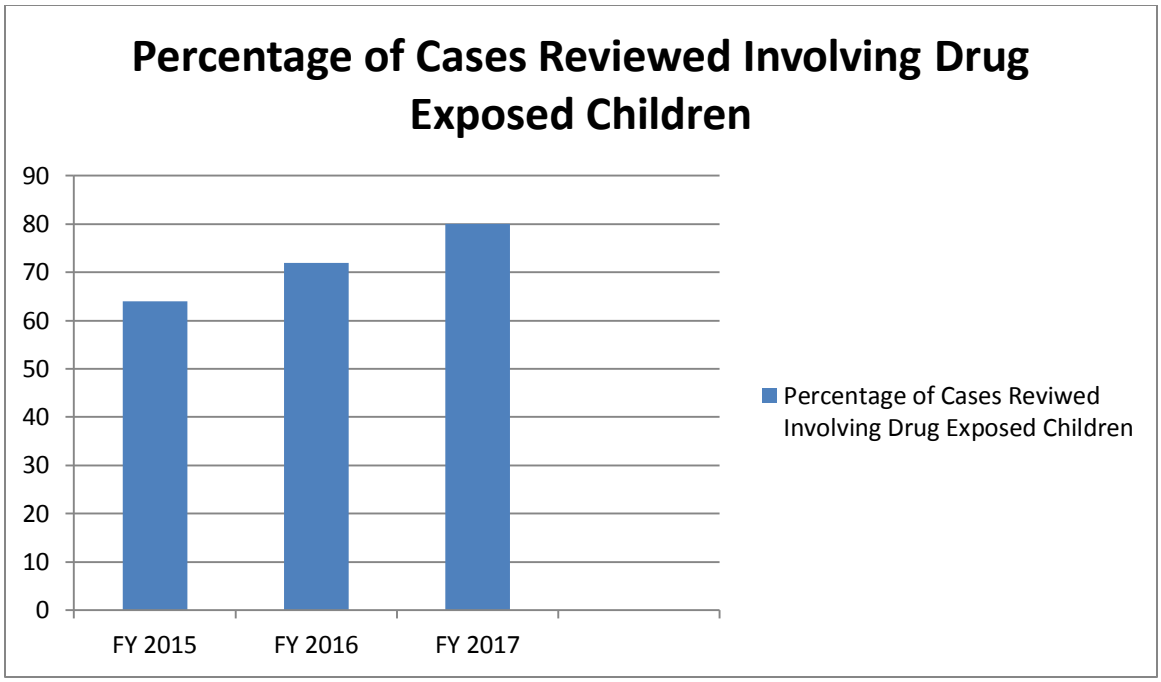
Recommendation – Strategies to help child abuse prevention stakeholders build strong relationships with the children and families they serve must be implemented and reinforced where appropriate strategies are in place. Stronger relationships between child abuse prevention stakeholders and the children they are trying to protect will likely lead to earlier identification and disclosure of abuse.

Recommendation – All applicable child abuse prevention stakeholders need to be involved in child abuse investigation as early as reasonably possible. Involving multiple child abuse prevention stakeholders with different resources and expertise helps provide permanency for the child in a more timely manner and potentially identify issues missed by a particular stakeholder group. Child abuse prevention stakeholders must continue to improve collaborative efforts and communication. In several cases over the years, including cases reviewed in 2018, child abuse prevention stakeholders often did all they could within their scope of authority, but did not collaborate with other stakeholders early enough in the investigative process to prevent additional harm to the child.

Recommendation – Child abuse prevention stakeholders should use two and three generational approaches when addressing child abuse and particularly when addressing substance abuse of the caregiver. Simply removing the child from the drug exposed environment without making sure the physical, mental and emotional needs of the child are met is not in the best interest of the child. SLC acknowledge safety of the child as the primary goal. Once the child is safe, additional steps may need to be taken by child abuse prevention stakeholders to help the child fulfill his/her potential.

Drug Exposed Child Issues

Drug addiction continues to be a substantial factor in severe child abuse cases reviewed by the SLC. While the cases reviewed by the SLC must have a severe child abuse indication, the cases also contain other findings of abuse and neglect. During the last three years, an average of approximately 72 percent of the cases reviewed by the SLC involved drug exposed children although the drug exposure did not result in a severe child abuse substantiation every time. In these cases the caregiver either admitted to abusing drugs or tested positive for drugs. Within the cases reviewed by the SLC, the percentage of cases in which children were exposed to drugs by a caregiver has steadily increased (FY 2015 – 64 percent, FY 2016 – 72 percent, FY2017 – 80 percent).



The opioid epidemic is a national issue. However, Tennessee has been impacted especially hard by the opioid epidemic. According to a report prepared by the Sycamore Institute in 2012, Tennessee had an average of 1.4 opioid prescriptions for every Tennessean — the 2nd highest rate in the U.S. Among other negative consequences, the epidemic in Tennessee has resulted in more children in state custody and a ten-fold rise in infants born with neonatal abstinence syndrome.

Finding – Continued training on identifying and addressing drug addiction of caregivers continues to be an opportunity.

The increase in the use and abuse of prescription medications makes it difficult for DCS and other child abuse prevention stakeholders to protect children. Based on a Tennessee Department of Health report, there has been a statistically significant increase in exposure of infants to prescribed drugs since 2013. *Neonatal Abstinence Syndrome Surveillance Annual Report 2017.* According to the Tennessee Department of Health Neonatal Abstinence Syndrome (NAS) Surveillance June Update (Data through 06/30/2018), at least one of the substances causing NAS was prescribed to the mother by a health care provider in approximately 75 percent of NAS cases reported in Tennessee.

Recommendation - Many mental health and drug and alcohol addiction professionals recognize drug addiction as a mental illness. For example, the National Institute on Drug Addiction and the National Institute of Mental Health both recognize drug addiction as a mental illness. In general, professionals who agree drug addiction is a mental illness hold this position because "addiction changes the brain in fundamental ways, disturbing a person's normal hierarchy of needs and desires and substituting new priorities connected with procuring and using the drug.

The resulting compulsive behaviors that override the ability to control impulses despite the consequences are similar to hallmarks of other mental illnesses." *National Institute on Drug Abuse*. In the 2016 and 2017 SLC reports, the SLC recommended training, practice improvements and resources to address drug abuse using a public health approach. The SLC renews this recommendation. A public health response to drug abuse would involve a coordinated collaborative strategy involving various agencies, departments and communities to provide treatment as opposed to punishment. Community health and safety are priorities in a public health approach to addressing drug abuse.

DCS Response: The creation of specialized drug teams, due to the increase of substance affected children, was a strategy that was developed and implemented in March 2017 to expedite and modify the response to families with substance abuse issues. The specialty team, which was piloted in collaboration with the University of Tennessee (UT) Hospital in Knox County, investigates drug exposed infants born or hospitalized at the UT Hospital who reside in Knox, Smoky or East regions. The need for additional specialization for drug exposed children, and families impacted by addiction, was identified soon after this implementation and two (2) additional teams were created in February 2018, to cover the eight (8) counties in the Northeast region and a second team was assigned to the Knox, Smoky and East regions working with infants from other regional hospitals.

Prior to the implementation, much preparation occurred to identify staff, provide training related to addiction, relapse and recovery, and develop or enhance relationships with community stakeholders and providers to offer a more comprehensive approach for those working with families impacted by substance abuse. The partnerships that have developed through this collaborative effort to address drug addiction include public and government funded agencies such as the Department of Mental Health and Substance Abuse, Department of Health, Tennessee Association of Alcohol, Drug and other Addiction Services (TAADAS), Tennessee Dangerous Drugs Task Force and the Tennessee Bureau of Investigation. Additionally, regional entities that have been integral in this effort include the UT Hospital, East TN Children's Hospital, Vanderbilt Hospital, and numerous regional hospitals located in the rural areas.

Training frontline staff utilizing regional partners and experts was created to provide the latest research on drug usage and regional drug trends. A training curriculum was developed and delivered in 2018 specifically designed to enhance skills for working with drug exposed children and families and was delivered in 9 locations with over 360 participants statewide.

Recommendation – The SLC supports the continued expansion of zero to three court programs in Tennessee. Two of the goals of the zero to three court programs as set forth in TCA 37-1-902 are to reduce incidences of repeat maltreatment among children thirty-six (36) months of age or younger, and 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. Through the joint efforts of the General Assembly, DCS, the Administrative Office of the Courts (AOC) and the Department of Mental Health and Substance Abuse Services, Tennessee has established Safe Baby Courts in seven (7) jurisdictions (Davidson, Stewart, Grundy, Johnson, Knox, Coffee and Madison).

The results of similar programs in other states has been positive in emphasizing the need for comprehensive and timely service provision to support parents and result in speedy reunification of parents and young children, or determination such will not be possible and move to termination of parental rights. Brain research is clear regarding the impact of ACEs on the developing brain, especially of very young children. Appropriate two generation strategies, like zero to three courts, can be instrumental in both preventing ACEs and mitigating their impact. Expanding the availability of evidence-based zero to three court programs has the potential to improve the outcomes for the children and families served by these courts.

In jurisdictions that have zero to three court programs, children and families fitting the criteria to participate in the court program should be afforded the opportunity to do so when it is necessary to file a petition in juvenile court to protect the child. The SLC acknowledges the statutes that created and govern the zero to three court programs do not confer a right or an expectation of a right of participation in a zero to three court program to a person within the juvenile court system.

Finding – Data showing the impact of drug exposure to children needs to be tracked.

It does not appear Tennessee is comprehensively tracking data regarding the impact of drug exposure to children. DCS, service providers and other advocates would have the opportunity to proactively look for potential issues and better mitigate the adverse impact of the drug exposure to children during investigations and while providing services if Tennessee had better data regarding the impact of drug exposure on children.

Recommendation – The SLC recommends the General Assembly mandate a study be conducted to recommend pertinent data points to be collected, the timing and duration of collecting the data and the best methods of collecting the data to improve how Tennessee handles severe child abuse cases as it relates to drug exposed children. At the very least DCS, the Department of Mental Health and Substance Abuse, the Department of Human Services, AOC and TCCY should have representatives in the group conducting the study and preparing the report. Additionally, appropriate medical input must be sought.

Training Opportunities

Documentation

Proper documentation of all case activity is essential to making informed decisions regarding the safety of a child. It provides an accurate picture of every phase of the investigation. Misspelling names and using different names to identify the same person make it difficult for people reviewing a case to develop an accurate understanding of the parties and issues involved in a matter. Inaccurate documentation may also lead to the misunderstanding that there are separate incidents of abuse when there is only one incident of abuse. Additionally, valuable time may be spent trying to obtain accurate information when it should be readily available.

Finding – Although documentation has substantially improved, it continues to be an opportunity for continued improvement.

The documentation issues including misspelling the name of the perpetrator and child/victim several times, using different names to identify the same person and confusing documentation made it difficult to obtain all relevant information. Documentation would mention a drug screen, but not the results. Documentation would indicate contact with providers for an update, but would not mention the content of the update. Timely entering information into TFACTS has substantially improved over time.

Recommendation – Continued training, emphasis and monitoring regarding proper documentation are recommended.

DCS Response: In efforts to improve the documentation of case managers, the Office of Child Safety provided training to approximately 400 frontline staff. Cases from each participant were reviewed prior to the training session and individual feedback was provided to the participants to support the training curriculum. Additionally, the frontline supervisors participated in training to enhance their skills for reviewing and providing feedback to their staff to improve the quality of documentation. The trainings were mandatory and occurred in every region during 2018.

Duty to Report Child Abuse

Finding – Suspected Child Abuse May Not Be Reported

While Tennessee has one of the strongest child abuse reporting statutes in the nation, the statute needs to be strengthen or clarified. TCA §37-1-403(a)(1) provides:

> Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality, abuse or neglect or that, on the

> basis of available information, reasonably appears to have been caused by brutality, abuse or neglect.

This statute clearly makes all persons in Tennessee mandatory reporters of child abuse. However, the statute could be interpreted to require knowledge of a wound, injury, disability, or physical or mental condition before there is a duty to report.

TCA §37-1-403(a)(3) provides,

> If any such person knows or has reasonable cause to suspect that a child has been sexually abused, the person shall report such information in accordance with § 37-1-605, relative to the sexual abuse of children, regardless of whether such person knows or believes that the child has sustained any apparent injury as a result of such abuse.

The child sexual abuse reporting statute clearly mandates reporting when a person has knowledge *or has reasonable cause to suspect a child has been sexually abused* regardless of whether there is a perceived injury.

Recommendation – The duty to report child abuse needs to be expanded or clarified.

The Tennessee General Assembly has recently recognized the need to better identify and report suspected child abuse as evidenced by the recent enactment of TCA §37-1-408, which states the following:

> **(a)** By January 1, 2019, the department of children's services shall develop guidelines on the best practices for identifying and reporting signs of child abuse, child sexual abuse, and human trafficking in which the victim is a child. The department of education shall use the guidelines to identify child abuse training programs appropriate for teachers. The programs identified by the department of education must train teachers on the common signs of child abuse, child sexual abuse, and human trafficking in which the victim is a child; how to identify children at risk of abuse, sexual abuse, or human trafficking; maintenance of professional and appropriate relationships with students; and the requirements for reporting suspected child abuse and sexual misconduct.
>
> **(b)** Beginning with the 2019-2020 school year, each LEA and each public charter school shall ensure its teachers complete a child abuse training program identified by the department of education pursuant to subsection (a), or a training program that meets the guidelines established by the department of children's services pursuant to subsection (a), as part of the teacher's annual in-service training. Each LEA and each public charter school shall annually report its compliance with this section to the department of education.

TCA §37-1-403(a)(1) should be amended to mirror the language or intent of TCA §37-1-403(a)(3). People should have the duty to report any type of child abuse when they have knowledge or have reasonable cause to suspect a child has been abuse or neglected regardless of

whether the person has knowledge of a wound, injury, disability, or physical or mental condition. Amending TCA §37-1-403(a)(1) as recommended by the SLC will likely help protect abused and neglected children in Tennessee.

DCS Response: DCS continues to focus efforts on providing relevant and collaborative training opportunities for regional staff. This includes the development of CPS Onboarding to support new employees in their first year and to build upon training that is offered in pre-service within the first 6 months of casework to strengthen the knowledge base of case managers. This is scheduled to begin in January 2019. The CPS Academy continues as a collaborative effort with the Tennessee Bureau of Investigations and Vanderbilt to enhance skillsets for child protective services workers. An extensive training was developed in collaboration with CPIT partners to develop skills and provide a deeper understanding of child sexual abuse. The training is scheduled to be available in May 2019 and is responsive to concerns outlined in this report by offering the following courses:

- Understanding the Dynamics of Child Sexual Abuse
- Individual and Familial Trauma from Sexual Abuse
- Secondary Trauma Working Child Sexual Abuse Cases
- Internet Crimes Against Children
- DCS's Role in Sexual Abuse Cases
- Testifying in Sex Abuse Cases
- Sexual Abuse in Sibling Groups
- Understanding Perpetrators of Child Sexual Abuse
- Law Enforcement's Role in Sexual Abuse Cases
- Disclosures: Understanding Forensic Interviews & Recantation
- Children with Sexual Behavior Problems
- Conducting a Forensic Interview
- Medical Exams in Sex Abuse Cases
- Services Available for Victims & their Relatives
- Adolescents Engaging in Sexual Abusive Behavior
- Sexual Abuse from a Cultural Context

Additional Concerns

Children and Family Affairs Committee

Members of the SLC discussed the possibility of reestablishing the Committee on Children and Families within the Tennessee General Assembly. House speaker Jimmy Naifeh created the Children and Family Affairs Committee, for the 100th General Assembly and named Rep. Brenda Turner as chair. While in existence, the Children and Family Affairs Committee considered legislation dealing with domestic issues such as divorce, child custody, and domestic violence. In

addition to these issues, they also dealt with legislation concerning juvenile crime, adoption, and any other bills dealing with children issues as determined.

Recommendation – The SLC believes the creation of a joint committee, or something similar, to focus solely on children and family issues is needed to improve outcomes for children in Tennessee. The primary purpose of this legislative committee should be to analyze systemic issues that impact children and propose appropriate legislation to address those issues, to include prevention of severe child abuse.

Internet Safety

Finding – Children are increasingly being exposed to danger through the internet.

The SLC is aware various training is offered in schools about the dangers the internet poses to children. The new Tennessee Health Education and Lifetime Wellness Standards provide broad guidelines to help address safety issues concerning social media. Each set of standards was written by teams of Tennessee health education teachers and higher education faculty, as convened by the Tennessee Department of Education. The SLC will work to better understand how these standards are incorporated into the education of children in Tennessee and may provide recommendations in subsequent reports based on its findings.

Tracking the Prosecution of Alleged Child Abusers

Throughout the years, including 2018, SLC members questioned whether the appropriate individuals who have been indicated as a perpetrator by DCS are being prosecuted. SLC members generally understand the extremely high burden of proof in a criminal matter and understand an indication is a far cry from being criminally responsible. In some instances, the CPIT documentation indicates the matter was referred for prosecution and additional information about the result of the referral is not readily available. The Statewide CPIT Advisory Board is in the process of introducing forms and processes that will make it easier to track many data points including prosecutions referred from local CPITs.

Family Planning Concern

In cases reviewed by the SLC throughout the years including 2018, many of the parents continue to have repeated pregnancies in the midst of their addiction and mental health battles. The SLC is concerned about whether these parents are presented with information regarding family planning and long acting reversible contraceptives at the same rate as other parents.

Recommendation – Hospital staff should ensure all parents, the mother and the non-birthing parent, are presented information regarding family planning and long acting reversible contraceptives. The SLC will explore whether it is appropriate and feasible to offer family planning information in other sectors outside of the medical profession.

Case Closures

In cases reviewed by the SLC throughout the years including 2018, SLC members have noted concerns about the manner in which some investigations are closed. For instance, cases are sometimes closed because potential perpetrators refuse to cooperate with DCS and/or law enforcement during the course of investigation.

Recommendation – The SLC recognizes DCS, law enforcement and other child abuse prevention stakeholders often make extraordinary efforts to locate intentionally elusive caregivers. Child abuse prevention stakeholders work hard to secure the cooperation of individuals during the course of severe child abuse investigations. However, they sometimes encounter circumstances beyond their control and are forced to close cases without completing investigations to determine whether a child is in a safe environment. The SLC will invite various stakeholders to its quarterly meetings to determine if there is a better way for Tennessee to handle these severe child abuse investigations within current legal parameters.

DCS Response: In efforts to expedite the location and assessment of families involved in child protective services investigations in one specific geographic location, a border protocol was established with Kentucky and two (2) borderline counties in east Tennessee in 2018. This agreement was created in response to concerns of families in that area eluding child protective services. The impact of this protocol will continue to be evaluated.

General Recommendation – Single Team/Single Plan Approach

The SLC recommends initiating a pilot using the single team/single plan approach for select severe child abuse cases. The "Governor's Children's Cabinet Multi-Agency Working Group currently addresses the needs of infants born being affected by illegal substance abuse or experiencing withdrawal symptoms resulting from prenatal drug exposure. The Children's Cabinet is piloting a Single Team/Single Plan approach to develop a plan of safe care for substance-exposed infants. In this project, collaborators from multiple agencies including the Department of Children's Services, Department of Education, Tennessee Early Intervention Systems, Tennessee Department of Mental Health and Substance Abuse Services, and informal family supports work with families of newborns affected by substance abuse. The project brings all the involved agencies to the table in a "single team/single plan" approach to coordinate services and treatment options for the families and reduce safety concerns and risk while promoting best practice outcomes." Source: *Child and Family Services Reviews, Statewide Assessment 2017*

The initiation of a single team/single plan pilot by DCS will provide an opportunity to improve the manner in which Tennessee handles severe child abuse cases. Such an approach encompasses system of care and public health principles.

Improved Practices

The SLC has noticed continued improvement in DCS investigation practices. Despite continued concerns, DCS documentation continues to improve. SLC members noted DCS appears to be taking more pictures of children and potential evidence. SLC members noted increased collaborative efforts on the part of DCS in recent reviews. In the majority of the cases reviewed during calendar year 2018, DCS interviewed appropriate collateral witnesses. The cases reviewed also showed increased collaborative efforts by DCS. Most notably, DCS has demonstrated substantial improvement in moving from incident-driven investigations to issue-driven investigations.

Second Look Commission Policy: Reviewing Cases Not on List Provided by DCS

The SLC has received several requests to review matters not on the list of cases provided by DCS. The SLC is not directed to or prevented from reviewing cases not on the list provided by DCS. The SLC wishes it had time and resources to thoroughly review all the cases on the provided list and any cases brought to the SLC by various child abuse prevention stakeholders. Since this is simply not the case, the SLC developed a policy to address reviewing cases not on the list provided by DCS. The guidelines on the policy recognize the primary responsibilities of the SLC and available resources while valuing the concerns of other child abuse prevention stakeholders. The policy is attached.

ACTION TAKEN ON SLC RECOMMENDATIONS

- From the beginning of the SLC, the core of many of the recommendations has involved strengthening relationships, interactions and investigations of stakeholders, and improving communication and collaboration. To address these issues, the SLC recommended the development of improved joint and collaborative training for all child abuse investigation stakeholders based on the identification of opportunities to improve practices. In part based on recommendations from the SLC, DCS created the CPS Investigations Training Academy (Investigations Academy) in 2013 to help address SLC findings and recommendations and improve the overall quality of CPS investigations and child safety. The Investigations Academy has strengthened relationships, interaction and investigation, and improved communication and collaboration to help reduce the incidents and impact of severe child abuse in Tennessee. Not only are DCS CPS investigators be required to attend the Investigations Academy, but TBI agents, CPIT partners and community partners are also invited and encouraged to participate in the Investigations Academy at no cost to their agency, with the exception of staff time and travel expenses.

  DCS Child Protective Services Assessment (CPSA) workers identified areas of need for CPSA workers which led to the establishment of the CPSA Training Academy. The CPS

Investigations Academy and the Assessment Academy have been merged in order to maximize resources and to provide comprehensive training opportunities for all CPS and Family Support Services staff.

- The SLC has emphasized the need for DCS to conduct issue-driven investigations as opposed to incident-driven investigations, and while there are still opportunities for improvement, DCS has made strides in this arena. The Academy has the potential and was partly designed to address the practices and strengths of issue-driven investigations over incident-driven investigations.

- The Investigations Academy includes the following courses that help address various SLC findings and recommendations:
    - Investigative Interview Techniques;
    - Medical Evaluation of Child Abuse and Neglect;
    - Recognizing and Documenting Impairment/Drug Use;
    - Prescription Pills, Meth, & Meth labs;
    - Working and Engaging with Drug Dependent Parents;
    - Working with Parents with Mental Health Diagnosis;
    - Safety and Risk;
    - CPS Investigations Policy and Effective Use of Work Aids;
    - Understanding the Juvenile Court System;
    - Simulation Labs; and
    - Mock Court.

- In addition to the training received in the Investigations Academy, proper case file documentation training is included in DCS pre-service and specialty training. Tablets have been distributed to frontline CPS staff to ensure information can be documented and recalled with greater ease and accuracy. Improvements to TFACTS have allowed for increased efficiency in documentation for staff.

- The 2012 SLC Annual Report found a more consistent best practices model for Child Protective Investigation Teams (CPIT) should be developed and implemented across the state to reduce inconsistent CPIT practices and poor outcomes for children in Tennessee. The report recommended creating a Statewide Child Protective Investigation Teams (CPIT) Coordinator and a CPIT Advisory Board. In 2013, DCS appointed a Director of Community Partnerships within the Office of Child Safety. The Director serves as the Statewide CPIT Coordinator. DCS also developed a statewide CPIT Advisory Board. The Statewide CPIT Advisory Board developed by DCS in response to the recommendation by the SLC recently developed a Data and Practice Analysis Workgroup

which has been tasked with reviewing the recommendations contained in SLC reports, in addition to other reports that contain recommendations for DCS.

- The 2011, 2012 and 2015 SLC Annual Reports all had findings and recommendations related to the need for improved supervision of frontline staff. Additional supervisors have been added by DCS to reduce the number of staff per team and to allow for more opportunities to provide intensive supervision and coaching. The Office of Child Safety Internal Quality Control Division developed an internal quality review process for CPS Investigations, Special Investigations and the Child Abuse Hotline. Evaluation methods and tools are used to standardize and assist supervisors in assessing performance by gathering quantitative and qualitative data, which is then used for individual and team performance improvements.

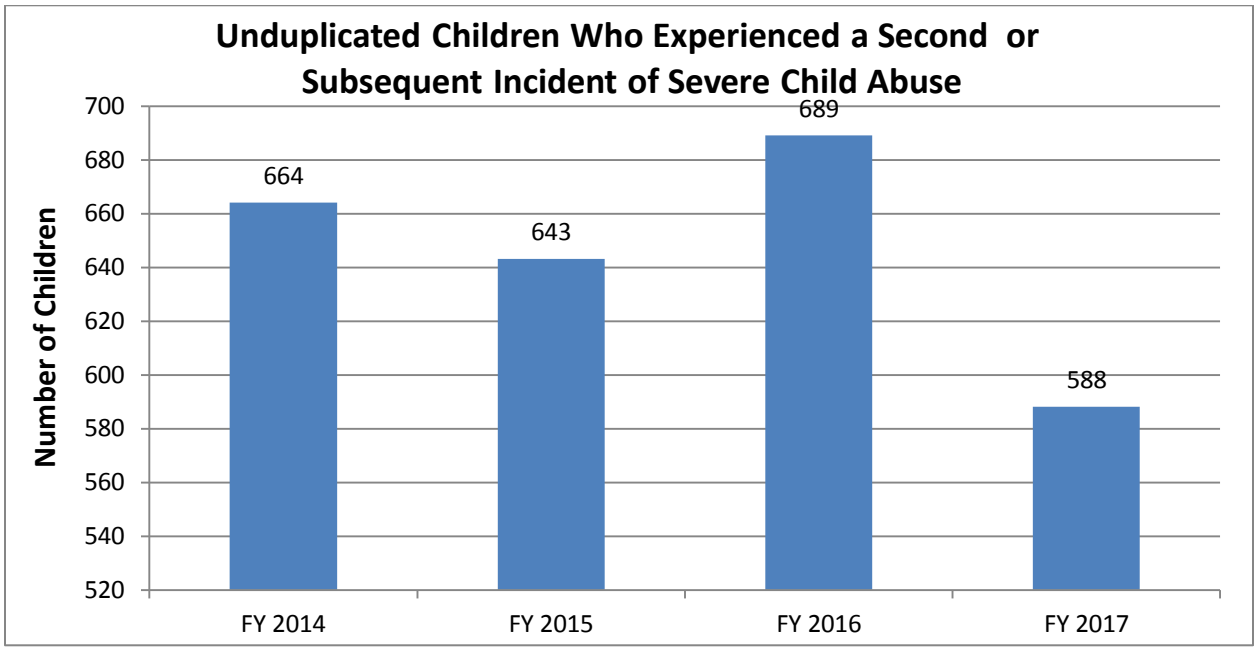
- The 2014 SLC Annual Report found Tennessee should provide even more education regarding safe sleeping. In partnership with the Tennessee Department of Health, all 12 DCS regions have implemented a Safe Sleep initiative that involves home visitation, information sharing with parents about safe sleep, distribution of Pack and Plays as needed, and coordinated efforts with community partners to ensure caregivers are properly informed.

- When DCS is investigating harm to the child and the child has been hospitalized, DCS should receive notice before the child is discharged from the hospital. Although the failure to notify DCS appears to be an anomaly, the need to notify DCS should be reemphasized. CPS investigators should remind hospital representatives of the importance of notifying DCS before a child subject to a DCS investigation is discharged from the hospital. DCS developed a Hospital Protocol to ensure hospital staff who are involved with children and families supported by DCS are considered team members and therefore should be included in the planning and decision making process. The purpose of the protocol is to promote effective communication and enhance and strengthen relationships between DCS and the medical community. The Hospital Protocol was effective as of December 1, 2016.

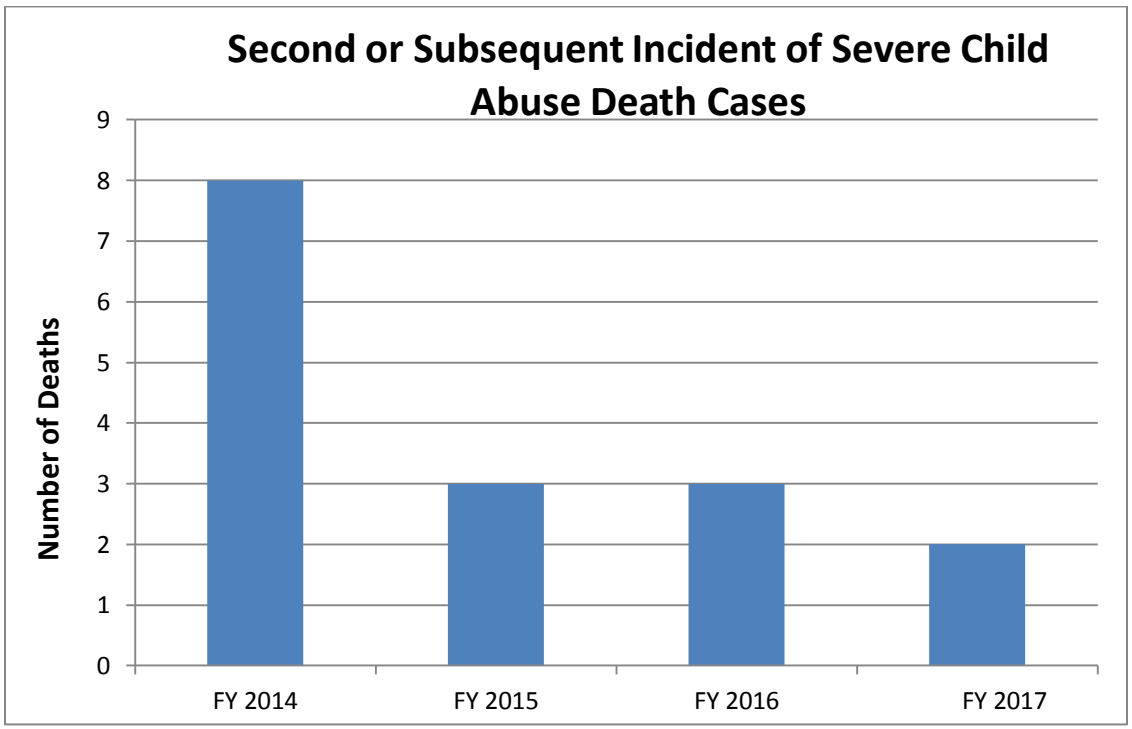
- The 2011 SLC Annual Report noted the terms used by DCS in its policies to classify the results of their investigations are not consistent with the classifications set forth in TCA §37-1-607 (“indicated” and “unfounded” vs. “substantiated” and “unsubstantiated”). DCS made significant terminology changes in efforts to align language with state law and nationally recognized and accepted language used by other child welfare agencies, law enforcement, disability and adult protective services. The term “substantiated” replaced the term “indicated” and the term “unsubstantiated” replaced the term “unfounded.” The change was effective January 1, 2014.

Repeat Child Abuse Data

The reported number of children who experienced a second or subsequent incident of severe child abuse for FY 2017 is 588.

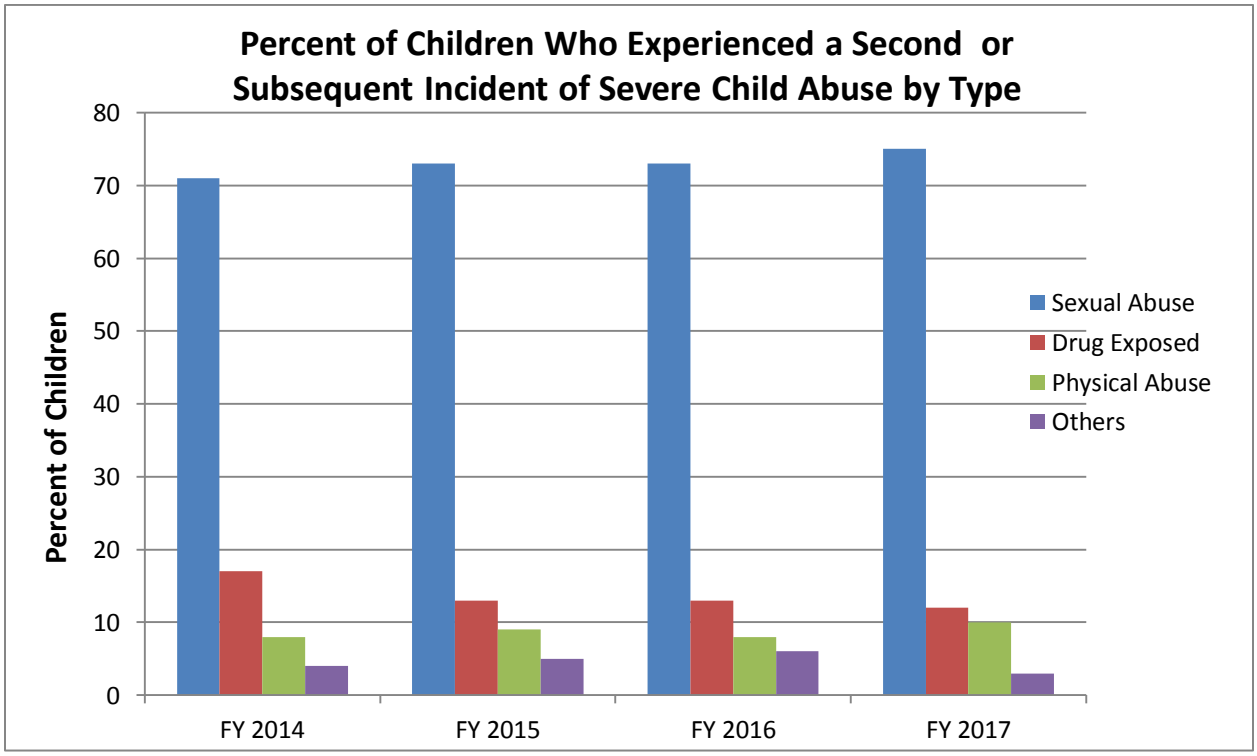


The number of second or subsequent incident of severe child abuse death cases for FY 2017 is 2.



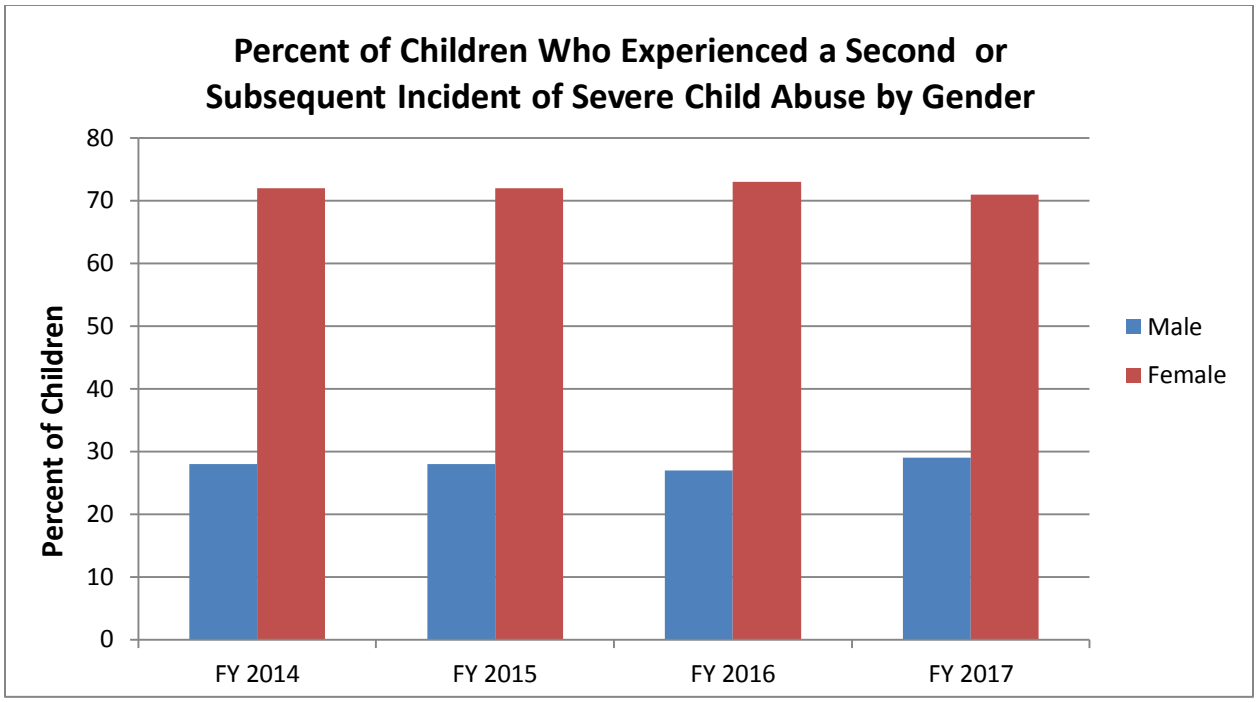
The types of maltreatment for FY 2017 are as follows:

- Abuse Death: less than 1 percent;
- Drug Exposed Child: 12 percent;
- Lack of Supervision: 3 percent;
- Medical Maltreatment: less than 1 percent;
- Physical Abuse: 10 percent;
- Psychological Harm: less than 1 percent;
- Sexual Abuse: 75 percent.



The gender composition of the victims of the total population of cases for FY 2017 is as follows:

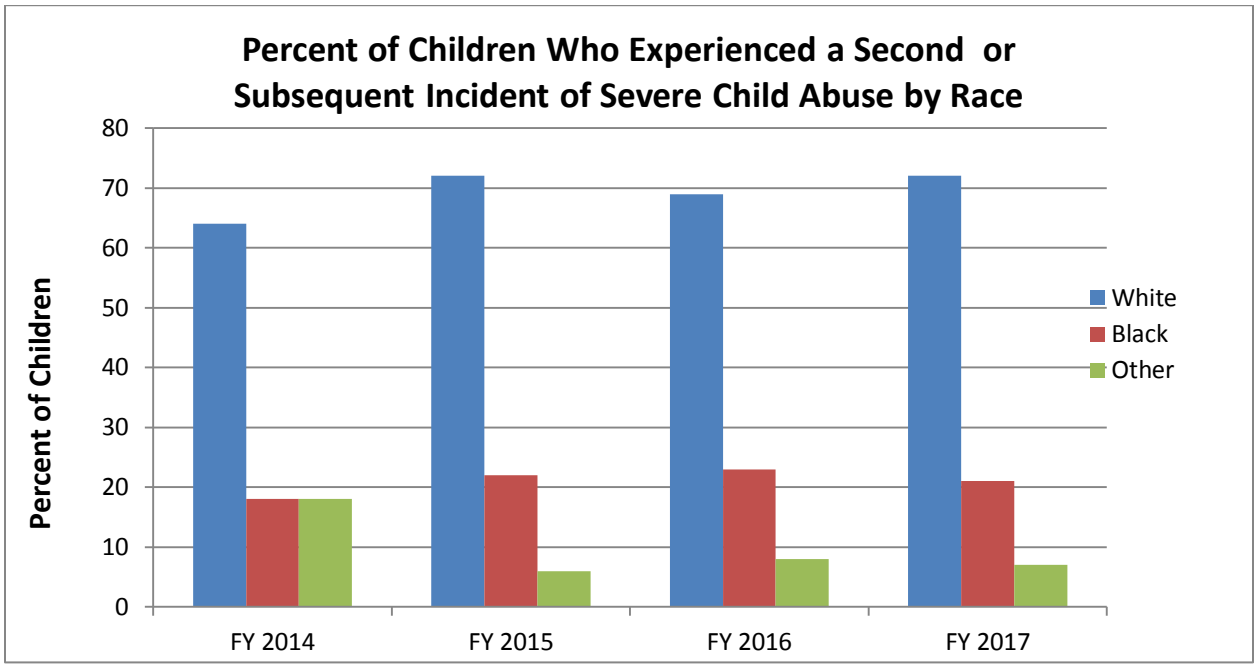
- Female: 71 percent;
- Male: 29 percent.



For fiscal years 2014 through 2017, male children were approximately 28 percent and female children were approximately 72 percent of the total population of the children who experienced a second or subsequent incident of severe child abuse in Tennessee based on data provided by DCS. However, for the calendar years 2014 through 2017, male children were approximately 51 percent and female children were approximately 49 percent of the total population of children in Tennessee. Based on the total population of children, female children are disproportionately represented among children who have a substantiated second or subsequent incident of severe child abuse.

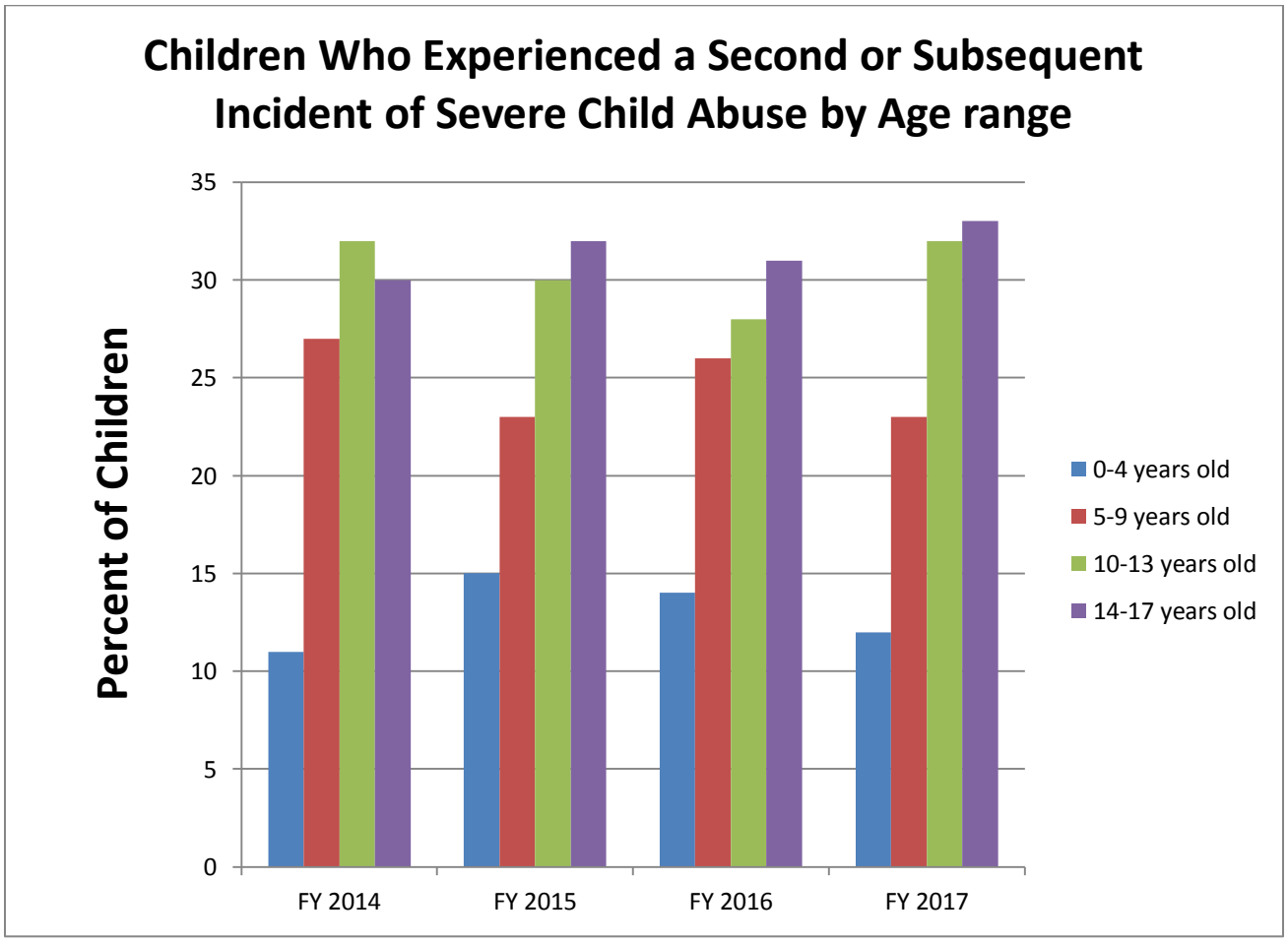
The racial composition of the victims of the total population of cases for FY 2017 is as follows:

- White: 72 percent;
- Black: 21 percent;
- Multiple/Unable to determine: 7 percent.

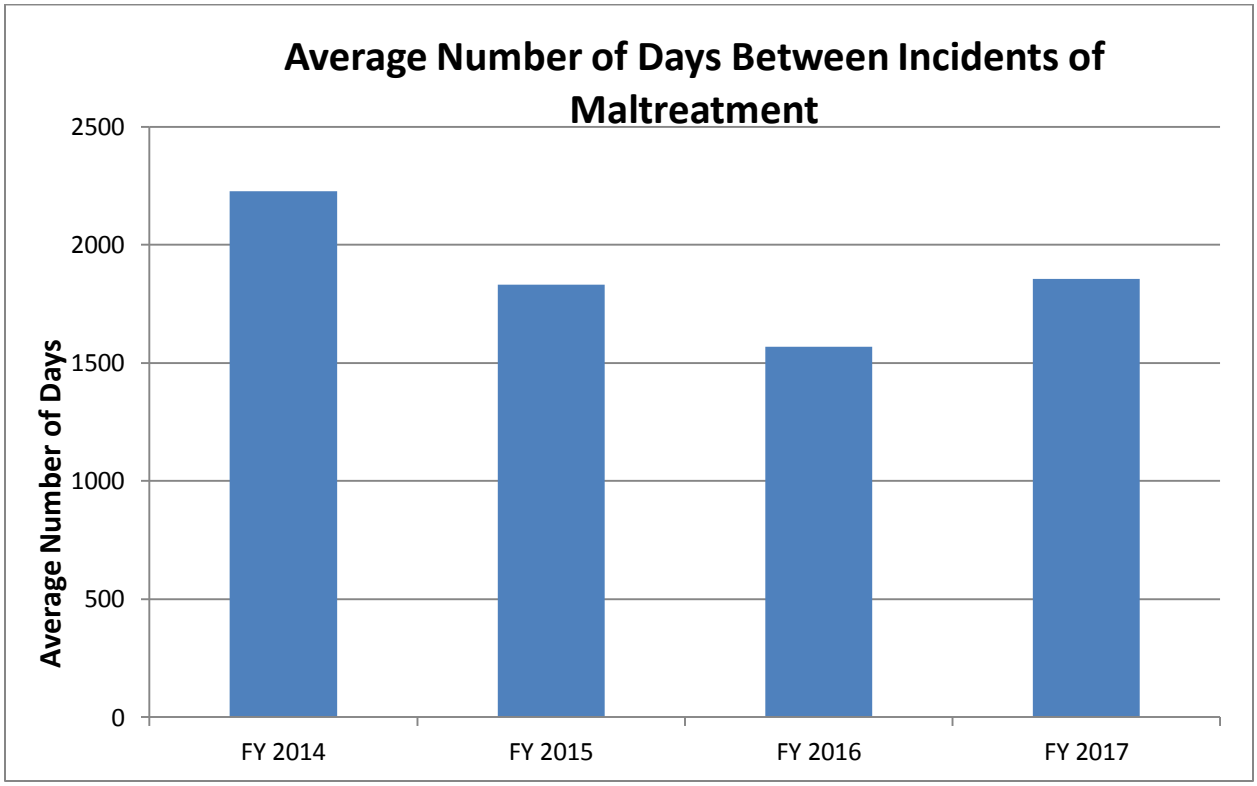


The age range composition of the children at the time of the incidents of abuse for FY 2017 is as follows:

- 0-4 years old: 12 percent;
- 5-9 years old: 23 percent;
- 10-13 years old: 32 percent;
- 14-17 years old: 33 percent.



The average number of days between incidents of maltreatment for FY 2016 is 1,568.



Number of individual children who experienced a second or subsequent incident of severe child abuse for fiscal year 2017 reported in each county by judicial districts:

1st Judicial District

Carter	4
Johnson	1
Unicoi	0
Washington	13

2nd Judicial District

Sullivan	17

3rd Judicial District

Greene	9
Hamblen	5
Hancock	1
Hawkins	3

4th Judicial District

Cocke	8
Grainger	0
Jefferson	4
Sevier	10

5th Judicial District

Blount	11

6th Judicial District

Knox	45

7th Judicial District

Anderson	10

8th Judicial District

Campbell	5
Claiborne	1
Fentress	1
Scott	4
Union	3

9th Judicial District

Loudon	7
Meigs	2
Morgan	2
Roane	9

10th Judicial District

Bradley	8
McMinn	4
Monroe	10
Polk	0

11th Judicial District

Hamilton	17

12th Judicial District

Bledsoe	1
Franklin	5
Grundy	0
Marion	0
Rhea	3
Sequatchie	0

13th Judicial District

Clay	1
Cumberland	7
DeKalb	8
Overton	1
Pickett	0
Putnam	7
White	5

14th Judicial District

Coffee	13

15th Judicial District

Jackson	2
Macon	3
Smith	4
Trousdale	0
Wilson	11

16th Judicial District

Cannon	1
Rutherford	20

17th Judicial District

Bedford	3
Lincoln	6
Marshall	0
Moore	0

18th Judicial District

Sumner	7

19th Judicial District

Montgomery	18
Robertson	4

20th Judicial District

Davidson	50

21st Judicial District

Hickman	3
Lewis	2
Perry	2
Williamson	1

22nd Judicial District

Giles	1
Lawrence	5
Maury	13
Wayne	2

23rd Judicial District

Cheatham	3
Dickson	6
Houston	0

Humphreys	3
Stewart	4

24th Judicial District

Benton	4
Carroll	4
Decatur	1
Hardin	8
Henry	3

25th Judicial District

Fayette	2
Hardeman	1
Lauderdale	5
McNairy	7
Tipton	8

26th Judicial District

Chester	3
Henderson	1
Madison	8

27th Judicial District

Obion	3
Weakley	1

28th Judicial District

Crockett	1
Gibson	7
Haywood	0

29th Judicial District

Dyer	4
Lake	2

30th Judicial District

Shelby	67

31st Judicial District

Van Buren	1
Warren	8

Statute Summary

The Tennessee Second Look Commission is charged with reviewing an appropriate sampling of cases involving a second or subsequent incident of severe child abuse in order to provide recommendations and findings to the General Assembly regarding whether or not severe child abuse cases are handled in a manner that provides adequate protection to the children of this state. The Commission's findings and recommendations shall address all stages of investigating and attempting to remedy severe child abuse.

The Department of Children's Services (DCS) has the statutory obligation to submit to the Commission a table of cases meeting the criteria of the cases set forth in TCA §37-3-803 (severe child abuse). The Commission shall review the table of profiled cases submitted by DCS and submit a list of the cases to DCS after such review, setting out specific cases from the table that the Commission selects to review.

Notwithstanding any provision of law to the contrary, the Commission may access confidential information. Investigatory meetings of the Commission shall not be subject to the open meetings requirement and shall be closed to the public. Any minutes or other confidential information generated during an investigatory meeting shall be sealed from public inspection.

The Commission is administratively attached to the Tennessee Commission on Children and Youth (TCCY), but for all purposes other than administration, is an independent commission. Among other things, TCCY is responsible for providing the Commission members with any relevant information and assisting the Commission in the preparation of reports.

Conclusion

The SLC continues to work with DCS and other stakeholders to provide and help implement findings and recommendations with the goal of Tennessee improving how it handles severe child abuse cases. SLC members have consistently demonstrated the ability, willingness and desire to fulfill the SLC's statutory obligations. Even more than simply fulfilling its statutory obligations, the SLC consistently has gone above and beyond its statutory obligations to function with excellence. In addition to meeting more often than required by statute, SLC members read and reviewed investigatory summaries before coming to the investigatory meetings. As mentioned earlier in this report, the investigatory summaries during 2018 averaged approximately 50 pages. SLC members work hard to comprehensively understand the issues identified in the cases to improve how Tennessee handles severe child abuse cases.

Tennessee is a national leader in the country music industry. Tennessee was the first state in the nation to make community college free for graduating high school seniors. Tennessee then became the first state in the nation to offer free community college to all adults without an advanced degree. Through the Tennessee ACEs Initiative and other collaborative efforts, Tennessee has emerged as a national model for how a state can promote culture change in early

childhood based on a philosophy that preventing and mitigating adverse childhood experiences, and their impact, is the most promising approach to helping children lead productive, healthy lives and ensure the future prosperity of the state. In 2000, Children's Right, Inc. filed a petition, the Brian A. law suit, against then-Tennessee Governor Donald Sundquist and then-Commissioner George Hattaway of the Tennessee Department of Children's Services in their official capacities. After years of hard work, marshalling resources, collaboration and improving practices and infrastructure, Tennessee transformed an inadequate and troubled child welfare system into a system that is considered by many to be a national model in many areas. In 2017, a federal court ordered that the agency can exit federal court oversight from more than 140 improvement requirements in the Brian A. law suit.

Unique issues in cases reviewed are becoming less frequent, and the number of second or subsequent incidents of severe child abuse declined during FY 2017. The SLC will continue to monitor the number of cases to determine if FY 2017 represents the beginning of a downward trend. The SLC is focusing on increasingly difficult issues to address. A lot of hard work, ingenuity, resources and collaborative efforts will be required to significantly reduce these recurring issues and better provide safe, stable nurturing environments for children in Tennessee. The SLC is confident child abuse prevention stakeholders across Tennessee are up for the task. Tennessee has a history of ingenuity, leadership and conquering tough tasks. By working together to address the findings and recommendations in the 2018 SLC Report, Tennessee can improve how Tennessee handles severe child abuse cases.

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TN General Assembly

Representative Mark White, Co-Chair
TN General Assembly

Carla Aaron, Executive Director
TN Dept. of Children's Services
Office of Child Safety

Mark Davidson, Esq.
District Attorney General, 25th District
TN District Attorneys General Conference

Representative John J. DeBerry
TN General Assembly

Brenda Davis
Vice Chairperson, Board of Directors
Dawson House Child Advocacy Center

David Doyle, Esq.
District Public Defender, 18th Judicial District
District Public Defenders Conference

Senator Dolores R. Gresham
TN General Assembly

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Tennessee Chapter of Children's Advocacy Centers

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Department of Pediatrics

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Valerie Schabilion, Youth Services Officer
Wayne County Juvenile Court

John Simmons, Special Agent in Charge
Tennessee Bureau of Investigation

Deborah Taylor Tate, Executive Director
Administrative Office of the Courts

Patty Tipton, Investigator
Knoxville Police Department

Cynthia Wyrick
Private Attorney

Second Look Commission Policy: Reviewing Cases Not on List Provided by DCS

Members of the Second Look Commission (SLC) have determined it may be necessary to review cases that do not appear on the statutorily mandated list of cases provided by DCS to provide the most informed findings and recommendations regarding how Tennessee handles severe child abuse cases. To help ensure SLC members are reviewing the most pertinent cases, all cases that are not on the lists of cases provided by DCS on an annual basis must meet the following criteria to be reviewed:

- The incident of child abuse to be reviewed occurred within 24 months of the request to review the case;
- The incident of child abuse to be reviewed has been classified by DCS as severe child abuse, to include abuse or neglect child death and child sexual abuse; and
- The incident of child abuse to be reviewed occurred in Tennessee.

SLC members will also consider the following to determine whether they will review a case not on the lists of cases provided by DCS on an annual basis:

- Whether there is an open juvenile, civil or criminal matter related to the incident of child abuse requested to be reviewed;
- Whether, based on a preliminary review by the Director of the SLC, the review of the incident of child abuse provides an opportunity to improve how Tennessee handles severe child abuse cases; and
- Whether SLC members have the capacity to review an additional case not included on the lists of cases provided by DCS.

Notwithstanding this policy, SLC members reserve the right to review any cases involving severe child abuse even if it does not meet the criteria set forth herein. In all matters where a consensus of the members present cannot be reached, it will take the vote of 10 or more members to review a case not included on the lists of cases provided by DCS.